CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
Code: 014

Practice Type: **Obstetrics and Gynaecology**
Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	In calculating the GEMS Tariff , the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. **ALL GEMS TARIFFS ARE VAT INCLUSIVE.**								
	RULES GOVERNING THE STRUCTURE								
A.	Consultations: Definitions: (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 receive additional remuneration. (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. (c) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and no fees may be levied (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.								
B.	Normal hours and after hours: After-hours services are paid at the same rate as benefits for normal hours services. Bona fide emergency medical services rendered to a patient, at any time, may attract a fee as specified in modifier 0011 and items 0146 or 0147 (which should be added to the appropriate consultative services code selected from items 0190-0192, 0173-0175, 0161-0164, 0166-0169)								

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C.	Comparable services: A service may be rendered that is not listed in this edition of the coding structure. The fee that may be charged in respect of the rendering of a service not listed in this coding structure shall be based on the fee in respect of a comparable service. For these procedure(s)/service(s), item 6999: Unlisted procedure or service code, should be used. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted procedure/service which will be based on the fee for a comparable service in the coding structure. When item 6999 is used to indicate that an unlisted service was rendered, the use of the item must be supported by a special report. This report must include: (1) An adequate definition or description of the nature, extent and need for the procedure/service or "medical necessity"; (2) In which respect is this service unusual or different in technique, compared to available procedures/services listed in the coding structure? Information regarding the nature and extent of the procedure/service, time and effort, special/dedicated equipment needed to provide this service, must be included in the report; (3) Is this procedure/service medically appropriate under the circumstances? Explain why another procedure/service listed in the coding structure will not be appropriate in this case; (4) A description of the complexity of the symptoms and concurrent problems must be supplied; (5) Final diagnosis supported by the appropriate ICD-10 code(s); (6) Pertinent physical findings (size, location and number of lesions if applicable); (7) Mention any other diagnostic or therapeutic procedure(s)/service(s) provided at the same session; (8) Any further diagnostic or therapeutic procedure(s)/service(s) to be provided in the follow-up period; and (9) Description of the follow-up care needed. Please note: This comparable service code may not be used for a period longer than six months for a particular procedure/service after which time an application has to be made for the addition of a specific code for this procedure								
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 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								

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Government Employees Medical Scheme

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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								
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								
G.	Post-operative care: (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding ONE month (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed). (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 this to be done without extra charge. (c) When post-operative care/treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the scheme or the patient (in case of a private account) may be charged. (d) Normal after-care refers to an uncomplicated post-operative period not requiring any further incisions								
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for 10 days								
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. The use of this rule is not intended merely to increase the Medical Schemes Benefits.								
K.	Practice of specialists: In terms of the conditions in respect of the practice of specialists as published in Government Gazette No. 12958 of 11 January 1991, a specialist may treat any person who comes to him direct for consultation. A specialist who is consulted by a patient or who treats a patient, shall take all reasonable steps to ensure the collaboration of the patient's general practitioner. Medical practitioners referring cases to other medical practitioners shall indicate in the reference whether the patient is a member of a medical scheme or a dependant of such member. This also applies in respect of specimens sent to pathologists								
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								

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M.	Procedure planned to be performed later: In cases where, during a consultation/ visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion								
N.	"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								
O.	Costly or prolonged medical services or procedures: In the case of costly or prolonged medical services or procedures, the medical practitioner shall first ascertain from the medical scheme for what amount the medical scheme will accept responsibility in respect of such treatment, should the practitioner wish any direct payment from the scheme								
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.								

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Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours.								
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring								

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U.	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care.								
V.	(a) 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. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								
Z.	No fee is subject to more than one reduction								
AA.	Procedures to exclude cost of isotope								
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								

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CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp								
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (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. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.								

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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								
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No ""038"") or nuclear medicine practices (Pr No ""025""), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No “”038””) and nuclear medicine practices (Pr No “”025””).								
XX.	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic								
YY.	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital)								
	MODIFIERS GOVERNING THE STRUCTURE								
0004	Procedures performed in own procedure rooms: a) Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: as per fee for procedure + 100% (the value of modifier 0004 equals 100% of the value of the procedure performed). b) Modifier 0004 may only be used when the operation/produre units allocated to a single procedure, is higher than 30.00 units. c) Please note: Only the medical practitioner who owns/rents the facility and the equipment may charge modifier 0004. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms. d) Please note that modifier 0004 may not be used in conjuction with modifiers 0074 and 0075.								

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0005	Multiple therapeutic procedures/operations under the same anaesthetic: a) Unless otherwise identified in the tariff when multiple therapeutic procedures/ operations add significant time and/or complexity, and when each procedure/ operation is clearly identified and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, 75% for the second procedure/operation, 50% for the third procedure/operation, 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures. b) In the case of multiple fractures and/or dislocations the above values shall prevail (refer to modifier 0060 for poly-trauma). c) Diagnostic endoscopic procedures: (i) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedures performed, 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 procedure and provide diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other (therapeutic) procedures performed under the same anaesthetic. (ii) Refer to modifier 0013 for related endoscopic examinations done at operations. (iii)Ref to rule FF for governing the urinary system section with regards to cystoscopies only. d)More than one small procedure: Please note: When more than one small procedure is performed and the tariff makes provision for items for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) Modifier 0005 is not applicable as the fee is already a reduced fee. e)Add on items: P("+") 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). The units of plus ("+") procedures must not be added to the units of the definitive item and must appear on a separate line on the account.								
0006	Visiting specialists performing procedures: Where specialists visit smaller centres to perform procedures, fees for these particular procedures are exclusive of after-care. The referring practitioner will then be entitled to subsequent hospital visits for after-care. If the referring practitioner is not available, the specialist shall, on consultation with the patient, choose an appropriate locum tenens. Both the surgeon and the practitioner who handled the after-care, must in such instances quote Modifier 0006 with the particular items which they use								

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0007	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. b) Use of own equipment in hospital theatre 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.	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
0008	Specialist surgeon assistant: The units of the procedure(s) for a specialist surgeon acting as assistant surgeon in procedures of a specialised nature, is 40% of the units for the procedure(s) performed by the specialist surgeon.								
0009	Assistant: The fee for an assistant is 20% of the fee for the 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								
0076	Assitant paediatric cardiologist: the units for a paediatric cardiologist acting as an assistant, is 50% 40% of the units of the procedure(s) performed. ? Modifier 0076 to be used by paediatric surgeons for any procedures performed on neonates with a birth weight of less than 1000g - in any setting ? Modifier 0076 may not be used together with modifier 0008 or modifier 0009 for the same paediatric cardiologist assistant								
0010	Local anaesthesic: (a) A fee for a local anaesthetic administered by the operator may only be charged for (1) an operation or procedure having a value 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 greater than 50,00 clinical procedure units. (b) The fee shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per Modifier 0036: Anaesthetic administered by a general practitioner, shall be applicable in such a case. (c) Not applicable to radiological procedures (such as angiography and myelography. (d) No fee may be levied for topical application of local anaesthetic. (e) Please note: Modifier 0010: Local anaesthetic administered by the operator, may not be added on the surgeon's account for procedures that were performed under general anaesthetic.								

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0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract 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 in respect of patients on scheduled lists. (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)								
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged								
0014	Operations previously performed by other surgeons: a) Use modifier 0014(a) for information only as an indicator that the operation was previously performed by another surgeon. b) Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the units shall be calculated according to the units for the full operation plus an additional units to be negotiated under general Rule J: In exceptional cases where the units is disproportionately low in relation to actual service rendered, except where already specified in the structure.								
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions								
0016	Procedures performed on neonates with a weight of less than 1000g: ADD 50% of the units for the procedure(s) performed (only to be used by paediatric surgeons) Modifier 0016 may be used in conjunction modifier 0019(a) when appropriate								

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0017	Injections or flu vaccinations administered by the medical doctor: When desensitisation, intravenous, intramuscular or subcutaneous injections or flu vaccinations are administered by the medical doctor him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/ visit and only all subsequent injections as part of a planned series of injection for the same condition should be charged according to item 0131 (not chargeable together with a consultation item)	10,00	7,500	R 181,20		10,00	7,500	R 231,80	
0018	Surgical modifier for persons with a BMI of 35> (calculated according to kg/ m2): Fee for procedure +50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists								
0019	Surgery on neonates (up to and including 28 days after birth) and low birth weight infants (less than 2500g) under general anaesthesia (excluding circumcision): per fee for procedure + 50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists								
0060	Musculo-Skeletal poly trauma: Signficant injury to more than one musculo-skeletal system. Examples: two long bone fractures, or a long bone fracture or a pelvic fracture, or a long bone fracture and a spinal fracture, or any fracture plus a signifcant injury to a separate joint, or multiple fractures to a single long bone as in the femur where a proximal and a distal femur fracture are present which neccesitates two different surgical approaches and fixation methods, or multiple small bone fractures of the hand or feet as in a crush injury plus any other major musculo-skeletal injury. (Modifier 0005 is not applicable in poly-trauma where 100% of the units for all procedures are applicable - (see modifier 0060) Poly-trauma would be, by defination, a significant ijury to one or more musculo-skeletal systems • Two long bone fractures • Long bone fracture and hip • Long bone fracture and spinal fracture • Any fracture plus a signifcant injury to a separate joint • Multiple fractures to a single bone, eg. femur where a proximal and distal fracture is present which necessitates two different surgical approaches and fixation methods. • Multiple small bone fractures of the hand or feet, eg. crush injuries plus any other musculo-skeletal injuries								

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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, a full fee as for the initial treatment, is applicable								
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care)	20,00	27,000	R 403,90		20,00	27,000	R 516,20	
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0050	In cases of a compound 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 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 fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	20,00	115,500	R 1 727,70		20,00	115,500	R 2 208,20	
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0052	Except where otherwise specified, fracture (traumatic or surgical, ie. osteotomy) requiring open reduction and/or internal fixation, external skeletal fixtion/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		81,100	R 1 212,60			81,100	R 1 550,00	
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	20,00	32,000	R 478,60		20,00	32,000	R 611,80	

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0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
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 to 75% and add to the total for the first foot								
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): Units as for the procedure(s) + 100% of the units as for the total revision procedure (the units for modifier 0058 equals 100% of the procedure(s) performed plus appropriate modifiers)								
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 units for the relevant part of the operation performed. Each surgeon may charge an assistant fee for the the procedures performed by the other surgeon, at general practitioner rate (refer to modifier 0009)								
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure								
0064	Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts								
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (òFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhare in the Tariff)								
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice** Code: 014

Practice Type: **Obstetrics and Gynaecology** Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0070	Add 45,00 clinical procedure units to procedure(s) performed through a thorascope	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								
0075	Endoscopic procedures performed in own procedure room: (a) The value of modifier 0075 = 21,00 clinical procedure units, where endoscopic procedures are performed in rooms. (b) This fee is chargeable by medical practitioners who own or rent the facility. (c) Modifier 0075 may not be used in conjunction with modifier 0004. (d) Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the structure.	20,00	21,000	R 314,20		20,00	21,000	R 401,50	
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								
0079	When a first or follow-up consultation/visit proceeds into or is immediately followed by a medical psychotherapeutic procedure, both the consultation/visit and the psychotherapy codes (items 2957, 2974 or 2975) may be coded. Please note: When adding psychotherpay items after a first or follow-up consultation the clinician must ensure that the time stipulated for the psychotherapy items are adhered to (ie. item 2957 - minimum 10 minutes, item 2974 - minimum 30 minutes, and item 2975 - minimum 50 minutes)								
0080	Multiple examinations: Full Fee								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0081	Repeat examinations: No reduction								
0082	Plus “+” Means that this item is complementary to a preceding item and is therefore not subject to reduction. The procedures marked with "+" must not be added to the units for the definitive item and must appear on a separate line on the account.								
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								
0084	Charging for films and thermal paper by non-radiologist: 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)								
0085	Left Side' modifier to be added to when items 6500 to 6519 are used when the left side is examined. Please note that the absence of this modifier indicates that the right side was examined								
0086	Vascular groups: “Film series” and “Introduction of Contrast Media” are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations								
0090	Doctor's remuneration 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 hands-on, and not for interpretation of images only)								
0091	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic (refer to Rule XX)								
0092	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital) (refer to Rule YY)								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0095	Radiation materials: Exclusively for use where radiation materials supplied by the practice are used by clinical and radiation oncologists, modifier 0095 should be used to identify these materials. A material code list with descriptions and guideline costs for these materials, maintained and updated on a regular basis, is available from the Society of Clinical and Radiation Oncology. This modifier is only chargeable by the practice responsible for the cost of this material and where the hospital did not charge therefore. Please note that item 0198 and item 0201 should not be used for these materials								
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee								
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units								
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	60,00	6,000	R 85,50		60,00	6,000	R 109,30	
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a “flow sensitive series”								
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)								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
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)								
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								
6305	When multiple catheterisation procedures are used (items 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								
I.	**Consultative Services (Refer to Psychiatrists consultative service guide)**								
I.a	General Practitioner visits								
I.b	Specialists tiered consultation structure								
I.b.1	New and established patients: Consultations/visits by psychiatrists (22) only								
0161	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with problem focused history, clinical examination and straightforward decision making for minor problem. Typically occupies the doctor personally with the patient between 10 and 20 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0162	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision making and counselling. Typically occupies the doctor personally with the patient between 21 and 35 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0163	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the doctor personally with the patient between 36 and 45 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0164	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with comprehensive history and clinical examination for complex problem requiring complex decision making and counselling. Typically occupies a doctor personally with the patient between 46 and 60 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0166	Psychiatry (22): First hospital and follow-up consultation/visit with problem focused history, clinical examination and straightforward decision making for a minor problem. . Typically occupies the doctor personally with the patient for between 10 and 20 minutes								
0167	Psychiatry (22): First hospital and follow-up consultation/visit with problem focused history, clinical examination and straightforward decision making for a minor problem. . Typically occupies the doctor personally with the patient for between 21 and 35 minutes								
0168	Psychiatry (22): First hospital and follow-up consultation/visit with problem focused history, clinical examination and straightforward decision making for a minor problem. . Typically occupies the doctor personally with the patient for between 36 and 45 minutes								
0169	Psychiatry (22): First hospital and follow-up consultation/visit with problem focused history, clinical examination and straightforward decision making for a minor problem. . Typically occupies the doctor personally with the patient for between 46 and 60 minutes								
I.c	General practitioner and specialist services (Refer to the Medical Practitioner Consultative service guide)								
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0191	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								
0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								
0173	First hospital consultation/visit of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								
0174	First hospital consultation/visit of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								
0175	First hospital consultation/visit of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								
0178	Hospital follow-up visit to patient in ward or nursing facility with a duration of 31-60 minutes: ADD only to item 0109, as appropriate. Psychiatrists ("22") refer to items 0166-0169 for hospital follow-up visits								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0179	Prolonged face-to-face attendance to a patient in ward or nursing facility: ADD only to item 0178 as appropriate, for each 15-minute period only if service extends 10 minutes or more inot the next 15-minute period following on the first 60 minutes (please state duration of visit on account in minutes).								
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 0111, 0145, 0146, 0147 or ICU items 1204-1214)								
0111	Paediatric hospital follow-up visits (excluding neonates) by paediatricians or paediatric cardiologists (may only be charged once per day) (not to be used with items 0109 or ICU items 1204-1214). For a healthy neonate please use item 0109 for a hospital follow-up visit								
0129	Prolonged face-to-face attendance to a patient: ADD to either item 0192, item 0175, item 0164 or item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes								
0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								
0146	For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0161-0164 or items 0151-0153, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								
0147	For an emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0148	For elective after-hours services on request of the patient or family (non emergency) (refer to general rule B(a)): ADD 50% of the fee for the appropriate consultation/visit item (only to be used with items 0190-0193, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153) and reflect this as a separate item 0148. Usage: This item is used when, for example, a patient or the family request the doctor for a non-emergency consultation/visit outside of the practitioners' normal hours period.								
0149	After-hours bona fide emergency consultation/visit (21:00-06:00 daily): ADD 25% of the fee for the appropriate consultation/visit item (only to be used with items 0190-0193, items 0173-0175, items 0161-0164, items 0166-0169, items 0151-0153 or item 0113) and reflect this as a separate item 0149								
0126	For an UNSCHEDULED consultation/visit at the doctor's home or rooms: ADD only to the consultation/visit items 0190-0192, items 01610164 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146, 0126 or 0147 may be charged and not combinations thereof								
I.e	Pre-anaesthetic assessment								
0151	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Problem focused history and clinical examination and straightforward decision making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes								
0152	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes								
0153	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient or other consultative service. Consultation with detailed history, complete examination and moderate complex decision making and counselling. Typically occupies the doctor face-to-face for between 30 and 45 minutes								
I.f	Prenatal visits and new born attendance								
0107	New born attendance: Exclusive attendance to baby at Caesarean section, normal delivery or visit in the ward (once per patient) (items 0109, 0111, 0113, 0145, 0146 and/or 0147 may not be added to item 0107)								
	Item 0107 can be used once only for given confinement								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0113	New born attendance: Emergency attendance to newborn at all hours (once per patient) (items 0107, 0109, 0111, 0145, 0146 and/or 0147 may not be added to item 0113)								
I.g	Consultative services: Miscellaneous								
0130	Telephone consultation (all hours)								
0131	Subsequent injections or flu vaccinations as part of a planned series of injections for the same condition administered by medical doctors (refer to modifier 0017) (not to be coded together with any consultation item)								
0132	Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (needs not be face-to-face contact) (“Consultation” via SMS or electronic media included)								
0133	Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent								
0137	Patient and/or family education and/or guidance for a specific condition for 20 minutes, supported by the appropriate ICD-10 code(s). ICD-10 codes to be added for this service. This item may be added to a consultation if done in addition to the consultation (specific items from consultative services structure will be added in the wording of the description)								
0138	Patient and/or family education and/or guidance for a specific condition for 40 minutes, supported by the appropriate ICD-10 code(s). ICD-10 codes to be added for this service. This item may be added to a consultation if done in addition to the consultation (specific items from consultative services structure will be added in the wording of the description)								
0139	Patient and/or family education and/or guidance for a specific condition for 41 minutes and longer, supported by the appropriate ICD-10 code(s). ICD-10 codes to be added for this service. This item may be added to a consultation if done in addition to the consultation (specific items from consultative services structure will be added in the wording of the description)								
0199	Completion of chronic medication forms by medical practitioners with or without the physical presence of the patient requested by or on behalf of a third party funder or its agent								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
II.	**Medicine, material, supplies and use of own equipment**								
II.a	Medicine codes								
II.a.1	Dispensing of medicine by licensed dispensing medical practitioners								
0197	Licenced dispensing medical practitioners: Dispensing cost : As per legislated tariff. Add to each Nappi code to provide for the dispensing cost.								
II.a.2	Once-off administration of medicine used during a consultation								
0198	Once-off administration of medicines: This item provides for medicines used at a consultation, viz, once off administration of medicine, special medicine used in treatment, or emergency dispensing. Charge for medicine used according to the Single Exit Price (SEP) PLUS legislated tariff for dispensing fees.(Where applicable, VAT should be added to the dispensing fee only and not to the SEP, since the SEP is VAT inclusive).[According to Section 18(8) of the Medicines and Related Substances Act (Act 101 of 1965) compounding and dispensing does not refer to a medicine requiringpreparation for a once-off administration to a patient during a consultation]. The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not areference code), should be added applicable to the medicine used. Please note: Refer to item 0201 for cost of material used in treatment.								
II.a.3	Cost of chemotherapy drugs								
0212	Cost of chemotherapy drugs: This item provides for a charge for chemotherapy drugs used in treatment. Charge for chemotherapy drugs used in treatment at cost price PLUS 16% (with a maximum of R16,00). (Where applicable, VAT should be added to the above). The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the chemotherapy drugs used.								
0195	Active treatment of cancer by licensed dispensing medical doctors: To be used for dispensed items where the practice is a licensed dispensing doctors practice. This code will be used for medicine, material and/or unregistered/ unscheduled products that are dispensed, eg., hormonal and/or oral products used in the active treatment of cancer. The use of this item will assist in the correct benefit allocation for this treatment, subject to scheme rules and managed care requirements. The appropriate NAPPI code(s), where applicable, must be provided								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
II.b	Material codes								
II.b.1	Prosthesis and/or internal fixation								
II.b.2	Material used during a consultation								
0201	Cost of material in treatment: This item provides for a charge for material used in treatment. Charge for material at cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above). The appropriate Surgical and Material Nappi code(s), selected from those codes commencing with 4, 5, 6, where applicable, for the material used, must be provided. Please note: Refer to item 0198 for once off administration of medicine.								
II.c	Setting of sterile tray								
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, as appropriate	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
0194	Procurement cost for human donor material. No mark up is allowed								
II.d	Own equipment used in treatment								
5930	Surgical laser apparatus: Hire fee for own equipment	20,00	109,000	R 1 630,50		20,00	109,000	R 2 084,00	
5932	Candella laser apparatus: Hire fee for own equipment (Rates by arrangement with the scheme concerned)								
II.e.2	Calculation of own equipment costs								
5934	Own equipment cost: Use the following formula to calculate equipment fees: Purchase price of the equipment PLUS maintenance cost DIVIDED by the number of examinations that can be done during the manufacturer's lifespan of the equipment PLUS Return on Investment (ROI%) (1) Cost of equipment + maintenance cost over the lifespan of the equipment based on manufacturer's information (2) Divide by utilisation of the equipment over the manufacturers lifespan information (events in this period) (3) + % Return on Investment = Cost per event. Specify equipment used and reflect modifier in a separate line from procedure performed but directly underneath the code for the procedure. Equipment already in use, must be calculated on the original figures.			R 0,00				R 0,00	

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III.	**PROCEDURES**								
6999	Unlisted procedure/service: A procedure/service may be provided that is not listed in this edition of the coding structure. Refer to General Rule C for the criteria to use item 6999								
	GENERAL MODIFIERS GOVERNING THIS SECTION								
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract 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 in respect of patients on scheduled lists. (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)								
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged								
0014	Operations previously performed by other surgeons: a) Use modifier 0014(a) for information only as an indicator that the operation was previously performed by another surgeon. b) Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the units shall be calculated according to the units for the full operation plus an additional units to be negotiated under general Rule J: In exceptional cases where the units is disproportionately low in relation to actual service rendered, except where already specified in the structure.								
	MODIFIERS GOVERNING SECTION 1								
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0017	Injections or flu vaccinations administered by the medical doctor: When desensitisation, intravenous, intramuscular or subcutaneous injections or flu vaccinations are administered by the medical doctor him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/ visit and only all subsequent injections as part of a planned series of injection for the same condition should be charged according to item 0131 (not chargeable together with a consultation item)	10,00	7,500	R 181,20		10,00	7,500	R 231,80	
1	**General**								
1.1	Injections, Infusions and Inhalation Sedation Treatment								
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
0204	Inhalation sedation: Per additional quarter-hour or part thereof	20,00	3,000	R 44,90		20,00	3,000	R 57,30	
0205	Intravenous treatment: Intravenous infusions (cut-down or push-in) (patients under three years): Cut-down and/or insertion of cannula - chargeable once per 24 hours	20,00	12,000	R 179,30		20,00	12,000	R 229,40	
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24 hours	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
0209	Umbilical artery cannulation at birth	20,00	18,000	R 269,10		20,00	18,000	R 343,90	
0210	Collection of blood/pap smear specimen(s) by medical practitioner for pathology examination, per venesection/sample (not to be used by pathologists)	20,00	3,250	R 48,60		20,00	3,250	R 62,10	
0211	Exchange transfusion: First and subsequent (including after-care)	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	Note: HOW TO CHARGE FOR INTRAVENOUS INFUSIONS: Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations (not applicable to item 0205)								
1.2	Chemotherapy treatment (not in chemotherapy facilities)								
0213	Treatment with cytostatic agents: Administering of Chemotherapy: Intramuscular or subcutaneous: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
0214	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous bolus technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
0215	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous infusion technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
1.3	Oncology related services in non-oncology facilties								
5780	Interstitial implants: Placing of guide tubes for interstitial implants under local or general anaesthetic. The cost of materials is not included	20,00	315,890	R 4 725,00	Z	20,00	394,860	R 7 548,60	Z
5781	Intracavitary applications: Placing of guide tubes under local or general anaesthetic for manual or remote afterloading brachytherapy. The cost of materials is not included	20,00	209,930	R 3 140,00	Z	20,00	262,410	R 5 016,60	Z
5782	Isotope Therapy: Administration of low dose surface applicators, up to five applications. Typically an out patient procedure. The cost of materials is not included	20,00	77,810	R 1 163,90	Z	20,00	77,810	R 1 487,70	Z
5783	Infusional pharmacotherapy: Fee for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be charged separately)	20,00	42,650	R 638,00	Z	20,00	42,650	R 815,40	Z

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	MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETICS FOR ALL PROCEDURES AND OPERATIONS								
0020	Conscious sedation: Any case that is conducted outside of a hospital theatre shall be coded with the relevant procedure code. To identify these cases, the above modifier should be used to indicate to the medical scheme that there will be no hospital/theatre account.								
0021	Determination of anaesthetic fees: (a) Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units (allocated to each procedure that might be performed under anaesthetic as indicated in the "Anaesthetic Performed" column [refer to modifier 0027 for more than one procedure under the same anaesthetic]) plus the time units (calculated according to the formula in Modifier 0023) and the appropriate modifers (see modifiers 0026 and 0037-0044). (b) In cases of operative procedures on the musculoskeletal system, open fractures and open reduction of fractures or dislocations add units as laid down by Modifiers 5441 to 5448. c) The appropriate physical status modifier (refer to modifiers 5431-5436) should also be added.								
0023	The basic anaesthetic units are laid down in the tariff and are reflected in the anaesthetic column. These basic anaesthetic units reflect the additional 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: Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic, i.e. 2,00 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one (1) hour the number of units shall, after one (1) hour, be 3,00 anaesthetic units per 15 minute period or part thereof.								
0024	Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, it will be regarded as a visit at hospital or nursing home and the appropriate hospital visit item should be charged.								

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0025	Calculation of anaesthetic time: Anaesthetic time is calculated from the time 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 supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist/anaesthetist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient.								
0026	One lung ventilation: Utilisation of one lung ventilation: Add 3.00 anaesthetic units								
0027	More than one procedure under the same anaesthetic: Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units								
0028	Indicator for use of low flow anaesthetic technique less than 1litre/minute: Fresh gas flow of less than 1 litre/minute. No additional fee to be charged.								
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic								
0030	Indicator for use of low flow anaesthetic technique 1-2 litre/minute: Fresh gas flow of 1 to 2 litre/minute. No additional fee to be charged.								
0031	Intravenous drips and transfusions: Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time								
0032	Patients in prone position: Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								

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0033	Participating in 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 anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisos of modifier 0035: Anaesthetic administered by an anaesthesiologist/anaesthetist. and modifier 0036: Anaesthetic administered by general practitioners.								
0034	Head and neck procedures: All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								
0035	Anaesthetic administered by an anaesthesiologist/anaesthetist: No anaesthetic administered shall have a total value of less than 7,00 anaesthetic units (basic units, time units plus appropriate modifiers).								
0036	Anaesthetic administered by general practitioners: (a) Anaesthesia administered lasting one hour or less: The units (basic units plus time plus the appropriate modifiers) used to calculate the units for an anaesthesia administered by a general practitioner lasting one hour or less, shall be the same as that for a specialist anaesthesiologist. No anaesthesia performed should be less than 7.00 anaesthetic units (see modifier 0035). (b) Anaesthesia lasting more than one hour, the units used to calculate the units for an anaesthesia administered by a general practitioner will be 4/5 (80%) of the total number of units (basic units plus time plus the appropriate modifiers) applicable to the specialist anaesthesiologist. The calculated anaesthetic units shall not be less than 11.00 anaesthetic units.								
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units								
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								
0039	Control of blood pressure: Deliberate control of the blood pressure: All cases up to one hour: Add 3,00 anaesthetic units, thereafter add 1,00 (one) additional anaesthetic unit per quarter hour or part thereof								
0040	Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units								
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units								
0043	Anaesthesia for patients under one year of age or over 70 years of age: For all cases where the patient is under one year of age or over 70 years of age – 3,00 anaesthetic units to be added								
0044	Neonates (i.e up to and including 28 days after birth): 3,00 anaesthetic units to be added to the basic anaesthetic units for the particular procedure. This modifier is charged in addition to Modifier 0043: Cases under one year of age								
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.								
	Modifiers 5441 to 5448 Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter “”M”” is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items)								
5441	Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448								
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and tempero-mandibular joint: Add two (2,00) anaesthetic units								
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units								
5444	Shaft of femur: Add four (4,00) anaesthetic units								
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units								
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units								
5433	Physical status modifier: A patient with sever systemic disease, ASA 3: Add 1.00 anaesthetic unit								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5434	Physical status modifier: A patient with sever systemic disease that is a constant threat to life, ASA 4: Add 2.00 anaesthetic units								
5435	Physical status modifier: A moribund patient who is not expected to survivie without an operation, ASA 5: Add 3.00 anaesthetic units								
	POST-OPERATIVE ALLEVIATION OF PAIN								
0045	Post-operative alleviation of pain: (a) When a regional or nerve block procedure 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 (b) When a regional or nerve block procedure is performed in the ward or nursing facility, the appropriate procedure items (items 2799 - 2804) will be charged, provided that it was not the primary anaesthetic technique. (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 shall 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. (d) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (non-steroidal anti-inflammatory drug)								
2	**Integumentary System**								
2.1	Allergy								
0217	Allergy: Patch tests: First patch	20,00	4,000	R 59,90		20,00	4,000	R 76,40	
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	20,00	2,800	R 41,90		20,00	2,800	R 53,70	
0219	Allergy: Patch tests: Each additional patch	20,00	2,000	R 30,00		20,00	2,000	R 38,50	
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	20,00	1,900	R 28,20		20,00	1,900	R 36,40	
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	20,00	2,800	R 41,90		20,00	2,800	R 53,70	
2.2	Skin (general)								
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	20,00	4,000	R 59,90		20,00	4,000	R 76,40	

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0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
0225	Epilation: Per session	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
0227	Special treatment of severe acne cases, including draining of cysts, expressing of cleaning of Comedones and/or steaming, abrasive cleaning of skin and UVR per session	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
0228	PUVA Treatment: Maximum of 21 treatments	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
0229	PUVA: Follow-up or maintenance therapy once a week	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
0230	UVR-Treatment	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
0231	UVR-Follow-up - for use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp	20,00	5,500	R 82,40		20,00	5,500	R 105,10	
0232	Biopsy of superficial soft tissue: Back or flank		47,400	R 708,60			47,400	R 906,10	
0233	Biopsy without suturing: First lesion	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
0234	Biopsy without suturing: Subsequent lesions (each)	20,00	3,000	R 44,90		20,00	3,000	R 57,30	
0235	Biopsy without suturing: Maximum for multiple additional lesions	20,00	18,000	R 269,10		20,00	18,000	R 343,90	
0236	Biopsy of superficial soft tissue: Shoulder area		49,100	R 734,00			49,100	R 938,50	
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	20,00	12,000	R 179,30		20,00	12,000	R 229,40	
0238	Biopsy of superficial soft tissue: Upper arm or elbow area		49,100	R 734,00			49,100	R 938,50	
0239	Biopsy of superficial soft tissue: Forearm and/or wrist		48,500	R 725,20			48,500	R 927,00	
0240	Biopsy of superficial soft tissue: Leg or ankle area		48,300	R 722,30			48,300	R 923,20	
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	20,00	3,000	R 44,90		20,00	3,000	R 57,30	
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	20,00	42,000	R 628,30		20,00	42,000	R 802,90	
0244	Repair of nail bed	20,00	30,000	R 448,70		20,00	30,000	R 573,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
0247	Biopsy of superficial soft tissue: Pelvis and hip area		58,300	R 871,70			58,300	R 1 114,30	
0248	Biopsy of superficial soft tissue: Thigh or knee area		52,300	R 782,00			52,300	R 999,50	
0251	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: First lesion	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
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	20,00	87,000	R 1 301,50		20,00	87,000	R 1 663,10	
0259	Removal of foreign body superficial to deep fascia (except hands)	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
0261	Removal of foreign body deep to deep fascia (except hands)	20,00	31,000	R 463,80		20,00	31,000	R 592,60	
0262	Excision tumour of subcutaneous soft tissue: Neck or anterior thorax; less than 3 cm		90,100	R 1 347,20			90,100	R 1 722,20	
0263	Excision tumour of subcutaneous soft tissue: Shoulder area; less than 3 cm		84,200	R 1 259,10			84,200	R 1 609,30	
0264	Excision tumour of subcutaneous soft tissue: Upper arm or elbow area; less than 3 cm		94,500	R 1 413,00			94,500	R 1 806,40	
0265	Excision tumour of subcutaneous soft tissue: Forearm and/or wrist area; less than 3 cm		94,700	R 1 416,00			94,700	R 1 810,10	
0266	Excision tumour or vascular malformation of subcutaneous soft tissue: Hand or finger; less than 1,5 cm		99,300	R 1 484,60			99,300	R 1 898,10	
0267	Excision tumour of subcutaneous soft tissue: Pelvis and hip area; less than 3 cm		111,600	R 1 668,40			111,600	R 2 133,20	
0268	Excision tumour of subcutaneous soft tissue: Thigh or knee area; less than 3 cm		92,100	R 1 377,10			92,100	R 1 760,50	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0269	Excision tumour of subcutaneous soft tissue: Leg or ankle area; less than 3 cm		92,600	R 1 384,60			92,600	R 1 769,90	
0270	Excision tumour of subcutaneous soft tissue: Foot or toe; less than 1,5 cm		78,300	R 1 170,70			78,300	R 1 496,50	
0271	Kurtin planing for acne scarring: Whole face	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
0273	Kurtin planing for acne scarring: Extensive	20,00	70,000	R 1 047,00		20,00	70,000	R 1 338,20	
0274	Mohs micrographic surgery: Including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): First stage, up to 5 tissue blocks		113,900	R 1 703,00			113,900	R 2 177,20	
0275	Kurtin planing for acne scarring: Limited	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
0276	Mohs micrographic surgery: Including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): Each additional stage after the first stage, up to 5 tissue blocks		60,500	R 904,70			60,500	R 1 156,40	
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	20,00	103,000	R 1 540,40		20,00	103,000	R 1 969,00	
0278	Mohs micrographic surgery: Includes removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): Each additional block after the first 5 tissue blocks, any stage		15,900	R 238,00			15,900	R 304,00	
0279	Surgical treatment for axillary hyperhidrosis	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
0280	Laser treatment for small skin lesions: First lesion	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	20,00	56,000	R 837,60		20,00	56,000	R 1 070,80	
0283	Laser treatment for large skin lesions: Limited area	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
0284	Laser treatment for large skin lesions: Extensive area	20,00	70,000	R 1 047,00		20,00	70,000	R 1 338,20	

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0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	20,00	56,630	R 847,10	Z	20,00	56,630	R 1 082,60	Z
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	20,00	43,440	R 650,00	Z	20,00	43,440	R 830,40	Z
0258	Incision/removal of foreign body: Subcutaneous tissue, simple	20,00	31,000	R 463,80		20,00	31,000	R 592,90	
0260	Incision/removal of foreign body: Subcutaneous tissue, complicated	20,00	31,000	R 463,80		20,00	31,000	R 592,60	
2.3	Major plastic repair								
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	20,00	187,200	R 2 800,20		20,00	234,000	R 4 473,20	
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	20,00	328,000	R 4 906,10		20,00	410,000	R 7 838,20	
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	20,00	640,000	R 9 572,70		20,00	800,000	R 15 294,30	
0292	Distant flaps: First stage	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
0293	Contour grafts (excluding cost of material)	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	20,00	960,000	R 14 359,60		20,00	1200,000	R 22 941,20	
0295	Local skin flaps (large, complicated)	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
0296	Other procedures of major technical nature	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
0297	Subsequent major procedures for repair of same lesion	20,00	104,000	R 1 555,70		20,00	104,000	R 1 988,20	
0298	Lower abdominal dermo-lipectomy	20,00	136,000	R 2 034,30		20,00	170,000	R 3 250,20	
0299	Major abdominal lipectomy with repositioning of umbilicus	20,00	220,000	R 3 290,70		20,00	275,000	R 5 257,20	
0288	Harvesting of graft: Fascia lata graft, complex or sheet	20,00	120,000	R 1 436,00		20,00	127,400	R 2 435,50	
2.4	Lacerations, scars, tumours, cysts and other skin lesions								
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care)	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	20,00	7,000	R 104,80		20,00	7,000	R 133,70	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
Code: 014

Practice Type: **Obstetrics and Gynaecology**
Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	20,00	120,000	R 1 794,70		20,00	128,000	R 2 447,40	
0304	Major debridement of wound, sloughectomy or secondary suture	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
0305	Needle biopsy - soft tissue	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	20,00	27,000	R 403,90		20,00	27,000	R 516,20	
0308	Each additional small procedure done at the same time	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
0310	Radical excision of nailbed	20,00	38,000	R 568,30		20,00	38,000	R 726,40	
0311	Excision of large benign tumour (more than 5 cm)	20,00	55,000	R 822,50		20,00	55,000	R 1 051,20	
0313	Extensive resection for malignant soft tissue tumour including muscle	20,00	227,120	R 3 397,10		20,00	283,900	R 5 427,60	
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	20,00	104,000	R 1 555,70		20,00	104,000	R 1 988,20	
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	20,00	55,000	R 822,50		20,00	55,000	R 1 051,20	
4830	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; <= 20 square cm		13,900	R 207,90			13,900	R 265,80	
4831	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; ADD for every additional 20 square cm or part thereof		5,300	R 79,20			5,300	R 101,30	
4832	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; <= 20 square cm		36,000	R 538,40			36,000	R 688,10	
4833	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; ADD for every additional 20 square cm or part thereof		11,200	R 167,30			11,200	R 214,00	
4834	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; <= 20 square cm		62,500	R 934,50			62,500	R 1 194,70	
4835	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; ADD for every additional 20 square cm or part thereof		19,500	R 291,50			19,500	R 372,70	
4880	Biopsy soft tissue: Neck or thorax		46,400	R 693,80			46,400	R 886,90	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
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Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4881	Biopsy of soft tissue: Deep: Back or flank		100,400	R 1 501,20			100,400	R 1 919,00	
4882	Biopsy of soft tissue: Deep: Shoulder area		117,600	R 1 758,30			117,600	R 2 247,80	
4883	Biopsy of soft tissue: Deep (subfascial or intramuscular): Upper arm or elbow area		117,600	R 1 758,30			117,600	R 2 247,80	
4884	Biopsy of soft tissue: Deep (subfascial or intramuscular): Forearm and/or wrist		106,600	R 1 593,80			106,600	R 2 037,60	
4885	Biopsy of soft tissue: Deep (subfascial or intramuscular): Thigh or knee area		112,900	R 1 688,00			112,900	R 2 157,90	
4886	Biopsy of soft tissue: Deep (subfascial or intramuscular): Leg or ankle area		119,500	R 1 786,70			119,500	R 2 284,20	
4887	Biopsy of soft tissue: Deep (subfascial or intramuscular): Pelvis and hip area		197,700	R 2 956,00			197,700	R 3 778,80	
0306	Excision subcutaneous mass <2cm: Head and neck, eg., lipoma, cyst		55,000	R 822,50			55,000	R 1 051,20	
0309	Excision subcutaneous mass >2cm: Head and neck, eg., lipoma, cyst		104,000	R 1 555,70			104,000	R 1 988,20	
0312	Excision subcutaneous mass>2cm involving muscle/subgaleal: Head and neck, eg., lipoma, cyst		104,000	R 1 555,70			104,000	R 1 988,20	
0318	Excision subcutaneous mass <2cm involving muscle/subgaleal: Head and neck, eg., lipoma, cyst		101,900	R 1 524,30			101,900	R 1 948,10	
4840	Excision malignant lesion, including margins: Trunk/arms/legs <=0.5 cm		30,000	R 448,70			30,000	R 573,10	
4841	Excision malignant lesion, including margins: Trunk/arms/legs 0.6-1.0 cm		30,000	R 448,70			30,000	R 573,10	
4842	Excision malignant lesion, including margins: Trunk/arms/legs 1.1-2.0 cm		45,000	R 673,10			45,000	R 859,80	
4843	Excision malignant lesion, including margins: Trunk/arms/legs 2.1-3.0 cm		60,000	R 897,50			60,000	R 1 146,40	
4844	Excision malignant lesion, including margins: Trunk/arms/legs 3.1-4.0 cm		75,000	R 1 121,90			75,000	R 1 433,00	
4845	Excision malignant lesion, including margins: Trunk/arms/legs >4.0 cm		90,000	R 1 346,30			90,000	R 1 719,70	
4848	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane <=0.5 cm		30,000	R 448,70			30,000	R 573,10	
4849	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 0.6-1.0 cm		30,000	R 448,70			30,000	R 573,10	
4850	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 1.1-2.0 cm		45,000	R 673,10			45,000	R 859,80	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
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Practice Type: **Obstetrics and Gynaecology**
Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4851	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/ mucous membrane 2.1-3.0 cm		60,000	R 897,50			60,000	R 1 146,40	
4852	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/ mucous membrane 3.1-4.0 cm		75,000	R 1 121,90			75,000	R 1 433,00	
4853	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/ mucous membrane > 4.0 cm		90,000	R 1 346,30			90,000	R 1 719,70	
4856	Split thickness autograft of the trunk, arms and/or legs <=100 cm (1% of body area for infants and children)		104,000	R 1 555,70			104,000	R 1 988,20	
4857	Split thickness autograft of the trunk, arms and/or legs; each additional 100 cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable)		31,500	R 471,10			31,500	R 602,10	
4858	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100 cm (1% of body area for infants and children)		104,000	R 1 555,70			104,000	R 1 988,20	
4859	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable)		51,600	R 771,80			51,600	R 986,50	
4862	Full thickness graft of the trunk, free graft including direct closure of donor site: <=20cm		104,000	R 1 555,70			104,000	R 1 988,20	
4863	Full thickness graft of the trunk, free graft including direct closure of donor site, each additional 20cm (modifier 0005 not applicable)		25,600	R 382,90			25,600	R 489,30	
4864	Full thickness graft of the scalp, arms and/or legs, free graft including direct closure of donor site: <=20cm		104,000	R 1 555,70			104,000	R 1 988,20	
4865	Full thickness graft of the scalp, arms and/or legs, free graft including direct closure of donor site; each additional 20cm (modifier 0005 not applicable)		23,000	R 343,90			23,000	R 439,60	
4866	Full thickness graft of the face, neck, axilla, genitalia, hands and/or feet, free graft including direct closure of donor site: <=20cm		104,000	R 1 555,70			104,000	R 1 988,20	
4867	Full thickness graft of the face, neck, axilla, genitalia, hands and/or feet, free graft including direct closure of donor site; each additional 20cm (modifier 0005 not applicable)		36,200	R 541,30			36,200	R 691,90	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
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Practice Type: **Obstetrics and Gynaecology**
Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4868	Full thickness graft of the nose, ears, eyelids and/or lips, free graft including direct closure of donor site: <=20cm		104,000	R 1 555,70			104,000	R 1 988,20	
4869	Full thickness graft of the nose, ears, eyelids and/or lips, free graft including direct closure of donor site; each additional 20cm (modifier 0005 not applicable)		43,100	R 644,50			43,100	R 823,80	
4940	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) <= 0.5 cm		14,000	R 209,30			14,000	R 267,50	
4941	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) 0.6-1.0 cm		27,000	R 403,90			27,000	R 516,20	
4942	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) 1.1-2.0 cm		14,000	R 209,30			14,000	R 267,50	
4943	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) 2.1-3.0 cm		7,000	R 104,80			7,000	R 133,70	
4944	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) 3.1-4.0 cm		14,000	R 209,30			14,000	R 267,50	
4945	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) > 4.0 cm		14,000	R 209,30			14,000	R 267,50	
4950	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia		14,000	R 209,30			14,000	R 267,50	
4951	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia 0.6-1.0 cm		14,000	R 209,30			14,000	R 267,50	
4952	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia 1.1-2.0 cm		14,000	R 209,30			14,000	R 267,50	
4953	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia 2.1-3.0 cm		14,000	R 209,30			14,000	R 267,50	
4954	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia 3.1-4.0 cm		14,000	R 209,30			14,000	R 267,50	
4955	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia > 4.0 cm		14,000	R 209,30			14,000	R 267,50	
4960	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane		14,000	R 209,30			14,000	R 267,50	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
Code: 014

Practice Type: **Obstetrics and Gynaecology**
Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4961	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 0.6-1.0 cm		14,000	R 209,30			14,000	R 267,50	
4962	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 1.1-2.0 cm		14,000	R 209,30			14,000	R 267,50	
4963	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 2.1-3.0 cm		14,000	R 209,30			14,000	R 267,50	
4964	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 3.1-4.0 cm		14,000	R 209,30			14,000	R 267,50	
4965	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane > 4.0 cm		14,000	R 209,30			14,000	R 267,50	
4970	Excision, malignant lesion, including margins: Scalp/neck/hands/feet/genitalia		14,000	R 209,30			14,000	R 267,50	
4971	Excision, malignant lesion, including margins: Scalp/neck/hands/feet/genitalia 0.6-1.0 cm		30,000	R 448,70			30,000	R 573,10	
4972	Excision, malignant lesion, including margins: Scalp/neck/hands/feet/genitalia 1.1-2.0 cm		14,000	R 209,30			14,000	R 267,50	
4973	Excision, malignant lesio, including margins: Scalp/neck/hands/feet/genitalia 2.1-3.0 cm		14,000	R 209,30			14,000	R 267,50	
4974	Excision, malignant lesion, including margins: Scalp/neck/hands/feet/genitalia 3.1-4.0 cm		30,000	R 448,70			30,000	R 573,10	
4975	Excision, malignant lesion, including margins: Scalp/neck/hands/feet/genitalia > 4.0 cm		14,000	R 209,30			14,000	R 267,50	
4872	Acellular dermal allograft of the trunk, arms and/or legs <=100 cm (1% of body area for infants and children)				Refer Rule C				Refer Rule C
4873	Acellular dermal allograft of the trunk, arms and/or legs; each additional 100 cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable)				Refer Rule C				Refer Rule C
4874	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100 cm (1% of body area for infants and children)				Refer Rule C				Refer Rule C

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
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Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4875	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable)				Refer Rule C				Refer Rule C
2.5	Breasts								
0316	Fine needle aspiration for soft tissue (all areas)	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
0317	Aspiration of cyst or tumour	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	20,00	42,000	R 628,30		20,00	42,000	R 802,90	
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	20,00	94,200	R 1 408,90		20,00	94,200	R 1 800,70	
0323	Subareolar cone excision of ducts of wedge excision of breast	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
0324	Wedge excision of breast and axillary dissection	20,00	180,000	R 2 692,50		20,00	225,000	R 4 301,40	
0325	Total mastectomy	20,00	124,000	R 1 854,60		20,00	155,000	R 2 963,50	
0327	Total mastectomy with axillary gland biopsy	20,00	148,000	R 2 213,80		20,00	185,000	R 3 536,70	
0329	Total mastectomy with axillary gland dissection	20,00	220,000	R 3 290,70		20,00	275,000	R 5 257,20	
0330	Nipple and areola reconstruction	20,00	95,000	R 1 421,00		20,00	95,000	R 1 816,20	
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	20,00	187,200	R 2 800,20		20,00	234,000	R 4 473,20	
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	20,00	328,000	R 4 906,10		20,00	410,000	R 7 838,20	
0334	Removal of breast implant by means of capsulectomy: Per breast	20,00	187,200	R 2 800,20		20,00	234,000	R 4 473,20	
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	20,00	187,200	R 2 800,20		20,00	234,000	R 4 473,20	
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	20,00	328,000	R 4 906,10		20,00	410,000	R 7 838,20	
0341	Gynaecomastia: Unilateral	20,00	92,000	R 1 376,30		20,00	92,000	R 1 759,00	
0343	Gynaecomastia: Bilateral	20,00	128,800	R 1 926,70		20,00	161,000	R 3 077,70	

CONTRACTED MEDICAL PRACTITIONERS

gems
Government Employees Medical Scheme

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
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Practice Type: **Obstetrics and Gynaecology**
Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0338	Breast reconstruction: Transverse rectus abdominis myocutaneous flap (TRAM), single pedicle (suture of donor site included)		373,840	R 4 473,50			467,300	R 8 933,70	
0340	Breast reconstruction: Transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, with microvascular anastomosis (supercharging) (suture of donor site included)		444,400	R 5 317,80			555,500	R 10 619,80	
0342	Breast reconstruction: Transverse rectus abdominis myocutaneous flap (TRAM), double pedicle (suture of donor site included)		421,200	R 5 040,20			526,500	R 10 065,40	
0336	Breast reconstruction: Lattisimus dorsi flap, without prosthetic implant				Refer Rule C				Refer Rule C
0344	Breast reconstruction: Revision				Refer Rule C				Refer Rule C
2.6	Burns								
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	20,00	220,800	R 3 302,70		20,00	276,000	R 5 276,40	
0353	Tangential excision and grafting: Small	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
0354	Tangential excision and grafting: Large	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
0345	Minor burns				Refer Rule C				Refer Rule C
0347	Moderate burns				Refer Rule C				Refer Rule C
2.7	Hands (skin)								
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flag e.g. Cutler	20,00	120,000	R 1 794,70		20,00	147,400	R 2 817,80	
0357	Small skin graft in acute hand injury	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	20,00	153,600	R 2 297,60		20,00	192,000	R 3 670,80	
0361	Z-plasty	20,00	176,080	R 2 633,80		20,00	220,100	R 4 207,90	
0363	Local flap and skin graft	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
0365	Cross finger flap (all stages)	20,00	153,600	R 2 297,60		20,00	192,000	R 3 670,80	
0367	Palmar flap (all stages)	20,00	153,600	R 2 297,60		20,00	192,000	R 3 670,80	
0369	Distant flap: First stage	20,00	126,400	R 1 890,70		20,00	158,000	R 3 020,60	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0373	Transfer neurovascular island flap	20,00	184,400	R 2 758,20		20,00	230,500	R 4 406,50	
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	20,00	193,920	R 2 900,60		20,00	242,400	R 4 634,10	
0375	Dupuytren's contracture: Fasciotomy	20,00	51,000	R 762,80		20,00	51,000	R 974,80	
0376	Dupuytren's contracture: Fasciectomy	20,00	174,400	R 2 608,60		20,00	218,000	R 4 167,70	
2.8	Acupuncture								
	Please note: General Rule M not applicable to section 2.8 of this price list								
0377	Standard acupuncture	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
0378	Laser acupuncture using more than 6 points	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
0379	Electro-acupuncture	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
0380	Scalp acupuncture	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
0381	Micro-acupuncture (ear, hand)	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
	RULES GOVERNING THE SECTION ACUPUNCTURE								
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3	**Musculo-skeletal System**								
	MODIFIERS GOVERNING ORTHOPAEDIC OPERATIONS AND ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS								
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care)	20,00	27,000	R 403,90		20,00	27,000	R 516,20	
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0050	In cases of a compound 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 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 fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	20,00	115,500	R 1 727,70		20,00	115,500	R 2 208,20	
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	20,00	32,000	R 478,60		20,00	32,000	R 611,80	
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
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 to 75% and add to the total for the first foot								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%								
3.1	Bones								
3.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)								
0383	Fracture (reduction under general anaesthetic): Scapula			R 1 678,20	v				
0384	Fracture: Scapula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		227,360	R 3 399,50			284,200	R 5 432,20	
0386	Fracture: Clavicle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		67,520	R 1 009,60			209,400	R 4 002,50	
0387	Fracture (reduction under general anaesthetic): Clavicle	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure	20,00	140,560	R 2 102,50		20,00	175,700	R 3 358,80	
0389	Fracture (reduction under general anaesthetic): Humerus	20,00	111,600	R 1 669,30		20,00	111,600	R 2 133,50	
0390	Fracture: Humerus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		204,240	R 3 053,80			255,300	R 4 879,70	
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
0401	Fracture: Carpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		166,960	R 2 496,30			208,700	R 3 989,20	
0402	Fracture (reduction under general anaesthetic): Carpal bone	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	20,00	51,000	R 762,80		20,00	51,000	R 974,80	
0404	Fracture: Bennett fracture/dislocation: Open reduction and internal fixation (modifiers 0051, 0052, 0055 not applicable)		143,840	R 2 150,50			179,800	R 3 436,70	
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	20,00	118,300	R 1 769,30		20,00	118,300	R 2 261,40	
0406	Fracture: Metacarpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		130,880	R 1 956,90			163,600	R 3 127,20	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple			R 1 150,70	ß				
0410	Fracture: Finger phalanx, distal, simple: Open reduction and internal fixation (modifiers 0051, 0052 not applicable		120,000	R 1 794,30			141,100	R 2 696,70	
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	20,00	52,000	R 777,70		20,00	52,000	R 994,00	
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	20,00	48,000	R 718,00		20,00	48,000	R 917,60	
0414	Fracture: Finger phalanx, proximal or middle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable		135,920	R 2 032,40			169,900	R 3 247,30	
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	20,00	102,000	R 1 525,60		20,00	102,000	R 1 949,90	
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed			R 1 793,30	ß				
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
0420	Fracture: Acetabulum: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		448,000	R 6 698,30			560,000	R 10 703,90	
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	20,00	189,600	R 2 835,80		20,00	237,000	R 4 530,60	
0422	Fracture: Femur neck or shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		313,840	R 4 692,50			392,300	R 7 498,30	
0425	Fracture (reduction under general anaesthetic): Patella	20,00	51,000	R 762,80		20,00	51,000	R 974,80	
0426	Fracture: Patella: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		175,600	R 2 625,80			219,500	R 4 195,50	
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	20,00	120,000	R 1 794,70		20,00	128,000	R 2 447,40	
0430	Fracture: Tibia, with or without fibula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable		234,560	R 3 507,00			293,200	R 5 604,40	
0433	Fracture (reduction under general anaesthetic): Fibula shaft			R 1 679,90	ß				
0434	Fracture: Fibula shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		165,680	R 2 477,30			207,000	R 3 956,60	
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	20,00	58,000	R 867,60		20,00	58,000	R 1 108,70	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0436	Fracture: Ankle malleolus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		165,680	R 2 477,30			207,100	R 3 958,30	
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	20,00	120,000	R 1 794,70		20,00	128,000	R 2 447,40	
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	20,00	158,960	R 2 377,90		20,00	198,700	R 3 798,70	
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	20,00	322,500	R 4 823,90		20,00	403,500	R 7 714,00	
0441	Fracture (reduction under general anaesthetic): Metatarsal	20,00	41,800	R 625,20		20,00	41,800	R 799,10	
0442	Fracture: Metatarsal bones: Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		123,760	R 1 850,50			154,700	R 2 956,80	
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple				ß				
0444	Fracture: Toe phalanx, distal: Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		120,000	R 1 794,30			144,500	R 2 762,10	
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	20,00	32,000	R 478,60		20,00	32,000	R 611,80	
0446	Fracture: Tarsal bones (excluding talus and calcaneus): Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		142,560	R 2 131,60			178,200	R 3 406,20	
0447	Fracture (reduction under general anaesthetic): Other: Simple	20,00	26,000	R 388,90		20,00	26,000	R 497,20	
0448	Fracture: Calcaneus (reduction under general anaesthetic)		103,300	R 1 544,60			103,300	R 1 974,60	
0449	Fracture (reduction under general anaesthetic): Other: Compound	20,00	52,000	R 777,70		20,00	52,000	R 994,00	
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed				ß				
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	20,00	184,000	R 2 752,10		20,00	230,000	R 4 397,00	
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical				ß				
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical				v				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical				v				
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest				v				
3.1.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures								
0465	Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	20,00	230,400	R 3 446,30		20,00	288,000	R 5 505,60	
0466	Fractures involving digital joints: Includes the metaphysis of the relative bone. Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		168,720	R 2 522,60			210,900	R 4 031,20	
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable)	20,00	43,000	R 643,50		20,00	43,000	R 822,30	
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	20,00	225,600	R 3 374,50		20,00	282,000	R 5 391,40	
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	20,00	123,200	R 1 842,90		20,00	154,000	R 2 944,30	
0480	Radical resection of bone tumour/infection: Ilium including acetabulum, both pubic rami, or ischium and acetabulum		332,000	R 4 963,90			415,000	R 7 932,20	
0481	Radical resection of bone tumour: Fibula		192,080	R 2 872,10			240,100	R 4 589,40	
0482	Radical resection of bone tumour: Femur or knee		297,440	R 4 447,30			371,800	R 7 106,60	
0483	Radical resection of malignant bone tumour: Scapula		190,160	R 2 843,20			237,700	R 4 543,40	
0484	Radical resection of bone tumour: Clavicle		331,040	R 4 949,80			413,800	R 7 909,40	
0485	Radical resection of bone tumour: Metatarsal		148,000	R 2 212,90			185,000	R 3 536,00	
3.1.2.1	Bony operations: Bone grafting								
0497	Resection of bone or tumour with or without grafting (benign)	20,00	225,600	R 3 374,50		20,00	282,000	R 5 391,40	
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	20,00	272,000	R 4 068,70		20,00	340,000	R 6 500,00	
0499	Grafts to cysts: Large bones	20,00	153,600	R 2 297,60		20,00	192,000	R 3 670,80	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0501	Grafts to cysts: Small bones	20,00	120,000	R 1 794,70		20,00	128,000	R 2 447,40	
0503	Grafts to cysts: Cartilage graft	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
0505	Grafts to cysts: Inter-metacarpal bone graft	20,00	120,000	R 1 794,70		20,00	147,000	R 2 810,20	
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
0506	Harvesting of graft: Cartilage graft, costochondral		91,100	R 1 362,60			91,100	R 1 741,50	
3.1.2.2	Bony operations: Acute or chronic osteomyelitis								
0509	Acute or chronic osteomyelitis: Conservative treatment				v				
0511	Acute or chronic osteomyelitis: Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care								
0512	Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks after-care	20,00	120,000	R 1 794,70		20,00	128,000	R 2 447,40	
3.1.2.3	Bony operations: Osteotomy								
0514	Osteotomy: Sternum: Repair of pectus excavatum	20,00	264,000	R 3 949,00		20,00	330,000	R 6 308,90	
0515	Osteotomy: Sternum: Repair of pectus carinatum	20,00	264,000	R 3 949,00		20,00	330,000	R 6 308,90	
0516	Osteotomy: Pelvic	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
0521	Osteotomy: Femoral: Proximal	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
0527	Osteotomy: Knee region	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
0528	Osteotomy: Os Calcis (Dwyer operation)	20,00	115,000	R 1 720,20		20,00	115,000	R 2 198,60	
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
0531	Rotational osteotomy of tibia and fibula - stand alone procedure	20,00	223,120	R 3 337,40		20,00	278,900	R 5 332,00	
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0533	Osteotomy: Single metatarsal	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
0534	Osteotomy: Multiple metatarsal osteotomies	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
3.1.2.4	Bony operations: Exostosis								
0535	Exostosis: Excision: Readily accessible sites	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	

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0537	Exostosis: Excision: Less accessible sites	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
3.1.2.5	Bony operations: Biopsy								
0539	Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable)	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
0541	Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable)	20,00	32,000	R 478,60		20,00	32,000	R 611,80	
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
3.2	Joints								
3.2.1	Joints: Dislocations								
0547	Joint: Dislocation: Clavicle either end	20,00	38,000	R 568,30		20,00	38,000	R 726,40	
0549	Joint: Dislocation: Shoulder	20,00	51,000	R 762,80		20,00	51,000	R 974,80	
0551	Joint: Dislocation: Elbow	20,00	51,000	R 762,80		20,00	51,000	R 974,80	
0552	Joint: Dislocation: Wrist	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	20,00	120,000	R 1 794,70		20,00	130,000	R 2 485,20	
0555	Joint: Dislocation: Lunate	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0556	Joint: Dislocation: Carpo-metacarpo dislocation	20,00	51,000	R 762,80		20,00	51,000	R 974,80	
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	20,00	26,000	R 388,90		20,00	26,000	R 497,20	
0559	Joint: Dislocation: Hip	20,00	109,000	R 1 630,50		20,00	109,000	R 2 084,00	
0561	Joint: Dislocation: Knee	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0563	Joint: Dislocation: Patella	20,00	32,000	R 478,60		20,00	32,000	R 611,80	
0565	Joint: Dislocation: Ankle	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
0567	Joint: Dislocation: Sub-Talar dislocation	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
3.2.2	Joints: Operations for dislocations								

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0578	Operations for dislocations: Recurrent dislocation of shoulder	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
0579	Operations for dislocations: Recurrent dislocation of all other joints	20,00	128,800	R 1 926,70		20,00	161,000	R 3 077,70	
3.2.3	Joints: Capsular operations								
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	20,00	51,000	R 762,80		20,00	51,000	R 974,80	
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care)	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0585	Capsulectomy digital joint	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
0587	Release of digital joint contracture	20,00	120,000	R 1 794,70		20,00	128,000	R 2 447,40	
3.2.4	Joints: Synovectomy								
0589	Synovectomy: Digital joint	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0592	Synovectomy: Large joint	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0593	Tendon synovectomy	20,00	162,960	R 2 437,60		20,00	203,700	R 3 894,20	
3.2.5	Joints: Arthrodesis								
0597	Arthrodesis: Shoulder	20,00	179,200	R 2 680,40		20,00	224,000	R 4 282,60	
0598	Arthrodesis: Elbow	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	
0599	Arthrodesis: Wrist	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	
0600	Arthrodesis: Digital joint	20,00	120,000	R 1 794,70		20,00	128,000	R 2 447,40	
0601	Arthrodesis: Hip	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
0602	Arthrodesis: Knee	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	
0603	Arthrodesis: Ankle	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	
0604	Arthrodesis: Sub-talar	20,00	120,000	R 1 794,70		20,00	130,000	R 2 485,20	
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	
0607	Arthrodesis: Mid-tarsal wedge resection	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3.2.6	Joints: Arthroplasty								
0614	Arthroplasty: Debridement large joints	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0615	Arthroplasty: Excision medial or lateral end of clavicle	20,00	116,000	R 1 735,20		20,00	116,000	R 2 217,70	
0617	Shoulder: Acromioplasty	20,00	153,600	R 2 297,60		20,00	192,000	R 3 670,80	
0619	Shoulder: Partial replacement	20,00	221,600	R 3 314,80		20,00	277,000	R 5 295,70	
0620	Shoulder: Total replacement	20,00	332,800	R 4 978,10		20,00	416,000	R 7 952,80	
0621	Elbow: Excision head of radius	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0622	Elbow: Excision	20,00	153,600	R 2 297,60		20,00	192,000	R 3 670,80	
0623	Elbow: Partial replacement	20,00	150,400	R 2 249,50		20,00	188,000	R 3 594,20	
0624	Elbow: Total replacement	20,00	225,600	R 3 374,50		20,00	282,000	R 5 391,40	
0625	Wrist: Excision distal end of ulna	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0626	Wrist: Excision single bone	20,00	110,000	R 1 645,40		20,00	110,000	R 2 102,90	
0627	Wrist: Excision proximal row	20,00	132,800	R 1 986,40		20,00	166,000	R 3 173,70	
0631	Wrist: Total replacement	20,00	199,200	R 2 979,80		20,00	249,000	R 4 760,20	
0635	Digital Joint: Total replacement	20,00	153,600	R 2 297,60		20,00	192,000	R 3 670,80	
0637	Hip: Total replacement	20,00	332,800	R 4 978,10		20,00	416,000	R 7 952,80	
0641	Hip: Prosthetic replacement of femoral head	20,00	230,400	R 3 446,30		20,00	288,000	R 5 505,60	
0643	Hip: Girdlestone	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
0645	Knee: Partial replacement	20,00	221,600	R 3 314,80		20,00	277,000	R 5 295,70	
0646	Knee: Total replacement	20,00	332,800	R 4 978,10		20,00	416,000	R 7 952,80	
0649	Ankle: Total replacement	20,00	232,320	R 3 474,90		20,00	290,400	R 5 551,80	
0650	Ankle: Astragalectomy	20,00	123,200	R 1 842,90		20,00	154,000	R 2 944,30	
3.2.7	Joints: Miscellaneous (joints)								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0661	Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable)	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	20,00	7,500	R 112,10		20,00	7,500	R 143,40	
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	20,00	4,000	R 59,90		20,00	4,000	R 76,40	
0667	Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable)	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
0669	Manipulation knee or shoulder joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
0669A	Manipulation hip joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
	Only the consultation fee should be charged when manipulation of a large joint is performed without general anaesthetic								
0673	Meniscectomy or operation for other internal derangement of knee	20,00	109,000	R 1 630,50		20,00	109,000	R 2 084,00	
0658	Aspiration and/or injection: Small joint, bursa (eg., fingers, toes) (excluding after care, modifier 0005 not applicable)		9,000	R 134,60			9,000	R 172,10	
0659	Aspiration and/or injection: Intermediate joint, bursa (eg., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) (excluding after care, modifier 0005 not applicable)		9,000	R 134,60			9,000	R 172,10	
0660	Aspiration and/or injection: Major joint, bursa (eg., shoulder, hip, knee joint, subacromial bursa) (excluding after care, modifier 0005 not applicable)		9,000	R 134,60			9,000	R 172,10	
0668	Manipulation of knee joint under general anaesthesia (includes application of traction or other fixation devices) (excluding after-care) (modifier 0005 is not applicable)		14,000	R 209,30			14,000	R 267,50	
0670	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic - Anaesthetic: Knee/Shoulder								
0670a	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic - Anaesthetic: Hip								
3.2.8	Joints: Joint ligament reconstruction or suture								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0675	Joint ligament reconstruction or suture: Ankle: Collateral	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0677	Joint ligament reconstruction or suture: Knee: Collateral	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0678	Joint ligament reconstruction or suture: Knee: Cruciate	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	20,00	224,000	R 3 350,60		20,00	280,000	R 5 353,10	
0680	Joint ligament reconstruction or suture: Digital joint ligament	20,00	132,000	R 1 974,50		20,00	165,000	R 3 154,30	
0676	Joint ligament reconstruction or suture: Ankle (eg., Watson-Jones type)		153,200	R 1 833,30			191,500	R 3 661,10	
3.3	Amputations								
3.3.1	Amputations: Specific Amputations								
0681	Amputation Humerus: Includes primary closure		169,280	R 2 531,20			211,600	R 4 044,60	
0682	Amputation: Fore-quarter amputation	20,00	235,200	R 3 518,00		20,00	294,000	R 5 620,60	
0683	Amputation: Through shoulder	20,00	120,000	R 1 794,70		20,00	148,000	R 2 829,50	
0684	Amputation: Forearm		170,480	R 2 549,00			213,500	R 4 080,70	
0685	Amputation: Upper arm or fore-arm	20,00	116,000	R 1 735,20		20,00	116,000	R 2 217,70	
0686	Amputation: Ankle (e.g. Syme, Pirogoff type)		163,280	R 2 441,30			204,100	R 3 901,00	
0687	Partial amputation of the hand: One ray	20,00	102,000	R 1 525,60		20,00	102,000	R 1 949,90	
0688	Amputation: Foot, midtarsal (Chopart type)		132,000	R 1 973,60			165,700	R 3 167,10	
0691	Amputation: Whole or part of finger	20,00	116,800	R 1 747,00		20,00	116,800	R 2 233,00	
0692	Scar revision/secondary closure: amputated thigh, through femur, any level		120,560	R 1 802,40			150,700	R 2 880,40	
0693	Hindquarter amputation	20,00	336,000	R 5 025,90		20,00	420,000	R 8 029,30	
0694	Scar revision/secondary closure: amputated leg, through tibia and fibula, any level		139,120	R 2 080,10			173,900	R 3 323,80	
0695	Amputation: Through hip joint region	20,00	153,600	R 2 297,60		20,00	192,000	R 3 670,80	
0696	Re-amputation: Thigh, through femur, any level		173,840	R 2 599,10			217,300	R 4 153,50	
0697	Amputation: Through thigh	20,00	164,000	R 2 453,00		20,00	205,000	R 3 919,00	
0698	Re-amputation: Leg, through tibia and fibula		158,560	R 2 370,80			198,200	R 3 788,50	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0699	Amputation: Below knee, through knee or Syme	20,00	155,200	R 2 321,30		20,00	194,000	R 3 709,30	
0700	Scar revision/secondary closure: Amputated shoulder		120,000	R 1 794,30			128,100	R 2 448,40	
0701	Amputation: Trans-metatarsal or trans-tarsal	20,00	120,000	R 1 794,70		20,00	142,000	R 2 714,60	
0702	Scar revision/secondary closure: Amputated humerus		130,480	R 1 950,90			163,100	R 3 117,50	
0703	Amputation: Foot: One ray	20,00	97,000	R 1 451,00		20,00	97,000	R 1 854,50	
0704	Scar revision/secondary closure: Amputated forearm		147,280	R 2 202,10			184,100	R 3 518,80	
0705	Amputation: Toe	20,00	66,000	R 987,00		20,00	66,000	R 1 261,70	
0708	Re-amputation: Humerus		178,480	R 2 668,60			223,100	R 4 264,30	
0710	Re-amputation: Through forearm		164,800	R 2 464,10			206,000	R 3 937,60	
3.3.2	Amputations: Post-amputation reconstruction								
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	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
0707	Post-amputation reconstruction: Krukenberg reconstruction	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	20,00	225,600	R 3 374,50		20,00	282,000	R 5 391,40	
0712	Post-amputation reconstruction: Toe to thumb transfer	20,00	640,000	R 9 572,70		20,00	800,000	R 15 294,30	
3.4	Muscles, tendons and fasciae								
3.4.1	Muscles, tendons and fasciae: Investigations								
0713	Electromyography	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	20,00	57,000	R 852,60		20,00	57,000	R 1 089,60	
0715	Strength duration curve per session	20,00	10,500	R 157,00		20,00	10,500	R 200,70	
0717	Electrical examination of single nerve or muscle	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
0718	Oxidative study for mitochondrial function	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
0721	Voltage integration during isometric contraction	20,00	12,000	R 179,30		20,00	12,000	R 229,40	
0723	Tonometry with edrophonium	20,00	8,000	R 119,60		20,00	8,000	R 153,00	

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0725	Isometric tension studies with edrophonium	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
0729	Tendon reflex time	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
0730	Limb brain somatosensory studies (per limb)	20,00	49,000	R 732,70		20,00	49,000	R 936,70	
0731	Vision and audio-sensory studies	20,00	49,000	R 732,70		20,00	49,000	R 936,70	
0733	Motor nerve conduction studies (single nerve)	20,00	26,000	R 388,90		20,00	26,000	R 497,20	
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	20,00	31,000	R 463,80		20,00	31,000	R 592,60	
0737	Biopsy for motor nerve terminals and end plates	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	20,00	34,000	R 508,50		20,00	34,000	R 649,90	
0740	Muscle fatigue studies	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
0741	Muscle biopsy	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
0742	Global fee for all muscle studies, including histochemical studies					20,00	262,000	R 5 008,70	
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase					20,00	20,250	R 387,00	
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase					20,00	33,300	R 636,60	
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase					20,00	5,700	R 109,10	
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase					20,00	1,600	R 30,50	
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase					20,00	9,900	R 189,20	
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase					20,00	13,700	R 262,00	
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase					20,00	25,900	R 495,20	
4715	Biochemical estimations on muscle biopsy specimens: Enolase					20,00	32,700	R 625,00	
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase					20,00	37,700	R 720,90	
4719	Biochemical estimations on muscle biopsy specimens: Aldolase					20,00	15,750	R 301,40	

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4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase					20,00	11,060	R 211,50	
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase					20,00	34,700	R 663,60	
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase					20,00	40,300	R 770,40	
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase					20,00	28,800	R 550,60	
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study					20,00	43,000	R 822,30	
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)					20,00	14,000	R 267,50	
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)					20,00	20,000	R 382,30	
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies					20,00	71,000	R 1 357,30	
4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)					20,00	69,000	R 1 319,10	
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation					20,00	82,000	R 1 567,90	
4744	Biochemical estimations on muscle biopsy specimens: Tension/caffeine/ halothane procedure in malignant hyperthermia					20,00	143,000	R 2 733,80	
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy					20,00	75,000	R 1 433,90	
3.4.2	Muscles, tendons and fasciae: Decompression Operations								
0743	Major compartmental decompression	20,00	120,000	R 1 794,70		20,00	132,000	R 2 523,50	
0744	Decompression operation: Fasciotomy only	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
5550	Decompression Faciotomy: Buttock compartments:(unilateral)		243,000	R 3 633,40			243,000	R 4 644,70	
5551	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). EXCLUDES debridement of nonviable muscle and/or nerve		151,900	R 2 271,10			151,900	R 2 903,40	
5552	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). INCLUDES debridement of nonviable muscle and/or nerve		253,100	R 3 784,50			253,100	R 4 837,80	

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5553	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. EXCLUDES debridement of nonviable muscle and/or nerve		123,700	R 1 849,60			123,700	R 2 364,40	
5554	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. INCLUDES debridement of nonviable muscle and/or nerv		162,100	R 2 423,70			162,100	R 3 098,50	
5555	Decompression fasciotomy: Leg: Posterior compartment only. EXCLUDES debridement of nonviable muscle and/or nerve		130,800	R 1 955,50			130,800	R 2 500,10	
5556	Decompression fasciotomy: Leg: Posterior compartment only. INCLUDES debridement of nonviable muscle and/or nerve		171,500	R 2 564,20			171,500	R 3 278,10	
5557	Decompression fasciotomy: Fasciotomy/tenotomy, iliotibial		137,300	R 2 052,70			137,300	R 2 624,50	
5558	Decompression fasciotomy: Fasciotomy: Foot and/or toe		86,600	R 1 294,80			86,600	R 1 655,20	
5559	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. EXCLUDES debridement of nonviable muscle or nerve		226,300	R 3 383,70			226,300	R 4 325,30	
5560	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. INCLUDES debridement of nonviable muscle or nerve		354,500	R 5 300,60			354,500	R 6 775,90	
5561	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. EXCLUDES debridement of nonviable muscle or nerve		166,800	R 2 494,00			166,800	R 3 188,20	
5562	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. INCLUDES debridement of nonviable muscle or nerve		321,100	R 4 801,00			321,100	R 6 137,50	
5563	Decompression Faciotomy: Fingers and/or hand		165,600	R 2 476,00			165,600	R 3 165,10	
3.4.3	Muscles, tendons and fasciae: Muscle and tendon repair								
0745	Muscle and tendon repair: Biceps humeri	20,00	109,000	R 1 630,50		20,00	109,000	R 2 084,00	
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0747	Muscle and tendon repair: Rotator cuff	20,00	120,000	R 1 794,70		20,00	134,000	R 2 562,10	
0748	Muscle and tendon repair: Debridement rotator cuff	20,00	120,000	R 1 794,70		20,00	139,700	R 2 671,00	
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	20,00	217,520	R 3 253,70		20,00	271,900	R 5 198,30	
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	20,00	120,000	R 1 794,70		20,00	128,000	R 2 447,40	
0757	Muscle and tendon repair: Achilles tendon repair	20,00	158,080	R 2 364,50		20,00	197,600	R 3 777,60	

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0759	Muscle and tendon repair: Other single tendon	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
0760	Hand: Flexor tendon suture: Primary, zone 1 (each) (modifier 0005 applicable)		176,240	R 2 635,00			220,300	R 4 210,80	
0761	Hand: Flexor tendon repair: Primary, zone 2 (no mans land) (each) (modifier 0005 applicable		199,680	R 2 985,60			249,600	R 4 770,90	
0762	Hand: Flexor tendon suture: Primary, zone 3 and 4 (wrist and forearm) (each) (modifier 0005 applicable		153,040	R 2 288,30			191,300	R 3 656,40	
0763	Muscle and tendon repair: Tendon or ligament injection	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
0764	Hand: Flexor tendon repair: Secondary, zone 1		195,100	R 2 917,20			243,900	R 4 661,80	
0765	Hand: Flexor tendon repair: Secondary, zone 2 (no mans land)		199,680	R 2 985,60			249,600	R 4 770,90	
0766	Hand: Flexor tendon repair: Secondary, zone 3 and 4 (wrist and forearm)		152,480	R 2 279,90			190,600	R 3 643,00	
0767	Hand: Flexor tendon suture: Primary (per tendon)	20,00	120,000	R 1 794,70		20,00	128,000	R 2 447,40	
0768	Repair: Intrinsic muscles of hand (each) (modifier 0005 applicable)		100,240	R 1 498,80			125,300	R 2 394,90	
0769	Hand: Flexor tendon suture: Secondary (per tendon)	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0771	Extensor tendon suture: Primary (per tendon)	20,00	120,000	R 1 794,70		20,00	129,700	R 2 479,60	
0773	Extensor tendon suture: Secondary (per tendon)	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
0774	Repair of Boutonniere deformity or Mallet finger with graft	20,00	146,960	R 2 198,30		20,00	183,700	R 3 511,90	
3.4.4	Muscles, tendons and fasciae: Tendon graft								
0775	Free tendon graft	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0776	Reconstruction of pulley for flexor tendon	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
0777	Tendon graft: Finger: Flexor	20,00	153,600	R 2 297,60		20,00	192,000	R 3 670,80	
0779	Tendon graft: Finger: Extensor	20,00	120,000	R 1 794,70		20,00	122,000	R 2 332,30	
0780	Two stage flexor tendon graft using silastic rod	20,00	192,000	R 2 872,10		20,00	240,000	R 4 588,00	
3.4.5	Muscles, tendons and fasciae: Tendolysis								
0781	Tendon freeing operation, except where specified elsewhere	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
0782	Carpal tunnel syndrome	20,00	98,700	R 1 476,40		20,00	98,700	R 1 887,20	

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GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

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Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0783	Tenolysis: De Quervain	20,00	38,000	R 568,30		20,00	38,000	R 726,40	
0784	Trigger finger	20,00	38,000	R 568,30		20,00	38,000	R 726,40	
0785	Flexor tendon freeing operation following free tendon graft or suture	20,00	149,440	R 2 235,30		20,00	186,800	R 3 571,50	
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	20,00	144,720	R 2 164,70		20,00	180,900	R 3 458,60	
0788	Intrinsic tendon release per finger	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
0789	Central tendon tenotomy for Boutonniere deformity	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
3.4.6	Muscles, tendons and fasciae: Tenodesis								
0790	Tenodesis: Digital joint	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer								
0791	Single tendon transfer	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0792	Multiple tendon transfer	20,00	120,000	R 1 794,70		20,00	128,000	R 2 447,40	
0793	Hamstring to quadriceps transfer	20,00	120,000	R 1 794,70		20,00	141,000	R 2 695,70	
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
0795	Tendon transfer at elbow	20,00	116,000	R 1 735,20		20,00	116,000	R 2 217,70	
0802	Radial club hand repair - stand alone procedure	20,00	288,240	R 4 311,60		20,00	360,300	R 6 888,10	
0803	Hand tendons: Single tendon transfer (first)	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0809	Hand tendons: Substitution for intrinsic paralysis of hand	20,00	179,200	R 2 680,40		20,00	224,000	R 4 282,60	
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	20,00	176,480	R 2 639,90		20,00	220,600	R 4 217,50	
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening								
0812	Percutaneous Tenotomy: All sites	20,00	38,000	R 568,30		20,00	38,000	R 726,40	
0813	Torticollis	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0815	Scalenotomy	20,00	120,000	R 1 794,70		20,00	132,000	R 2 523,50	
0817	Scalenotomy with excision of first rib	20,00	152,000	R 2 273,50		20,00	190,000	R 3 632,30	

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gems
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0821	Tennis elbow	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0822	Open release elbow (Mitals) - stand alone procedure	20,00	222,560	R 3 329,00		20,00	278,200	R 5 318,60	
0823	Excision or slide for Volkmann's Contracture	20,00	153,600	R 2 297,60		20,00	192,000	R 3 670,80	
0825	Hip: Open muscle release	20,00	116,000	R 1 735,20		20,00	116,000	R 2 217,70	
0829	Knee: Quadriceps plasty	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0831	Knee: Open tenotomy	20,00	120,000	R 1 794,70		20,00	141,000	R 2 695,70	
0835	Calf	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0837	Open elongation tendon Achilles	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0838	Percutaneous "Hoke" elongation tendo Achilles	20,00	79,300	R 1 186,00		20,00	79,300	R 1 516,10	
0845	Foot: Plantar fasciotomy	20,00	70,000	R 1 047,00		20,00	70,000	R 1 338,20	
0846	Foot: Postero-medial release for club-foot	20,00	153,600	R 2 297,60		20,00	192,000	R 3 670,80	
3.5	Bursae and ganglia								
0847	Excision: Semimembranosus	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
0849	Excision: Prepatellar	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
0851	Excision: Olecranon	20,00	81,800	R 1 223,50		20,00	81,800	R 1 563,90	
0853	Excision: Small bursa or ganglion	20,00	80,900	R 1 210,10		20,00	80,900	R 1 546,40	
0855	Excision: Compound palmar ganglion or synovectomy	20,00	128,000	R 1 914,70		20,00	128,000	R 2 447,40	
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
3.6	Musculo-skeletal system: Miscellaneous								
3.6.1	Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet								
0859	Leg equalisation and congenital hips and feet: Leg shortening	20,00	225,600	R 3 374,50		20,00	282,000	R 5 391,40	
0861	Leg equalisation and congenital hips and feet: Leg lengthening	20,00	332,800	R 4 978,10		20,00	416,000	R 7 952,80	
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	20,00	116,000	R 1 735,20		20,00	116,000	R 2 217,70	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	20,00	109,000	R 1 630,50		20,00	109,000	R 2 084,00	
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0868	Open reduction of congenital dislocation of the hip	20,00	148,800	R 2 225,80		20,00	186,000	R 3 555,90	
0869	Subsequent plasters	20,00	32,000	R 478,60		20,00	32,000	R 611,80	
0873	Congenital club foot: Manipulation and plaster: One foot	20,00	26,000	R 388,90		20,00	26,000	R 497,20	
0874	Ponseti technique assistant (medical practitioner)	20,00	13,000	R 194,40	Z	20,00	13,000	R 248,30	Z
3.6.2	Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis								
0883	Removal of internal fixatives or prosthesis: Readily accessible	20,00	36,600	R 547,50		20,00	36,600	R 699,60	
0884	Removal of internal fixatives: Less accessible	20,00	75,500	R 1 129,40		20,00	75,500	R 1 443,60	
0885	Removal of prosthesis for infection soon after operation	20,00	120,000	R 1 794,70		20,00	128,000	R 2 447,40	
0886	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	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
3.6.2.1	Musculo-skeletal system: Miscellaneous: Removal of foreign bodies								
0644	Removal of foreign body: Shoulder, subcutaneous		20,000	R 299,20			20,000	R 382,30	
0647	Removal of foreign body: Upper arm or elbow area, subcutaneous		20,000	R 299,20			20,000	R 382,30	
0648	Removal of foreign body: Upper arm or elbow area, subfascial or intramuscular		31,000	R 463,80			31,000	R 592,60	
0651	Exploration with removal of deep foreign body: Forearm or wrist		31,000	R 463,80			31,000	R 592,60	
0652	Removal of foreign body: Pelvis or hip, subcutaneous tissue		20,000	R 299,20			20,000	R 382,30	
0653	Removal of foreign body: Pelvis or hip, subfascial or intramuscular		31,000	R 463,80			31,000	R 592,60	
0654	Removal of foreign body: Thigh or knee area, subfascial or intramuscular		31,000	R 463,80			31,000	R 592,60	
0655	Removal of foreign body: Foto, subcutaneous		20,000	R 299,20			20,000	R 382,30	
0656	Removal of foreign body: Foto, deep		31,000	R 463,80			31,000	R 592,60	
0657	Removal of foreign body: Foto, complicated		31,000	R 463,80			31,000	R 592,60	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3.7	Plasters (exclusive of after-care)								
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	20,00	13,000	R 194,40	ò	20,00	13,000	R 248,30	ò
0888	Application of short limb cast (forearm, lower leg) (excluding after-care) (first cast included in procedure)		18,400	R 275,30			18,400	R 351,70	
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	20,00	32,000	R 478,60		20,00	32,000	R 611,80	
0891	Turnbuckle cast for scoliosis (excluding after-care)	20,00	51,000	R 762,80		20,00	51,000	R 974,80	
0892	Application of cast: Revision (walker, window, bivalve) (excluding after-care)		18,900	R 282,70			18,900	R 361,30	
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	20,00	19,000	R 284,30		20,00	19,000	R 363,40	
0894	Application of cast: Clubfoot (excluding after-care) (first cast included in procedure		34,000	R 508,30			34,000	R 649,80	
3.8	Musculo-skeletal system: Special areas								
3.8.1	Special areas: Foot and Ankle								
0895	Club foot: Revision club foot release - stand alone procedure	20,00	242,160	R 3 622,30		20,00	302,700	R 5 787,00	
0896	Club foot: Posterior release only - stand alone procedure	20,00	127,440	R 1 906,10		20,00	159,300	R 3 045,40	
0900	Excision tarsal coalition - stand alone procedure	20,00	120,000	R 1 794,70		20,00	141,500	R 2 705,30	
0901	Tenotomy: Single tendon	20,00	63,300	R 946,90		20,00	63,300	R 1 210,20	
0903	Hammer toe: One toe	20,00	99,500	R 1 488,30		20,00	99,500	R 1 902,50	
0905	Filleting of toe or Ruiz-Mora procedure	20,00	99,500	R 1 488,30		20,00	99,500	R 1 902,50	
0906	Arthrodesis Hallux	20,00	120,000	R 1 794,70		20,00	148,000	R 2 829,50	
0907	Silver bunionectomy or similar for Hallux Valgus	20,00	120,000	R 1 794,70		20,00	126,200	R 2 412,70	
	Not to be charged with item 0911								
0909	Excision arthroplasty	20,00	120,000	R 1 794,70		20,00	145,200	R 2 775,60	
0910	Cheilectomy or metatarsophangeal implant Hallux	20,00	146,400	R 2 189,80		20,00	183,000	R 3 498,60	
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	20,00	151,360	R 2 264,10		20,00	189,200	R 3 616,90	
	Not to be charged with item 0907								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5730	Hallux Valgus double osteotomy etc.	20,00	146,080	R 2 185,20		20,00	182,600	R 3 491,20	
5731	Distal soft tissue procedure for Hallux Valgus	20,00	138,880	R 2 077,40		20,00	173,600	R 3 318,70	
5732	Aitkin procedure or similar	20,00	133,440	R 1 996,00		20,00	166,800	R 3 189,00	
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	20,00	91,000	R 1 361,10		20,00	91,000	R 1 739,60	
5735	Repair angular deformity toe (lesser toes)	20,00	97,200	R 1 454,10		20,00	97,200	R 1 858,30	
5736	Sesamoidectomy	20,00	97,800	R 1 462,90		20,00	97,800	R 1 869,60	
5737	Repair major foot tendons e.g. Tib Post	20,00	120,000	R 1 794,70		20,00	147,300	R 2 816,10	
5738	Repair of dislocating peroneal tendons	20,00	138,560	R 2 072,80		20,00	173,200	R 3 311,20	
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	20,00	161,840	R 2 420,80		20,00	202,300	R 3 867,70	
5740	Steindler strip - plantar fascia	20,00	97,200	R 1 454,10		20,00	97,200	R 1 858,30	
5741	Kelikian syndactilly (one web space)	20,00	97,200	R 1 454,10		20,00	97,200	R 1 858,30	
5742	Tendon transfer foot	20,00	137,600	R 2 058,30		20,00	172,000	R 3 288,50	
5743	Capsulotomy metatarsophalangeal joints: Foot	20,00	86,800	R 1 298,20		20,00	86,800	R 1 659,40	
3.8.2	Big toe (refer to section 3.8.1 for procedures on big toe)								
3.8.3	Special areas: Reimplantations								
0912	Replantation of amputated upper limb proximal to wrist joint	20,00	584,000	R 8 735,40		20,00	730,000	R 13 955,60	
0913	Replantation of thumb	20,00	536,000	R 8 017,40		20,00	670,000	R 12 809,00	
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	20,00	464,000	R 6 940,30		20,00	580,000	R 11 088,40	
0915	Replantation operation through the palm	20,00	1016,000	R 15 197,30		20,00	1270,000	R 24 279,40	
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)								
0919	Tumours: Epidermoid cysts	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
0920	Tumours: Ganglion or fibroma	20,00	77,500	R 1 159,20		20,00	77,500	R 1 481,60	
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	20,00	86,000	R 1 286,50		20,00	86,000	R 1 643,90	

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0922	Removal of foreign bodies requiring incision: Under local anaesthetic	20,00	19,000	R 284,30		20,00	19,000	R 363,40	
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	20,00	32,000	R 478,60		20,00	32,000	R 611,80	
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	20,00	37,000	R 553,50		20,00	37,000	R 707,30	
0924a	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale)		110,000	R 1 645,40			110,000	R 2 102,70	
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners.								
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	20,00	16,000	R 239,30		20,00	16,000	R 306,10	
3.8.5	Special areas: Spine								
	Please note the following with regard to section 3.8.5: Spine a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together: 1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis. 2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition. b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Osteotomy, laminectomy.								
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	20,00	165,600	R 2 477,20		20,00	207,000	R 3 957,60	
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	20,00	42,000	R 628,30		20,00	42,000	R 802,90	
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
0930	Posterior osteotomy of spine: One vertebral segment	20,00	271,200	R 4 056,50		20,00	339,000	R 6 481,00	
0931	Posterior spinal fusion: One level	20,00	308,000	R 4 606,90		20,00	385,000	R 7 360,30	
0932	Posterior osteotomy of spine: Each additional vertebral segment	20,00	103,000	R 1 540,40		20,00	103,000	R 1 969,00	
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	20,00	252,000	R 3 769,30		20,00	315,000	R 6 022,00	

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0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	20,00	103,000	R 1 540,40		20,00	103,000	R 1 969,00	
0938	Anterior fusion base of skull to C2	20,00	359,200	R 5 373,00		20,00	449,000	R 8 584,10	
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
0941	Anterior interbody fusion: One level	20,00	288,000	R 4 307,70		20,00	360,000	R 6 882,40	
0942	Anterior interbody fusion: Each additional level	20,00	102,000	R 1 525,60		20,00	102,000	R 1 949,90	
0944	Posterior fusion: Occiput to C2	20,00	312,000	R 4 666,80		20,00	390,000	R 7 455,90	
0946	Posterior spinal fusion: Each additional level	20,00	111,000	R 1 660,50		20,00	111,000	R 2 122,00	
0948	Posterior interbody lumbar fusion: One level	20,00	291,200	R 4 355,70		20,00	364,000	R 6 958,80	
0950	Posterior interbody lumbar fusion: Each additional interspace	20,00	95,000	R 1 421,00		20,00	95,000	R 1 816,20	
0959	Excision of coccyx	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
0961	Costo-transversectomy	20,00	158,400	R 2 369,40		20,00	198,000	R 3 785,20	
0963	Antero-lateral decompression of spinal cord or anterior debridement	20,00	260,800	R 3 901,20		20,00	326,000	R 6 232,40	
	MODIFIER								
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 units for the relevant part of the operation performed. Each surgeon may charge an assistant fee for the the procedures performed by the other surgeon, at general practitioner rate (refer to modifier 0009)								
3.8.6	Special areas: Spinal deformities								
	Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees).								
0952	Posterior fusion for spinal deformity: Up to 6 levels	20,00	287,200	R 4 296,00		20,00	359,000	R 6 863,50	
0954	Posterior fusion for spinal deformity: 7 to 12 levels	20,00	437,600	R 6 545,60		20,00	547,000	R 10 457,30	
0955	Posterior fusion for spinal deformity: 13 or more levels	20,00	474,400	R 7 096,00		20,00	593,000	R 11 336,80	

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0956	Anterior fusion for spinal deformity: 2 or 3 levels	20,00	328,000	R 4 906,10		20,00	410,000	R 7 838,20	
0957	Anterior fusion for spinal deformity: 4 to 7 levels	20,00	355,200	R 5 312,90		20,00	444,000	R 8 488,20	
0958	Anterior fusion for spinal deformity: 8 or more levels	20,00	431,200	R 6 449,80		20,00	539,000	R 10 304,40	
	MODIFIER								
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								
3.8.7	Special areas: All spinal problems								
0943	Laminectomy with decompression of nerve roots and disc removal: One level	20,00	192,000	R 2 872,10		20,00	240,000	R 4 588,00	
0960	Posterior non-segmental instrumentation	20,00	133,600	R 1 998,30		20,00	167,000	R 3 192,70	
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	20,00	140,800	R 2 105,90		20,00	176,000	R 3 364,70	
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	20,00	160,800	R 2 405,10		20,00	201,000	R 3 842,60	
0966	Posterior segmental instrumentation:13 or more vertebrae	20,00	196,000	R 2 931,70		20,00	245,000	R 4 684,00	
0968	Anterior instrumentation: 2 to 3 vertebrae	20,00	127,200	R 1 902,70		20,00	159,000	R 3 039,60	
0969	Skull or skull-femoral traction including two weeks after-care	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
0970	Anterior instrumentation: 4 to 7 vertebrae	20,00	148,000	R 2 213,80		20,00	185,000	R 3 536,70	
0971	Halo-splint and POP jacket including two weeks after-care	20,00	116,000	R 1 735,20		20,00	116,000	R 2 217,70	
0972	Anterior instrumentation: 8 or more vertebrae	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
0974	Additional pelvic fixation of instrumentation other than sacrum	20,00	108,000	R 1 615,20		20,00	108,000	R 2 064,60	
5750	Reinsertion of instrumentation	20,00	220,800	R 3 302,70		20,00	276,000	R 5 276,40	
5751	Removal of posterior non-segmental instrumentation	20,00	138,400	R 2 070,30		20,00	173,000	R 3 307,50	
5752	Removal of posterior segmental instrumentation	20,00	140,000	R 2 094,10		20,00	175,000	R 3 345,80	
5753	Removal of anterior instrumentation	20,00	163,200	R 2 441,10		20,00	204,000	R 3 900,30	
5755	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels	20,00	236,000	R 3 530,10		20,00	295,000	R 5 639,80	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice** Code: 014

Practice Type: **Obstetrics and Gynaecology** Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	20,00	243,200	R 3 637,90		20,00	304,000	R 5 811,90	
5757	Laminectomy for decompression without foraminotomy or diskectory more than two levels	20,00	256,800	R 3 841,30		20,00	321,000	R 6 137,10	
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	20,00	63,000	R 942,40		20,00	63,000	R 1 204,40	
5759	Laminectomy for decompression diskectomy, etc. revision operation	20,00	281,600	R 4 212,10		20,00	352,000	R 6 729,30	
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	20,00	240,800	R 3 601,90		20,00	301,000	R 5 754,50	
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	20,00	68,000	R 1 017,10		20,00	68,000	R 1 300,20	
5763	Anterior disc removal and spinal decompression cervical: One level	20,00	275,200	R 4 116,30		20,00	344,000	R 6 576,30	
5764	Anterior disc removal and spinal decompression cervical: Each additional level	20,00	81,000	R 1 211,70		20,00	81,000	R 1 548,50	
5765	Vertebral corpectomy for spinal decompression: One level	20,00	372,800	R 5 576,50		20,00	466,000	R 8 909,00	
5766	Vertebral corpectomy for spinal decompression: Each additional level	20,00	88,000	R 1 316,40		20,00	88,000	R 1 682,50	
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	20,00	71,000	R 1 062,10		20,00	71,000	R 1 357,30	
3.9	Facial bone procedures								
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9								
0987	Repair of orbital floor (blowout fracture)	20,00	147,680	R 2 209,10		20,00	184,600	R 3 529,10	
0988	Genioplasty	20,00	210,400	R 3 147,10		20,00	263,000	R 5 028,00	
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	20,00	161,760	R 2 419,60		20,00	202,200	R 3 865,70	
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	20,00	241,600	R 3 613,80		20,00	302,000	R 5 773,60	
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	20,00	346,400	R 5 181,50		20,00	433,000	R 8 278,30	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	20,00	776,000	R 11 607,40		20,00	970,000	R 18 544,20	
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	20,00	241,600	R 3 613,80		20,00	302,000	R 5 773,60	
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	20,00	882,400	R 13 198,80		20,00	1103,000	R 21 086,70	
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	20,00	1323,200	R 19 792,10		20,00	1654,000	R 31 620,40	
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement				F				
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	20,00	241,600	R 3 613,80		20,00	302,000	R 5 773,60	
0998	Excision mandible bone, e.g. osteomyelitis,abscess		175,440	R 3 205,20			219,300	R 0,00	
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	20,00	147,200	R 2 201,90		20,00	184,000	R 3 517,50	
1000	Excision facial bone e.g., osteomyelitis, abscess		120,000	R 2 192,30			144,300	R 0,00	
1001	Temporo-mandibular joint: Reconstruction for dysfunction	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
1002	Harvesting: Bone for contouring of benign bony growths (e.g., fibrous dysplasia)		151,360	R 2 765,30			189,200	R 0,00	
1003	Manipulation: Immobilisation and follow-up of fractured nose	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
1005	Nasal fracture without manipulation				F				
1007	Mandibulectomy	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
1008	Excision: Torus Mandibularis		84,100	R 1 536,40			84,100	R 0,00	
1009	Maxillectomy	20,00	306,000	R 4 577,20		20,00	382,500	R 7 312,30	
1010	Excision: Torus Palatinus		83,300	R 1 521,80			83,300	R 0,00	
1011	Bone graft to mandible	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
1012	Adjustment of occlusion by ramisection	20,00	181,600	R 2 716,40		20,00	227,000	R 4 339,80	
1013	Fracture of arch of zygoma without displacement				F				

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	20,00	120,000	R 1 794,70		20,00	131,000	R 2 504,70	
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	20,00	209,600	R 3 135,20		20,00	262,000	R 5 008,70	
1006	Fracture: Nose and septum, open reduction		141,920	R 1 698,30			177,400	R 3 391,50	
4	**Respiratory System**								
4.1	Nose and sinuses								
1018	Flexible nasopharyngolaryngoscope examination	20,00	51,940	R 777,00		20,00	51,940	R 993,00	
1019	ENT endoscopy in rooms with rigid endoscope					20,00	12,000	R 229,40	
1020	Repair of perforated septum: Any method	20,00	120,000	R 1 794,70		20,00	141,900	R 2 712,80	
1022	Functional reconstruction of nasal septum	20,00	120,000	R 1 794,70		20,00	121,200	R 2 317,20	
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	20,00	64,600	R 966,20		20,00	64,600	R 1 235,10	
1027	Dacrocystorhinostomy	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	20,00	62,600	R 936,20		20,00	62,600	R 1 196,70	
1030	Endoscopic turbinectomy: Laser or microdebrider	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
1031	Removal of single nasal polyp at rooms (at initial consultation only)	20,00	25,400	R 379,90		20,00	25,400	R 485,50	
1033	Removal of multiple polyps in hospital under general anaesthetic	20,00	81,800	R 1 223,50		20,00	81,800	R 1 563,90	
1034	Autogenous nasal bone transplant: Bone removal included	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
1035	Functional endoscopic sinus surgery: Unilateral	20,00	120,000	R 1 794,70		20,00	140,000	R 2 676,30	
1036	Functional endoscopic sinus surgery: Bilateral	20,00	196,000	R 2 931,70		20,00	245,000	R 4 684,00	
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	20,00	40,000	R 598,30		20,00	40,000	R 764,80	

CONTRACTED MEDICAL PRACTITIONERS

gems
Government Employees Medical Scheme

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
Code: 014

Practice Type: **Obstetrics and Gynaecology**
Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
1045	Ligation anterior ethmoidal artery	20,00	120,000	R 1 794,70		20,00	135,400	R 2 588,60	
1047	Caldwell-Luc operation: Unilateral	20,00	120,000	R 1 794,70		20,00	137,300	R 2 624,80	
1048	Endonasal frontal sinus drainage, with or without removal of tissue (modifier 0069 applies)		121,760	R 2 224,50			152,200	R 0,00	
1049	Ligation internal maxillary artery	20,00	156,800	R 2 345,30		20,00	196,000	R 3 747,00	
1050	Vidian neurectomy (transantral or transnasal)	20,00	113,000	R 1 690,30		20,00	113,000	R 2 160,30	
1051	Removal nasopharyngeal fibroma	20,00	228,000	R 3 410,60		20,00	285,000	R 5 448,70	
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
1053	Frontal sinus drainage, trephine operation	20,00	93,100	R 1 392,50		20,00	93,100	R 1 779,70	
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)					20,00	37,300	R 713,20	
1055	External frontal ethmoidectomy	20,00	152,560	R 2 281,70		20,00	190,700	R 3 645,80	
1056	Anterior cranial fossa, craniofacial approach, extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration					20,00	433,300	R 8 283,60	
1057	External ethmoidectomy and/or sphenoidectomy	20,00	159,520	R 2 386,00		20,00	199,400	R 3 812,20	
1058	Sublabial transseptal sphenoidotomy	20,00	120,000	R 1 794,70		20,00	137,000	R 2 619,30	
1059	Frontal osteomyelitis	20,00	155,200	R 2 321,30		20,00	194,000	R 3 709,30	
1060	Obliteration of frontal sinus	20,00	232,880	R 3 483,30		20,00	291,100	R 5 565,30	
1061	Lateral rhinotomy	20,00	131,200	R 1 962,40		20,00	164,000	R 3 135,20	
1062	Excision nasolabial cyst	20,00	148,880	R 2 226,80		20,00	186,100	R 3 557,80	
1063	Removal of foreign bodies from nose: At rooms	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1065	Removal of foreign body from nose: Under general anaesthetic	20,00	38,600	R 577,10		20,00	38,600	R 737,80	
1067	Proof puncture at rooms: Unilateral	20,00	10,000	R 149,50		20,00	10,000	R 190,90	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1069	Proof puncture, uni- or bilateral under general anaesthetic	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
1071	Proetz treatment (consultation fee only to be charged for first treatment)	20,00	4,000	R 59,90		20,00	4,000	R 76,40	
1077	Septum abscess: At rooms, including after-care	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
1079	Septum abscess: Under general anaesthetic	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
1081	Oro-antral fistula (without Caldwell-Luc)	20,00	111,800	R 1 672,30		20,00	111,800	R 2 137,20	
1083	Choanal atresia: Intranasal approach	20,00	113,000	R 1 690,30		20,00	113,000	R 2 160,30	
1084	Choanal atresia: Transpalatal approach	20,00	155,200	R 2 321,30		20,00	194,000	R 3 709,30	
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
1089	Forehead rhinoplasty (all stages): Total	20,00	441,600	R 6 605,50		20,00	552,000	R 10 552,90	
1091	Forehead rhinoplasty (all stages): Partial	20,00	331,200	R 4 953,80		20,00	414,000	R 7 914,90	
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	20,00	120,000	R 1 794,70		20,00	138,000	R 2 638,50	
1095	Full nasal reconstruction for secondary cleft lip deformity	20,00	286,320	R 4 282,70		20,00	357,900	R 6 842,30	
1097	Partial nasal reconstruction for cleft lip deformity	20,00	159,760	R 2 389,80		20,00	199,700	R 3 817,70	
1099	Columella reconstruction or lengthening	20,00	120,000	R 1 794,70		20,00	138,000	R 2 638,50	
4896	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, brow incision					20,00	220,100	R 4 207,50	
4897	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, coronal incision					20,00	232,900	R 4 452,20	
4898	Sinusotomy: Obliterative frontal, with osteoplastic flap, brow incision					20,00	181,600	R 3 471,80	
4899	Sinusotomy: Obliterative frontal, with osteoplastic flap, coronal incision					20,00	120,000	R 2 294,20	
4900	Sinusotomy: Non-obliterative frontal, with osteoplastic flap, brow incision					20,00	196,600	R 3 757,70	
4901	Sinusotomy: Non-obliterative frontal, with osteoplastic flap, coronal incision					20,00	195,400	R 3 736,60	
1023	Harvesting of graft: Cartilage graft of nasal septum		100,000	R 1 495,90			100,000	R 1 911,90	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1038	Hypophysectomy or excision of pituitary tumour: Transnasal/transseptal approach (total procedure)		300,000	R 3 589,80			300,000	R 5 735,10	
1040	Repair of CSF leak: Ethmoid region. transnasal endoscopic approach (modifier 0069 not applicable)		274,800	R 3 288,20			343,500	R 6 566,60	
1042	Repair of CSF leak: Sphenoid region, transnasal endoscopic approach (modifier 0069 not applicable)		300,000	R 3 589,80			300,000	R 5 735,10	
1044	Transnasal endoscopic decompression: Transnasal endoscopic optic nerve (modifier 0069 not applicable)		300,000	R 3 589,80			300,000	R 5 735,10	
4890	Endoscopy: Sinus/nasal, with maxillary antrostomy		64,600	R 828,20			64,600	R 1 235,00	
4891	Endoscopy: Sinus/nasal, with maxillary antrostomy and removal of tissue		103,000	R 1 320,50			103,000	R 1 969,00	
4892	Endoscopy: Sinus/nasal, with partial, anterior ethmoidectomy		91,200	R 1 169,10			91,200	R 1 743,50	
4893	Endoscopy: Sinus/nasal, with medial or inferior orbital wall decompression		224,480	R 2 686,10			280,600	R 5 364,60	
1026	Biopsy: Intranasal				Refer Rule C				Refer Rule C
1028	Lysis: Intranasal synechia				Refer Rule C				Refer Rule C
	MODIFIERS GOVERNING NASAL OPERATIONS								
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								
4.2	Throat								
1101	Tonsillectomy (dissection of the tonsils)	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
1102	Laser tonsillectomy	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
1105	Removal of adenoids	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	20,00	134,640	R 2 013,90		20,00	168,300	R 3 217,70	
1107	Opening of quinsy: At rooms	20,00	12,000	R 179,30		20,00	12,000	R 229,40	
1108	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon	20,00	85,000	R 1 271,40		20,00	85,000	R 1 625,10	

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1109	Opening of quinsy: Under general anaesthetic	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
1110	Ludwig's Angina: Drainage	20,00	42,000	R 628,30		20,00	42,000	R 802,90	
1111	Post tonsillectomy or adenoidectomy haemorrhage	20,00	46,000	R 688,10		20,00	46,000	R 879,50	
1112	Pharyngeal pouch operation	20,00	185,440	R 2 774,00		20,00	231,800	R 4 431,40	
1113	Retropharyngeal abscess: Internal approach	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
1115	Retropharyngeal abscess: External approach	20,00	85,000	R 1 271,40		20,00	85,000	R 1 625,10	
1116	Functional reconstruction of palate and uvula	20,00	134,640	R 2 013,90		20,00	168,300	R 3 217,70	
1096	Removal of foreign body: Pharynx		40,500	R 605,80			40,500	R 774,30	
1100	Control of oropharyngeal haemorrhage with secondary sugical intervention, primary or secondary (eg., post-tonsillectomy)		46,000	R 688,10			46,000	R 879,50	
1103	Resection: Radical, tonsil, tonsillar pillars and/or retromolar trigone, without closure		75,000	R 1 121,90			75,000	R 1 433,90	
1104	Resection: Radical, tonsil, tonsillar pillars and/or retromolar trigone, with local flap closure		75,000	R 1 121,90			75,000	R 1 433,90	
1098	Resection: Lateral pharyngeal wall or pyriform sinus, closure by advancement of lateral and posterio pharyngeal walls				Refer Rule C				Refer Rule C
1114	Pharyngectomy: Partial				Refer Rule C				Refer Rule C
4.3	Larynx								
1117	Laryngeal intubation	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1118	Laryngeal stroboscopy with video capture	20,00	39,000	R 583,60		20,00	39,000	R 745,60	
1119	Laryngectomy without block dissection of the neck	20,00	344,000	R 5 145,40		20,00	430,000	R 8 220,70	
1122	Laryngeal function studies					20,00	11,600	R 221,60	
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)					20,00	35,000	R 669,10	
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding after-care)	20,00	81,100	R 1 213,10		20,00	81,100	R 1 550,40	

CONTRACTED MEDICAL PRACTITIONERS

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1126	Post laryngectomy for voice restoration	20,00	120,000	R 1 794,70		20,00	139,500	R 2 666,90	
1127	Tracheotomy	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
1128	Endolaryngeal operations	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	20,00	235,520	R 3 522,90		20,00	294,400	R 5 628,10	
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	20,00	41,400	R 619,30		20,00	41,400	R 791,30	
1131	Direct laryngoscopy plus foreign body removal	20,00	64,600	R 966,20		20,00	64,600	R 1 235,10	
4916	Laryngoplasty: Laryngeal web, two stage, with keel insertion and removal					20,00	220,500	R 4 215,20	
4917	Laryngoplasty: Laryngeal stenosis, with graft or core mold, including tracheotomy					20,00	342,100	R 6 539,80	
4918	Laryngoplasty: Open reduction of fracture					20,00	293,800	R 5 616,00	
4919	Laryngoplasty: Cricoid split					20,00	184,200	R 3 522,30	
4922	Tracheostoma: Revision, without flap rotation, simple					20,00	102,400	R 1 957,70	
4923	Tracheostoma: Revision, with flap rotation, complex					20,00	133,800	R 2 558,80	
4926	Tracheostomy: Fenestration with skin flaps					20,00	144,300	R 2 759,00	
4927	Tracheostomy: Revision of scar					20,00	105,500	R 2 017,00	
4928	Tracheostomy/fistula: Closure, without plastic repair					20,00	104,000	R 1 988,30	
4929	Tracheostomy/fistula: Closure, with plastic repair					20,00	120,000	R 2 294,20	
4932	Tracheobronchoscopy: Through established tracheostomy incision					20,00	37,700	R 720,90	
4933	Tracheoplasty: Cervical					20,00	208,100	R 3 978,10	
4934	Tracheoplasty: Tracheopharyngeal fistulisation, per stage					20,00	263,200	R 5 031,90	
1120	Intubation, endtoracheal, emergency procedure		10,000	R 149,50			10,000	R 190,90	
1121	Stroboscopy - equipment fee		13,800	R 206,40			13,800	R 263,80	
4904	Laryngectomy: Total, with radical neck dissection		406,960	R 4 869,70			508,700	R 9 725,20	
4905	Laryngectomy: Subtotal, supraglottic without radical neck dissection		347,840	R 4 162,30			434,800	R 8 312,40	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4906	Laryngectomy: Subtotal, supraglottic with radical neck dissection		450,560	R 5 391,50			563,200	R 10 767,00	
4907	Laryngectomy: Hemilaryngectomy, horisontal		343,760	R 4 113,40			429,700	R 8 215,00	
4908	Laryngectomy: Hemilaryngectomy, laterovertical		312,800	R 3 743,00			391,000	R 7 475,00	
4909	Laryngectomy: Hemilaryngectomy, anterovertical		324,080	R 3 878,00			405,100	R 7 744,60	
4910	Laryngectomy: Hemilaryngectomy, antero-lateral-vertical		331,360	R 3 965,10			414,200	R 7 918,60	
1124	Arytenoidectomy/arytenoidopexy: External approach				Refer Rule C				Refer Rule C
4913	Pharyngolaryngectomy: With radical neck dissection, without reconstruction				Refer Rule C				Refer Rule C
4914	Pharyngolaryngectomy: With radical neck dissection, with reconstruction				Refer Rule C				Refer Rule C
	MODIFIERS								
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (òFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhare in the Tariff)								
4.4	Bronchial procedures								
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy								
1132	Bronchoscopy: Diagnostic bronchoscopy	20,00	65,000	R 972,30		20,00	65,000	R 1 242,90	
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
1134	Bronchoscopy: Bronchoscopy with laser					20,00	75,000	R 1 433,90	
1136	Nebulisation (in rooms)	20,00	12,000	R 179,30		20,00	12,000	R 229,40	
1137	Bronchial lavage								
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
4.5	Pleura								
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
1141	Insertion of intercostal catheter (under water drainage)	20,00	50,000	R 747,80		20,00	50,000	R 955,80	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1142	Intra-pleural block	20,00	36,000	R 538,70		20,00	36,000	R 688,30	
1143	Paracentesis chest: Diagnostic	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
1145	Paracentesis chest: Therapeutic	20,00	13,000	R 194,40		20,00	13,000	R 248,30	
1147	Pneumothorax: Induction (diagnostic)	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
1149	Pleurectomy	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
1151	Decortication of lung	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	20,00	55,000	R 822,50		20,00	55,000	R 1 051,20	
4.6	Pulmonary procedures								
4.6.1	Pulmonary procedures: Surgical								
1155	Needle biopsy lung: (no after-care) (modifier 0005 not applicable)	20,00	32,000	R 478,60		20,00	32,000	R 611,80	
1157	Pneumonectomy	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
1159	Pulmonary lobectomy	20,00	311,600	R 4 660,70		20,00	389,500	R 7 446,50	
1161	Segmental lobectomy	20,00	292,000	R 4 367,50		20,00	365,000	R 6 978,00	
1163	Excision tracheal stenosis: Cervical	20,00	300,000	R 4 487,60		20,00	375,000	R 7 169,20	
1164	Excision tracheal stenosis: Intra thoracic	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	20,00	172,000	R 2 572,80		20,00	215,000	R 4 110,40	
1168	Thoracoplasty: Complete	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
1169	Thoracoplasty: Limited (osteoplastic)	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
1171	Drainage empyema (including six weeks after treatment)	20,00	136,000	R 2 034,30		20,00	170,000	R 3 250,20	
1173	Drainage of lung abscess (including six weeks after treatment)	20,00	136,000	R 2 034,30		20,00	170,000	R 3 250,20	
1175	Thoracotomy (limited): For lung or pleural biopsy	20,00	115,000	R 1 720,20		20,00	115,000	R 2 198,60	
1177	Major: Diagnostic, as for inoperable carcinoma	20,00	172,000	R 2 572,80		20,00	215,000	R 4 110,40	
1179	Thoracoscopy	20,00	89,000	R 1 331,50		20,00	89,000	R 1 701,60	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1181	Lung transplant: Unilateral	20,00	480,000	R 7 179,70		20,00	600,000	R 11 470,60	
1182	Harvesting donor lung: Unilateral	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
1183	Excision or plication of emphysematous cyst: Unilateral	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	20,00	350,400	R 5 241,20		20,00	438,000	R 8 373,60	
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
4.6.2	Pulmonary function tests								
	When these procedures are performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
1186	Flow volume test: Inspiration/expiration	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
1187	Exhaled nitric oxide determination					20,00	4,900	R 93,70	
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
1189	Forced expirogram only	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry					20,00	45,310	R 866,20	
1191	N2 single breath distribution	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1192	Peak expiratory flow only	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method					20,00	37,760	R 721,80	
1195	Thoracic gas volume					20,00	37,930	R 725,20	
1196	Determination of resistance to airflow, oscillary or plethysmographic methods					20,00	45,310	R 866,20	
1197	Compliance and resistance, using oesophageal balloon	20,00	24,000	R 359,20		20,00	24,000	R 458,90	
1198	Prolonged post exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine, other chemical agent or after exercise, with subsequent spirometry	20,00	55,890	R 835,90		20,00	55,890	R 1 068,50	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1199	Pulmonary stress testing: For determination of VO2 max	20,00	96,500	R 1 443,60		20,00	96,500	R 1 845,10	
1200	Carbon monoxide diffusing capacity, any method					20,00	38,060	R 727,70	
1201	Maximum inspiratory/expiratory pressure	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
4.7	Intensive care								
	RULES GOVERNING THIS SECTION								
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours.								
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring								
4.7.1	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1202	Insertion of central venous catheter via peripheral vein in neonates	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
4.7.2	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care								
1204	Intensive care: Category 1 (High Care) : Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
	(i) Only one practitioner may charge category 1: Intensive monitoring of patient in high care unit. (ii) Item 1204 may not be charged by the surgeon who performed a surgical procedure. Intensive monitoring is regarded as normal postoperative care, which is included in the global fee attached to that surgical procedure. (iii) Practitioners involved in treating a patient in a high care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								
1205	Intensive care: Category 2 (ICU): 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): First day	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
1206	Intensive care: Category 2 (ICU): 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): Subsequent days, per day	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
1207	Intensive care: Category 2(ICU): 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): After two weeks, per day	20,00	30,000	R 448,70		20,00	30,000	R 573,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	Please Note: (i) The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109 (ii) Only one practitioner may charge category 2: Intensive monitoring of patient in intensive care unit. (iii) Should a patient during the post-operative care period require active system support, the person who is responsible for the active systems support, may use items 1205-1207 (as appropriate). (iv) It would be acceptable for the surgeon who performed a surgical procedure of which the after-care is included, to charge fees according to the appropriate hospital follow-up visit (item 0109) (v) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								
1208	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	20,00	120,000	R 1 794,70		20,00	137,000	R 2 619,30	
1209	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	20,00	58,000	R 867,60		20,00	58,000	R 1 108,70	
1210	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	20,00	50,000	R 747,80		20,00	50,000	R 955,80	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	Please note: (i) Items 1208-1210 are used if more than one practitioner is involved in active system support on a category 2 patient in the intensive care unit. (ii) Items 1208-1210 are used for category 3 patients with multiple organ failure. (iii) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								
4.7.3	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Procedures								
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
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 all necessary additional procedures e.g. infusion, intubation, etc.								
1212	Ventilation: First day	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
1213	Ventilation: Subsequent days, per day	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
1214	Ventilation: After two weeks, per day	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
1215	Insertion of arterial pressure cannula	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
1217	Insertion of central venous line via peripheral vein	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1218	Insertion of central venous line via subclavian or jugular veins	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
1219	Hyperalimentation (daily tariff)	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient)	20,00	30,000	R 448,70		20,00	30,000	R 573,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charged the appropriate hospital follow-up consultation/visit code)	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
4.8	Hyperbaric Oxygen Therapy								
	Internationally recognized scientific indications for Hyperbaric Oxygen Therapy: a. Arterial gas embolism (traumatic or iatrogenic). b. Decompression sickness ('the bends') c. Carbon monoxide poisoning d. Gas gangrene e. Crush injuries, compartment syndromes or acute traumatic ischaemias. f. Problem wounds (selected diabetic wounds, complicated pressure sores, arterial and refractory venous stasis ulcers and non-union) g. Necrotising soft tissue infections (e.g. necrotising fasciitis) h. Refractory osteomyelitis. i. Bone and soft tissue radiation necrosis. j. Compromised skin grafts and flaps. k. Acute thermal burns. l. Acute bloodloss anaemia (transfusion is contraindicated - e.g. Jehovah's Witnesses or haemolytic anaemia). m. Cerebral abscesses								
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	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	20,00	101,130	R 1 512,60	Z	20,00	101,130	R 1 933,20	Z
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	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	20,00	131,260	R 1 963,20	Z	20,00	131,260	R 2 509,30	Z
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	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	20,00	131,260	R 1 963,20	Z	20,00	131,260	R 2 509,30	Z
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	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	20,00	214,180	R 3 203,50	Z	20,00	214,180	R 4 094,50	Z
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	20,00	190,000	R 2 841,90		20,00	190,000	R 3 632,30	
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	20,00	386,420	R 5 780,20	Z	20,00	386,420	R 7 387,60	Z
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 (2,8-6 ATA x 305-490 min): PROFESSIONAL COMPONENT	20,00	327,000	R 4 891,20		20,00	327,000	R 6 251,70	
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20,00	680,850	R 10 184,20	Z	20,00	680,850	R 13 016,30	Z
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20,00	678,280	R 10 145,50	Z	20,00	678,280	R 12 967,30	Z
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20,00	671,850	R 10 049,50	Z	20,00	671,850	R 12 844,30	Z
4815	Prolonged attendance inside a hyperbaric chamber: 40,00 clinical procedure units per half hour or part thereof for the first hour, thereafter 20,00 clinical procedure units per half hour: Minimum 40,00 clinical procedure units; maximum 320,00 clinical procedure units								
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
5	**Mediastinal Procedures**								
1222	Mediastinal tumours	20,00	228,000	R 3 410,60		20,00	285,000	R 5 448,70	
1223	Mediastinoscopy	20,00	95,000	R 1 421,00		20,00	95,000	R 1 816,20	
1224	Mediastinotomy	20,00	115,000	R 1 720,20		20,00	115,000	R 2 198,60	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
1226	Removal of single rib with a lesion	20,00	225,600	R 3 374,50		20,00	282,000	R 5 391,40	
6	**Cardiovascular System**								
	MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP								
6.1	Cardiovascular system: General								
1227	Prolonged neonatal resuscitation	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
	Where ECG is done by a general practitioner but interpreted by a physician, the general practitioner is entitled to a consultation fee, plus half of fee determined for ECG								
1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)	20,00	4,500	R 67,30					
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)	20,00	6,500	R 97,30					
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added								
1230	Physician's fee for interpreting an ECG: Without effort					20,00	6,000	R 115,00	
1231	Physician's fee for interpreting an ECG: With and without effort					20,00	10,000	R 190,90	
	A specialist physician is entitled to the fees specified in item 1230 and 1231 for interpretation of an ECG tracing referred for interpretation. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation								
1232	Electrocardiogram: Without effort	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
1233	Electrocardiogram: With and without effort	20,00	13,000	R 194,40		20,00	13,000	R 248,30	
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
1235	Multi-stage treadmill test	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
1236	Electrocardiogram without effort: Under 4 years old	20,00	18,000	R 269,10		20,00	18,000	R 343,90	
1237	24 Hour ambulatory blood pressure: Hire fee	20,00	30,000	R 448,70		20,00	30,000	R 573,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1238	24 Hour ambulatory ECG monitoring (holter): Hire fee	20,00	55,000	R 822,50		20,00	55,000	R 1 051,20	
1239	24 Hour ambulatory ECG monitoring (holter): Interpretation	20,00	27,000	R 403,90		20,00	27,000	R 516,20	
1240	Signal averaged electrocardiogram	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
1241	X-ray Screening: Chest	20,00	4,000	R 59,90		20,00	4,000	R 76,40	
1242	X-ray screening: Prosthetic valves	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	20,00	55,000	R 822,50		20,00	55,000	R 1 051,20	
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
1245	Angiography cerebral: First two series	20,00	34,300	R 513,20		20,00	34,300	R 655,70	
1246	Angiography peripheral: Per limb	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	20,00	65,000	R 972,30		20,00	65,000	R 1 242,90	
1248	Paracentesis of pericardium	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	20,00	51,000	R 762,80		20,00	51,000	R 974,80	
	MODIFIER GOVERNING PAEDIATRIC CARDIAC CATHETERISATION BY PAEDIATRIC CARDIOLOGISTS WITH A "33" PRACTICE NUMBER								
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								
6.2	Invasive Cardiology								
6.2.1	Invasive cardiology: Cardiac catheterisation								
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)					20,00	140,000	R 2 676,30	
1250	Endomyocardial biopsy	20,00	70,000	R 1 047,00		20,00	70,000	R 1 338,20	
1251	Transeptal puncture	20,00	70,000	R 1 047,00		20,00	70,000	R 1 338,20	
1252	Left heart catheterisation with coronary angiography (with or without biopsy)			R 0,00		20,00	140,000	R 2 676,30	
1253	Right heart catheterisation (with or without biopsy)			R 0,00		20,00	70,000	R 1 338,20	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
1255	Tilt test	20,00	31,300	R 468,20		20,00	31,300	R 598,30	
6.2.2	Invasive cardiology: Electrophysiological study								
1256	Ventricular stimulation study					20,00	160,000	R 3 058,90	
1257	Full electrophysiological study					20,00	300,000	R 5 735,10	
6.2.3	Invasive cardiology: Pacemakers								
1258	Pacemaker: Permanent - single chamber	20,00	124,000	R 1 854,60		20,00	155,000	R 2 963,50	
1259	Pacemaker: Permanent - dual chamber	20,00	184,000	R 2 752,10		20,00	230,000	R 4 397,00	
1260	AV nodal ablation	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
1261	Accessory pathway ablation	20,00	480,000	R 7 179,70		20,00	600,000	R 11 470,60	
1262	Electrophysiological mapping	20,00	400,000	R 5 983,00		20,00	500,000	R 9 558,80	
1263	Insertion transvenous implantable defibrillator	20,00	169,600	R 2 536,60		20,00	212,000	R 4 053,20	
1264	Test for implantable transvenous defibrillator	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
1265	Renewal of pacemaker unit only, team fee	20,00	120,000	R 1 794,70		20,00	125,000	R 2 389,70	
1266	Resiting pacemaker generator	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
1267	Repositioning of catheter electrode	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
1268	Threshold testing: Own equipment					20,00	15,000	R 286,60	
1269	Threshold testing: Hospital equipment					20,00	11,000	R 210,30	
1270	Programming of atrio-ventricular sequential pacemaker	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
1274	Percutaneous transluminal thrombectomy for clot extraction in native coronary arteries and venous and arterial bypass grafts	20,00	208,000	R 3 111,20		20,00	260,000	R 4 970,70	
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1272	Coronary sinus lead implantation (add to either item 1258: Pacemaker: Permanent - single chamber or item 1259: Pacemaker: Permanent - dual chamber)				Refer Rule C				Refer Rule C
6.2.4	Invasive cardiology: Percutaneous translumical angioplasty								
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	20,00	208,000	R 3 111,20		20,00	260,000	R 4 970,70	
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	20,00	120,000	R 1 794,70		20,00	140,000	R 2 676,30	
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	20,00	208,000	R 3 111,20		20,00	260,000	R 4 970,70	
1283	Use of balloon procedure as in item 1282: Second cardiologist	20,00	120,000	R 1 794,70		20,00	140,000	R 2 676,30	
1284	Atherectomy: Single lesion: First cardiologist	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
1285	Atherectomy: Single lesion: Second cardiologist	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	
1286	Insertion of intravascular stent: First cardiologist	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
1287	Insertion of intravascular stent: Second cardiologist	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
	The insertion of a stent(s) (item 1286 & 1267) may only be charged once per vessel regardless of the number of stents inserted in this vessel.								
1290	Use of balloon procedures including: First paediatric cardiologist (33): Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty; Closure atrial septal defect; Closure of patient ductus arteriosus					20,00	300,000	R 5 735,10	
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)					20,00	160,000	R 3 058,90	
1292	Multi-slice computed tomography coronary angiography: Own equipment	20,00	524,210	R 7 841,30		20,00	655,260	R 12 527,00	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5961	Balloon angioplasty pulmonary mitral valve or tricuspid valve						437,700	R 8 366,00	
5962	Balloon angioplasty aortic valve (congenital aortic stenosis)						424,100	R 8 106,10	
5963	Balloon angioplasty, pulmonary artery branches: First vessel						202,000	R 3 861,10	
5964	Balloon angioplasty, pulmonary artery branches: Subsequent vessels (per vessel)						101,600	R 1 942,00	
5965	Balloon angioplasty aorta for congenital lesion/coarctation						629,700	R 12 036,10	
5966	Balloon/cutting balloon angioplasty, collateral vessel (incl MAPCA) or venous system (IVC, SVC, systemic vein): First vessel						451,400	R 8 628,10	
5967	Balloon angioplasty, collateral vessel (incl. MAPCA): Subsequent vessels (per vessel)						112,850	R 2 156,90	
5968	Balloon angioplasty venous system (IVC, SVC, systemic vein)						451,400	R 8 628,10	
5969	Cutting balloon angioplasty, cardiovascular structure: First vessel						451,400	R 8 628,10	
5970	Cutting balloon angioplasty, cardiovascular structure: Subsequent vessels (per vessel)						112,850	R 2 156,90	
1293	Multi-slice computed tomography coronary angiography: Interpretation and report		30,000	R 483,70			30,000	R 628,90	
6.2.5	Invasive cardiology: Paediatric cardiac catheterisation								
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
1289	Paediatric cardiac catheterisation: Infants below the age of one year	20,00	210,400	R 3 147,10		20,00	263,000	R 5 028,00	
6.3	Cardiac surgery								
1294	Patent ductus arteriosus	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
1295	Pericardiectomy for constrictive pericarditis	20,00	320,000	R 4 786,40		20,00	400,000	R 7 647,10	
1296	Fractional flow reserve (FFR): First vessel (add-on code)		28,000	R 418,80			28,000	R 535,20	
1297	Coarctation of aorta	20,00	340,000	R 5 085,60		20,00	425,000	R 8 125,10	
1298	Fractional flow reserve (FFR): Each additional vessel (add-on code)		22,400	R 335,10			22,400	R 428,30	
1299	Systemo-pulmonary anastomosis	20,00	340,000	R 5 085,60		20,00	425,000	R 8 125,10	
1300	Renal denervation (RDN), per artery (modifier 0005 applicable)		178,400	R 2 667,40			223,000	R 4 262,30	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1301	Mitral valvotomy: Closed heart technique	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
1302	Heart transplant	20,00	700,000	R 10 470,40		20,00	875,000	R 16 728,20	
1303	Harvesting donor heart	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
1305	Operative implantation of cardiac pacemaker by thoracotomy	20,00	176,000	R 2 632,40		20,00	220,000	R 4 205,90	
1307	Re-exploration after cardiac surgery	20,00	172,000	R 2 572,80		20,00	215,000	R 4 110,40	
1308	Heart and lung transplant	20,00	800,000	R 11 966,40		20,00	1000,000	R 19 117,80	
1309	Harvesting donor heart and lungs	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
1311	Pericardial drainage	20,00	120,000	R 1 794,70		20,00	140,000	R 2 676,30	
6.3.1	Cardiac surgery: Open heart surgery								
1312	Evaluation of coronary angiogram by cardiothoracic surgeon					20,00	25,000	R 478,10	
1320	Repeat open heart surgery (additional fee above procedure fee)	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
1321	Stand-by fee for coronary angioplasty	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour					20,00	20,000	R 382,30	
6.3.1.1	Cardiac surgery: Open heart surgery: Congenital conditions								
1323	Atrial septal defect: Osteum secundum	20,00	400,000	R 5 983,00		20,00	500,000	R 9 558,80	
1325	Atrial septal defect: Sinus venosus or osteum primum	20,00	450,400	R 6 737,00		20,00	563,000	R 10 763,20	
1327	Atrial septal defect: Ventricular septal defect	20,00	483,040	R 7 225,20		20,00	603,800	R 11 543,20	
1329	Atrial septal defect: Fallot's tetralogy	20,00	450,400	R 6 737,00		20,00	563,000	R 10 763,20	
1330	Atrial septal defect: Pulmonary stenosis	20,00	400,000	R 5 983,00		20,00	500,000	R 9 558,80	
1331	Transposition of large vessels (venous repair)	20,00	450,400	R 6 737,00		20,00	563,000	R 10 763,20	
1332	Transposition of great arteries (arterial repair)	20,00	600,000	R 8 974,50		20,00	750,000	R 14 338,10	
1333	Ebstein's Anomaly	20,00	450,400	R 6 737,00		20,00	563,000	R 10 763,20	
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	20,00	439,040	R 6 567,20		20,00	548,800	R 10 491,80	

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1335	Total anomalous venous drainage	20,00	450,400	R 6 737,00		20,00	563,000	R 10 763,20	
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	20,00	527,120	R 7 884,70		20,00	658,900	R 12 596,70	
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	20,00	400,000	R 5 983,00		20,00	500,000	R 9 558,80	
1338	Fontan type repair	20,00	600,000	R 8 974,50		20,00	750,000	R 14 338,10	
6.3.1.2	Cardiac surgery: Open heart surgery: Acquired conditions								
1339	Mitral valve replacement	20,00	525,600	R 7 861,80		20,00	657,000	R 12 560,40	
1340	Mitral valvuloplasty	20,00	550,400	R 8 232,90		20,00	688,000	R 13 153,20	
1341	Aortic valve replacement	20,00	499,040	R 7 464,50		20,00	623,800	R 11 925,50	
1342	Tricuspid annulo plasty	20,00	150,400	R 2 249,50		20,00	188,000	R 3 594,20	
1343	Double valve replacement	20,00	775,120	R 11 594,10		20,00	968,900	R 18 523,00	
1344	Acute dissecting aneurysm repair	20,00	600,000	R 8 974,50		20,00	750,000	R 14 338,10	
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	20,00	800,000	R 11 966,40		20,00	1000,000	R 19 117,80	
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	20,00	140,000	R 2 094,10		20,00	175,000	R 3 345,80	
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	20,00	600,000	R 8 974,50		20,00	750,000	R 14 338,10	
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	20,00	624,800	R 9 345,60		20,00	781,000	R 14 930,90	
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	20,00	650,400	R 9 728,60		20,00	813,000	R 15 542,60	
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	20,00	700,000	R 10 470,40		20,00	875,000	R 16 728,20	
1352	Cardiac aneurysm	20,00	450,400	R 6 737,00		20,00	563,000	R 10 763,20	
1353	Ascending/descending thoracic aortic aneurysm repair	20,00	500,000	R 7 478,80		20,00	625,000	R 11 948,70	

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1354	Arrhythmia surgery	20,00	550,400	R 8 232,90		20,00	688,000	R 13 153,20	
1355	Cardiac tumour	20,00	500,000	R 7 478,80		20,00	625,000	R 11 948,70	
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	20,00	150,400	R 2 249,50		20,00	188,000	R 3 594,20	
1358	Harvesting of radial artery	20,00	140,000	R 2 094,10		20,00	175,000	R 3 345,80	
6.4	Peripheral vascular system								
	MODIFIER GOVERNING THIS SECTION								
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								
6.4.1	Peripheral vascular system: Investigations								
1357	Skin temperature test: Response to reflex heating	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
1359	Skin temperature test: Response to reflex cooling	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
1360	Closure: Left atrial appendage (LAA)		662,400	R 9 904,00			828,000	R 15 826,30	
1361	Cold sensitivity test	20,00	17,000	R 254,30		20,00	17,000	R 324,90	
1362	Trans-aortic valve implantation (TAVI)/Transcatheter aortic valve replacement (TAVR)		318,000	R 4 754,70			397,500	R 7 597,90	
1363	Oscillometry test	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
1365	Sweating test	20,00	17,000	R 254,30		20,00	17,000	R 324,90	
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	20,00	26,300	R 393,30		20,00	26,300	R 502,80	
1367	Doppler blood tests	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
5369	Doppler arterial pressures	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
5371	Doppler arterial pressures with exercise	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
5373	Doppler segmental pressures and wave forms	20,00	12,000	R 179,30		20,00	12,000	R 229,40	
5375	Venous doppler examination (both limbs)	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
5377	Venous plethysmography	20,00	16,000	R 239,30		20,00	16,000	R 306,10	

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5379	Supra-orbital doppler test	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
5381	Carotid non-invasive complex tests	20,00	39,000	R 583,60		20,00	39,000	R 745,60	
6.4.2	Peripheral vascular system: Arterio-venous abnormalities								
1369	Fistula or aneurysm (as for grafting of various arteries)								
6.4.3	Arteries								
6.4.3.1	Peripheral vascular system: Arteries: Aorta-iliac and major branches								
1372	Abdominal aorta and iliac artery: Unruptured	20,00	432,000	R 6 461,80		20,00	540,000	R 10 323,40	
1373	Abdominal aorta and iliac artery: Ruptured	20,00	480,000	R 7 179,70		20,00	600,000	R 11 470,60	
1375	Grafting and/or thrombo-endarterectomy for thrombosis	20,00	355,200	R 5 312,90		20,00	444,000	R 8 488,20	
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	20,00	475,200	R 7 107,80		20,00	594,000	R 11 356,10	
6.4.3.2	Peripheral vascular system: Arteries: Iliac artery								
1379	Prosthetic grafting and/or thrombo-endarterectomy	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
6.4.3.3	Peripheral vascular system: Arteries: Peripheral								
1385	Prosthetic grafting	20,00	204,000	R 3 051,50		20,00	255,000	R 4 875,10	
1387	Grafting vein: Vein grafting proximal to knee joint	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
1388	Grafting vein: Distal to knee joint	20,00	355,200	R 5 312,90		20,00	444,000	R 8 488,20	
1389	Grafting vein: Endarterectomy when not part of another specified procedure	20,00	211,200	R 3 159,00		20,00	264,000	R 5 047,20	
1390	Grafting vein: Carotid endarterectomy	20,00	256,800	R 3 841,30		20,00	321,000	R 6 137,10	
1393	Embolectomy: Peripheral embolectomy transfemoral	20,00	134,400	R 2 010,20		20,00	168,000	R 3 211,90	
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	20,00	100,000	R 1 495,90		20,00	125,000	R 2 389,70	

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Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure	20,00	211,200	R 3 159,00		20,00	264,000	R 5 047,20	
1397	Profundoplasty	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
1399	Distal tibial (ankle region)	20,00	364,800	R 5 456,50		20,00	456,000	R 8 717,70	
1401	Femoro-femoral	20,00	203,200	R 3 039,30		20,00	254,000	R 4 855,90	
1402	Carotid-subclavian	20,00	230,400	R 3 446,30		20,00	288,000	R 5 505,60	
1403	Axillo-femoral: (Bifemoral + 50%)	20,00	230,400	R 3 446,30		20,00	288,000	R 5 505,60	
6.4.4	Peripheral vascular system: Veins								
1407	Ligation of saphenous vein	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
1408	Placement of Hickman catheter or similar	20,00	91,000	R 1 361,10		20,00	91,000	R 1 739,60	
1410	Litigation of inferior vena cava: Abdominal	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	
1412	Umbrella operation on inferior vena cava: Abdominal	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	20,00	120,000	R 1 794,70		20,00	141,000	R 2 695,70	
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	20,00	197,600	R 2 955,60		20,00	247,000	R 4 722,20	
1417	Extensive sub-fascial ligation of perforating veins	20,00	120,000	R 1 794,70		20,00	125,000	R 2 389,70	
1419	Lesser varicose vein procedures	20,00	31,000	R 463,80		20,00	31,000	R 592,60	
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	20,00	192,000	R 2 872,10		20,00	240,000	R 4 588,00	
1427	Thrombectomy: Illio-femoral	20,00	140,000	R 2 094,10		20,00	175,000	R 3 345,80	

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1422	Endovenous ablation of incompetent vein by radiofrequency or laser, inclusive of all imaging guidance and monitoring: First vein		96,200	R 1 224,50			96,200	R 1 839,20	
1424	Endovenous ablation of incompetent vein by radiofrequency or laser, inclusive of all imaging guidance and monitoring: Subsequent veins (modifier 0005 is not applicable)		47,000	R 598,20			47,000	R 898,50	
6.4.5	Peripheral vascular system: Portal hypertension								
1429	Porto-caval shunt	20,00	400,000	R 5 983,00		20,00	500,000	R 9 558,80	
6.5	Cardiac rehabilitation								
1431	Cardiac rehabilitation: Phase II: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 5 patients per group	20,00	12,000	R 179,30		20,00	12,000	R 229,40	
1432	Cardiac rehabilitation: Phase III: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 10 patients per group	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
	Please note: a. A practitioner is only allowed to instruct one group at a time. b. Benefits are limited to 3 times per week for a period of 60 minutes with a maximum of 3 months.								
7	**Lympho Reticular System**								
7.1	Spleen								
1435	Splenectomy (in all cases)	20,00	177,040	R 2 648,20		20,00	221,300	R 4 230,60	
1436	Splenorrhaphy	20,00	185,440	R 2 774,00		20,00	231,800	R 4 431,40	
1437	Bone marrow or blood-derived peripheral stem cell transplantation: allogeneic donor lymphocyte infusions - PROFESSIONAL COMPONENT		28,100	R 420,10			28,100	R 537,10	
1438	Bone marrow or blood-derived peripheral stem cell transplantation: allogeneic - PROFESSIONAL COMPONENT		36,900	R 551,60			36,900	R 705,30	
7.2	Lymph nodes and lymphatic channels								
1439	Excision of lymph node for biopsy: Neck or axilla	20,00	65,000	R 972,30		20,00	65,000	R 1 242,90	
1440	Bone marrow or blood-derived peripheral stem cell transplantation: autologous - PROFESSIONAL COMPONENT		36,800	R 550,30			36,800	R 703,30	

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1441	Excision of lymph node for biopsy: Groin	20,00	65,000	R 972,30		20,00	65,000	R 1 242,90	
1442	Lymphadenectomy: Modified radical neck dissection, cervical					20,00	293,100	R 5 604,00	
1443	Simple excision of lymph nodes for tuberculosis	20,00	91,000	R 1 361,10		20,00	91,000	R 1 739,60	
1444	Blood-derived haematopoetic progenitor cell harvesting for transplantation, per collection: allogeneic - PROFESSIONAL COMPONENT		23,500	R 351,30			23,500	R 449,20	
1445	Radical excision of lymph nodes of neck: Total: Unilateral	20,00	252,000	R 3 769,30		20,00	315,000	R 6 022,00	
1446	Blood-derived haematopoetic progenitor cell harvesting for transplantation, per collection: autologous - PROFESSIONAL COMPONENT		23,800	R 355,80			23,800	R 455,00	
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	20,00	188,000	R 2 812,10		20,00	235,000	R 4 492,60	
1448	Bone marrow harvesting for transplant - PROFESSIONAL COMPONENT		101,000	R 1 510,20			101,000	R 1 930,50	
1449	Radical excision of lymph nodes of axilla	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	20,00	58,000	R 867,60		20,00	58,000	R 1 108,70	
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	20,00	140,000	R 2 094,10		20,00	175,000	R 3 345,80	
1453	Radical excision of lymph nodes of groin: Inguinal	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	20,00	39,000	R 583,60		20,00	39,000	R 745,60	
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	20,00	220,000	R 3 290,70		20,00	275,000	R 5 257,20	
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte phaeresis	20,00	42,000	R 628,30		20,00	42,000	R 802,90	
1457	Bone marrow biopsy: By trephine	20,00	13,000	R 194,40		20,00	13,000	R 248,30	
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
1459	Staging laparotomy for lymphoma (including splenectomy	20,00	196,000	R 2 931,70		20,00	245,000	R 4 684,00	
1460	Sentinel lymph node(s): Intra-operative indentification; INCLUDES injection of non-radioactive dye, when performed		40,400	R 604,00			40,400	R 772,30	

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8	**Digestive System**								
	MODIFIERS GOVERNING THIS SECTION								
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								
0075	Endoscopic procedures performed in own procedure room: (a) The value of modifier 0075 = 21,00 clinical procedure units, where endoscopic procedures are performed in rooms. (b) This fee is chargeable by medical practitioners who own or rent the facility. (c) Modifier 0075 may not be used in conjunction with modifier 0004. (d) Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the structure.	20,00	21,000	R 314,20		20,00	21,000	R 401,50	
8.1	Oral cavity								
1461	All dental procedures		4,000	R 481,60	T			R 0,00	
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
1467	Drainage of intra-oral abscess	20,00	31,000	R 463,80		20,00	31,000	R 592,60	
1469	Local excision of mucosal lesion of oral cavity	20,00	23,000	R 344,00		20,00	23,000	R 439,60	
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	20,00	439,200	R 6 569,40		20,00	549,000	R 10 495,60	
1473	Complicated reconstruction following major ablative procedure for head and neck cancer				q				
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	20,00	172,000	R 2 572,80		20,00	215,000	R 4 110,40	
1477	Cleft palate: Secondary repair	20,00	139,360	R 2 084,60		20,00	174,200	R 3 330,30	
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	20,00	192,000	R 2 872,10		20,00	240,000	R 4 588,00	
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	20,00	181,600	R 2 716,40		20,00	227,000	R 4 339,80	
1480	Repair of oronasal fistula (large) e.g. distant flap	20,00	181,600	R 2 716,40		20,00	227,000	R 4 339,80	
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	20,00	120,000	R 1 794,70		20,00	138,000	R 2 638,50	

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1482	Repair of oronasal fistula (large): Second stage	20,00	120,000	R 1 794,70		20,00	138,000	R 2 638,50	
1483	Alveolar periosteal or other flaps for arch closure	20,00	120,000	R 1 794,70		20,00	138,000	R 2 638,50	
1486	Closure of anterior nasal floor	20,00	120,000	R 1 794,70		20,00	138,000	R 2 638,50	
1462	Removal of embedded foreign body: Vestibule of mouth, simple		20,000	R 299,20			20,000	R 382,30	
1464	Removal of embedded foreign body: Vestibule of mouth, complicated		31,000	R 463,80			31,000	R 592,60	
1466	Removal of embedded foreign body: Denotalveolar structures, soft tissues		20,000	R 299,20			20,000	R 382,30	
8.2	Lips								
1484	Cleft lip repair: Lip adhesion (cleft lip)	20,00	95,000	R 1 421,00		20,00	95,000	R 1 816,20	
1485	Local excision of benign lesion of lip	20,00	27,000	R 403,90		20,00	27,000	R 516,20	
1487	Resection for lip malignancy	20,00	91,000	R 1 361,10		20,00	91,000	R 1 739,60	
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	20,00	181,600	R 2 716,40		20,00	227,000	R 4 339,80	
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	20,00	201,280	R 3 010,60		20,00	251,600	R 4 810,20	
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	20,00	263,920	R 3 947,70		20,00	329,900	R 6 306,80	
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	20,00	181,600	R 2 716,40		20,00	227,000	R 4 339,80	
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	20,00	201,280	R 3 010,60		20,00	251,600	R 4 810,20	
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	20,00	91,000	R 1 361,10		20,00	91,000	R 1 739,60	
1495	Abbé or Estlander type flap (all stages included)	20,00	218,480	R 3 268,00		20,00	273,100	R 5 221,10	
1497	Vermilionectomy	20,00	94,900	R 1 419,50		20,00	94,900	R 1 814,20	
1499	Lip reconstruction following an injury: Direct repair	20,00	105,600	R 1 579,70		20,00	105,600	R 2 018,90	
1501	Lip reconstruction following an injury or tumour removal: Flap repair	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	20,00	104,000	R 1 555,70		20,00	104,000	R 1 988,20	

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8.3	Tongue								
1505	Partial glossectomy	20,00	180,000	R 2 692,50		20,00	225,000	R 4 301,40	
1507	Local excision of lesion of tongue	20,00	27,000	R 403,90		20,00	27,000	R 516,20	
8.4	Palate, uvula and salivary glands								
1509	Wide excision of lesion of palate	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
1511	Radical resection of palate (including skin graft)	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
1513	Excision of ranula	20,00	85,600	R 1 280,40		20,00	85,600	R 1 636,50	
1515	Excision of sublingual salivary gland	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
1517	Excision of submandibular salivary gland	20,00	120,000	R 1 794,70		20,00	146,000	R 2 791,20	
1519	Excision of submandibular salivary gland with suprahyoid dissection	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
1521	Excision of submandibular salivary gland: With radical neck dissection	20,00	281,600	R 4 212,10		20,00	352,000	R 6 729,30	
1523	Local resection of parotid tumour	20,00	135,680	R 2 029,70		20,00	169,600	R 3 242,30	
1525	Partial parotidectomy	20,00	248,000	R 3 709,80		20,00	310,000	R 5 926,40	
1526	Total parotidectomy with preservation of facial nerve	20,00	286,800	R 4 289,90		20,00	358,500	R 6 853,90	
1527	Total parotidectomy	20,00	286,800	R 4 289,90		20,00	358,500	R 6 853,90	
1529	Parotidectomy: Extracapsular	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
1531	Drainage of parotid abscess	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
1533	Closure of salivary fistula	20,00	91,000	R 1 361,10		20,00	91,000	R 1 739,60	
1535	Dilatation of salivary duct	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1537	Operative removal of salivary calculus	20,00	55,000	R 822,50		20,00	55,000	R 1 051,20	
1538	Sialolithotomy: Submandibular/submaxillary, intraoral approach, complicated					20,00	58,500	R 1 118,50	
1539	Salivary duct: Meatotomy	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
1541	Branchial cyst and/or fistula: Excision	20,00	120,000	R 1 794,70		20,00	140,000	R 2 676,30	
1543	Excision of cystic hygroma	20,00	120,000	R 1 794,70		20,00	140,000	R 2 676,30	

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1544	Ludwig's Angina: Drainage	20,00	42,000	R 628,30		20,00	42,000	R 802,90	
8.5	Oesophagus								
1545	Oesophagoscopy with rigid instrument: First and subsequent	20,00	47,000	R 702,90		20,00	47,000	R 898,30	
1549	Oesophagoscopy with dilatation of stricture	20,00	70,000	R 1 047,00		20,00	70,000	R 1 338,20	
1550	Oesophagoscopy with removal of foreign body	20,00	70,000	R 1 047,00		20,00	70,000	R 1 338,20	
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	20,00	65,000	R 972,30		20,00	65,000	R 1 242,90	
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	20,00	320,000	R 4 786,40		20,00	400,000	R 7 647,10	
1556	Oesophagogastric fundoplication (e.g. Nissen, Toupet, Watson): Laparoscopic		251,760	R 3 764,30			314,700	R 6 015,20	
1557	Oesophageal dilatation	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
1558	Oesophagogastric fundoplasty: Thal-Nissen procedure		311,840	R 4 662,60			389,800	R 7 450,60	
1559	Oesophagectomy: Two stage	20,00	400,000	R 5 983,00		20,00	500,000	R 9 558,80	
1560	Oesophagectomy: Three stage	20,00	440,000	R 6 581,30		20,00	550,000	R 10 514,90	
1561	Thoraco-abdominal oesophagogastrectomy	20,00	400,000	R 5 983,00		20,00	500,000	R 9 558,80	
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
1564	Oesophagogastric fundoplication (e.g. Nissen, Belsey): Thoracotomy		258,680	R 3 867,80			357,100	R 6 825,50	
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
1566	Private fee: Gastroplasty	20,00	260,000	R 3 889,30		20,00	325,000	R 6 213,00	
1567	Bochdalek hernia repair in newborn	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	20,00	300,000	R 4 487,60		20,00	375,000	R 7 169,20	
1569	Heller's operation	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
1570	Oesophagomyotomy: Laparoscopic, with fundoplication if performed (Heller type procedure)		302,160	R 4 517,90			377,700	R 7 219,50	

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1571	Oesophagomyotomy: Thoracic approach (Heller type procedure)		250,480	R 3 745,20			313,100	R 5 984,70	
1575	Insertion of indwelling oesophageal tube by laparotomy	20,00	120,000	R 1 794,70		20,00	142,000	R 2 714,60	
1576	Oesophagogastric lengthening procedure (e.g. Collis or wedge gastroplasty): ADD to major procedure (modifier 0005 does not apply)		48,300	R 722,30			48,300	R 923,20	
1578	Oesophageal motility (4 channel + pneumograph)	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	20,00	320,000	R 4 786,40		20,00	400,000	R 7 647,10	
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	20,00	110,000	R 1 645,40		20,00	110,000	R 2 102,90	
1581	Removal of benign oesophageal tumours	20,00	228,000	R 3 410,60		20,00	285,000	R 5 448,70	
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
1583	Excision of intrathoracic oesophageal diverticulum	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
1584	24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimone pH probe)	20,00	55,000	R 822,50		20,00	55,000	R 1 051,20	
1585	24 Hour oesophageal pH studies: Interpretation	20,00	27,000	R 403,90		20,00	27,000	R 516,20	
5710	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Laparotomy (not applicable to neonatal surgery)		278,560	R 4 164,80			348,200	R 6 655,60	
5711	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Laparotomy (not applicable to neonatal surgery)		302,480	R 4 522,70			378,100	R 7 226,80	
5712	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Thoracotomy (not applicable to neonatal surgery)		305,760	R 4 571,70			382,200	R 7 305,30	
5713	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Thoracotomy (not applicable to neonatal surgery)		329,440	R 4 925,90			411,800	R 7 871,20	
5714	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Thoraco-abdominal approach (not applicable to neonatal surgery)		360,960	R 5 397,00			451,200	R 8 624,10	
5715	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Thoraco-abdominal approach (not applicable to neonatal surgery)		394,000	R 5 891,10			492,500	R 9 413,80	

CONTRACTED MEDICAL PRACTITIONERS

gems
Government Employees Medical Scheme

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
Code: 014

Practice Type: **Obstetrics and Gynaecology**
Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5716	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Laparoscopic (not applicable to neonatal surgery)		370,880	R 5 545,30			463,600	R 8 861,20	
5717	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Laparoscopic (not applicable to neonatal surgery)		416,720	R 6 230,70			520,900	R 9 956,40	
1562	Plus endoscopic therapy for gastro-oesophageal reflux or Barrett's oesophagus (by radiofrequency, implantation or endoscopic plication): ADD to upper gastrointestinal endoscopy (item 1587) (accessories and hire of generator additional)				Refer Rule C				Refer Rule C
8.6	Stomach								
1587	Upper gastro-intestinal endoscopy: Hospital equipment	20,00	48,750	R 729,20	Z	20,00	48,750	R 932,20	Z
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	20,00	25,000	R 373,80	Z	20,00	25,000	R 478,10	Z
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection, ligation or application of energy device (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653)	20,00	34,000	R 508,50		20,00	34,000	R 649,90	
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	20,00	25,000	R 373,80	Z	20,00	25,000	R 478,10	Z
1593	Augmented histamine test: Gastric intubation with x-ray screening	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
1597	Gastrostomy or Gastrotomy	20,00	120,000	R 1 794,70		20,00	147,500	R 2 819,90	
1598	Gastrotomy with suture repair of bleeding ulcer	20,00	200,960	R 3 006,00	Z	20,00	251,200	R 4 802,40	Z
1599	Pyloromyotomy (Rammstedt)	20,00	116,000	R 1 735,20		20,00	116,000	R 2 217,70	
1601	Local excision of ulcer or benign neoplasm	20,00	156,480	R 2 340,70		20,00	195,600	R 3 739,40	
1603	Vagotomy: Abdominal	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
1604	Vagotomy: Thoracic	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
1605	Truncal or selective with drainage procedures	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
1607	Vagotomy and antrectomy	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
1609	Highly selective vagotomy	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice** Code: 014

Practice Type: **Obstetrics and Gynaecology** Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1611	Pyloroplasty	20,00	144,160	R 2 156,20		20,00	180,200	R 3 444,90	
1613	Gastroenterostomy	20,00	162,880	R 2 436,20		20,00	203,600	R 3 892,60	
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
1617	Partial gastrectomy	20,00	262,640	R 3 928,60		20,00	328,300	R 6 276,40	
1619	Total gastrectomy	20,00	307,540	R 4 600,10		20,00	384,430	R 7 349,60	
1621	Revision of gastrectomy or gastro-enterostomy	20,00	300,000	R 4 487,60		20,00	375,000	R 7 169,20	
1625	Gastro-esophageal operation for portal hypertension (Tanner)	20,00	300,000	R 4 487,60		20,00	375,000	R 7 169,20	
8.7	Duodenum								
1626	Endoscopic examination of the small bowel beyond the duodenojenunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
1627	Duodenal intubation (under X-ray screening)					20,00	8,000	R 153,00	
1629	Duodenal intubation with biliary drainage after gall bladder stimulation					20,00	21,000	R 401,50	
1631	Duodenal intubation: Under 3 years of age					20,00	15,000	R 286,60	
8.8	Intestines								
1632	H2 breath test (intestines)	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
1633	Complete test using lactose or lactulose	20,00	27,000	R 403,90		20,00	27,000	R 516,20	
1634	Enterotomy or Enterostomy	20,00	162,080	R 2 424,40		20,00	202,600	R 3 873,60	
1635	Intestinal obstruction of the newborn	20,00	192,000	R 2 872,10		20,00	240,000	R 4 588,00	
1636	Oral food challenge test		14,100	R 210,70			14,100	R 269,50	
1637	Operation for relief of intestinal obstruction	20,00	192,000	R 2 872,10		20,00	240,000	R 4 588,00	
1638	Resection of small bowel for congenital atresia, proximal segment, without tapering					20,00	195,900	R 3 745,60	
1639	Resection of small bowel with enterostomy or anastomosis	20,00	195,920	R 2 930,60		20,00	244,900	R 4 681,80	
1640	Resection of small bowel for congenital atresia, proximal segment, with tapering					20,00	431,100	R 8 242,10	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice** Code: 014

Practice Type: **Obstetrics and Gynaecology** Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1641	Entero-enterostomy or entero-colostomy for bypass	20,00	170,480	R 2 550,20		20,00	213,100	R 4 074,10	
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)	20,00	120,000	R 1 794,70	Z	20,00	150,000	R 2 867,70	Z
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	20,00	90,000	R 1 346,20	Z	20,00	90,000	R 1 720,50	Z
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	20,00	148,160	R 2 216,10		20,00	185,200	R 3 540,60	
1647	Closure of intestinal fistula	20,00	206,400	R 3 087,10		20,00	258,000	R 4 932,40	
1649	Excision of Meckel's diverticulum	20,00	143,840	R 2 151,60		20,00	179,800	R 3 437,30	
1651	Excision of lesion of mesentery	20,00	137,280	R 2 053,50		20,00	171,600	R 3 280,50	
1652	Laparotomy for mesenteric thrombosis	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
1653	Total colonoscopy: With hospital equipment (including biopsy)	20,00	90,000	R 1 346,20	Z	20,00	90,000	R 1 720,50	Z
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	20,00	30,000	R 448,70	Z	20,00	30,000	R 573,10	Z
1656	Left-sided colonoscopy	20,00	60,000	R 897,80	Z	20,00	60,000	R 1 147,20	Z
1657	Right or left hemicolectomy or segmental colectomy	20,00	260,000	R 3 889,30		20,00	325,000	R 6 213,00	
1658	Reconstruction of colon after Hartman's procedure	20,00	287,520	R 4 300,70		20,00	359,400	R 6 870,90	
1659	Surgeon present assisting with air enema for reduction of intussuception (Paediatric surgeons add modifier 0016)		60,600	R 906,10			60,600	R 1 158,30	
1660	Mini-laparotomy and insertion of peritoneal drain for perforated necrotising enterocolitis in Neonatal Intensive Care Unit (NICU) (Paediatric surgeons add modifier 0016)		20,500	R 306,50			20,500	R 391,80	
1661	Colotomy: Including removal of tumour or foreign body	20,00	164,560	R 2 461,30		20,00	205,700	R 3 932,50	
1663	Total colectomy	20,00	312,000	R 4 666,80		20,00	390,000	R 7 455,90	
1665	Colostomy or ileostomy isolated procedure	20,00	187,040	R 2 797,80		20,00	233,800	R 4 469,80	
1666	Continent ileostomy pouch (all types)	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
1667	Colostomy: Closure	20,00	143,280	R 2 143,00		20,00	179,100	R 3 423,90	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice** Code: 014

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1668	Revision of ileostomy pouch	20,00	300,000	R 4 487,60		20,00	375,000	R 7 169,20	
1669	Total proctocolectomy and ileostomy	20,00	384,000	R 5 743,70		20,00	480,000	R 9 176,50	
1670	Proctocolectomy, ileostomy and ileostomy pouch	20,00	432,000	R 6 461,80		20,00	540,000	R 10 323,40	
1671	Colomyotomy (Reilly operation)	20,00	148,000	R 2 213,80		20,00	185,000	R 3 536,70	
8.9	Appendix								
1673	Drainage of appendix abscess	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
1675	Appendicectomy	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
8.10	Rectum and anus								
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	20,00	48,750	R 729,20	Z	20,00	48,750	R 932,20	Z
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	20,00	13,000	R 194,40		20,00	13,000	R 248,30	
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	20,00	25,000	R 373,80	Z	20,00	25,000	R 478,10	Z
1679	Sigmoidoscopy with removal of polyps, first and subsequent	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
1681	Proctoscopy with removal of polyps: First time	20,00	21,000	R 314,20		20,00	21,000	R 401,50	
1683	Proctoscopy with removal of polyps: Subsequent times	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
1685	Endoscopic fulguration of tumour	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	20,00	305,040	R 4 562,80		20,00	381,300	R 7 289,80	
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	20,00	356,000	R 5 325,00		20,00	445,000	R 8 507,50	
1689	Perineal resection of rectum	20,00	120,000	R 1 794,70		20,00	141,000	R 2 695,70	
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.								
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	20,00	327,440	R 4 897,80		20,00	409,300	R 7 825,20	
1692	Abdomino-perineal resection of rectum: Perineal surgeon	20,00	126,800	R 1 896,60		20,00	158,500	R 3 030,10	
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice** Code: 014

Practice Type: **Obstetrics and Gynaecology** Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	20,00	320,000	R 4 786,40		20,00	400,000	R 7 647,10	
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
1701	Repair of prolapsed rectum: Abdominal: Perineal	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
1705	Incision and drainage of peri-anal abscess	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
1707	Drainage of submucous abscess	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
1709	Drainage of ischio-rectal abscess	20,00	87,000	R 1 301,50		20,00	87,000	R 1 663,10	
1711	Excision of pelvi-rectal fistula	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
1713	Excision of fistula-in-ano	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
1715	Operation for fissure-in-ano	20,00	66,800	R 999,10		20,00	66,800	R 1 277,00	
1716	Rectal Tumour: Destruction (any method):Transanal Approach		133,600	R 1 997,60			167,900	R 3 209,10	
1717	Rectal tumour: Excision, transanal approach, EXCLUDING muscularis propria (partial thickness)		96,400	R 1 441,50			96,400	R 1 842,60	
1718	Rectal Tumour: Excision, Transanal Approach,INCLUDING muscularis propria(full thickness)		114,880	R 1 717,80			143,600	R 2 744,70	
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1721	Sclerosing injection for haemorrhoids: Per injection	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
1723	Haemorrhoidectomy	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
1725	Drainage of external thrombosed pile	20,00	12,500	R 187,00		20,00	12,500	R 239,10	
1727	Multiple procedures (haemorrhoids, fissure, etc.)	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
1728	Biopsy of ano-rectal wall, for congenital megacolon	20,00	60,600	R 906,40	Z	20,00	60,600	R 1 158,40	Z
1729	Excision of anal skin tags	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
1731	Operation for low imperforate anus	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	

CONTRACTED MEDICAL PRACTITIONERS

gems
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1733	Anoplasty: Y-V-plasty	20,00	41,000	R 613,40		20,00	41,000	R 783,70	
1734	Radio frequency energy delivery or implantation of biopolymers to the anal canal muscle for the treatment of faecal incontinency (endoscopy inclusive)					20,00	90,000	R 1 720,50	
1735	Anal sphincteroplasty for incontinence	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
1737	Dilation of ano-rectal stricture	20,00	12,500	R 187,00		20,00	12,500	R 239,10	
1739	Closure of recto-vesical fistula	20,00	192,800	R 2 883,70		20,00	241,000	R 4 607,50	
1741	Closure of recto-urethral fistula	20,00	192,800	R 2 883,70		20,00	241,000	R 4 607,50	
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	20,00	27,000	R 403,90		20,00	27,000	R 516,20	
8.11	Liver								
1743	Needle biopsy of liver	20,00	30,300	R 453,10		20,00	30,300	R 579,30	
1745	Biopsy of liver by laparotomy	20,00	120,000	R 1 794,70		20,00	125,000	R 2 389,70	
1747	Drainage of liver abscess or cyst	20,00	143,280	R 2 143,00		20,00	179,100	R 3 423,90	
1748	Body composition measured by bio-electrical impedance	20,00	3,000	R 44,90		20,00	3,000	R 57,30	
1749	Hemi-hepatectomy: Right	20,00	451,200	R 6 749,00		20,00	564,000	R 10 782,30	
1751	Hemi-hepatectomy: Left	20,00	416,880	R 6 235,40		20,00	521,100	R 9 962,30	
1752	Extended right or left hepatectomy	20,00	456,720	R 6 831,50		20,00	570,900	R 10 913,90	
1753	Partial or segmental hepatectomy	20,00	302,400	R 4 523,30		20,00	378,000	R 7 226,40	
1754	Hepatico-jejunostomy	20,00	295,360	R 4 418,10		20,00	369,200	R 7 058,20	
1755	Liver transplant	20,00	1120,640	R 16 762,40		20,00	1400,800	R 26 780,30	
1756	Harvesting donor hepatectomy	20,00	492,960	R 7 373,60		20,00	616,200	R 11 780,30	
1757	Suture of liver wound or injury	20,00	171,360	R 2 563,20		20,00	214,200	R 4 095,30	
1744	Extensive debridement, haemostasis and packing of liver wound or injury				Refer rule C				Refer rule C
1746	Re-exploration of liver wound for removal of packing				Refer rule C				Refer rule C
1758	Complex suture of liver wound or injury, including hepatic artery ligation				Refer rule C				Refer rule C

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
8.12	Biliary tract								
1759	Cholecystostomy	20,00	137,280	R 2 053,50		20,00	171,600	R 3 280,50	
1761	Cholecystectomy	20,00	180,000	R 2 692,50		20,00	225,000	R 4 301,40	
1762	Cholecystectomy and operative cholangiogram	20,00	204,000	R 3 051,50		20,00	255,000	R 4 875,10	
1763	With exploration of common bile duct	20,00	211,600	R 3 165,10		20,00	264,500	R 5 056,60	
1765	Exploration of common bile duct: Secondary operation	20,00	262,160	R 3 921,30		20,00	327,700	R 6 265,00	
1767	Reconstruction of common bile duct	20,00	297,360	R 4 448,10		20,00	371,700	R 7 106,30	
1768	Resection bile duct tumour with reconstruction	20,00	262,160	R 3 921,30		20,00	327,700	R 6 265,00	
1769	Cholecysto-enterostomy or gastrostomy	20,00	189,040	R 2 827,50		20,00	236,300	R 4 517,50	
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	20,00	25,600	R 382,90		20,00	25,600	R 489,20	
1773	Transduodenal sphincteroplasty	20,00	180,000	R 2 692,50		20,00	225,000	R 4 301,40	
1774	Balloon dilatation of common bile duct strictures	20,00	100,000	R 1 495,90		20,00	125,000	R 2 389,70	
1775	Excision choledochal cyst with reconstruction	20,00	262,160	R 3 921,30		20,00	327,700	R 6 265,00	
1777	Porto-enterostomy for biliary atresia	20,00	320,000	R 4 786,40		20,00	400,000	R 7 647,10	
1766	Resection bile duct tumour: Intrahepatic				Refer rule C				Refer rule C
8.13	Pancreas								
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	20,00	105,900	R 1 584,10		20,00	105,900	R 2 024,60	
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	20,00	15,820	R 236,50		20,00	15,820	R 302,50	
1780	Gastric and duodenal intubation	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
1781	Procedure (excluding laboratory tests)	20,00	21,000	R 314,20		20,00	21,000	R 401,50	
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
1783	Drainage of pancreatic abscess	20,00	191,440	R 2 863,40		20,00	239,300	R 4 574,80	
1784	Debridement pancreatic necrosis	20,00	278,720	R 4 169,00		20,00	348,400	R 6 660,50	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice** Code: 014

Practice Type: **Obstetrics and Gynaecology** Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1785	Internal drainage of pancreatic cyst	20,00	200,480	R 2 998,70		20,00	250,600	R 4 790,60	
1770	Endoscopic placement of biliduodenal endoprosthesis: ADD to ERCP (item 1778)	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
1786	Internal drainage of pancreatic cyst with Roux-Y	20,00	245,440	R 3 671,10		20,00	306,800	R 5 865,40	
1787	Operative pancreatogram: ADD	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1788	Biopsy of pancreas	20,00	142,160	R 2 126,40		20,00	177,700	R 3 397,40	
1789	Pancreatico-duodenectomy	20,00	563,840	R 8 433,80		20,00	704,800	R 13 474,10	
1791	Local, partial or subtotal pancreatectomy	20,00	281,040	R 4 203,80		20,00	351,300	R 6 716,00	
1793	Distal pancreatectomy with internal drainage	20,00	301,920	R 4 516,10		20,00	377,400	R 7 214,80	
1790	Endoscopic cannulation of papilla with direct visualisation of pancreatic/ common bile duct(s) (List separately in addition to code(s) for primary procedure)		35,800	R 535,60			35,800	R 684,50	
1792	Near-total pancreatectomy (with preservation of duodenum)		332,720	R 3 981,50			415,900	R 7 951,00	
1794	Total pancreatectomy		337,200	R 4 035,10			421,500	R 8 057,90	
8.14	Peritoneal cavity								
1797	Pneumo-peritoneum: First	20,00	13,000	R 194,40		20,00	13,000	R 248,30	
1799	Pneumo-peritoneum: Repeat	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
1800	Peritoneal lavage	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
1801	Diagnostic paracentesis: Abdomen	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
1803	Therapeutic paracentesis: Abdomen	20,00	13,000	R 194,40		20,00	13,000	R 248,30	
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
1808	Omentectomy (separate procedures)		151,360	R 2 263,10			189,200	R 3 616,20	
1809	Laparotomy	20,00	156,800	R 2 345,30		20,00	196,000	R 3 747,00	
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
1811	Suture of burst abdomen	20,00	150,640	R 2 253,30		20,00	188,300	R 3 600,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1812	Laparotomy for control of surgical haemorrhage	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
1813	Drainage of sub-phrenic abscess	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	20,00	198,720	R 2 972,30		20,00	248,400	R 4 748,70	
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
9	**Herniae**								
1819	Inguinal or femoral hernia: Adult	20,00	120,000	R 1 794,70		20,00	125,000	R 2 389,70	
1821	Inguinal or femoral hernia: Child under 14 years	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
1823	Inguinal hernia: Infant under one year	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
1825	Recurrent inguinal or femoral hernia	20,00	124,000	R 1 854,60		20,00	155,000	R 2 963,50	
1827	Strangulated hernia or femoral hernia	20,00	190,400	R 2 848,30		20,00	238,000	R 4 550,00	
1829	Epigastric hernia	20,00	93,300	R 1 395,80		20,00	93,300	R 1 783,80	
1831	Umbilical hernia: Adult	20,00	120,000	R 1 794,70		20,00	140,000	R 2 676,30	
1833	Umbilical hernia: Child under 14 years	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
1835	Incisional hernia	20,00	133,440	R 1 996,00		20,00	166,800	R 3 189,00	
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to item for the incisional or ventral hernia repair)	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	
1837	Repair of omphalocele in new-born (one or more procedures)	20,00	220,000	R 3 290,70		20,00	275,000	R 5 257,20	
10	**Urinary System**								
	RULES GOVERNING THE SECTION URINARY SYSTEM								
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (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. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
10.1	Kidney								
1839	Renal biopsy: Per kidney: Open	20,00	71,000	R 1 062,10		20,00	71,000	R 1 357,30	
1841	Renal biopsy: Needle	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
1843	Peritoneal dialysis: First day	20,00	33,000	R 493,60		20,00	33,000	R 631,10	
1845	Peritoneal dialysis: Every subsequent day	20,00	33,000	R 493,60		20,00	33,000	R 631,10	
1847	Haemodialysis: Per hour or part thereof	20,00	21,000	R 314,20		20,00	21,000	R 401,50	
1849	Haemodialysis: Maximum: Eight hours	20,00	134,400	R 2 010,20		20,00	168,000	R 3 211,90	
1851	Haemodialysis: Thereafter per week	20,00	55,000	R 822,50		20,00	55,000	R 1 051,20	
1852	Continuous haemodiafiltration per day in intensive or high care unit	20,00	33,000	R 493,60		20,00	33,000	R 631,10	
1853	Nephrectomy: Primary nephrectomy	20,00	180,000	R 2 692,50		20,00	225,000	R 4 301,40	
1855	Nephrectomy: Secondary nephrectomy	20,00	213,600	R 3 195,00		20,00	267,000	R 5 104,60	
1857	Radical with regional lymph adenectomy for tumour	20,00	224,000	R 3 350,60		20,00	280,000	R 5 353,10	
1859	Nephrectomy: Partial	20,00	213,600	R 3 195,00		20,00	267,000	R 5 104,60	
1861	Symphysiotomy for horse-shoe kidney	20,00	229,600	R 3 434,40		20,00	287,000	R 5 486,90	
1863	Nephro-ureterectomy	20,00	244,000	R 3 649,70		20,00	305,000	R 5 830,90	
1865	Nephrotomy with drainage nephrostomy	20,00	151,200	R 2 261,70		20,00	189,000	R 3 613,30	
1868	Nephrolithotomy, for congenital kidney abnormality, complicated					20,00	268,400	R 5 131,20	
1869	Nephrolithotomy	20,00	181,600	R 2 716,40		20,00	227,000	R 4 339,80	
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	20,00	227,200	R 3 398,60		20,00	284,000	R 5 429,30	
1871	Staghorn stone: Surgical	20,00	272,800	R 4 080,60		20,00	341,000	R 6 519,10	
1873	Suture renal laceration (renorraphy)	20,00	154,400	R 2 309,40		20,00	193,000	R 3 689,60	
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	20,00	34,000	R 508,50		20,00	34,000	R 649,90	
1877	Operation for renal cyst: Marsupialisation or excision	20,00	151,200	R 2 261,70		20,00	189,000	R 3 613,30	
1878	Ablation of 1 or more renal tumour(s): Cryotherapy, percutaneous, unilateral			R 0,00		20,00	106,000	R 2 026,60	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1879	Closure renal fistula	20,00	151,200	R 2 261,70		20,00	189,000	R 3 613,30	
1881	Pyeloplasty	20,00	201,600	R 3 015,50		20,00	252,000	R 4 817,70	
1882	Pyeloplasty, complicated; with or without plastic procedure on ureter; nephropexy; nephrostomy; pyelostomy; ureteral splinting. (Secondary procedure for congenital kidney abnormality or solitary kidney)					20,00	327,700	R 6 264,70	
1883	Pyelostomy	20,00	151,200	R 2 261,70		20,00	189,000	R 3 613,30	
1885	Pyelolithotomy	20,00	151,200	R 2 261,70		20,00	189,000	R 3 613,30	
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	20,00	178,400	R 2 668,60		20,00	223,000	R 4 263,20	
1889	Nephrectomy for Allograft: Living or dead	20,00	204,000	R 3 051,50		20,00	255,000	R 4 875,10	
1891	Perinephric abscess or renal abscess: Drainage	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
1893	Aberrant renal vessels: Repositioning with pyeloplasty	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
1894	Auto transplantation of kidney	20,00	336,000	R 5 025,90		20,00	420,000	R 8 029,30	
1895	Allo transplantation of kidney	20,00	336,000	R 5 025,90		20,00	420,000	R 8 029,30	
1860	Laparoscopic nephrectomy, partial (item 1807 may not be added to this item)		312,000	R 3 868,30			312,000	R 5 965,10	
1862	Laparoscopic nephrectomy, includes partial ureterectomy (item 1807 may not be added to this item)		270,000	R 3 365,80			270,000	R 5 161,90	
1880	Laparoscopic ablation of renal mass or lesion(s) (item 1807 may not be added to this item)		234,000	R 2 935,00			234,000	R 4 473,80	
1890	Laparoscopic living donor nephrectomy (item 1807 may not be added to this item)		300,000	R 3 724,80			300,000	R 5 735,60	
1892	Laparoscopic drainage of lymphocele to peritoneal cavity (item 1807 may not be added to this item)		293,400	R 3 645,60			293,400	R 5 609,20	
10.2	Ureter								
1897	Ureterorraphy: Suture of ureter	20,00	120,000	R 1 794,70		20,00	147,000	R 2 810,20	
1898	Ureterorraphy: Lumbar approach	20,00	151,200	R 2 261,70		20,00	189,000	R 3 613,30	
1899	Ureteroplasty	20,00	144,800	R 2 165,90		20,00	181,000	R 3 460,20	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1901	Ureterolysis	20,00	118,000	R 1 765,00		20,00	118,000	R 2 255,80	
1902	Ureterolysis: Lumbar approach	20,00	151,200	R 2 261,70		20,00	189,000	R 3 613,30	
1903	Ureterectomy only	20,00	120,000	R 1 794,70		20,00	137,000	R 2 619,30	
1905	Ureterolithotomy	20,00	212,640	R 3 180,40		20,00	265,800	R 5 081,40	
1907	Cutaneous ureterostomy: Unilateral	20,00	108,000	R 1 615,20		20,00	108,000	R 2 064,60	
1909	Cutaneous ureterostomy: Bilateral	20,00	151,200	R 2 261,70		20,00	189,000	R 3 613,30	
1911	Uretero-enterostomy: Unilateral	20,00	120,000	R 1 794,70		20,00	137,000	R 2 619,30	
1913	Uretero-enterostomy: Bilateral	20,00	192,000	R 2 872,10		20,00	240,000	R 4 588,00	
1915	Uretero-ureterostomy	20,00	120,000	R 1 794,70		20,00	137,000	R 2 619,30	
1917	Transuretero-ureterostomy	20,00	124,000	R 1 854,60		20,00	155,000	R 2 963,50	
1919	Closure of ureteric fistula	20,00	120,000	R 1 794,70		20,00	147,000	R 2 810,20	
1921	Immediate deligation of ureter	20,00	120,000	R 1 794,70		20,00	147,000	R 2 810,20	
1923	Ureterolysis for retrocaval ureter with anastomosis	20,00	134,400	R 2 010,20		20,00	168,000	R 3 211,90	
1924	Ureterocalicostomy					20,00	20,000	R 5 063,90	
1925	Uretero-pyelostomy	20,00	201,600	R 3 015,50		20,00	252,000	R 4 817,70	
1927	Uretero-neo-cystostomy: Unilateral	20,00	252,880	R 3 782,60		20,00	316,100	R 6 043,00	
1929	Uretero-neo-cystostomy: Bilateral	20,00	379,320	R 5 673,70		20,00	474,150	R 9 064,80	
1931	Uretero-neo-cystostomy: With Boariplasty	20,00	281,440	R 4 209,80		20,00	351,800	R 6 725,60	
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	20,00	201,600	R 3 015,50		20,00	252,000	R 4 817,70	
1935	Uretero-ileal conduit	20,00	310,400	R 4 643,10		20,00	388,000	R 7 417,50	
1937	Replacement of ureter by bowel segment: Unilateral	20,00	221,600	R 3 314,80		20,00	277,000	R 5 295,70	
1939	Replacement of ureter by bowel segment: Bilateral	20,00	388,000	R 5 803,50		20,00	485,000	R 9 272,10	
1941	Ureterostomy-in-situ: Unilateral	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
1943	Ureterostomy-in-situ: Bilateral	20,00	140,000	R 2 094,10		20,00	175,000	R 3 345,80	

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1904	Ureterectomy with bladder cuff (stand alone procedure)		235,840	R 3 089,60			294,800	R 5 636,40	
1932	Laparoscopic uretero-neocystostomy, excludes cystoscopy and ureteral stent insertion (item 1807 may not be added to this item)		361,100	R 4 455,90			361,100	R 6 903,50	
1936	Contrast injection for ileal conduit visualisation				Refer Rule C				Refer Rule C
10.3	Bladder								
1952	J J Stent catheter	20,00	44,000	R 658,10		20,00	44,000	R 841,10	
1953	With hydrodilatation of the bladder for interstitial cystitis	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
1954	Uretroscopy					20,00	35,000	R 669,10	
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
1957	With dilatation of the ureter or ureters	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
1959	With manipulation of ureteral calculus	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
1961	With removal of foreign body or calculus from urethra or bladder	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
1963	With fulguration or treatment of minor lesions, with or without biopsy	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
1964	And control of haemorrhage and blood clot evacuation	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
1965	And catheterisation of the ejaculatory duct	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1967	With ureteric meatotomy: Unilateral or bilateral	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
1969	And cold biopsy	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
1971	With cryosurgery for bladder or prostatic disease	20,00	55,000	R 822,50		20,00	55,000	R 1 051,20	
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
1975	Ultraviolet cystoscopy for bladder tumour	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
1976	Optic urethrotomy	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
1977	Transurethral resection of ejaculatory duct	20,00	60,700	R 907,80		20,00	60,700	R 1 160,40	
1979	Internal urethrotomy: Female	20,00	50,000	R 747,80		20,00	50,000	R 955,80	

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1981	Internal urethrotomy: Male	20,00	76,200	R 1 139,90		20,00	76,200	R 1 456,90	
1983	Transurethral resection of bladder tumour	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
1984	Transurethral resection of bladder tumours: Large multiple tumours	20,00	115,000	R 1 720,20		20,00	115,000	R 2 198,60	
1985	Transurethral resection of bladder neck: Female or child	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
1986	Transurethral resection of bladder neck: Male	20,00	120,000	R 1 794,70		20,00	125,000	R 2 389,70	
1987	Litholapaxy	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
1989	Cystometrogram	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
1991	Flometric bladder, studies with videocystograph	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
1992	Without videocystograph	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
1993	Voiding cysto-urethrogram	20,00	21,000	R 314,20		20,00	21,000	R 401,50	
1994	Rigiscan examination	20,00	66,000	R 987,00		20,00	66,000	R 1 261,70	
1995	Percutaneous aspiration of bladder	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1996	Bladder catheterisation: Male (not at operation)	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
1997	Bladder catheterisation: Female (not at operation)	20,00	3,000	R 44,90		20,00	3,000	R 57,30	
1999	Percutaneous cystostomy	20,00	24,000	R 359,20		20,00	24,000	R 458,90	
1945	Instillation of radio-opaque material for cystography or urethrocystography	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
1949	Cystoscopy: Hospital equipment	20,00	44,000	R 658,10		20,00	44,000	R 841,10	
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
2001	Total cystectomy: After previous urinary diversion	20,00	235,200	R 3 518,00		20,00	294,000	R 5 620,60	
2003	Total cystectomy: With conduit construction and ureteric anastomosis	20,00	443,760	R 6 637,80		20,00	554,700	R 10 604,80	
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	20,00	520,000	R 7 778,00		20,00	650,000	R 12 426,90	

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2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	20,00	560,000	R 8 376,50		20,00	700,000	R 13 382,30	
2007	Partial cystectomy	20,00	120,000	R 1 794,70		20,00	147,000	R 2 810,20	
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	20,00	480,000	R 7 179,70		20,00	600,000	R 11 470,60	
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	20,00	369,600	R 5 528,50		20,00	462,000	R 8 832,20	
2010	Reversion of temporary conduit	20,00	288,000	R 4 307,70		20,00	360,000	R 6 882,40	
2011	Partial cystectomy with uretero-neo-cystostomy	20,00	161,600	R 2 417,40		20,00	202,000	R 3 861,70	
2012	Reversion of conduit with major urinary tract reconstruction	20,00	480,000	R 7 179,70		20,00	600,000	R 11 470,60	
2013	Diverticulectomy (independent procedure): Multiple or single	20,00	120,000	R 1 794,70		20,00	137,000	R 2 619,30	
2014	Closure of cystostomy (stand alone procedure)					20,00	120,000	R 2 294,20	
2015	Suprapubic cystostomy	20,00	67,000	R 1 002,00		20,00	67,000	R 1 280,80	
2016	Abdomino-neo-urethrostomy	20,00	201,600	R 3 015,50		20,00	252,000	R 4 817,70	
2017	Open loop fulguration or excision of bladder tumour	20,00	101,000	R 1 510,60		20,00	101,000	R 1 930,60	
2019	Operation for vesico-vaginal or urethra-vaginal fistula	20,00	124,000	R 1 854,60		20,00	155,000	R 2 963,50	
2020	Repair of vesico vaginal fistula: Abdominal approach	20,00	204,000	R 3 051,50		20,00	255,000	R 4 875,10	
2021	Vesico-plication (Hamilton Stewart)	20,00	118,000	R 1 765,00		20,00	118,000	R 2 255,80	
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	20,00	156,000	R 2 333,60		20,00	195,000	R 3 727,90	
2025	Vesico-urethropexy with rectus sling	20,00	183,520	R 2 745,20		20,00	229,400	R 4 385,60	
2027	Open operation for ureterocele: Unilateral	20,00	118,000	R 1 765,00		20,00	118,000	R 2 255,80	
2029	Open operation for ureterocele: Bilateral	20,00	165,600	R 2 477,20		20,00	207,000	R 3 957,60	
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	20,00	211,200	R 3 159,00		20,00	264,000	R 5 047,20	
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	20,00	53,000	R 792,80		20,00	53,000	R 1 013,20	
2035	Cutaneous vesicostomy	20,00	118,000	R 1 765,00		20,00	118,000	R 2 255,80	

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Practice Type: **General Medical Practice**
Code: 014

Practice Type: **Obstetrics and Gynaecology**
Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	20,00	120,000	R 1 794,70		20,00	126,000	R 2 408,90	
2039	Operation for ruptured bladder	20,00	120,000	R 1 794,70		20,00	137,000	R 2 619,30	
2042	Enterocystoplasty plus bowel anastomosis	20,00	335,920	R 5 024,80		20,00	419,900	R 8 027,40	
2043	Cysto-lithotomy	20,00	120,000	R 1 794,70		20,00	132,000	R 2 523,50	
2045	Excision of patent-urachus or urachal cyst	20,00	112,000	R 1 675,20		20,00	112,000	R 2 141,30	
2047	Drainage of perivesical or prevesical abscess	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
2049	Evacuation of clots from bladder: Other than post-operative	20,00	120,000	R 1 794,70		20,00	132,100	R 2 525,50	
2050	Evacuation of clots from bladder: Post-operative								
2051	Simple bladder lavage: Including catheterisation	20,00	12,000	R 179,30		20,00	12,000	R 229,40	
2053	Bladder neck plasty: Male	20,00	120,000	R 1 794,70		20,00	137,000	R 2 619,30	
2057	Bladder neck plasty: Female	20,00	120,000	R 1 794,70		20,00	137,000	R 2 619,30	
2004	Complete pelvic exenteration for malignancy; includes combinations of removal of bladder, urethral transplantation, with or without hysterectomy, abdominoperineal resection of rectum or colon, colostomy		529,840	R 6 340,10			662,300	R 12 661,80	
2034	Appendico-vesicostomy, cutaneous		211,440	R 3 162,70			264,300	R 5 052,70	
2036	Revision of urinary-cutaneous anastomasis, includes repair of fascial defect and hernia				Refer Rule C				Refer Rule C
10.4	Urethra								
2059	Open biopsy of urethra: Male	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
2061	Open biopsy of urethra: Female	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
2069	Dilatation of female urethra	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
2071	Urethrorraphy: Suture of urethral wound or injury	20,00	120,000	R 1 794,70		20,00	139,000	R 2 657,20	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2073	External urethrotomy: Pendulous urethra (anterior)	20,00	67,000	R 1 002,00		20,00	67,000	R 1 280,80	
2075	Urethraplasty: Pendulous urethra: First stage	20,00	71,000	R 1 062,10		20,00	71,000	R 1 357,30	
2077	Urethraplasty: Pendulous urethra: Second stage	20,00	120,000	R 1 794,70		20,00	145,000	R 2 772,10	
2079	Reconstruction of female urethra	20,00	120,000	R 1 794,70		20,00	147,000	R 2 810,20	
2081	Reconstruction or repair of male anterior urethra (one stage)	20,00	209,280	R 3 130,50		20,00	261,600	R 5 001,20	
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	20,00	134,400	R 2 010,20		20,00	168,000	R 3 211,90	
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	20,00	134,400	R 2 010,20		20,00	168,000	R 3 211,90	
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	20,00	235,200	R 3 518,00		20,00	294,000	R 5 620,60	
2087	Urethral diverticulectomy: Male or female	20,00	120,000	R 1 794,70		20,00	147,000	R 2 810,20	
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	20,00	86,000	R 1 286,50		20,00	86,000	R 1 643,90	
2089	Marsupialisation of urethral diverticula: Male or female	20,00	115,100	R 1 721,80		20,00	115,100	R 2 200,50	
2091	Total urethrectomy: Female	20,00	120,000	R 1 794,70		20,00	147,000	R 2 810,20	
2093	Total urethrectomy: Male	20,00	151,200	R 2 261,70		20,00	189,000	R 3 613,30	
2095	Drainage of simple localised perineal urinary extravasation	20,00	120,000	R 1 794,70		20,00	128,800	R 2 462,40	
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	20,00	120,000	R 1 794,70		20,00	137,000	R 2 619,30	
2099	Fulguration for urethral caruncle or polyp	20,00	53,600	R 801,80		20,00	53,600	R 1 024,80	
2101	Excision of urethral caruncle	20,00	53,600	R 801,80		20,00	53,600	R 1 024,80	
2103	Simple urethral meatotomy	20,00	26,300	R 393,30		20,00	26,300	R 502,80	
2105	Incision of deep peri-urethral abscess: Female	20,00	120,000	R 1 794,70		20,00	123,100	R 2 353,30	
2107	Incision of deep peri-urethral abscess: Male	20,00	120,000	R 1 794,70		20,00	123,100	R 2 353,30	
2108	Sling operation for male urinary incontinence (fascia or synthetic)					20,00	169,000	R 3 230,10	
2109	Badenoch pull-through for intractable stricture or incontinence	20,00	144,800	R 2 165,90		20,00	181,000	R 3 460,20	
2110	Removal/revision: Sling for male urinary incontinence (fascia or synthetic)					20,00	120,000	R 2 294,20	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2111	External sphincterotomy	20,00	108,000	R 1 615,20		20,00	108,000	R 2 064,60	
2112	Insertion of inflatable sphincter, includes pump, reservoir and cuff					20,00	217,600	R 4 160,20	
2113	Drainage of Skene gland abscess or cyst	20,00	42,300	R 632,70		20,00	42,300	R 808,70	
2114	Repair: Inflatable sphincter, includes pump, reservoir and cuff					20,00	142,500	R 2 723,80	
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	20,00	134,400	R 2 010,20		20,00	168,000	R 3 211,90	
2116	Urethral meatoplasty	20,00	101,500	R 1 518,30		20,00	101,500	R 1 940,30	
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	20,00	120,240	R 1 798,80		20,00	150,300	R 2 873,20	
2118	Removal: Inflatable sphincter, includes pump, reservoir and cuff					20,00	154,400	R 2 951,70	
2119	Removal and replacement: Inflatable sphincter, includes pump, reservoir and cuff					20,00	123,500	R 2 361,50	
2120	Removal and replacement: Inflatable sphincter, includes pump, reservoir and cuff, plus debridment of infected tissue					20,00	278,200	R 5 318,00	
2121	Closure of urethrovaginal fistula: Including diversionary procedures	20,00	151,200	R 2 261,70		20,00	189,000	R 3 613,30	
2070	Transvaginal urethrolysis, includes cystoscopy		154,400	R 2 309,50			193,000	R 3 689,60	
2104	Debridement of external genitalia and perineum (Fourniers gangrene)		13,900	R 207,90			13,900	R 265,80	
2106	Debridement of external genitalia, perineum and abdominal wall (Fourniers gangrene)		13,900	R 207,90			13,900	R 265,80	
11	**Male Genital System**								
11.1	Penis								
2123	Biopsy of penis (independent procedure)	20,00	52,100	R 779,30		20,00	52,100	R 996,00	
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	20,00	16,600	R 248,20		20,00	16,600	R 317,30	
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	20,00	41,600	R 622,30		20,00	41,600	R 795,30	
2129	Electrodesiccation: Limited number	20,00	20,800	R 311,20		20,00	20,800	R 397,80	
2131	Electrodesiccation: Multiple extensive	20,00	41,600	R 622,30		20,00	41,600	R 795,30	
2132	Ligation of abnormal venous drainage	20,00	106,100	R 1 587,00		20,00	106,100	R 2 028,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2133	Circumcision: Clamp procedure	20,00	42,300	R 632,70		20,00	42,300	R 808,70	
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	20,00	36,800	R 550,50		20,00	36,800	R 703,40	
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	20,00	101,000	R 1 510,60		20,00	101,000	R 1 930,60	
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	20,00	150,880	R 2 256,70		20,00	188,600	R 3 605,70	
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	20,00	179,680	R 2 687,40		20,00	224,600	R 4 293,80	
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	20,00	134,400	R 2 010,20		20,00	168,000	R 3 211,90	
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	20,00	134,400	R 2 010,20		20,00	168,000	R 3 211,90	
2153	Reconstructive operation for epispadias with incontinence	20,00	134,400	R 2 010,20		20,00	168,000	R 3 211,90	
2154	Induction of artificial erection	20,00	16,000	R 239,30		20,00	16,000	R 306,10	
2155	Hypospadias: Urethral reconstruction	20,00	149,600	R 2 237,90		20,00	187,000	R 3 575,00	
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	20,00	84,000	R 1 256,00		20,00	84,000	R 1 605,70	
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
2161	Total amputation of penis: Without gland dissection	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
2163	Total amputation of penis: With gland-dissection	20,00	268,800	R 4 020,70		20,00	336,000	R 6 423,50	
2165	Partial amputation of penis: With gland-dissection	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
2167	Partial amputation of penis: Without gland-dissection	20,00	84,000	R 1 256,00		20,00	84,000	R 1 605,70	
2169	Injection procedure for Peyronie's disease	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	20,00	42,000	R 628,30		20,00	42,000	R 802,90	
2173	Priapism operation: Shunt procedure: Any type	20,00	201,600	R 3 015,50		20,00	252,000	R 4 817,70	
2174	Priapism operation: Stab shunt	20,00	114,400	R 1 711,30		20,00	114,400	R 2 187,20	
2172	Removal foreign body: Deep penile tissue (eg., plastic implant)		31,000	R 463,80			31,000	R 592,60	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2168	Excision: Penile plaque (Peyronie disease), <= 5cm in length				Refer Rule C				Refer Rule C
2170	Excision: Penile plaque (Peyronie disease), >5cm in length				Refer Rule C				Refer Rule C
11.2	Testis and epididymis								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								
2175	Testis biopsy: Needle (independent procedure)	20,00	18,500	R 276,60		20,00	18,500	R 353,70	
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	20,00	58,900	R 881,00		20,00	58,900	R 1 126,00	
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	20,00	58,900	R 881,00		20,00	58,900	R 1 126,00	
2181	Epididymis biopsy: Needle	20,00	86,100	R 1 287,90		20,00	86,100	R 1 646,00	
2183	Puncture aspiration hydrocele with or without injection of medication	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
2185	Operation for maldescended testicle: Including herniotomy	20,00	120,000	R 1 794,70		20,00	135,000	R 2 581,00	
2187	Operation for torsion appendix testis	20,00	119,200	R 1 782,90		20,00	119,200	R 2 279,10	
2189	Operation for torsion testis with fixation of contralateral testis	20,00	119,200	R 1 782,90		20,00	119,200	R 2 279,10	
2191	Orchidectomy (total or subcapsular): Unilateral	20,00	98,000	R 1 466,00		20,00	98,000	R 1 873,60	
2193	Orchidectomy (total or subcapsular): Bilateral	20,00	120,000	R 1 794,70		20,00	147,000	R 2 810,20	
2195	Radical operation for malignant testis: Excluding gland dissection	20,00	124,240	R 1 858,40		20,00	155,300	R 2 968,90	
2197	Operation for hydrocele or spermatocele	20,00	99,800	R 1 492,70		20,00	99,800	R 1 907,70	
2199	Varicocelectomy	20,00	106,100	R 1 587,00		20,00	106,100	R 2 028,10	
2201	Abdominal ligation of spermatic vein for varicocele	20,00	112,800	R 1 687,30		20,00	112,800	R 2 156,50	
2203	Epididymectomy: Unilateral	20,00	114,400	R 1 711,30		20,00	114,400	R 2 187,20	
2205	Epididymectomy: Bilateral	20,00	126,560	R 1 893,20		20,00	158,200	R 3 024,60	
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	20,00	55,900	R 836,10		20,00	55,900	R 1 068,60	
2209	Vasotomy: Unilateral or bilateral	20,00	70,400	R 1 053,20		20,00	70,400	R 1 345,90	
2210	Vasogram, seminal vesiculogram: Unilateral	20,00	58,100	R 869,10		20,00	58,100	R 1 110,60	

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2211	Vasogram, seminal vesiculogram: Bilateral	20,00	58,100	R 869,10		20,00	58,100	R 1 110,60	
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	20,00	91,200	R 1 364,10		20,00	91,200	R 1 743,60	
2213	Suture or repair of testicular injury	20,00	110,300	R 1 649,80		20,00	110,300	R 2 108,50	
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	20,00	90,000	R 1 346,20		20,00	90,000	R 1 720,50	
2217	Excision of local lesion of testis or epididymis	20,00	90,800	R 1 357,90		20,00	90,800	R 1 735,80	
2219	Vaso-vasostomy: Unilateral	20,00	67,000	R 1 002,00		20,00	67,000	R 1 280,80	
2221	Vaso-vasostomy: Bilateral	20,00	117,000	R 1 750,20		20,00	117,000	R 2 236,90	
2223	Epididymo-vasostomy: Unilateral	20,00	67,000	R 1 002,00		20,00	67,000	R 1 280,80	
2225	Epididymo-vasostomy: Bilateral	20,00	117,000	R 1 750,20		20,00	117,000	R 2 236,90	
2227	Incision and drainage of scrotal wall abscess	20,00	42,700	R 638,70		20,00	42,700	R 816,40	
2229	Excision of Mullerian duct cyst	20,00	151,200	R 2 261,70		20,00	189,000	R 3 613,30	
2231	Excision of lesion of spermatic cord	20,00	84,000	R 1 256,00		20,00	84,000	R 1 605,70	
2233	Seminal Vesiculectomy	20,00	176,000	R 2 632,40		20,00	220,000	R 4 205,90	
2194	Laparoscopic orchiectomy (item 1807 may not be added to this item)		192,000	R 2 468,00			192,000	R 3 670,80	
2196	Laparoscopic orchiopexy: Intra-abdominal testis (item 1807 may not be added to this item)		192,000	R 2 468,00			192,000	R 3 670,80	
2198	Diagnostic laparoscopy (excluding aftercare) (male)		94,400	R 1 411,90			94,400	R 1 804,50	
2228	Removal of foreign body: Scrtoum		20,000	R 299,20			20,000	R 382,30	
2232	Excision: Retroperitoneal primary or secondary tumours		309,600	R 3 704,80			387,000	R 7 398,80	
11.3	Prostate								
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	20,00	23,300	R 348,30		20,00	23,300	R 445,50	
2237	Biopsy prostate: Incisional, any approach	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
2239	Transurethral drainage of prostatic abscess	20,00	117,400	R 1 756,10		20,00	117,400	R 2 244,70	
2241	Perineal drainage of prostatic abscess	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2243	Trans-urethral cryo-surgical removal of prostate	20,00	120,000	R 1 794,70		20,00	126,000	R 2 408,90	
2245	Trans-urethral resection of prostate	20,00	201,600	R 3 015,50		20,00	252,000	R 4 817,70	
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	20,00	120,000	R 1 794,70		20,00	126,000	R 2 408,90	
2249	Trans-urethral resection of post-operative bladder neck contracture	20,00	120,000	R 1 794,70		20,00	126,000	R 2 408,90	
2250	Laparoscopic prostatectomy: Retropubic, radical, including nerve sparing		401,440	R 6 002,30			501,800	R 9 591,30	
2251	Prostatectomy: Perineal: Sub-total	20,00	201,600	R 3 015,50		20,00	252,000	R 4 817,70	
2253	Prostatectomy: Perineal: Radical	20,00	268,800	R 4 020,70		20,00	336,000	R 6 423,50	
2254	Pelvic lymph adenectomy	20,00	140,000	R 2 094,10		20,00	175,000	R 3 345,80	
2255	Supra-pelvic, transversical	20,00	201,600	R 3 015,50		20,00	252,000	R 4 817,70	
2257	Retropubic: Sub-total	20,00	201,600	R 3 015,50		20,00	252,000	R 4 817,70	
2259	Retropubic: Radical	20,00	268,800	R 4 020,70		20,00	336,000	R 6 423,50	
2260	Prostate brachytherapy	20,00	184,000	R 2 752,10		20,00	230,000	R 4 397,00	
2236	Interstitial device(s): Single or multiple placement (via needle, any approach), of for radiation therapy guidance (eg., fiducial markers, dosimeter), prostate		29,100	R 348,20			29,100	R 556,30	
2265	Cryosurgical ablation of the prostate, includes ultrasound guidance		126,000	R 1 794,70			126,000	R 2 408,90	
2266	Transrectal high-intensity focused ultrasound (HIFU)		110,000	R 1 568,20			110,000	R 2 004,30	
12	**Female Genital System**								
12.1	Vulva and introitus								
2271	Removal of tag or polyp	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
2272	Removal of small superficial benign lesions	20,00	23,000	R 344,00		20,00	23,000	R 439,60	
2273	Biopsy with suture in theatre (excluding after-care)	20,00	27,000	R 403,90		20,00	27,000	R 516,20	
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	20,00	71,000	R 1 062,10		20,00	71,000	R 1 357,30	
2275	Reduction labial hypertrophy	20,00	67,000	R 1 002,00		20,00	67,000	R 1 280,80	
2277	Removal of extensive benign vulva tumour	20,00	67,000	R 1 002,00		20,00	67,000	R 1 280,80	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2279	Secondary perineal repair: Repair second degree tear	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
2280	Secondary perineal repair: Repair third degree tear	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
2281	Excision of inclusion cyst	20,00	43,000	R 643,50		20,00	43,000	R 822,30	
2283	Hymenectomy	20,00	43,000	R 643,50		20,00	43,000	R 822,30	
2285	Drainage haematocolpos	20,00	54,000	R 807,80		20,00	54,000	R 1 032,30	
2287	Clitoris repair for injury: Including skin graft, if required	20,00	67,000	R 1 002,00		20,00	67,000	R 1 280,80	
2288	Clitoral reduction	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
2289	Denervation or alcohol infiltration vulva (Woodruff)	20,00	54,000	R 807,80		20,00	54,000	R 1 032,30	
2291	Vulva: Undercutting skin (ball)	20,00	58,000	R 867,60		20,00	58,000	R 1 108,70	
2293	Vulva and introitus: Drainage of abscess	20,00	27,000	R 403,90		20,00	27,000	R 516,20	
2295	Bartholin gland: Bartholin abscess marsupialisation	20,00	36,000	R 538,70		20,00	36,000	R 688,30	
2297	Bartholin gland: Bartholin gland excision	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
2299	Bartholin gland: Bartholin radical excision for malignant lesion	20,00	285,600	R 4 272,00		20,00	357,000	R 6 824,90	
2301	Operation for enlarging introitus: Fenton plasty	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
2303	Operation for enlarging introitus: Bilateral Z-plastic	20,00	88,000	R 1 316,40		20,00	88,000	R 1 682,50	
2305	Vulvectomy: Partial	20,00	128,800	R 1 926,70		20,00	161,000	R 3 077,70	
2307	Vulvectomy	20,00	180,000	R 2 692,50		20,00	225,000	R 4 301,40	
2309	Radical vulvectomy with bilateral lymphdenectomy	20,00	285,600	R 4 272,00		20,00	357,000	R 6 824,90	
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	20,00	321,600	R 4 810,50		20,00	402,000	R 7 685,30	
2270	Biopsy of vulva or perineum, each separate additional lesion (List separately in addition to item 2273 only)		8,600	R 128,70			8,600	R 164,40	
2308	Vulvectomy, radical, partial; without lymphadenectomy		161,000	R 1 926,70			161,000	R 3 077,70	
2310	Vulvectomy, radical complete, with unilateral inguinofemoral lymphadenectomy		225,000	R 2 692,50			225,000	R 4 301,40	
2278	Perineoplasty, non-obstetrical (stand alone procedure)				Refer Rule C				Refer Rule C

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
12.2	Vaginal procedures and operations								
2312	Artificial insemination	20,00	13,000	R 194,40		20,00	13,000	R 248,30	
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand alone procedure	20,00	25,500	R 381,60		20,00	25,500	R 487,50	
2314	Intra uterine insemination	20,00	18,000	R 269,10		20,00	18,000	R 343,90	
2315	Simms Hühner test plus wet smear	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	20,00	56,000	R 837,60		20,00	56,000	R 1 070,80	
2319	Excision of cysts or tumours	20,00	54,000	R 807,80		20,00	54,000	R 1 032,30	
2321	Drainage of vaginal abscess	20,00	54,000	R 807,80		20,00	54,000	R 1 032,30	
2322	Pudendal nerve block	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
2323	Reconstruction of vagina after atresia	20,00	107,000	R 1 600,30		20,00	107,000	R 2 045,50	
2324	Revision of prosthetic vaginal graft:Vaginal approach (removal included)		120,000	R 2 192,30		20,00	129,800	R 2 429,50	
2325	Construction of artificial vagina: Labial fusion	20,00	143,200	R 2 141,90		20,00	179,000	R 3 422,00	
2326	Revision of prosthetic vaginal graft: Abdominal approach (removal included)					20,00	199,100	R 3 806,70	
2327	Construction of artificial vagina: Macindoe type	20,00	156,800	R 2 345,30		20,00	196,000	R 3 747,00	
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	20,00	192,800	R 2 883,70		20,00	241,000	R 4 607,50	
2330	Fitting/insertion of pessary or other intravaginal support device		3,000	R 281,70		20,00	11,998	R 229,40	
2331	Vaginal septum removal	20,00	107,000	R 1 600,30		20,00	107,000	R 2 045,50	
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	20,00	194,640	R 2 911,40		20,00	243,300	R 4 651,50	
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	20,00	194,640	R 2 911,40		20,00	243,300	R 4 651,50	
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	20,00	133,520	R 1 997,10		20,00	166,900	R 3 190,70	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	20,00	133,520	R 1 997,10		20,00	166,900	R 3 190,70	
2339	Colpotomy: Diagnostic (excluding after-care)	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
2341	Colpotomy: Therapeutic, with or without sterilisation	20,00	103,000	R 1 540,40		20,00	103,000	R 1 969,00	
2343	Vaginal hysterectomy: Without repair	20,00	168,400	R 2 519,00		20,00	210,500	R 4 024,50	
2345	Vaginal hysterectomy: With repair	20,00	185,360	R 2 772,50		20,00	231,700	R 4 429,40	
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
2355	Posterior colporrhaphy, Repair of rectocele with or without perineorrhaphy		110,300	R 2 015,10			110,300	R 2 064,60	
2359	Colporrhaphy: Anteroposterior, with enterocele repair					20,00	163,900	R 3 134,00	
2361	Vaginal hysterectomy and repair for total prolapse	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
2363	Fothergill or Manchester repair operation	20,00	156,800	R 2 345,30		20,00	196,000	R 3 747,00	
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	20,00	185,600	R 2 776,30		20,00	232,000	R 4 435,40	
2366	Posterior repair alone	20,00	107,000	R 1 600,30		20,00	107,000	R 2 045,50	
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	20,00	128,800	R 1 926,70		20,00	161,000	R 3 077,70	
2368	Uterovesical fistula	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
2369	Repair of Vesico- or urethro-vaginal fistula	20,00	143,200	R 2 141,90		20,00	179,000	R 3 422,00	
2370	Repair of VVF - Obstetric or radiation	20,00	185,600	R 2 776,30		20,00	232,000	R 4 435,40	
2371	Closure of uretero-vaginal fistula	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
2373	Closure of recto-vaginal fistula	20,00	120,000	R 1 794,70		20,00	134,000	R 2 562,10	
2374	Closure of recto-vaginal fistula: Obstetric or radiation	20,00	120,800	R 1 806,90		20,00	151,000	R 2 886,80	
2375	Colpocleisis	20,00	120,000	R 1 794,70		20,00	129,000	R 2 466,30	
2379	Schauta operation	20,00	285,600	R 4 272,00		20,00	357,000	R 6 824,90	
2381	Vaginectomy	20,00	214,400	R 3 207,10		20,00	268,000	R 5 123,60	
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	20,00	343,200	R 5 133,80		20,00	429,000	R 8 201,60	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2385	Vaginal laceration or trauma: Repair	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
2386	Repair: Paravaginal defect repair (including repair of cystocele, if performed), abdominal approach					20,00	172,800	R 3 303,60	
2387	Repair: Paravaginal defect repair (including repair of cystocele, if performed), vaginal approach					20,00	140,100	R 2 678,00	
2320	Revision of prosthetic vaginal graft or mesh: Laparoscopic revision (including removal)		174,800	R 2 865,60			174,800	R 3 290,00	
2328	Laparoscopic repair of paravaginal defect repair (including repair of cystocele, if performed) (item 1807 may not be added to this item)		217,800	R 673,30			217,800	R 4 164,10	
2337	Colpopexy: Vaginal, extra-peritoneal approach (sacrospinous, iliococcygeus)		120,000	R 1 436,00			142,400	R 2 722,40	
2338	Colpopexy: Vaginal, intra-peritoneal approach (uretrosacral, levator myorrhaphy)		156,720	R 1 875,40			195,900	R 3 745,30	
2340	Laparoscopic colpopexy (item 1807 may not be added to this item)		288,300	R 3 584,70			288,300	R 5 512,00	
2344	Vaginal hysterectomy with unilateral/bilateral salpingectomy and/or oophorectomy, without repair		209,440	R 2 506,20			261,800	R 5 005,10	
2346	Laparoscopic assisted vaginal hysterectomy (LAVH): Uterus <= 200g (item 1807 may not be added to this item)		255,500	R 3 192,30			255,500	R 4 885,00	
2354	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele		152,880	R 2 923,30			191,100	R 3 654,10	
2358	Colporrhaphy: Anteroposterior, without enterocele repair		163,900	R 3 134,00			163,900	R 3 134,00	
2360	Insertion of mesh/other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (modifier 0005 not applicable)		73,100	R 874,70			73,100	R 1 397,40	
2362	Repair: Enterocele, vaginal approach (stand alone procedure)		120,000	R 1 436,10			137,700	R 2 632,60	
2364	Repair: Enterocele, abdominal approach (stand alone procedure)		182,640	R 2 185,60			228,300	R 4 364,70	
2380	Vaginectomy, simple, partial: Removal of vaginal wall		120,000	R 1 436,00			141,300	R 2 701,40	
2382	Radical vaginectomy, complete removal of vaginal wall, with removal of para-vaginal tissue		268,000	R 3 207,10			268,000	R 5 123,60	
12.3	Cervix								
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	20,00	20,000	R 299,20		20,00	20,000	R 382,30	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2391	Cervix: Canal reconstruction	20,00	120,000	R 1 794,70		20,00	147,000	R 2 810,20	
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	20,00	22,000	R 329,00		20,00	22,000	R 420,80	
2396	Laser or harmonic scalpel treatment of the cervix	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	20,00	31,000	R 463,80		20,00	31,000	R 592,60	
2399	Punch biopsy (excluding after-care)	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
2400	Biopsy during pregnancy (excluding after-care)	20,00	13,000	R 194,40		20,00	13,000	R 248,30	
2403	Wedge biopsy: Cervix (excluding after-care)	20,00	18,000	R 269,10		20,00	18,000	R 343,90	
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)	20,00	24,000	R 359,20		20,00	24,000	R 458,90	
2405	Cone biopsy: Cervix (excluding after-care)	20,00	54,000	R 807,80		20,00	54,000	R 1 032,30	
2407	Amputation: Cervix	20,00	67,000	R 1 002,00		20,00	67,000	R 1 280,80	
2409	Cervix encirclage: McDonald stitch	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
2411	Cervix encirclage: Shirodkar suture	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
2413	Cervix encirclage: Lash	20,00	49,000	R 732,70		20,00	49,000	R 936,70	
2415	Cervix encirclage: Removal items 2409 and 2411: Without anaesthetic	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
2417	Repair of tears: Emmet repair of tears	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
2418	Repair of tears: Sturmdorff repair of tears	20,00	54,000	R 807,80		20,00	54,000	R 1 032,30	
2421	Extirpation of cervical stump: Vaginal	20,00	120,000	R 1 794,70		20,00	134,000	R 2 562,10	
2423	Extirpation of cervical stump: Abdominal	20,00	120,000	R 1 794,70		20,00	134,000	R 2 562,10	
2425	Removal of cervical polyps (excluding after-care)	20,00	13,000	R 194,40		20,00	13,000	R 248,30	
2427	Removal of cervical myomata	20,00	54,000	R 807,80		20,00	54,000	R 1 032,30	
2429	Colposcopy (excluding after-care)	20,00	27,000	R 403,90		20,00	27,000	R 516,20	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2408	Radical trachelectomy, with bilateral total pelvic lymphadenectomy with or without para-aortic lymphadenectomy, vaginal or abdominal approach		67,000	R 1 002,00			67,000	R 1 280,80	
2410	Cervical cerclage, any route, non-obstetrical (Add 1807 if done by laparoscopy)		35,000	R 523,60			35,000	R 669,10	
2422	Removal of cervical stump, vaginal approach; with enterocele/apical repair		128,480	R 1 720,80			160,600	R 3 070,70	
2424	Removal of cervical stump, abdominal approach; with enterocele/apical repair		134,000	R 1 794,70			134,000	R 2 562,10	
12.4	Uterus								
2432	Hysteroscopic bilateral tubal occlusion with permanent implants (includes hysteroscopy)					20,00	120,000	R 2 294,20	
2433	Embryo transfer	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
2434	Endometrial biopsy (excluding after-care)	20,00	18,000	R 269,10		20,00	18,000	R 343,90	
2435	Hysterosalpingogram (excluding after-care)	20,00	22,000	R 329,00		20,00	22,000	R 420,80	
2436	Hysteroscopy (excluding after-care)	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
2437	Hysteroscopy and D&C (excluding after-care)	20,00	58,000	R 867,60		20,00	58,000	R 1 108,70	
2438	Hysteroscopy and removal of uterine septum (excluding after-care)	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care)	20,00	63,000	R 942,40		20,00	63,000	R 1 204,40	
2440	Hysteroscopy and polypectomy (excluding after-care)	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
2441	Hysteroscopy and myomectomy (excluding after-care)	20,00	120,000	R 1 794,70		20,00	130,000	R 2 485,20	
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	20,00	18,000	R 269,10		20,00	18,000	R 343,90	
2443	Dilatation and curettage (D&C) (excluding after-care)	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
2444	Fractional dilatation and curettage (D&C) (excluding after-care)	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	20,00	71,000	R 1 062,10		20,00	71,000	R 1 357,30	
2448	Termination of pregnancy before 12 weeks	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
2449	Evacuation: Missed abortion: Before 12 weeks gestation	20,00	50,000	R 747,80		20,00	50,000	R 955,80	

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2451	Evacuation: Missed abortion: After 12 weeks gestation	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	20,00	54,000	R 807,80		20,00	54,000	R 1 032,30	
2453	Evacuation hydatidiform mole	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
2455	Evacuation uterus post-partum	20,00	54,000	R 807,80		20,00	54,000	R 1 032,30	
2461	Ventrosuspension	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
2463	Uteroplasty: Strassman	20,00	120,000	R 1 794,70		20,00	143,000	R 2 733,80	
2465	Uteroplasty: Tompkins	20,00	120,000	R 1 794,70		20,00	143,000	R 2 733,80	
2467	Myomectomy	20,00	120,000	R 1 794,70		20,00	143,000	R 2 733,80	
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	20,00	203,280	R 3 040,90		20,00	254,100	R 4 858,00	
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	20,00	201,760	R 3 017,80		20,00	252,200	R 4 821,70	
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	20,00	284,000	R 4 247,80		20,00	355,000	R 6 787,00	
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	20,00	378,240	R 5 657,80		20,00	472,800	R 9 039,00	
2477	Abdominal hysterotomy with or without sterilisation	20,00	150,400	R 2 249,50		20,00	188,000	R 3 594,20	
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	20,00	180,000	R 2 692,50		20,00	225,000	R 4 301,40	
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)					20,00	120,000	R 2 294,10	
2468	Myomectomy by laparoscopy: Excision of 1 to 4 intramural myomas with total weight of <=200g and/or removal of surface myomas (item 1807 may not be added to this item)		188,000	R 2 468,00			188,000	R 3 594,30	
2470	Laparoscopy: Subtotal abdominal hysterectomy, with or without removal of tube(s), with or without removal of ovary(s)		299,100	R 3 714,10			299,100	R 5 718,50	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2472	Laparoscopy, total abdominal hysterectomy, with or without unilateral or bilateral salpingectomy, and/or oophorectomy		297,200	R 3 691,10			297,200	R 5 682,20	
2474	Total abdominal hysterectomy and bilateral salpingo-oophorectomy and total omentectomy for malignancy		318,640	R 3 813,00			398,300	R 7 614,70	
2476	Laparoscopy, radical abdominal hysterectomy with bilateral total pelvic lymphadenectomy and para-aortic lymphnode sampling, with or without salpingectomy, with or without oophorectomy		517,800	R 6 331,10			517,800	R 9 899,50	
12.5	Fallopian tubes								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								
2481	Insufflation Fallopian tubes (excluding after-care)	20,00	16,000	R 239,30		20,00	16,000	R 306,10	
2483	Salpingolysis	20,00	120,000	R 1 794,70		20,00	125,000	R 2 389,70	
2485	Salpingostomy	20,00	128,800	R 1 926,70		20,00	161,000	R 3 077,70	
2487	Tuboplasty tubal anastomosis or re-implantation	20,00	156,800	R 2 345,30		20,00	196,000	R 3 747,00	
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	20,00	120,000	R 1 794,70		20,00	125,000	R 2 389,70	
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	20,00	128,800	R 1 926,70		20,00	161,000	R 3 077,70	
2491	Ectopic pregnancy - after 12 weeks	20,00	180,000	R 2 692,50		20,00	225,000	R 4 301,40	
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	20,00	94,000	R 1 406,20		20,00	94,000	R 1 797,20	
	Note: Use item 1807 for open procedures performed with a laparoscope instead of item 2493. Item 1807 may only be added once, and may not be charged together with item 2493 for more than one procedure performed laparoscopically								
2493	Diagnostic laparoscopy (excluding after-care)	20,00	94,400	R 1 411,90		20,00	94,400	R 1 804,50	
2496	Laparoscopy: Plus aspiration of a cyst (excluding after-care)	20,00	18,000	R 269,10		20,00	18,000	R 343,90	
2497	Laparoscopy: Plus sterilisation	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
2499	Laparoscopy: Plus biopsy (excluding after-care)	20,00	18,000	R 269,10		20,00	18,000	R 343,90	
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	20,00	51,000	R 762,80		20,00	51,000	R 974,80	

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2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	20,00	18,000	R 269,10		20,00	18,000	R 343,90	
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	20,00	52,000	R 777,70		20,00	52,000	R 994,00	
2503	Laparoscopy: Plus ovarian drilling	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	20,00	107,000	R 1 600,30		20,00	107,000	R 2 045,50	
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	20,00	52,000	R 777,70		20,00	52,000	R 994,00	
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	20,00	58,000	R 867,60		20,00	58,000	R 1 108,70	
2486	Salpingostomy/salpingoneostomy by laparoscopy (item 1807 may not be added to this item)		206,000	R 2 600,00			206,000	R 3 938,20	
2488	Laparoscopy, tuboplasty, tubal anastomosis or re-implantation - stand alone procedure		241,000	R 3 018,60			241,000	R 4 607,50	
2510	Treatment of ectopic pregnancy by laparoscopy, without salpingectomy and/or oophorectomy (item 1807 may not be added to this item)		161,000	R 1 926,70			161,000	R 3 077,70	
2511	Treatment of ectopic pregnancy by laparoscopy, with salpingectomy and/or oophorectomy (item 1807 may not be added to this item)		125,000	R 1 794,70			125,000	R 2 389,70	
12.6	Ovaries								
2525	Wedge resection of ovaries, unilateral or bilateral	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
2527	Removal of ovarian tumour or cyst	20,00	149,600	R 2 237,90		20,00	187,000	R 3 575,00	
2529	Oophorectomy: Uni- or bilateral	20,00	120,000	R 1 794,70		20,00	134,500	R 2 571,40	
2531	Ovarian carcinoma debulking and omentectomy	20,00	285,600	R 4 272,00		20,00	357,000	R 6 824,90	
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	20,00	375,200	R 5 612,20		20,00	469,000	R 8 966,40	
2530	Resection (initial) of suspected ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and total omentectomy		260,080	R 3 112,10			325,100	R 6 215,30	
2533	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy, and radical dissection for cytoreduction, with pelvic lymphadenectomy and limited para-aortic lymphadenectomy		469,000	R 5 612,20			469,000	R 8 966,40	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2534	Resection (tumour cytoreduction) primary of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal/retroperitoneal tumours) with omentectomy, with or without pelvic or para-aortic lymphadenectomy		404,160	R 4 836,30			505,200	R 9 658,40	
2526	Transposition of the ovaries				Refer Rule C				Refer Rule C
12.7	Miscellaneous procedures								
2535	Exenteration: Anterior Exenteration	20,00	321,600	R 4 810,50		20,00	402,000	R 7 685,30	
2537	Exenteration: Posterior Exenteration	20,00	321,600	R 4 810,50		20,00	402,000	R 7 685,30	
2539	Exenteration: Total	20,00	500,000	R 7 478,80		20,00	625,000	R 11 948,70	
2541	Presacral neurectomy	20,00	98,000	R 1 466,00		20,00	98,000	R 1 873,60	
2542	Removal/revision: Sling for stress incontinence (e.g. fascia or synthetic)					20,00	151,400	R 2 893,70	
2543	Moschowitz operation	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	20,00	154,480	R 2 310,60		20,00	193,100	R 3 691,60	
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	20,00	156,000	R 2 333,60		20,00	195,000	R 3 727,90	
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	20,00	120,000	R 1 794,70		20,00	149,000	R 2 848,40	
2547	Operations for stress incontinence: Burch colposuspension	20,00	128,800	R 1 926,70		20,00	161,000	R 3 077,70	
2548	Operation for stress incontinence: Use of tape	20,00	183,520	R 2 745,20		20,00	229,400	R 4 385,60	
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	20,00	156,800	R 2 345,30		20,00	196,000	R 3 747,00	
2551	Laparotomy	20,00	156,800	R 2 345,30		20,00	196,000	R 3 747,00	
2552	Removal benign retroperitoneal tumour	20,00	178,400	R 2 668,60		20,00	223,000	R 4 263,20	
2553	Radical removal of malignant retroperitoneal tumour	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
2554	Drainage of pelvic abscess per abdomen	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
2558	Drainage intra-abdominal abscess: Delayed closure	20,00	214,400	R 3 207,10		20,00	268,000	R 5 123,60	
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	20,00	51,000	R 762,80		20,00	51,000	R 974,80	
2565	Implantation hormone pellets (excluding after-care)	20,00	3,000	R 44,90		20,00	3,000	R 57,30	
2570	Ligation of internal iliac vessels (when not part of another procedure)	20,00	180,000	R 2 692,50		20,00	225,000	R 4 301,40	
2566	Insertion of contraceptive hormone delivery implant (excluding aftercare)		3,000	R 44,90			3,000	R 57,30	
13	**Obstetric Procedures**								
	RULES GOVERNING THIS SECTION								
U.	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care.								
13.1	Pre-natal care and procedures								
2603	External cephalic version (excluding after-care)	20,00	22,000	R 329,00		20,00	22,000	R 420,80	
2605	Amniocentesis (excluding after-care)	20,00	36,000	R 538,70		20,00	36,000	R 688,30	
2607	Amnioscopy (excluding after-care)	20,00	18,000	R 269,10		20,00	18,000	R 343,90	
2609	Intra-uterine transfusion of foetus or cordocentesis	20,00	120,000	R 1 794,70		20,00	134,000	R 2 562,10	

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2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding after-care)	20,00	16,000	R 239,30		20,00	16,000	R 306,10	
2611	Chorion villus sampling (excluding after-care)	20,00	54,000	R 807,80		20,00	54,000	R 1 032,30	
2599	Pregnancy reduction(s): Multifoetal (MPR)		63,600	R 951,30			63,600	R 1 215,80	
2600	Foeticide (includes ultrasound guidance)		63,600	R 951,30			63,600	R 1 215,80	
2604	Amniocentesis: Therapeutic, amnitoic fluid reduction (includes ultrasound guidance)		54,200	R 389,30			54,200	R 1 011,10	
2606	Cordocentesis (intrauterine): Any method		61,200	R 439,60			61,200	R 1 141,70	
2608	Foetal umbilical cord occlusion (TTTS) (includes ultrasound guidance)		75,000	R 538,70			75,000	R 1 399,10	
2612	Foetal fluid drainage (eg., vesicocentesis, thoracocentesis, paracentesis) (includes ultrasound guidance)		75,000	R 538,70			75,000	R 1 399,10	
2613	Foetal shunt placement (includes ultrasound guidance)		125,440	R 1 317,60			156,800	R 2 980,60	
13.2	Confinements								
2614	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	20,00	225,600	R 4 863,60		20,00	462,000	R 9 135,70	
2615	Global obstetric care: All inclusive fee for caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit).	20,00	213,600	R 4 863,60		20,00	462,000	R 9 135,70	
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	20,00	152,000	R 2 273,50		20,00	190,000	R 3 632,30	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	Global obstetric care includes • All modes of delivery (including Caesarean) • All inductions of labour (medical or surgical) • Intrapartum paracervical and pudential blocks • Intrapartum amnioscopy • Foetal blood sampling • Application of scalp leads • Symphysiotomy • Manual removal of placenta • Repair cervical tears • Correction of uterine inversion • Drainage of vulval haematoma • Repair third degree tear • Repair second degree tear • Repair episiotomy • Resuscitation of newborn by obstetrician • Tracheal intubation • Missed confinement Global obstetric care excludes • Prenatal consultations • Prenatal procedures (Items 2603 - 2611) • Emergency hysterectomy for obstetrical reasons • Abdominal operation for repair of ruptured gravid uterus • Intensive care for obstetrical emergencies • Tubal ligation performed as a post-partum procedure • Post-partum complications occurring after discharge from the hospital								
2657	Post-partum hysterectomy	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
2669	Abdominal operation for ruptured gravid uterus: Repair	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
14	**Nervous System**								
14.1	Diagnostic procedures								
2680	Haemodynamic and autonomic nervous system testing with task Force system-PROFFESIONEL COMPONENTS						29,000	R 554,30	
2681	Visual evoked potentials (VEP): Unilateral					20,00	50,000	R 955,80	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2682	Visual evoked potentials (VEP): Bilateral					20,00	88,000	R 1 682,50	
2683	Electro-retinography (Ganzfeld method): Unilateral					20,00	60,000	R 1 147,20	
2684	Electro-retinography (Ganzfeld method): Bilateral					20,00	105,000	R 2 007,30	
2685	Electro-oculography: Unilateral					20,00	30,000	R 573,10	
2686	Electro-oculography: Bilateral					20,00	53,000	R 1 013,20	
2687	VEP stable condition (photic drive): Unilateral					20,00	50,000	R 955,80	
2689	VEP stable condition (photic drive): Bilateral					20,00	88,000	R 1 682,50	
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP					20,00	150,000	R 2 867,70	
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry								
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex					20,00	48,000	R 917,60	
2704	Neurostimulation, percutaneous: Sacral nerve						120,800	R 2 309,00	
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	20,00	6,000	R 89,90		20,00	6,000	R 115,00	
2706	Neurostimulation, percutaneous: Posterior tibial nerve, single treatment. Includes programming						8,800	R 168,30	
2707	Full fee for complete neurological evoked potential evaluation including neurological AEP, bilateral VEP, and bilateral median and/or posterior tibial stimulation					20,00	220,000	R 4 205,90	
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus					20,00	80,000	R 1 529,70	
2709	Full spinogram including bilateral median and posterior-tibial studies					20,00	140,000	R 2 676,30	
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)								
2711	Electro-encephalography: Taking of record	20,00	36,100	R 540,00		20,00	36,100	R 690,20	
2712	Electro-encephalography: Interpretation	20,00	24,000	R 359,20		20,00	24,000	R 458,90	
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	20,00	18,400	R 275,30	Z	20,00	18,400	R 351,60	

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	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
2714	Cisternal puncture and/or intrathecal injections	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
2715	8 Hour ambulatory EEG monitoring (Holter): Hire					20,00	136,000	R 2 600,10	
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation					20,00	30,000	R 573,10	
2717	Electromyography: First	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
2718	Electromyography: Subsequent	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
2719	Overnight polysomnogram and sleep staging: Hire					20,00	125,000	R 2 389,70	
2720	Overnight polysomnogram and sleep staging: Interpretation					20,00	23,000	R 439,60	
2721	Daytime polysomnogram: Hire					20,00	125,000	R 2 389,70	
2722	Daytime polysomnogram: Interpretation					20,00	17,000	R 324,90	
2723	Multiple sleep latency test: Interpretation					20,00	125,000	R 2 389,70	
2724	Overnight continuous positive airways pressure (CPAP) titration	20,00	124,000	R 1 854,60		20,00	155,000	R 2 963,50	
2725	Angiography carotis: Unilateral	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
2726	Angiography carotis: Bilateral	20,00	44,000	R 658,10		20,00	44,000	R 841,10	
2727	Vertebral artery: Direct needling	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
2728	Unattended overnight home-based polysomnogram: Interpretation						24,500	R 468,40	
2729	Vertebral catheterisation	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)					20,00	60,000	R 1 147,20	Z
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)					20,00	14,500	R 277,30	
2732	Overnight home-based polysomnogram: Interpretation						24,500	R 468,40	
2733	Cortical Stimulation	20,00	58,900	R 881,00		20,00	58,900	R 1 126,00	
2734	Sodium Amytal Testing (WADA test)	20,00	88,700	R 1 326,80		20,00	88,700	R 1 695,80	

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2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	20,00			v	20,00	31,500	R 602,10	
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
2739	Ventricular needling without burring: Tapping only	20,00	16,000	R 239,30		20,00	16,000	R 306,10	
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	20,00	43,000	R 643,50		20,00	43,000	R 822,30	
2743	Subdural tapping: First sitting	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
2745	Subdural tapping: Subsequent	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
2746	Biopsy: Temporal artery		91,900	R 1 374,00			91,000	R 1 739,50	
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	20,00	36,100	R 540,00		20,00	36,100	R 690,20	
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	20,00	24,500	R 366,80		20,00	24,500	R 468,60	
6010	Electroenchephalogram monitoring: Monitoring for localisation of cerebral seizure focus using computerised sixteen or more channel EEG, which may include video recording (e.g. for pre-operative localisation): Each full 24 hour period	20,00	235,680	R 3 525,20		20,00	294,600	R 5 632,10	
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24 hour period of monitoring	20,00	120,000	R 1 794,70		20,00	128,600	R 2 458,50	
6015	Sleep study: Includes simultaneous recording of ventilation, respiratory effort, ECG/heart rate and oxygen saturation						22,400	R 428,50	
6016	Sleep study: Includes simultaneous recording of ventilation, respiratory effort, ECG/heart rate and oxygen saturation (no EEG) (Technical component)						35,600	R 680,70	
6018	Combined Video and EEG monitoring (16-24 hours): scalp, subdural or depth. To include 1. Equipment cost; 2. Technologist's set up cost and electrodes; 3. Technologist's technical report; Neurologist's review of EEG and clinical interpretation: Each full 24 hour period						423,200	R 8 090,60	
6020	Electroencephalogram (EEG): Monitoring; 41-60 minutes		24,000	R 359,20			24,000	R 458,90	
6021	Electroencephalogram (EEG): Monitoring; 61> minutes		24,000	R 359,20			24,000	R 458,90	
6023	Electroencephalogram (EEG): All night recording (includes interpretation)		24,000	R 359,20			24,000	R 458,90	

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Practice Type: **General Medical Practice**
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Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6024	Functional cortical and subcortical mapping: Stimulation and/or recording of electrodes on brain surface or depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance		84,500	R 1 011,10			84,500	R 1 615,40	
6025	Functional cortical and subcortical mapping: Stimulation and/or recording of electrodes on brain surface or depth electrodes, to provoke seizures or identify vital brain structures: Each 60 minutes of attendance (ADD to item 6024 when appropriate)		73,200	R 875,90			73,200	R 1 399,40	
6030	Electro-encephalogram (EEG): Monitoring (41-60 minutes): Equipment cost for taking of record (Technical component) (refer to item 6020 for interpretation and		36,100	R 540,00			36,100	R 690,20	
6031	Electro-encephalogram (EEG): Monitoring (>60 minutes): Equipment cost for taking of record (Technical component) (refer to item 6021 for interpretation and report)		36,100	R 540,00			36,100	R 690,20	
6033	Electro-encephalogram (EEG): Overnight recording (8-16 hours): Taking of record. Equipment cost for taking of record (Technical component) (refer to item 6023 for interpretation and report)		36,100	R 540,00			36,100	R 690,20	
2679	Cisternal or lateral cervical (C1-C2) puncture: Injection of medication/toher substance, diagnosis/treatment				Refer Rule C				Refer Rule C
2680	Haemodynamic and autonomic nervous system testing with 'Task Force' system - PROFESSIONEL COMPONENT				Refer Rule C				Refer Rule C
2688	Shunt tubing or reservoir puncture: For aspiration or injection procedure				Refer Rule C				Refer Rule C
6026	Electronic analysis: Implanted neurostimulator pulse generator system (eg., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements), simple or complex brain/spinal cord/ peripheral (ie., cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming				Refer Rule C				Refer Rule C
6027	Electronic analysis: Implanted neurostimulator pulse generator system (eg., rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex, deep brain neurostimulator/pulse generator/transmitter, with initial or subsequent programming: First 60 minutes				Refer Rule C				Refer Rule C

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6028	Electronic analysis: Implanted neurostimulator pulse generator system (eg., rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex, deep brain neurostimulator/pulse generator/transmitter, with initial or subsequent programming: Each additional 30 minutes after first 60 hour. ADD to primary procedure				Refer Rule C				Refer Rule C
5999	Actigraphy: Patient monitored for a minimum of 72 hours: Taking of record - Owner of equipment and taking of record (Technical component) (refer to item 6000 for interpretation and report)				Refer Rule C				Refer Rule C
6000	Clinical interpretation and report of item 5999: Actigraphy: Patient monitored for a minimum of 72 hours (Professional component)				Refer Rule C				Refer Rule C
14.2	Introduction of burr holes for								
2747	Ventriculography	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
2749	Catheterisation for ventriculography and/or drainage	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
2751	Biopsy of brain tumour	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
2753	Subdural haematoma or hygroma	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
2755	Subdural empyema	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
2757	Brain abscess	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
2748	Twist drill hole: Subdural or ventricular puncture		120,000	R 1 435,80			139,400	R 2 665,00	
2750	Twist drill hole(s): Includes subdural, intracerebral, or ventricular puncture for implanting ventricular catheter, pressure recording device or toher intracerebral monitoring device		92,900	R 1 111,50			92,900	R 1 776,10	
2754	Burr hole(s) or trephine: Includes subsequent tapping (aspiration) of intracranial abscess or cyst		237,120	R 2 837,10			296,400	R 5 666,60	
2758	Insertion: Subcutaneous reservoir, pump/continuous infusion system. Includes connection to ventricular catheter		121,680	R 1 455,90			152,100	R 2 907,90	
2760	Burr hole(s) or trephine: Supratentorial, exploratory, not followed by other surgery		150,000	R 1 794,70			150,000	R 2 867,70	
2761	Burr hole(s) or trephine: Infratentorial, unilateral or bilateral		150,000	R 1 794,70			150,000	R 2 867,70	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2752	Twist drill hole(s): Includes subdural, intracerebral or ventricular puncture for evacuation and/or drainage of subdural haematoma				Refer Rule C				Refer Rule C
2756	Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring				Refer Rule C				Refer Rule C
14.3	Nerve procedures								
2759	Nerve biopsy: Peripheral	20,00	37,000	R 553,50		20,00	37,000	R 707,30	
2763	Nerve biopsy: Cranial nerves: Extra-cranial	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	20,00	26,000	R 388,90		20,00	26,000	R 497,20	
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)					20,00	25,000	R 478,10	
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)					20,00	30,000	R 573,10	
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)					20,00	35,000	R 669,10	
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)					20,00	35,000	R 669,10	
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)					20,00	50,000	R 955,80	
2766	Insertion of deep brain stimulator for movement disorders and pain - first side				Refer Rule C				Refer Rule C
14.3.1	Nerve procedures: Nerve repair or suture								
2767	Suture brachial plexus (see also items 2837 and 2839)	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
2769	Suture: Large nerve: Primary	20,00	120,000	R 1 794,70		20,00	134,000	R 2 562,10	
2771	Suture: Large nerve: Secondary	20,00	161,600	R 2 417,40		20,00	202,000	R 3 861,70	
2773	Digital nerve: Primary	20,00	65,000	R 972,30		20,00	65,000	R 1 242,90	
2775	Digital nerve: Secondary	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
2777	Nerve graft: Simple	20,00	161,600	R 2 417,40		20,00	202,000	R 3 861,70	
2779	Fascicular: First fasciculus	20,00	161,600	R 2 417,40		20,00	202,000	R 3 861,70	

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2781	Fascicular: Each additional fasciculus	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
2782	Nerve pedicle transfer: First stage (not to be used together with item 2783)		247,280	R 4 517,90			309,100	R 0,00	
2783	Fascicular: Nerve flap: To include all stages	20,00	179,200	R 2 680,40		20,00	224,000	R 4 282,60	
2784	Nerve pedicle transfer: Second stage (not to be used together with item 2783)		270,640	R 4 944,50			338,300	R 0,00	
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	20,00	120,000	R 1 794,70		20,00	124,000	R 2 370,50	
2787	Fascicular: Grafting of facial nerve	20,00	172,000	R 2 572,80		20,00	215,000	R 4 110,40	
14.3.2	Nerve procedures: Neurectomy								
2789	Trigeminal ganglion: Injection of alcohol	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
2791	Trigeminal ganglion: Injection of cortisone	20,00	65,000	R 972,30		20,00	65,000	R 1 242,90	
2793	Trigeminal ganglion: Coagulation through high frequency	20,00	136,000	R 2 034,30		20,00	170,000	R 3 250,20	
2799	Procedures for pain relief: Intrathecal injections for pain	20,00	36,000	R 538,70		20,00	36,000	R 688,30	
2800	Procedures for pain relief: Plexus nerve block	20,00	36,000	R 538,70		20,00	36,000	R 688,30	
2801	Procedures for pain relief: Epidural injection for pain (refer to modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic)	20,00	36,000	R 538,70		20,00	36,000	R 688,30	
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
2802	Procedures for pain relief: Peripheral nerve block	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
2803	Alcohol injection in peripheral nerves for pain: Unilateral	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
2805	Alcohol injection in peripheral nerves for pain: Bilateral	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
2809	Peripheral nerve section for pain	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
2811	Pudendal neurectomy: Bilateral	20,00	116,000	R 1 735,20		20,00	116,000	R 2 217,70	
2813	Obturator or Stoffels	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
2815	Interdigital	20,00	82,300	R 1 231,10		20,00	82,300	R 1 573,20	

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2825	Excision: Neuroma: Peripheral	20,00	109,500	R 1 637,70		20,00	109,500	R 2 093,50	
2795	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, one level (unilateral or bilateral)		45,400	R 679,30			45,400	R 868,20	
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)		16,300	R 243,80			16,300	R 311,70	
2797	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, one level (unilateral or bilateral)		44,000	R 658,30			44,000	R 841,30	
2798	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, each additional level (unilateral or bilateral)		15,600	R 233,20			15,600	R 298,30	
14.3.3	Nerve procedures: Other nerve procedures								
2827	Transposition of ulnar nerve	20,00	100,000	R 1 495,90		20,00	100,000	R 1 911,90	
2829	Neurolysis: Minor	20,00	51,000	R 762,80		20,00	51,000	R 974,80	
2831	Neurolysis: Major	20,00	120,000	R 1 794,70		20,00	132,000	R 2 523,50	
2833	Neurolysis: Digital	20,00	96,000	R 1 435,80		20,00	96,000	R 1 835,20	
2834	Neuroplasty: Sciatic nerve		135,040	R 2 467,30			168,800	R 0,00	
2835	Scalenotomy	20,00	120,000	R 1 794,70		20,00	132,000	R 2 523,50	
2837	Neuroplasty:Brachial Plexus	20,00	178,400	R 3 259,50		20,00	223,000	R 0,00	
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	20,00	716,160	R 10 712,10		20,00	895,200	R 17 114,30	
2841	Carpal Tunnel	20,00	64,000	R 957,40		20,00	64,000	R 1 223,60	
2843	Lumbar sympathectomy: Unilateral	20,00	122,400	R 1 831,00		20,00	153,000	R 2 924,90	
2845	Lumbar sympathectomy: Bilateral	20,00	214,400	R 3 207,10		20,00	268,000	R 5 123,60	
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)								
2847	Cervical sympathectomy: Unilateral	20,00	122,400	R 1 831,00		20,00	153,000	R 2 924,90	
2848	Cervical sympathectomy: Bilateral	20,00	214,400	R 3 207,10		20,00	268,000	R 5 123,60	

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2849	Sympathetic block: Other levels: Unilateral	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
2851	Sympathetic block: Other levels: Bilateral	20,00	35,000	R 523,60		20,00	35,000	R 669,10	
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
2854	Insertion of vagus nerve stimulator				Refer Rule C				Refer Rule C
14.4	Skull procedures								
2855	Removal of skull tumour: With or without plastic repair: Small	20,00	136,000	R 2 034,30		20,00	170,000	R 3 250,20	
2857	Removal of skull tumour: With or without plastic repair: Major	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
2859	Repair of depressed fracture of skull: Without brain laceration: Major	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
2860	Repair of depressed fracture of skull: Without brain laceration: Small	20,00	136,000	R 2 034,30		20,00	170,000	R 3 250,20	
2861	Repair of depressed fracture of skull: With brain lacerations: Small	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
2862	Repair of depressed fracture of skull: With brain lacerations: Major	20,00	300,000	R 4 487,60		20,00	375,000	R 7 169,20	
2863	Cranioplasty	20,00	224,000	R 3 350,60		20,00	280,000	R 5 353,10	
2864	Encephalocele (excluding frontal)	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
2865	Craniostenosis: Few suturae	20,00	170,400	R 2 548,90		20,00	213,000	R 4 071,80	
2867	Craniostenosis: Multiple suturae	20,00	224,000	R 3 350,60		20,00	280,000	R 5 353,10	
6035	Craniotomy: Craniosynostosis, frontal or parietal bone flap (total procedure)		404,800	R 4 844,10			506,000	R 9 673,90	
6036	Craniotomy: Craniosynostosis, bifrontal bone flap (ttoal procedure)		399,920	R 4 785,70			499,900	R 9 557,20	
6037	Craniectomy: Extensive for multiple cranial suture craniosynostosis (eg., cloverleaf skull); not requiring bone grafts (ttoal procedure)		380,400	R 4 552,10			475,500	R 9 090,80	
6038	Craniectomy: Extensive for multiple cranial suture craniosynostosis (eg., cloverleaf skull); reconoturing with multiple ostetoomies and bone autografts (eg., barrel-stave procedure) (includes obtaining grafts) (ttoal procedure)		429,920	R 5 144,60			537,400	R 10 274,20	
6040	Craniomegalic skull: Reduction (eg., treated hydrocephalus) not requiring bone grafts or cranioplasty (ttoal procedure)		297,040	R 3 554,50			371,300	R 7 098,60	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6042	Craniomegalic skull: Reduction (eg., treated hydrocephalus), requiring Craniotomy and reconstruction with or without bone graft (includes obtaining grafts) (ttoal procedure)		372,320	R 4 455,50			465,400	R 8 897,60	
6043	Cranioplasty: Skull defect; >5 cm diameter		272,640	R 3 262,60			340,800	R 6 515,50	
6044	Removal of bone flap or prosthetic plate of skull: For malignancy/acquired deformity of head/infection or inflammatory reaction due to device, implant and/or graft		211,920	R 2 535,90			264,900	R 5 064,40	
6045	Replacement of bone flap or prosthetic plate of skull: For malignancy/acquired deformity of head/open fracture/late effect of fracture/infection or inflammatory reaction due to device, implant or graft (total procedure)		249,120	R 2 981,00			311,400	R 5 953,20	
6046	Cranioplasty: Skull defect, with reparative brain surgery: With/without prosthesis		337,360	R 4 037,10			421,700	R 8 062,20	
6047	Cranioplasty: Includes autograft and obtaining bone grafts; =		297,120	R 3 555,60			371,400	R 7 100,60	
6048	Cranioplasty: Includes autograft and obtaining bone grafts; >5 cm diameter (ttoal procedure)		346,160	R 4 142,40			432,700	R 8 272,50	
6039	Excision of benign tumour of cranial bone (eg., fibrous dysplasia), intra- and extracranial, with decompression of optic nerve				Refer Rule C				Refer Rule C
6049	Incision and retrieval: Cranial bone graft for cranioplasty, subcutaneous. ADD to primary procedure				Refer Rule C				Refer Rule C
14.5	Shunt procedures								
2869	Ventriculo-cisternostomy	20,00	224,000	R 3 350,60		20,00	280,000	R 5 353,10	
2871	Ventriculo-caval shunt	20,00	224,000	R 3 350,60		20,00	280,000	R 5 353,10	
2873	Ventriculo-peritoneal shunt	20,00	224,000	R 3 350,60		20,00	280,000	R 5 353,10	
2875	Theco-peritoneal C.S.F. shunt	20,00	224,000	R 3 350,60		20,00	280,000	R 5 353,10	
6063	Ventriculocisternostomy of the third ventricle: Steretoactic, neuroendoscopic method (under CT guidance for steretoactic positioning) (items 6055 and 6148 may not be added)		287,040	R 3 434,90			358,800	R 6 859,70	
6065	Replacement/revision: Cerebrospinal fluid (CSF) shunt/obstructed valve/distal catheter in shunt system		201,840	R 2 415,40			252,300	R 4 823,60	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6068	Cerebrospinal fluid (CSF) shunt system: Complete removal, with replacement by similar or toher shunt at same operation		268,400	R 3 211,90			335,500	R 6 414,20	
6055	Neuroendoscopy: Intracranial placement or replacement of ventricular catheter and attachment to shunt system or external drainage. ADD to main procedure				Refer Rule C				Refer Rule C
6056	Neuroendoscopy: Intracranial, with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (includes placement, replacement, or removal of ventricular catheter)				Refer Rule C				Refer Rule C
6057	Neuroendoscopy: Intracranial with fenestration or excision of colloid cyst (includes placement of external ventricular catheter for drainage)				Refer Rule C				Refer Rule C
6058	Neuroendoscopy: Intracranial, with retrieval of foreign body				Refer Rule C				Refer Rule C
6059	Neuroendoscopy: Intracranial, with excision of brain tumour (includes placement of external ventricular catheter for drainage)				Refer Rule C				Refer Rule C
6060	Neuroendoscopy: Intracranial, includes excision of pituitary tumour, transnasal or trans-sphenoidal approach				Refer Rule C				Refer Rule C
6061	Creation of subarachnoid/subdural-peritoneal shunt: Pleural or peritoneal space or toher terminus, through burr hole and directing and tunneling the distal end of the shunt subcutaneously towards the draining site (non-neuroendoscopic procedure) (ttoal procedure)				Refer Rule C				Refer Rule C
6062	Replacement or irrigation: Subarachnoid or subdural catheter, non-neuroendoscopic procedure (ttoal procedure)				Refer Rule C				Refer Rule C
6064	Replacement/irrigation: Previously placed intraoperative ventricular catheter				Refer Rule C				Refer Rule C
6066	Reprogramming of programmable cerebrospinal shunt, at the time of a routine office visit				Refer Rule C				Refer Rule C
6067	Removal: Complete cerebrospinal fluid shunt system only (non-neuroendoscopic procedure)				Refer Rule C				Refer Rule C
14.6	Aneurysm repair								
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	20,00	560,000	R 8 376,50		20,00	700,000	R 13 382,30	
2877	Extracranial to intracranial vascular	20,00	560,000	R 8 376,50		20,00	700,000	R 13 382,30	
2878	Posterior fossa arteriovenous anomalies	20,00	560,000	R 8 376,50		20,00	700,000	R 13 382,30	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6075	Intracranial arteriovenous malformation (IAM): Surgery, supratenotrial, complex		989,200	R 11 837,20			1236,500	R 23 638,80	
6076	Intracranial arteriovenous malformation (IAM): Surgical, infratenotrial, complex		1064,240	R 12 735,20			1330,300	R 25 432,10	
6077	Intracranial arteriovenous malformation (IAM): Surgery, dural, simple		518,800	R 6 208,20			648,500	R 12 397,70	
6078	Intracranial arteriovenous malformation (IAM): Surgery, dural, complex		866,080	R 10 363,90			1082,600	R 20 696,60	
6079	Intracranial aneurysm: Complex, intracranial approach, cartoid circulation		999,280	R 11 957,90			1249,100	R 23 879,70	
6080	Intracranial aneurysm: Surgical, complex, intracranial approach, vertebrobasilar circulation		1095,920	R 13 114,30			1369,900	R 26 189,10	
6081	Intracranial aneurysm: Surgical, simple, open posterior cranial fossa approach approach, vertebrobasilar circulation		952,640	R 11 399,70			1190,800	R 22 765,10	
6082	Intracranial aneurysm: Surgical, cervical approach by application of occluding clamp to cervical cartoid artery (Selverstone-Crutchfield type)		323,360	R 3 869,50			404,200	R 7 727,30	
6083	Aneurysm: Surgical, for vascular malformation or cartoid-cavernous fistula with intracranial and cervical occlusion of cartoid artery		616,640	R 7 379,00			770,800	R 14 735,80	
14.7	Craniectomy or Craniotomy								
2879	Glosso pharyngeal nerve	20,00	384,000	R 5 743,70		20,00	480,000	R 9 176,50	
2881	Eighth nerve: Intracranial	20,00	384,000	R 5 743,70		20,00	480,000	R 9 176,50	
2883	Eighth nerve: Extracranial	20,00	384,000	R 5 743,70		20,00	480,000	R 9 176,50	
2884	Sub-temporal section of the trigeminal nerve	20,00	300,000	R 4 487,60		20,00	375,000	R 7 169,20	
2885	Trigeminal tractotomy	20,00	384,000	R 5 743,70		20,00	480,000	R 9 176,50	
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiarri malformation or obstructive cysts e.g. Dandy Walker or parasites	20,00	360,000	R 5 384,90		20,00	450,000	R 8 603,10	
2887	Vestibular nerve	20,00	384,000	R 5 743,70		20,00	480,000	R 9 176,50	
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	20,00	560,000	R 8 376,50		20,00	700,000	R 13 382,30	
2891	Posterior fossa tumour removal: Glioma, secondary deposits	20,00	360,000	R 5 384,90		20,00	450,000	R 8 603,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2893	Posterior fossa tumour removal: Abscess	20,00	360,000	R 5 384,90		20,00	450,000	R 8 603,10	
2895	Excision of tumour of glomus jugulare: Intracranial	20,00	336,000	R 5 025,90		20,00	420,000	R 8 029,30	
2897	Excision of tumour of glomus jugulare: Extracranial	20,00	336,000	R 5 025,90		20,00	420,000	R 8 029,30	
2898	Excision of tumour of glomus jugulare: Hemispherectomy	20,00	400,000	R 5 983,00		20,00	500,000	R 9 558,80	
2888	Micro vascular decompression of trigeminal, facial and glossopharyngeal nerve (release of pressure on the sensory root of the gasserion ganglion) (subtemporal). If indicated, the nerve or a nerve branch is sectioned, bone flap is replaced and fastened (total procedure)		456,160	R 5 458,50			570,200	R 10 901,00	
6085	Craniectomy/craniotomy: With exploration of the infratenotrial area (below the tenotrium of the cerebellum), posterior fossa (ttoal procedure)		477,120	R 5 709,60			596,400	R 11 402,00	
6087	Craniectomy/craniotomy: With drainage of intracranial abscess in the infratentorial region with suction and irrigating the area while monitoring for haemorrhage (total procedure)		505,440	R 6 047,50			631,800	R 12 079,00	
2892	Micro vascular decompression of cranial nerve (suboccipital)				Refer Rule C				Refer Rule C
6086	Craniectomy/craniotomy: With evacuation of infratenotrial. intracerebellar haematoma (ttoal procedure)				Refer Rule C				Refer Rule C
6088	Cranial decompression caused by excess fluid (eg.. blood and pathological tissue). using posterior fossa approach by drilling/sawing through the occipital bone (ttoal procedure)				Refer Rule C				Refer Rule C
6090	Craniectomy at base of skull (suboccipital): With freeing and section of one or more cranial nerves (ttoal procedure)				Refer Rule C				Refer Rule C
6091	Craniectomy at base of skull (suboccipital): With mesencephalic tracttoomy or peduncultoomy (resecting a nerve tract as it passes through the mesencephalon or the cerebellar or cerebral peduncle) (ttoal procedure)				Refer Rule C				Refer Rule C
6092	Craniectomy: With excision of meningioma (neoplasm of meninges) from infratenotrial structures or posterior fossa (ttoal procedure)				Refer Rule C				Refer Rule C
6093	Craniectomy: With excision of midline brain tumour at base of skull; using posterior auricular or transmastoid approach (ttoal procedure)				Refer Rule C				Refer Rule C
6094	Craniectomy: With excision or fenestration (creating opening for draining) of cyst in the infratenotrium or posterior fossa (ttoal procedure)				Refer Rule C				Refer Rule C

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6095	Craniectomy (bone flap Craniotomy): With excision of cerebellopontine angle tumour (acoustic neuroma/tumour/vestibular neurofibromatosis (NF1 or NF2)/ angle tumour); using transtemporal (mastoid) approach (ttoal procedure)				Refer Rule C				Refer Rule C
6096	Craniectomy (bone flap Craniotomy): With excision of cerebellopontine angle tumour (acoustic tumour/neuroma; vestibular neurofibromatosis (NF1 or NF2); angle tumour); using combined transtemporal (mastoid) and middle or posterior fossa approach				Refer Rule C				Refer Rule C
14.7.1	Posterior fossa surgery: Supratentorial procedures								
2899	Craniectomy for extra-dural haematoma or empyema	20,00	300,000	R 4 487,60		20,00	375,000	R 7 169,20	
14.8	Craniotomy for								
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	20,00	560,000	R 8 376,50		20,00	700,000	R 13 382,30	
2901	Craniotomy for Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/pharyngioma	20,00	560,000	R 8 376,50		20,00	700,000	R 13 382,30	
2903	Craniotomy for Abscess, Glioma	20,00	360,000	R 5 384,90		20,00	450,000	R 8 603,10	
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	20,00	360,000	R 5 384,90		20,00	450,000	R 8 603,10	
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	20,00	360,000	R 5 384,90		20,00	450,000	R 8 603,10	
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	20,00	300,000	R 4 487,60		20,00	375,000	R 7 169,20	
2907	Craniotomy for Temporal lobectomy	20,00	360,000	R 5 384,90		20,00	450,000	R 8 603,10	
2908	Craniotomy for Torkildsen anastomosis	20,00	300,000	R 4 487,60		20,00	375,000	R 7 169,20	
2910	Craniotomy for removal of arteriovenous malformation	20,00	560,000	R 8 376,50		20,00	700,000	R 13 382,30	
6117	Craniectomy/craniotomy: Drainage of intracranial abscess in the supratentorial region (total procedure)		451,760	R 5 405,30			564,700	R 10 796,10	
6125	Craniectomy/trephination (bone flap craniotomy): Supratentorial excision of brain abscess		452,960	R 5 419,60			566,200	R 10 824,70	
6131	Craniotomy with elevation of bone flap: Lobectomy. temporal lobe. without electrocorticography during surgery(includes removal of electrode array)		610,960	R 7 311,10			763,700	R 14 600,50	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2902	Craniotomy for subdural implantation of strip- and grid electrodes for seizure monitoring and brain mapping				Refer Rule C				Refer Rule C
6115	Craniectomy/Craniotomy: Supratenotrial exploration				Refer Rule C				Refer Rule C
6116	Incision and subcutaneous placement of cranial bone graft (eg.. split- or full thickness); shaving graft or bone dust; with donor site already exposed for the main procedure.				Refer Rule C				Refer Rule C
6118	Decompressive craniectomy/Craniotomy: With or without duraplasty. for treating intracranial hypertension (most commonly caused by severe closed-head trauma) without evacuation of associated intraparenchymal haematoma or lobectomy				Refer Rule C				Refer Rule C
6119	Decompressive craniectomy/Craniotomy: With or without duraplasty. for treating intracranial hypertensionwithout evacuation of associated intraparenchymal haematoma. with lobectomy				Refer Rule C				Refer Rule C
6120	Decompression of (roof of) orbit only: Transcranial approach (ttoal procedure)				Refer Rule C				Refer Rule C
6121	Exploration of orbit: Transcranial approach with biopsy (ttoal procedure)				Refer Rule C				Refer Rule C
6123	Cranial decompression: Subtemporal (pseudtoumour cerebri. slit ventricle syndrome)				Refer Rule C				Refer Rule C
6126	Craniectomy/trephination (bone flap Craniotomy): Supratenotrial excision/ fenestration of cyst				Refer Rule C				Refer Rule C
6127	Implantation. chemotherapy agent: Intracavity. brain intracavitary. ADD to main procedure				Refer Rule C				Refer Rule C
6128	Implantation. subdural: Strip electrodes through 1 or more burr/trephine hole(s). Long-term seizure monitoring				Refer Rule C				Refer Rule C
6129	Craniotomy with elevation of bone flap: Subdural implantation of an electrode array. Long-term seizure monitoring				Refer Rule C				Refer Rule C
6130	Craniotomy with elevation of bone flap: Excision of cerebral epileptogenic focus. Including electrocorticography during surgery (includes removal of electrode array)				Refer Rule C				Refer Rule C
6132	Craniotomy with elevation of bone flap: Lobectomy. temporal lobe with electrocorticography during surgery				Refer Rule C				Refer Rule C

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6133	Craniotomy with elevation of bone flap: Lobectomy. toher than temporal lobe. partial or ttoal. with electrocorticography during surgery				Refer Rule C				Refer Rule C
6134	Craniotomy with elevation of bone flap: Lobectomy. toher than temporal lobe. partial or ttoal. without electrocorticography during surgery				Refer Rule C				Refer Rule C
6135	Craniotomy with elevation of bone flap: Transection of corpus callosum				Refer Rule C				Refer Rule C
6136	Craniotomy with elevation of bone flap: Partial or subttoal (functional) hemispherectomy				Refer Rule C				Refer Rule C
6137	Craniotomy with elevation of bone flap: Excision or coagulation of choroid plexus				Refer Rule C				Refer Rule C
6138	Craniotomy with elevation of bone flap: Excision of craniopharyngioma				Refer Rule C				Refer Rule C
6139	Craniotomy with elevation of bone flap: Selective amygdalohippocampectomy				Refer Rule C				Refer Rule C
6140	Craniotomy with elevation of bone flap: Multiple subpial transections. with electrocorticography during surgery				Refer Rule C				Refer Rule C
6141	Craniectomy/Craniotomy: Excision of foreign body from brain				Refer Rule C				Refer Rule C
6142	Craniectomy/Craniotomy: Treatment of penetrating wound of brain				Refer Rule C				Refer Rule C
14.8.1	Stereotaxis; Stereotactic Radiosurgery (Cranial); Neurostimulators (Intracranial)								
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	20,00	224,000	R 3 350,60		20,00	280,000	R 5 353,10	
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	20,00	156,800	R 2 345,30		20,00	196,000	R 3 747,00	
2915	Transnasal hypophysectomy	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
2916	Transfrontal hypophysectomy	20,00	384,000	R 5 743,70		20,00	480,000	R 9 176,50	
2917	Transnasal hypophyseal implants	20,00	137,600	R 2 058,30		20,00	172,000	R 3 288,50	
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)								
6145	Biopsy. stereotactic: Aspiration/excision for intracranial lesion. Includes burr hole(s)		334,240	R 3 999,20			417,800	R 7 987,60	
6155	Stereotactic radiosurgery (particle beam. gamma ray. or linear accelerator): 1 cranial lesion. complex		325,840	R 3 899,20			407,300	R 7 786,90	
6143	Creation of lesion: Globus pallidus or thalamus. steretoactic. includes burr hole(s) and localising and recording techniques. single or multiple stages				Refer Rule C				Refer Rule C

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6144	Creation of lesion: Subcortical structure(s). toher than globus pallidus or thalamus. steretoactic. includes burr hole(s) and localising and recording techniques. single or multiple stages				Refer Rule C				Refer Rule C
6146	Implantation. steretoactic: Depth electrodes inot the cerebrum for long-term seizure monitoring				Refer Rule C				Refer Rule C
6147	Localisation. steretoactic: Insertion of catheter(s) or probe(s) for placement of radiation source. Includes burr hole(s)				Refer Rule C				Refer Rule C
6148	Steretoactic computer-assisted (navigational) procedure: Cranial. intradural. ADD to main procedure				Refer Rule C				Refer Rule C
6149	Steretoactic computer-assisted (navigational) procedure: Cranial. extradural. ADD to main procedure				Refer Rule C				Refer Rule C
6150	Steretoactic computer-assisted (navigational) procedure: Spinal. ADD to main procedure				Refer Rule C				Refer Rule C
6151	Creation of lesion: Gasserian ganglion. steretoactic. percutaneous. by neurolytic agent (eg.. alcohol. thermal. electrical. radiofrequency)				Refer Rule C				Refer Rule C
6152	Creation of lesion: Trigeminal medullary tract. steretoactic method. percutaneous. by neurolytic agent (eg.. alcohol. thermal. electrical. radiofrequency)				Refer Rule C				Refer Rule C
6153	Steretoactic radiosurgery (particle beam. gamma ray. or linear accelerator): 1 cranial lesion. simple				Refer Rule C				Refer Rule C
6154	Steretoactic radiosurgery (particle beam. gamma ray. or linear accelerator): Each additional cranial lesion. simple. ADD to main procedure				Refer Rule C				Refer Rule C
6156	Steretoactic radiosurgery (particle beam. gamma ray. or linear accelerator): Each additional cranial lesion. complex. ADD to main procedure				Refer Rule C				Refer Rule C
6157	Steretoactic radiosurgery: Application of steretoactic headframe. ADD to main procedure				Refer Rule C				Refer Rule C
6158	Implantation of neurostimulator electrodes: Cortical. twist drill or burr hole(s)				Refer Rule C				Refer Rule C
6159	Craniectomy/craniotomy: Implantation of neurostimulator electrodes. cerebral. cortical				Refer Rule C				Refer Rule C

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6160	Craniotomy/craniectomy/twist drill/burr hole: Thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site. without use of intra-operative microelec				Refer Rule C				Refer Rule C
6161	Cranitoomy/craniectomy/twist drill/burr hole: Thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site. without use of intraoperative microelect				Refer Rule C				Refer Rule C
6162	Cranitoomy/craniectomy/twist drill/burr hole: Thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site. with use of intraoperative microelectrod				Refer Rule C				Refer Rule C
6163	Cranitoomy/craniectomy/twist drill/burr hole: Thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site. with use of intraoperative microelectrod				Refer Rule C				Refer Rule C
6164	Craniectomy: Implantation of neurostimulator electrodes. cerebellar. cortical				Refer Rule C				Refer Rule C
6166	Revision/removal: Neurostimulator electrodes. intracranial				Refer Rule C				Refer Rule C
6167	Insertion/replacement: Cranial neurostimulator pulse generator or receiver with direct or inductive coupling and connection. 1 electrode array				Refer Rule C				Refer Rule C
6168	Insertion/replacement: Cranial neurostimulator pulse generator or receiver with direct or inductive coupling and connection. => 2 electrode arrays				Refer Rule C				Refer Rule C
6169	Revision/removal: Neurostimulator pulse generator/receiverof. cranial				Refer Rule C				Refer Rule C
14.8.2	Surgery of Skull Base								
14.8.2.1	Approach Procedures								
14.8.2.1.1	Anterior Cranial Fossa								
6174	Anterior cranial fossa: Craniofacial approach. to treat an extradural lesion/defect at the skull base which requires unilateral or bifrontal Craniotomy (included in the approach procedure) with elevation or resection of frontal lobe.		693,040	R 8 293,20			866,300	R 16 561,50	

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6195	Destruction of cartoid aneurysm/arteriovenous malformation (AVM) or cartoid-cavernous fistula by dissection within cavernous sinus		782,000	R 9 357,80			977,500	R 18 687,40	
6170	Transoral approach: Skull base. brain stem or upper spinal cord for biopsy. decompression/excision of lesion and tracheostomy				Refer Rule C				Refer Rule C
6171	Transoral approach: Skull base. brain stem or upper spinal cord for biopsy. decompression or excision of lesion. Includes requiring splitting of tongue and/or mandible and tracheostomy				Refer Rule C				Refer Rule C
6172	Insertion/replacement: Cranial neurostimulator pulse generator/receiver with direct or inductive coupling. >2 electrode arrays				Refer Rule C				Refer Rule C
6173	Revision/removal: Cranial neurostimulator pulse generator/receiver				Refer Rule C				Refer Rule C
6175	Anterior cranial fossa: Orbitocranial approach. with exposure of the to treat an extradural lesion/defect at the skull base requiring supraorbital ridge ostetoomy (included in the approach procedure) and elevation of the frontal and/or temporal lobes. wit				Refer Rule C				Refer Rule C
6176	Anterior cranial fossa: Orbitocranial approach. extradural. including supraorbital ridge ostetoomy and elevation of frontal and/or temporal lobe(s). with orbital exenteration				Refer Rule C				Refer Rule C
6177	Treatment of lesion/defect at the skull base: Bicoronal (scalp incision). transzygomatic (removal of the zygoma) and/or LeFort1 ostetoomy (intraoral approach to fracture the maxilla). with/without internal fixation /without bone graft.				Refer Rule C				Refer Rule C
14.8.2.1.2	Middle Cranial Fossa								
6178	Middle cranial fossa: Pre-auricular approach. Infratemporal . (parapharyngeal space. infratemporal and midline skull base. nasopharynx). with/without disarticulation of the mandible. includes partoidectomy. cranitoomy. decompression and/or mobilisation of				Refer Rule C				Refer Rule C
6179	Middle cranial fossa: Post-auricular approach. Infratemporal. middle cranial fossa (internal auditory meatus. petrous apex. tentorium. cavernous sinus. parasellar area. infratemporal fossa). includes mastoidectomy. resection of sigmoid sinus. with/without				Refer Rule C				Refer Rule C

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6180	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and cartoid artery. clivus. basilar artery or petrous apex) including ostetoomy of zygoma. cranitoomy. extra- or intradural elevation of temporal lobe				Refer Rule C				Refer Rule C
14.8.2.1.3	Posterior Cranial Fossa								
6181	Posterior cranial fossa: Transtemporal approach to jugular foramen/midline skull base. includes mastoidectomy. decompression of sigmoid sinus and/or facial nerve. with/without mobilisation				Refer Rule C				Refer Rule C
6182	Posterior cranial fossa: Transcochlear approach to posterior cranial fossa/ jugular foramen/midline skull base.includes labyrinthectomy. decompression. with/without mobilisation of facial nerve and/or petrous cartoid artery				Refer Rule C				Refer Rule C
6183	Posterior cranial fossa: Transcondylar (far lateral) approach to jugular foramen /midline skull base. includes occipital condylectomy. mastoidectomy. resection of C1-C3 vertebral body(s). decompression of vertebral artery. with/without mobilisation				Refer Rule C				Refer Rule C
6184	Posterior cranial fossa: Transpetrosal approach to clivus/foramen magnum. includes ligation of superior petrosal sinus and/or sigmoid sinus				Refer Rule C				Refer Rule C
14.8.2.2	Definitive Procedures								
	Definitive Procedures: The definitive procedure(s) describes the repair. biopsy. resection. or excision of various lesions of the skull base and. when appropriate. primary closure of the dura. mucous membranes. and skin.								
14.8.2.2.1	Base of Anterior Cranial Fossa								
6185	Resection/excision neoplastic/vascular/infectious lesion: Base of anterior cranial fossa. extradural				Refer Rule C				Refer Rule C
6186	Resection/excision of neoplastic. vascular or infectious lesion of base of anterior cranial fossa (includes dural repair. with/without graft). intradural				Refer Rule C				Refer Rule C
14.8.2.2.2	Base of Middle Cranial Fossa								
6187	Resection/excision of neoplastic/vascular/ infectious lesion: Infratemporal fossa. parapharyngeal space. petrous apex. extradural				Refer Rule C				Refer Rule C

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6188	Resection/excision of neoplastic/vascular/infectious lesion: Infratemporal fossa. parapharyngeal space. petrous apex. includes dural repair. with/without graft. intradural				Refer Rule C				Refer Rule C
6189	Resection/excision of neoplastic. vascular or infectious lesion: Parasellar area. cavernous sinus. clivus or midline skull base. extradural				Refer Rule C				Refer Rule C
6190	Resection/excision of neoplastic. vascular or infectious lesion: Parasellar area/cavernous sinus/clivus or midline skull base. intradural. including dural repair. with/without graft				Refer Rule C				Refer Rule C
6192	Transection/ligation: Cartoid artery in cavernous sinus. with repair by anastomosis/ graft. ADD to main procedure				Refer Rule C				Refer Rule C
6193	Transection or ligation. cartoid artery in petrous canal; without repair. ADD to main procedure				Refer Rule C				Refer Rule C
6194	Transection or ligation. cartoid artery in petrous canal; with repair by anastomosis or graft. ADD to main procedure				Refer Rule C				Refer Rule C
14.8.2.2.3	Base of Posterior Cranial Fossa								
14.8.2.2.4	Repair and/or Reconstruction of Surgical Defects of Skull Base								
6196	Repair of dura for cerebrospinal fluid (CSF) leak: Secondary repair. anterior. middle or posterior cranial fossa following surgery of the skull base. by free tissue graft (eg.. pericranium. fascia. tensor fascia lata. adipose tissue. homologous or synthet				Refer Rule C				Refer Rule C
6197	Repair of dura for cerebrospinal fluid (CSF) leak: Secondary ranterior. middle or posterior cranial fossa following surgery of the skull base; by local or regionalised vascularised pedicle flap or myocutaneous flap (including galea. temporalis. frontalis				Refer Rule C				Refer Rule C
14.9	Spinal operations								
	See section 3.8.7 for laminectomy procedures								
2923	Chordotomy: Unilateral	20,00	142,400	R 2 130,10		20,00	178,000	R 3 403,10	
2925	Chordotomy: Open	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
2927	Rhizotomy: Extradural, but intraspinal	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2928	Rhizotomy: Intradural	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	20,00	560,000	R 8 376,50		20,00	700,000	R 13 382,30	
2930	Removal of spinal cord tumour: Intramedullar: Anterio-lateral approach	20,00	560,000	R 8 376,50		20,00	700,000	R 13 382,30	
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
2932	Removal of spinal cord tumour: Extramedullary, but intradural: Anterio-lateral approach	20,00	280,000	R 4 188,20		20,00	350,000	R 6 691,40	
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	20,00	180,000	R 2 692,50		20,00	225,000	R 4 301,40	
2937	Repair of meningocele, involving nerve tissue	20,00	200,000	R 2 991,60		20,00	250,000	R 4 779,40	
2938	Simple	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
2939	Excision of arterial vascular malformations and cysts of the spinal cord	20,00	560,000	R 8 376,50		20,00	700,000	R 13 382,30	
2940	Lumbar osteophyte removal	20,00	149,600	R 2 237,90		20,00	187,000	R 3 575,00	
2941	Cervical or thoracic osteophyte removal	20,00	228,000	R 3 410,60		20,00	285,000	R 5 448,70	
14.10	Arterial ligations								
2951	Carotis: Trauma	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
2953	Carotis: For aneurysm (AV anomaly)	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
2955	Removal of carotid body tumour (without vascular reconstruction)	20,00	268,480	R 4 015,90		20,00	335,600	R 6 415,90	
14.11	Medical psychotherapy								
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)	20,00	16,000	R 239,30					
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session	20,00	16,000	R 239,30					
2963	Pairs, marriage or sex therapy: Per 20-minute session	20,00	16,000	R 239,30					
2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session	20,00	8,000	R 119,60					

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GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
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Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)	20,00	32,000	R 478,60					
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)	20,00	48,000	R 718,00					
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session	20,00	32,000	R 478,60					
2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session	20,00	48,000	R 718,00					
	RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY								
V.	(a) 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. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								
0079	When a first or follow-up consultation/visit proceeds into or is immediately followed by a medical psychotherapeutic procedure, both the consultation/visit and the psychotherapy codes (items 2957, 2974 or 2975) may be coded. Please note: When adding psychotherpay items after a first or follow-up consultation the clinician must ensure that the time stipulated for the psychotherapy items are adhered to (ie. item 2957 - minimum 10 minutes, item 2974 - minimum 30 minutes, and item 2975 - minimum 50 minutes)								
0099	Stat basis tests: For tests performed on a stat basis, an additional premium of 50% of the fee for the particular pathology service shall apply, with the following provisos: • Stat test requesting may only be done by the referring practitioner and not by the pathologist. • Specimens must be collected on a stat basis where applicable. • Test must be performed on a stat basis. • Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained. • This modifier will only apply during normal working hours and will never be used in combination with item 4547: After-hours service.								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
14.12	Physical treatment methods								
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)	20,00	17,000	R 254,30					
14.13	Psychiatric examination methods								
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per 60 min session	20,00	16,000	R 239,30					
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)	20,00	16,000	R 239,30					
15	**Endocrine System**								
15.1	Thyroid								
2983	Lobectomy: Partial	20,00	158,480	R 2 370,60		20,00	198,100	R 3 787,30	
2985	Lobectomy: Total	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
2987	Thyroidectomy: Subtotal	20,00	212,800	R 3 182,80		20,00	266,000	R 5 085,30	
2989	Thyroidectomy: Total	20,00	223,200	R 3 338,60		20,00	279,000	R 5 333,80	
2990	Parathyroid: Re-exploration for hyperparathroidism, INCLUDES removal of parathyroid glands or lesions: Cervical approach		268,240	R 4 010,80			335,300	R 6 408,90	
2991	Thyroglossal cyst or fistula excision	20,00	120,000	R 1 794,70		20,00	126,200	R 2 412,70	
15.2	Parathyroid								
2992	Parathyroid: Re-exploration for hyperparathroidism, INCLUDES removal of parathyroid glands or lesions: With mediastinal exploration, sternal slit or transthoracic approach		296,560	R 4 434,10			370,700	R 7 085,40	
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	20,00	220,000	R 3 290,70		20,00	275,000	R 5 257,20	
2994	Parathyroid: Autotransplantation of parathyriod: ADD to major procedure (modifier 0005 does not apply)		70,500	R 1 054,10			70,500	R 1 347,60	
15.3	Adrenals								
2995	Adrenalectomy: Unilateral	20,00	180,000	R 2 692,50		20,00	225,000	R 4 301,40	
2997	Bilateral exploration of adrenal glands: Including removal	20,00	315,200	R 4 714,60		20,00	394,000	R 7 532,50	
15.4	Hypophysis								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2999	Transethmoidal hypophysectomy	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
3000	Transnasal hypophysectomy (see also item 2915)	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
15.5	Endocrine system: General								
3001	Implantation of pellets (excluding cost of material) (excluding after-care)	20,00	3,000	R 44,90		20,00	3,000	R 57,30	
15.6	Ambulatory continuous glucose monitoring of interstitial tissue fluid								
2996	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours: Includes sensor placement. hook-up. calibration of monitor. patient training. removal of sensor and prinotut of recording				Refer Rule C				Refer Rule C
2998	Ambulatory continuous glucose monitoring: Interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours (includes interpretation and report)				Refer Rule C				Refer Rule C
16	**Eye**								
16.1	Eye: Procedures performed in rooms								
	(a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions (b) Material used is excluded (c) The fee for photography is not related to the number of photographs taken								
16.1.1	Eye investigations								
3002	Gonioscopy	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
3006	Keratometry	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
3009	Basic capital equipment used in own rooms by ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations					20,00	11,680	R 223,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3012	Pre-surgical retinal examination before retinal surgery	20,00	32,000	R 478,60		20,00	32,000	R 611,80	
3013	Ocular motility assessment: Comprehensive examination	20,00	12,000	R 179,30		20,00	12,000	R 229,40	
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
3038	Sensorimtoor examination: With multiple measurements of ocular deviation; one or btoh eyes (eg.. restrictive or paretic muscle with diplopia) with interpretation and report. for children 7 years and younger				Refer Rule C				Refer Rule C
16.1.2	Special eye investigations								
3005	Endothelial cell count	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
3007	Potential acuity measurement	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
3008	Contrast sensitivity test	20,00	7,000	R 104,80		20,00	7,000	R 133,70	
3010	Orthoptics consultation	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
3011	Orthoptic subsequent sessions	20,00	5,000	R 74,70		20,00	5,000	R 95,80	
3015	Charting of visual field with manual perimeter	20,00	28,000	R 419,10		20,00	28,000	R 535,60	
3016	Retinal threshold test without storage facilities	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	20,00	74,000	R 1 106,70		20,00	74,000	R 1 414,60	
3018	Retinal threshold trend evaluation (additional to item 3017)	20,00	16,000	R 239,30		20,00	16,000	R 306,10	
3019	Ocular muscle function with Hess screen or perimeter	20,00	16,000	R 239,30		20,00	16,000	R 306,10	
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	20,00	46,000	R 688,10		20,00	46,000	R 879,50	
3022	Digital fluorescein video angiography	20,00	68,000	R 1 017,10		20,00	68,000	R 1 300,20	
3023	Digital indocyanine video angiography	20,00	110,000	R 1 645,40		20,00	110,000	R 2 102,90	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	20,00	12,000	R 179,30		20,00	12,000	R 229,40	
3025	Electronic tonography	20,00	19,000	R 284,30		20,00	19,000	R 363,40	
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	20,00	19,300	R 288,80		20,00	19,300	R 369,20	
3027	Fundus photography	20,00	21,000	R 314,20		20,00	21,000	R 401,50	
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
3029	Anterior segment microphotography	20,00	21,000	R 314,20		20,00	21,000	R 401,50	
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	20,00	45,000	R 673,30		20,00	45,000	R 860,50	
3032	Eyelid and orbit photography	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	20,00	16,000	R 239,30		20,00	16,000	R 306,10	
3034	Determination of lens implant power per eye	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
3035	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged	20,00	22,000	R 329,00		20,00	22,000	R 420,80	
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)	20,00	36,000	R 538,70		20,00	36,000	R 688,30	
3040	Femtosecond Laser: Hire Fee. For one or btoh eyes done in one session				Refer Rule C				Refer Rule C
16.2	Retina								
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	20,00	245,520	R 3 672,70		20,00	306,900	R 5 867,50	
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
3041	Pan retinal photocoagulation (per eye): Done in one sitting	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
3044	Removal of encircling band and/or buckling material	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
16.3	Cataract								

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gems
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3045	Cataract: Intra-capsular	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
3047	Cataract: Extra-capsular (including capsulotomy)	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	20,00	57,000	R 852,60		20,00	57,000	R 1 089,60	
3050	Repositioning of intra ocular lens	20,00	136,880	R 2 047,50		20,00	171,100	R 3 270,80	
3051	Needling or capsulotomy	20,00	120,000	R 1 794,70		20,00	130,000	R 2 485,20	
3052	Laser capsulotomy	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
3057	Removal of lenticulus	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
3058	Exchange of intra ocular lens	20,00	188,800	R 2 824,10		20,00	236,000	R 4 511,90	
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)					20,00	4,000	R 76,40	
16.4	Glaucoma								
3061	Drainage operation	20,00	198,080	R 2 962,70		20,00	247,600	R 4 733,70	
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	20,00	60,000	R 897,80		20,00	60,000	R 1 147,20	
3063	Cyclocryotherapy or cyclodiathermy	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
3064	Laser trabeculoplasty	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
3065	Removal of blood from anterior chamber	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
3067	Goniotomy	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
16.5	Intra-ocular foreign body								
3071	Intra-ocular foreign body: Anterior to Iris	20,00	120,000	R 1 794,70		20,00	127,000	R 2 427,80	
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
16.6	Strabismus								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3074	Strabismus (whether operation performed on one eye or both): Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (refer to item 0202)	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	20,00	140,480	R 2 101,30		20,00	175,600	R 3 357,00	
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	20,00	120,000	R 1 794,70		20,00	120,000	R 2 294,10	
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
16.7	Globe								
3079	Transcleral biopsy	20,00	120,000	R 1 794,70		20,00	132,000	R 2 523,50	
3080	Examination of eyes under general anaesthetic where no surgery is done	20,00	80,000	R 1 196,80		20,00	80,000	R 1 529,70	
3081	Treatment of minor perforating injury	20,00	129,280	R 1 933,60		20,00	161,600	R 3 089,60	
3083	Treatment of major perforating injury	20,00	214,000	R 3 200,90		20,00	267,500	R 5 113,90	
3085	Enucleation or Evisceration	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	20,00	128,000	R 1 914,70		20,00	160,000	R 3 058,90	
3088	Hydroxyapetite insertion (additional to item 3087)	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
3089	Subconjunctival injection if not done at time of operation	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
3090	Intra vitreal injection drug	20,00	47,600	R 712,10		20,00	47,600	R 910,00	
3091	Retrobulbar injection (if not done at time of operation)	20,00	16,000	R 239,30		20,00	16,000	R 306,10	
3092	External laser treatment for superficial lesions	20,00	53,000	R 792,80		20,00	53,000	R 1 013,20	
3093	Treatment of tumours of retina or choriod by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	20,00	167,200	R 2 500,80		20,00	209,000	R 3 995,60	
3094	Implantation of intra vitreal drug delivery system	20,00	198,080	R 2 962,70		20,00	247,600	R 4 733,70	

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3095	Biopsy of vitreous body or anterior chamber contents	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	20,00	120,000	R 1 794,70		20,00	130,000	R 2 485,20	
3097	Anterior vitrectomy	20,00	224,000	R 3 350,60		20,00	280,000	R 5 353,10	
3098	Removal of silicon from globe	20,00	224,000	R 3 350,60		20,00	280,000	R 5 353,10	
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	20,00	335,200	R 5 014,00		20,00	419,000	R 8 010,10	
3100	Lensectomy done at time of posterior vitrectomy	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
16.8	Orbit								
3101	Drainage of orbital abscess	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
3103	Orbit: Removal of tumour	20,00	192,000	R 2 872,10		20,00	240,000	R 4 588,00	
3104	Removal orbital prosthesis	20,00	170,160	R 2 545,10		20,00	212,700	R 4 066,70	
3105	Orbit: Exenteration	20,00	220,000	R 3 290,70		20,00	275,000	R 5 257,20	
3107	Orbitotomy requiring bone flap	20,00	314,400	R 4 702,70		20,00	393,000	R 7 513,50	
3108	Eye socket reconstruction	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
3109	Hydroxyapetite implantation in eye cavity when evisceration or enucleation was done previously	20,00	240,000	R 3 589,80		20,00	300,000	R 5 735,10	
3110	Second stage hydroxyapetite implantation	20,00	110,000	R 1 645,40		20,00	110,000	R 2 102,90	
16.9	Cornea								
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)								
3112	Fitting of contact lens for treatment of disease including supply of lens. Bandage contact lens as for corneal erosion, ulcer, abrasion or corneal wound.	20,00	12,200	R 182,70		20,00	12,200	R 233,50	
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for one (1) year	20,00	160,000	R 2 393,30		20,00	200,000	R 3 823,50	
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only					20,00	78,850	R 1 507,50	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
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	20,00	132,800	R 1 986,40		20,00	166,000	R 3 173,70	
3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	20,00	120,000	R 1 794,70		20,00	135,200	R 2 584,80	
3117	Removal of foreign body: On the basis of fee per consultation								
3118	Curettage of cornea after removal of foreign body (after-care excluded)	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
3119	Tattooing	20,00	26,000	R 388,90		20,00	26,000	R 497,20	
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
3121	Corneal graft (Lamellar or full thickness)	20,00	231,200	R 3 458,40		20,00	289,000	R 5 525,10	
3122	Epikeratophakia	20,00	231,200	R 3 458,40		20,00	289,000	R 5 525,10	
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	20,00	203,200	R 3 039,30		20,00	254,000	R 4 855,90	
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
3125	Keratectomy	20,00	120,000	R 1 794,70		20,00	127,000	R 2 427,80	
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	20,00	52,180	R 780,40		20,00	52,180	R 997,40	
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
3129	Additional to item 3128 for the use of own diamond knives	20,00	40,000	R 598,30		20,00	40,000	R 764,80	
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	20,00	96,900	R 1 449,20		20,00	96,900	R 1 852,50	
3131	Cornea: Paracentesis	20,00	53,000	R 792,80		20,00	53,000	R 1 013,20	
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	20,00	120,000	R 1 794,70		20,00	150,000	R 2 867,70	
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - stand alone procedure	20,00	116,300	R 1 739,60		20,00	116,300	R 2 223,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3136	Conjunctival flap or graft (not for use with pterigium surgery)	20,00	95,700	R 1 431,60		20,00	95,700	R 1 829,50	
3138	Removal corneal epithelium and chelating agent for band keratopathy	20,00	69,500	R 1 039,30		20,00	69,500	R 1 328,60	
4980	Corneal transplant: Endothelial					20,00	219,800	R 4 202,80	
4981	Preparation of corneal endothelial allograft prior to transplantation (backbench)								
4985	Corneal cross linking					20,00	150,000	R 2 867,60	
4986	Cross linking equipment hire					20,00	54,000	R 1 032,60	
16.10	Ducts								
3133	Probing and/or syringing, per duct	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
3135	Insert polythene tubes	20,00	51,800	R 775,00		20,00	51,800	R 990,50	
3137	Excision of lacrimal sac: Unilateral	20,00	120,000	R 1 794,70		20,00	132,000	R 2 523,50	
3139	Dacrocystorhinostomy (Single) with or without polythene tube	20,00	168,000	R 2 512,90		20,00	210,000	R 4 014,80	
3141	Sealing Punctum surgical or by cautery: Per eye	20,00	24,900	R 372,40		20,00	24,900	R 476,10	
3142	Sealing Punctum with plugs: Per eye	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
3143	Three-snip operation	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
3145	Repair of caniculus: Primary procedure	20,00	120,000	R 1 794,70		20,00	132,000	R 2 523,50	
3147	Repair of caniculus: Secondary procedure	20,00	140,000	R 2 094,10		20,00	175,000	R 3 345,80	
16.11	Iris								
3149	Iridectomy or iridotomy by open operation as isolated procedure	20,00	120,000	R 1 794,70		20,00	132,000	R 2 523,50	
3151	Excision of iris tumour	20,00	148,000	R 2 213,80		20,00	185,000	R 3 536,70	
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	20,00	105,000	R 1 570,50		20,00	105,000	R 2 007,30	
3155	Iridocyclectomy for tumour	20,00	212,800	R 3 182,80		20,00	266,000	R 5 085,30	
3157	Division of anterior synechiae as isolated procedure	20,00	120,000	R 1 794,70		20,00	132,000	R 2 523,50	
3158	Repair iris as in dialysis: Anterior chamber reconstruction	20,00	120,000	R 1 794,70		20,00	142,400	R 2 722,40	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
16.12	Lids								
3161	Tarsorrhaphy	20,00	47,000	R 702,90		20,00	47,000	R 898,30	
3163	Excision of superficial lid tumour	20,00	47,000	R 702,90		20,00	47,000	R 898,30	
3165	Repair of skin laceration lid: Simple	20,00	27,300	R 408,10		20,00	27,300	R 522,00	
3167	Diathermy to wart on lid margin	20,00	12,000	R 179,30		20,00	12,000	R 229,40	
3169	Electrolysis of any number of eyelashes: Per eye	20,00	15,000	R 224,40		20,00	15,000	R 286,60	
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	20,00	20,400	R 305,20		20,00	20,400	R 390,00	
3173	Epicanthal folds	20,00	120,000	R 1 794,70		20,00	128,700	R 2 460,40	
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)					20,00	25,000	R 478,10	
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)					20,00	35,000	R 669,10	
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	20,00	149,600	R 2 237,90		20,00	187,000	R 3 575,00	
3168	Removal of foreign body: Embedded, per eyelid (modifier 0005 is applicable)		20,000	R 299,20			20,000	R 382,30	
16.12.1	Lids: Entropion or ectropion by								
3177	Entropion or ectropion by Cautery	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
3179	Entropion or ectropion by Suture	20,00	49,400	R 738,90		20,00	49,400	R 944,50	
3181	Entropion or ectropion by Open operation	20,00	111,500	R 1 667,70		20,00	111,500	R 2 131,50	
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	20,00	122,600	R 1 833,80		20,00	122,600	R 2 344,00	
16.12.2	Lids: Reconstruction of eyelid								
3185	Staged procedure for partial or total loss of eyelid: First stage	20,00	207,200	R 3 099,20		20,00	259,000	R 4 951,40	
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	20,00	164,800	R 2 465,10		20,00	206,000	R 3 938,30	
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	20,00	120,000	R 1 794,70		20,00	136,500	R 2 609,60	
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	20,00	120,160	R 1 797,20		20,00	150,200	R 2 871,50	
3172	Blepharoplasty lower eyelid plus fat pad	20,00	120,000	R 1 794,70		20,00	125,800	R 2 405,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
16.12.3	Lids: Ptosis								
3193	Repair by superior rectus, levator or frontalis muscle operation	20,00	152,000	R 2 273,50		20,00	190,000	R 3 632,30	
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	20,00	120,000	R 1 794,70		20,00	137,600	R 2 630,80	
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	20,00	132,800	R 1 986,40		20,00	166,000	R 3 173,70	
16.13	Conjunctiva								
3199	Repair of conjunctiva by grafting	20,00	120,000	R 1 794,70		20,00	132,000	R 2 523,50	
3200	Repair of lacerated conjunctiva	20,00	47,000	R 702,90		20,00	47,000	R 898,30	
16.14	Eye: General								
	OWN EQUIPMENT USED IN TREATMENT: Only the owner of the equipment may charge hire fees for equipment used and not the person using the equipment.								
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting					20,00	109,000	R 2 084,00	
3192	Applicable to Medical Scheme Benefits only: Item 3192: If a practitioner performs the procedure in his own facility an excimer laser theatre fee of the indicated amount per minute may be charged	20,00	2,250	R 33,70		20,00	2,250	R 43,00	
3196	Diamond knife: Use of own diamond knife during intraocular surgery					20,00	12,000	R 229,40	
3198	Excimer laser: Hire fee (per eye)					20,00	284,130	R 5 431,90	
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master)					20,00	109,000	R 2 084,00	
3202	Phako emulsification apparatus: Hire fee					20,00	109,000	R 2 084,00	
3203	Vitrectomy apparatus: Hire fee					20,00	120,000	R 2 294,10	
3208	Biopsy: External auditory canal		3,000	R 281,70		20,00	15,497	R 296,30	
17	**Ear**								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	Repair / modification of hearing aid: report this service using item 0201 and supply invoice								
17.1	External ear (Pinna)								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								
	Repair / modification of hearing aid: report this service using 0201 and supply invoice								
3267	Major congenital deformity reconstruction of external ear: Unilateral	20,00	120,000	R 1 794,70		20,00	138,000	R 2 638,50	
3269	Major congenital deformity reconstruction of external ear: Bilateral	20,00	193,600	R 2 895,60		20,00	242,000	R 4 626,40	
3270	Excision of superficial pre-auricular fistula	20,00	55,000	R 822,50		20,00	55,000	R 1 051,20	
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear								
3272	Excision of complicated pre-auricular fistula	20,00	120,000	R 1 794,70		20,00	140,000	R 2 676,30	
5170	Drainage: Haematoma or abscess of external ear		3,000	R 281,70		20,00	34,800	R 665,20	
5173	Biopsy: External ear		3,000	R 281,70		20,00	12,400	R 237,20	
5175	Excision: External ear, partial, simple repair		3,000	R 281,70		20,00	63,500	R 1 214,10	
5176	Excision: External ear, complete		3,000	R 281,70		20,00	66,800	R 1 277,00	
5171	Drainage: Abscess of external auditory canal		21,000	R 170,00			21,000	R 401,40	
17.2	External ear canal								
3204	External ear canal: Removal of foreign body: At rooms								
3205	External ear canal: Removal of foreign body: Under general anaesthetic	20,00	21,000	R 314,20		20,00	21,000	R 401,50	
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	20,00	131,200	R 1 962,40		20,00	164,000	R 3 135,20	
3217	Meatus atresia: Congenital	20,00	221,600	R 3 314,80		20,00	277,000	R 5 295,70	
3218	Remove impacted wax (one or both ears) with the use of a microscope (excludes loupe) - not to be used combined with item 3206	20,00	17,420	R 260,60		20,00	17,420	R 333,10	
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	20,00	77,000	R 1 151,80		20,00	77,000	R 1 472,20	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3220	Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with item 3206					20,00	23,100	R 442,40	
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	20,00	172,000	R 2 572,80		20,00	215,000	R 4 110,40	
3216	Excision: Radical, external auditory canal lesion, without neck dissection				Refer Rule C				Refer Rule C
3222	Excision: Radical, external auditory canal lesion, with neck dissection				Refer Rule C				Refer Rule C
17.3	Middle ear								
3206	Microscopic examination of tympanic membrane including microsuction	20,00	8,000	R 119,60		20,00	8,000	R 153,00	
3207	Myringotomy: Unilateral	20,00	28,000	R 419,10		20,00	28,000	R 535,60	
3209	Myringotomy: Bilateral	20,00	46,000	R 688,10		20,00	46,000	R 879,50	
3211	Unilateral myringotomy with insertion of ventilation tube	20,00	38,000	R 568,30		20,00	38,000	R 726,40	
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	20,00	57,000	R 852,60		20,00	57,000	R 1 089,60	
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	20,00	65,000	R 972,30		20,00	65,000	R 1 242,90	
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	20,00	204,000	R 3 051,50		20,00	255,000	R 4 875,10	
3237	Exploratory tympanotomy	20,00	127,120	R 1 901,60		20,00	158,900	R 3 037,70	
3242	Fenestration: Revision					20,00	20,000	R 3 022,10	
3243	Myringoplasty	20,00	120,000	R 1 794,70		20,00	138,000	R 2 638,50	
3245	Functional reconstruction of tympanic membrane	20,00	221,600	R 3 314,80		20,00	277,000	R 5 295,70	
3249	Stapedotomy and stapedectomy	20,00	221,600	R 3 314,80		20,00	277,000	R 5 295,70	
3257	Cortical mastoidectomy	20,00	150,800	R 2 255,60		20,00	188,500	R 3 603,70	
3259	Radical mastoidectomy (excluding minor procedures)	20,00	221,920	R 3 319,50		20,00	277,400	R 5 303,00	
3261	Muscle grafting to mastoid cavity without tympanoplasty	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	
3263	Autogenous bone graft to mastoid cavity	20,00	144,000	R 2 153,90		20,00	180,000	R 3 441,30	
3264	Tympanomastoidectomy	20,00	300,000	R 4 487,60		20,00	375,000	R 7 169,20	
3265	Reconstruction of posterior canal wall, following radical mastoid	20,00	256,000	R 3 829,20		20,00	320,000	R 6 117,80	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	20,00	30,000	R 448,70		20,00	30,000	R 573,10	
5190	Debridement: Mastoidectomy cavity, complex (anaesthesia/more than routine cleaning)		24,100	R 288,40			24,100	R 460,70	
5193	Implantation/replacement: Electromagnetic temporal bone conduction hearing device		159,680	R 3 053,10			199,600	R 3 816,30	
5201	Revision: Mastoidectomy resulting in ttoal mastoidectomy		217,200	R 2 599,10			271,500	R 5 190,20	
5202	Revision: Mastoidectomy resulting in modified radical mastoidectomy		222,800	R 2 666,10			278,500	R 5 324,10	
5203	Revision: Mastoidectomy followed by tympanoplasty		229,600	R 2 747,50			287,000	R 5 486,60	
5204	Revision: Mastoidectomy, with apicectomy		277,440	R 3 320,00			346,800	R 6 629,70	
5191	Tympanolysis: Transcanal				Refer Rule C				Refer Rule C
5194	Removal/repair: Electromagnetic temporal bone conduction hearing device				Refer Rule C				Refer Rule C
17.4	Facial nerve								
17.4.1	Facial nerve: Facial nerve tests								
3223	Percutaneous stimulation of the facial nerve	20,00	9,000	R 134,60		20,00	9,000	R 172,10	
3224	Electroneurography (ENOG)	20,00	75,000	R 1 121,90		20,00	75,000	R 1 433,90	
17.4.2	Facial nerve: Facial nerve surgery								
3227	Exploration of facial nerve: Exploration of tympanomastiod segment	20,00	237,600	R 3 554,10		20,00	297,000	R 5 678,00	
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	20,00	348,800	R 5 217,30		20,00	436,000	R 8 335,40	
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	20,00	348,800	R 5 217,30		20,00	436,000	R 8 335,40	
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	20,00	120,000	R 1 794,70		20,00	124,000	R 2 370,50	
17.5	Inner ear								
17.5.1	Inner ear: Audiometry								
2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral					20,00	50,000	R 955,80	

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2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral					20,00	88,000	R 1 682,50	
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels					20,00	60,000	R 1 147,20	
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels					20,00	105,000	R 2 007,30	
2695	Audiology 40Hz response: Unilateral					20,00	30,000	R 573,10	
2696	Audiology 40Hz response: Bilateral					20,00	53,000	R 1 013,20	
2697	Mid- and long latency auditory evoked potentials: Unilateral					20,00	30,000	R 573,10	
2698	Mid- and long latency auditory evoked potentials: Bilateral					20,00	53,000	R 1 013,20	
2699	Electro-cochleography: Unilateral					20,00	50,000	R 955,80	
2700	Electro-cochleography: Bilateral					20,00	88,000	R 1 682,50	
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography					20,00	140,000	R 2 676,30	
3248	Otoacoustic emission performed as a screening test	20,00	33,240	R 497,30	Z	20,00	33,240	R 635,40	Z
3250	Otoacoustic emission (high risk patients only)	20,00	66,480	R 994,30		20,00	66,480	R 1 271,00	
3273	Pure tone audiometry (air conduction)	20,00	6,500	R 97,30		20,00	6,500	R 124,30	
3274	Pure tone audiometry (bone conduction with masking)	20,00	6,500	R 97,30		20,00	6,500	R 124,30	
3275	Impedance audiometry (tympanometry)	20,00	6,500	R 97,30		20,00	6,500	R 124,30	
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	20,00	6,500	R 97,30		20,00	6,500	R 124,30	
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	20,00	6,500	R 97,30		20,00	6,500	R 124,30	
17.5.2	Inner ear: Balance tests								
3251	Minimal caloric test (excluding consultation fee)	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
3252	Bithermal Halpike caloric test (excluding consultation fee)	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
3253	Electro-nystagmography for spontaneous and positional nystagmus	20,00	25,000	R 373,80		20,00	25,000	R 478,10	

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3254	Video nystagmoscopy (monocular)	20,00	25,000	R 373,80		20,00	25,000	R 478,10	
3255	Caloric test done with electronystamography	20,00	70,000	R 1 047,00		20,00	70,000	R 1 338,20	
3256	Video nystagmoscopy (binocular)	20,00	50,000	R 747,80		20,00	50,000	R 955,80	
3258	Otolith repositioning manoeuvre	20,00	14,000	R 209,30		20,00	14,000	R 267,50	
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	20,00	71,480	R 1 069,30	Z	20,00	71,480	R 1 366,50	Z
5210	Nystagmus test: Spontaneous, including gaze and fixation nystagmus (report included)		10,200	R 152,50			10,200	R 195,00	
5211	Nystagmus test: Positional, minimum of 4 positions (report included)		9,100	R 136,00			9,100	R 174,10	
5212	Caloric vestibular test: Each irrigation (report included)		3,200	R 47,80			3,200	R 61,10	
5213	Nystagmus test: Optokinetic bidirectional, foveal or peripheral stimulation (report included)		7,200	R 107,60			7,200	R 137,70	
5216	Posturography: Dynamic, computerised		25,100	R 375,50			25,100	R 479,90	
5214	Oscillating tracking test (report included)				Refer Rule C				Refer Rule C
5215	Rotational testing: Sinusoidal vertical axis				Refer Rule C				Refer Rule C
17.5.3	Middle and Inner Ear Surgery								
3233	Labyrinthectomy via the middle ear or mastoid	20,00	221,600	R 3 314,80		20,00	277,000	R 5 295,70	
3240	Endolymphatic sac surgery	20,00	221,600	R 3 314,80		20,00	277,000	R 5 295,70	
3244	Fenestration and occulasion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	20,00	248,000	R 3 709,80		20,00	310,000	R 5 926,40	
3246	Cochlear implant surgery	20,00	272,400	R 4 074,50		20,00	340,500	R 6 509,60	
5196	Inplantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, without mastoidectomy					20,00	212,300	R 4 059,10	
5197	Inplantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, with mastoidectomy					20,00	269,000	R 5 142,00	
5199	Revision: Stapedectomy or stapedotomy					20,00	251,900	R 4 816,20	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3241	Fenestration: Semicircular canal				Refer Rule C				Refer Rule C
17.6	Microsurgery of the skull base								
17.6.1	Microsurgery of the skull base: Middel fossa approach (i.e transtemporal or supralabyrinthine)								
3229	Facial nerve: Exploration of the labyrinthine segment	20,00	336,000	R 5 025,90		20,00	420,000	R 8 029,30	
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	20,00	408,000	R 6 102,80		20,00	510,000	R 9 750,00	
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	20,00	496,000	R 7 418,90		20,00	620,000	R 11 853,00	
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	20,00	424,000	R 6 342,10		20,00	530,000	R 10 132,40	
17.6.2	Microsurgery of the skull base: Translabyrinthe approach								
3239	Acoustic neuroma removal translabyrinthine	20,00	528,000	R 7 897,70		20,00	660,000	R 12 617,80	
5227	Cochleo-vestibular neurectomy	20,00	424,000	R 6 342,10		20,00	530,000	R 10 132,40	
5228	Nerve section: Vestibular, transcranial approach (approach 1): Graft harvesting not included		366,800	R 4 389,20			458,500	R 8 765,50	
17.6.3	Microsurgery of the skull base: Transotic approach to the cerebellopontime angle								
17.6.4	Microsurgery of the skull base: Intratemporal fossa approach type A								
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours	20,00	568,000	R 8 496,00		20,00	710,000	R 13 573,50	
17.6.5	Microsurgery of the skull base: Intratemporal fossa approach type B								
5238	Removal of tumour of the petrous apex	20,00	496,000	R 7 418,90		20,00	620,000	R 11 853,00	
17.6.6	Microsurgery of the skull base: Intrafemoral approach type C								
5242	Removal of nasopharyngeal angiofibroma or carcinoma	20,00	416,000	R 6 222,60		20,00	520,000	R 9 941,30	
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	20,00	416,000	R 6 222,60		20,00	520,000	R 9 941,30	
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy								

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5246	Subtotal petrosectomy for removal of temporal bone tumour	20,00	480,000	R 7 179,70		20,00	600,000	R 11 470,60	
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	20,00	384,000	R 5 743,70		20,00	480,000	R 9 176,50	
17.6.8	Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa								
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	20,00	416,000	R 6 222,60		20,00	520,000	R 9 941,30	
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	20,00	480,000	R 7 179,70		20,00	600,000	R 11 470,60	
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	20,00	528,000	R 7 897,70		20,00	660,000	R 12 617,80	
18	**Physical Treatment**								
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)					20,00	0,750	R 14,10	
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)					20,00	13,500	R 257,90	
3281	Ultrasonic therapy					20,00	10,000	R 190,90	
3282	Shortwave diathermy					20,00	10,000	R 190,90	
3284	Sensory nerve conduction studies					20,00	31,000	R 592,60	
3285	Motor nerve conduction studies					20,00	26,000	R 497,20	
3287	Spinal joint and ligament injection	20,00	20,000	R 299,20		20,00	20,000	R 382,30	
3288	Epidural injection					20,00	36,000	R 688,30	
3289	Multiple injections: First joint					20,00	7,500	R 143,40	
3290	Multiple injections: Each additional joint					20,00	4,500	R 86,00	
3291	Tendon or ligament injection					20,00	9,000	R 172,10	
3292	Aspiration of joint or inter-articular injection					20,00	9,000	R 172,10	

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3293	Aspiration or injection of bursa or ganglion					20,00	9,000	R 172,10	
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)					20,00	20,000	R 382,30	
3295	Paravertebral root block: Unilateral					20,00	20,000	R 382,30	
3296	Paravertebral root block: Bilateral					20,00	30,000	R 573,10	
3297	Manipulation of spine performed by a specialist in Physical Medicine					20,00	14,000	R 267,50	
3298	Spinal traction					20,00	6,000	R 115,00	
3299	Manipulation of large joints: Under general anaesthesia					20,00	14,000	R 267,50	
3299a	Manipulation of large joints: Under general anaesthesia					20,00	14,000	R 267,50	
3300	Manipulation of large joints: Without anaesthetic								
3301	Muscle fatigue studies					20,00	20,000	R 382,30	
3302	Strength duration curve per session					20,00	10,500	R 200,70	
3303	Electromyography					20,00	75,000	R 1 433,90	
3304	All other physical treatments carried out: Complete physical treatment: Specify treatment (For subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only, is applicable: See general rules L and M)	20,00	10,000	R 149,50		20,00	10,000	R 190,90	
	SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT								
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								
5431	Physical status modifier: Normal health patient, ASA 1: Add 0.00 anaesthetic units								
5432	Physical status modifier: A patient with mild systemic disease, ASA 2: Add 0,00 anaesthetic units								
5436	Physical status modifier: A declared brain-dead patient whose organs are being removed for donor purposes ASA 6: Add 0,00 anaesthetic units								

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19	**Radiology**								
	Please note: The calculated amounts in this section (except for sections 19.9 and 19.11) are calculated according to the radiology unit values								
	RULES GOVERNING THE SECTION RADIOLOGY								
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								
Z.	No fee is subject to more than one reduction								
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								
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No ""038"") or nuclear medicine practices (Pr No ""025""), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No “”038””) and nuclear medicine practices (Pr No “”025””).								
	MODIFIERS GOVERNING THE SECTION								
0080	Multiple examinations: Full Fee								
0081	Repeat examinations: No reduction								
0082	Plus “+” Means that this item is complementary to a preceding item and is therefore not subject to reduction. The procedures marked with "+" must not be added to the units for the definitive item and must appear on a separate line on the account.								
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								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0084	Charging for films and thermal paper by non-radiologist: 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)								
19.1	Skeleton								
19.1.1	Skeleton: Limbs								
3305	Finger, toe	40,00	6,300	R 133,50					
3309	Smith-Petersen or equivalent control, in theatre	40,00	38,700	R 819,90					
3311	Stress studies, e.g, joint	40,00	7,700	R 163,10					
3313	Full length study, both legs	40,00	15,500	R 328,50					
3315	Skeletal survey under 5 years	40,00	19,900	R 421,70					
3317	Skeletal survey over 5 years	40,00	28,000	R 593,30					
3319	Arthrography per joint	40,00	15,400	R 326,20					
3320	Introduction of contrast medium or air: ADD	40,00	13,800	R 292,50					
6500	Hand	40,00	7,700	R 163,10					
6501	Wrist (specify region)	40,00	7,700	R 163,10					
6503	Scaphoid	40,00	7,700	R 163,10					
6504	Radius and ulna	40,00	7,700	R 163,10					
6505	Elbow	40,00	7,700	R 163,10					
6506	Humerus	40,00	7,700	R 163,10					
6507	Shoulder	40,00	7,700	R 163,10					
6508	Acromio-Clavicula joint	40,00	7,700	R 163,10					
6509	Clavicle	40,00	7,700	R 163,10					
6510	Scapula	40,00	7,700	R 163,10					
6511	Foot	40,00	7,700	R 163,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6512	Ankle	40,00	7,700	R 163,10					
6513	Calcaneus	40,00	7,700	R 163,10					
6514	Tibia and fibula	40,00	7,700	R 163,10					
6515	Knee	40,00	7,700	R 163,10					
6516	Patella	40,00	7,700	R 163,10					
6517	Femur	40,00	7,700	R 163,10					
6518	Hip	40,00	7,700	R 163,10					
6519	Sesamoid Bone	40,00	7,700	R 163,10					
19.1.2	Skeleton: Spinal column								
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	40,00	11,000	R 233,10					
3325	Stress studies	40,00	11,000	R 233,10					
3329	Scoliosis studies	40,00	21,000	R 445,10					
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	40,00	11,000	R 233,10					
3333	Myelography: Lumbar	40,00	28,900	R 612,20					
3334	Myelography: Thoracic	40,00	22,200	R 470,40					
3335	Myelography: Cervical	40,00	35,500	R 752,30					
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)								
3344	Introduction of contrast medium	40,00	18,700	R 396,00					
3345	Discography	40,00	34,600	R 733,10					
3347	Introduction of contrast medium per disc level: ADD	40,00	28,200	R 597,80					
19.1.3	Skeleton: Skull								
3349	Skull studies	40,00	15,700	R 332,70					
3351	Paranasal sinuses	40,00	11,000	R 233,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3353	Facial bones and/or orbits	40,00	12,600	R 267,00					
3355	Mandible	40,00	9,400	R 199,30					
3357	Nasal bone	40,00	7,800	R 165,30					
3359	Mastoid: Bilateral	40,00	18,000	R 381,60					
3361	Teeth: One quadrant	40,00	3,700	R 78,60					
3363	Teeth: Two quadrants	40,00	6,300	R 133,50					
3365	Teeth: Full mouth	40,00	11,000	R 233,10					
3366	Teeth: Rotation tomography of the teeth and jaws	40,00	13,300	R 281,80					
3367	Teeth: Tempero-mandibular joints: Per side	40,00	11,000	R 233,10					
3369	Teeth: Tomography: Per side	40,00	11,000	R 233,10					
3371	Localisation of foreign body in the eye	40,00	15,700	R 332,70					
3381	Ventriculography	40,00	27,300	R 578,50					
3385	Post-nasal studies: Lateral neck	40,00	6,300	R 133,50					
3387	Maxillo-facial cephalometry	40,00	8,800	R 186,60					
3389	Dacrocystography	40,00	11,000	R 233,10					
3391	For introduction of contrast medium: ADD	40,00	11,000	R 233,10					
19.2	Alimentary tract								
3393	Bowel washout: ADD	40,00	4,800	R 101,70					
3395	Sialography (plus 80% for each additional gland)	40,00	12,700	R 269,10					
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)	40,00	11,000	R 233,10					
3399	Pharynx and oesophagus	40,00	12,700	R 269,10					
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	40,00	20,000	R 423,80					
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	40,00	28,900	R 612,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3409	Barium enema (control film of abdomen included)	40,00	18,300	R 387,80					
3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included	40,00	23,300	R 493,60					
3416	Pancreas: ERCP hospital equipment: Choledogram and/or pancreatography screening included	40,00	15,500	R 328,50					
	Note: For items 3415 and 3416: Endoscopy (see item 1778)								
3417	Gastric/oesophageal/duodenal intubation control	40,00	5,900	R 125,00					
3419	Gastric/oesophageal intubation insertion of tube: ADD	40,00	5,600	R 118,70					
3421	Duodenal intubation: Insertion of tube: ADD	40,00	11,000	R 233,10					
19.3	Biliary tract								
3425	Oral cholecystography	40,00	15,700	R 332,70					
3427	Cholangiography: Intravenous	40,00	22,000	R 465,80					
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre	40,00	21,000	R 445,10					
3433	Post operative: T-tube	40,00	16,700	R 354,00					
3435	Introduction of contrast medium: ADD	40,00	5,600	R 118,70					
3437	Trans hepatic, percutaneous	40,00	18,300	R 387,80					
3439	Introduction of contrast medium: ADD	40,00	33,100	R 701,30					
3441	Tomography of biliary tract: ADD	40,00	9,400	R 199,30					
19.4	Chest								
3443	Larynx (Tomography included)	40,00	12,500	R 264,90					
3445	Chest (item 3601 included)	40,00	9,400	R 199,30					
3447	Chest and cardiac studies (item 3601)	40,00	12,600	R 267,00					
3449	Ribs	40,00	12,300	R 260,60					
3451	Sternum or sterno-clavicular joints	40,00	12,600	R 267,00					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3453	Bronchography: Unilateral	40,00	12,600	R 267,00					
3455	Bronchography: Bilateral	40,00	22,100	R 468,20					
3461	Pleurography	40,00	12,600	R 267,00					
3465	Laryngography	40,00	11,000	R 233,10					
3467	For introduction of contrast medium: ADD	40,00	10,000	R 212,10					
3468	Thoracic inlet	40,00	6,300	R 133,50					
19.5	Abdomen								
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	40,00	9,400	R 199,30					
3479	Acute abdomen or equivalent studies	40,00	15,700	R 332,70					
19.6	Urinary tract								
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)	40,00	25,100	R 531,80					
3493	Waterload test: ADD	40,00	12,200	R 258,60					
3497	Cystography only or urethrography only (retrograde)	40,00	19,300	R 409,20					
3499	Cysto-urethrography: Retrograde	40,00	31,900	R 675,90					
3503	Cysto-urethrography: Introduction of contrast medium	40,00	3,700	R 78,60					
3505	Retrograde-prograde pyelography	40,00	18,300	R 387,80					
3511	Aspiration renal cyst	40,00	18,400	R 389,90					
19.7	Gynaecology and obstetrics								
3515	Pregnancy	40,00	9,400	R 199,30			9,400	R 254,50	
3517	Pelvimetry	40,00	17,400	R 368,80			17,400	R 471,30	
3519	Hystero-salpingography	40,00	12,500	R 264,90					
3521	Introduction of contrast medium: ADD	40,00	15,300	R 324,30					
19.8	Vascular studies								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii. All fluoroscopy (item 3601 does not apply). iv. All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. 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 will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								
	MODIFIER GOVERNING VASCULAR STUDIES								
0086	Vascular groups: “Film series” and “Introduction of Contrast Media” are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations								
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)								
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)								
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								

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6305	When multiple catheterisation procedures are used (items 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								
19.8.1	Vascular studies: Film Series								
	Note: In the case of selective catheterisation of a branch of the aorta, the fee for catheterisation of the aorta is not added.								
3545	Venography: Per limb	40,00	16,500	R 349,80					
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)	40,00	166,800	R 3 534,20					
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram	40,00	48,600	R 1 029,60					
3558	Translumbar aortic puncture, with full study	40,00	69,600	R 1 474,60					
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram	40,00	57,000	R 1 207,60					
3560	Selective second order catheterisation, arterial or venous, with angiogram/ venogram	40,00	65,400	R 1 385,60					
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram	40,00	73,200	R 1 551,10					
3564	Direct femoral arterial or venous or jugular venous puncture	40,00	37,200	R 788,20					
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or anteriovenous malformation (AVM)	40,00	85,800	R 1 818,10					
3569	Intravascular pressure studies, arterial or venous, once off per case	40,00	19,800	R 419,60					
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)	40,00	130,800	R 2 771,60					
3572	Transcatheter selective blood sampling, arterial or venous	40,00	32,400	R 686,60					
3574	Spinal angiogram (global fee) including all selective catheterisations	40,00	480,000	R 10 170,20					
19.8.2	Vascular studies: Introduction of contrast medium								
3563	Direct intravenous for limb	40,00	7,400	R 156,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3575	Cut-downs for venography: ADD	40,00	11,000	R 233,10					
19.9	Tomography and cinematography								
	Please note: The calculated amounts in this section are calculated according to the computed tomography unit values								
19.9.1	Tomography and cinematography: Computed Tomography								
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour								
6403	CT limb uncontrasted								
6404	CT limb with contrast only								
6405	CT limb pre- AND post contrast								
6406	CT joint uncontrasted								
6407	CT joint with contrast only								
6408	CT joint pre AND post contrast								
6409	CT brain uncontrasted (including posterior fossa)								
6410	CT brain with contrast only (including posterior fossa)								
6411	CT brain pre AND post contrast (including posterior fossa)								
6412	CT orbits complete study, axial OR coronal, uncontrasted								
6413	CT orbits complete study, axial AND coronal, uncontrasted								
6414	CT orbits complete study, axial OR coronal pre AND post contrast								
6415	CT orbits complete study, axial AND coronal pre AND post contrast								
6416	CT paranasal sinuses limited study axial OR coronal								
6417	CT paranasal sinuses limited study axial AND coronal								
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted								
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted								
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast								
6422	CT pituitary fossa, uncontrasted								
6423	CT pituitary fossa, pre AND post contrast								
6424	CT internal auditory meati, uncontrasted								
6425	CT internal audiory meati, pre AND post contrast								
6426	CT mastoids								
6427	CT ear structures, limited study								
6428	CT middle AND inner ear, complete study including reconstructions								
6429	CT facial bones								
6430	CT neck soft tissue, uncontrasted								
6431	CT neck soft tissue with contrast only								
6432	CT neck pre AND post contrast								
6433	CT cervical spine uncontrasted								
6434	CT cervical spine pre AND post contrast								
6435	CT cervical spine post myelogram								
6436	CT dorsal spine uncontrasted								
6437	CT dorsal spine pre AND post contrast								
6438	CT dorsal spine post myelogram								
6439	CT lumbar spine uncontrasted								
6440	CT lumbar spine pre AND post contrast								
6441	CT lumbar spine post myelogram								
6442	CT pelvimetry (topogram only)								
6443	CT chest uncontrasted								
6444	CT chest with contrast								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6445	CT chest pre AND post contrast								
6446	CT chest high resolution lungs, limited study								
6447	CT high resolution lungs, complete study								
6448	CT abdomen uncontrasted								
6449	CT abdomen with contrast								
6450	CT abdomen pre AND post contrast								
6451	CT abdomen triphasic study								
6452	CT pelvis uncontrasted								
6453	CT pelvis with contrast								
6454	CT pelvis pre AND post contrast								
6455	CT abdomen AND pelvis uncontrasted								
6456	CT abdomen AND pelvis with contrast								
6457	CT abdomen AND pelvis pre AND post contrast								
6458	CT chest, abdomen AND pelvis with contrast								
6459	CT base of skull to symphysis pubis with contrast								
6460	CT for dental implants maxilla OR mandible								
6461	CT for dental implants maxilla AND mandible								
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)								
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)								
6464	CT limited study, any region. Region to be identified on the account								
6465	CT guidance for aspiration, biopsy or drainage								
6467	CT stereotactic localisation for biopsy								
6470	Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast								
19.10	Radiology: Miscellaneous								
3594	Mammogram of surgically removed breast biopsy specimen								
3600	Peripheral bone densitometry utilizing ionizing radiation	40,00	13,000	R 275,80		40,00	13,000	R 352,20	
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)	40,00	7,700	R 163,10					
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD	40,00	10,700	R 226,60					
3603	Sinography	40,00	18,400	R 389,90					
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	40,00	77,000	R 1 631,20		40,00	77,000	R 2 085,00	
3605	Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used	40,00	33,000	R 699,20			33,000	R 894,00	
3606	Repeat mammography, unilateral or bilateral, for localisation of tumour	40,00	21,000	R 445,10			21,000	R 569,00	
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 or examination performed (Only to be used by radiological technical staff)	40,00	5,600	R 118,70					
3608	Repeat mammography procedure with minimally invasive breast biopsy, core biopsy or fine needle aspiration biopsy utilising dedicated stereotactic equipment with patient in erect or prone position	40,00	40,000	R 847,60					
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done	40,00	0,000	R 0,00					
3611	Foreign body localisation: Introduction of sterile needle markers: ADD	40,00	11,000	R 233,10					
3613	Setting of sterile trays	40,00	3,300	R 69,90			3,300	R 89,50	
5029	Mammotome - stereotaxis: Hand held		59,000	R 1 238,60					
5034	Fine needle aspiration or biopsy or core biopsy of mamma	40,00	25,000	R 529,70			25,000	R 677,10	
5027	Downloading and perusal of digital radiological images			R 0,00				R 0,00	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
19.10.2	Radiology: Miscellaneous: Mammography								
19.11	Ultrasound investigations								
	Please note: The calculated amounts in this section are calculated according to the ultrasound unit values								
	Note: See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.								
3596	Intravascular ultrasound per case, arterial or venous, for intervention	60,00	30,000	R 427,60		60,00	30,000	R 546,80	
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	60,00	110,000	R 1 568,20		60,00	110,000	R 2 004,30	
3612	Ultrasonic bone densitometry	60,00	19,000	R 271,00		60,00	19,000	R 346,20	
3614	Transvaginal aspiration of ova	60,00	110,000	R 1 568,20		60,00	110,000	R 2 004,30	
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
3616	Contrast media: General Rule Y applies			R 0,00					
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	60,00	40,000	R 570,40		60,00	40,000	R 729,00	
3619	Intravascular ultrasound imaging assesses the atheroschlerotic 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	60,00	30,000	R 427,60		60,00	30,000	R 546,80	
3620	Cardiac examination plus Doppler colour mapping	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
3621	Cardiac examination (MMode)	60,00	25,000	R 356,80		60,00	25,000	R 455,60	
3622	Cardiac examination: 2 Dimensional	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
3623	Cardiac examination + effort	60,00	10,000	R 142,60		60,00	10,000	R 182,30	
3624	Cardiac examinations + contrast	60,00	10,000	R 142,60		60,00	10,000	R 182,30	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3625	Cardiac examinations + doppler	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
3626	Cardiac examination + phonocardiography	60,00	10,000	R 142,60		60,00	10,000	R 182,30	
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)	60,00	60,000	R 855,40		60,00	60,000	R 1 093,30	
3628	Renal tract	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
3631	Ophthalmic examination	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
3633	Neonatal head scan	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
3634	Peripheral vascular study, B mode only	60,00	39,000	R 556,10		60,00	39,000	R 710,80	
3635	+ Doppler	60,00	39,000	R 556,10		60,00	39,000	R 710,80	
3636	Trans-oesophageal echocardiography including passing the device	60,00	100,000	R 1 425,80		60,00	100,000	R 1 822,30	
3637	+ Colour Doppler (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)	60,00	78,000	R 1 112,20		60,00	78,000	R 1 421,10	
5026	Ultrasound guided amniocentesis			R 0,00		60,00	39,000	R 710,80	
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
5101	Pleural space ultrasound	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
5103	Ultrasound soft tissue, any region	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy	60,00	25,000	R 356,80		60,00	25,000	R 455,60	
5107	Ultrasound after 24 weeks - motivation required	60,00	25,000	R 356,80		60,00	25,000	R 455,60	
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	60,00	50,000	R 712,90		60,00	50,000	R 911,00	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	60,00	120,000	R 1 710,80		60,00	128,000	R 2 332,30	
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 or 5114)	60,00	164,800	R 2 349,50		60,00	206,000	R 3 753,60	
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	60,00	117,000	R 1 668,00		60,00	117,000	R 2 132,00	
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	60,00	117,000	R 1 668,00		60,00	117,000	R 2 132,00	
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, bilaterally	60,00	142,400	R 2 030,30		60,00	178,000	R 3 243,60	
5115	Intra-operative ultrasound study	60,00	50,000	R 712,90		60,00	50,000	R 911,00	
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	60,00	88,000	R 1 254,80		60,00	88,000	R 1 603,60	
5118	Diagnostic intravascular ultrasound imaging or wave wire imaging (with accompanying angioplasty or accompanying intravascular ultrasound imaging or wave wire mapping in a different coronary artery [LAD (left anterior desending), Circumflex or Right coronary artery]). May be used a maximum of twice per angiographic procedure	60,00	44,000	R 627,20		60,00	44,000	R 801,90	
	MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS								
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units								
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	60,00	6,000	R 85,50		60,00	6,000	R 109,30	
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY								
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								
19.12	Portable unit examinations								
3639	Where portable X-ray unit is used in the hospital or theatre: ADD	40,00	7,000	R 148,50			7,000	R 189,60	
3640	Theatre investigations with fixed installation	40,00	3,000	R 63,60					
19.13	Diagnostic procedures requiring the use of radio-isotopes								
AA.	Procedures to exclude cost of isotope								
3641	Tracer test	40,00	22,100	R 468,20		40,00	33,200	R 899,40	
3642	Repeat of further tracer tests for same investigation: Half of above fee	40,00	11,100	R 235,10		40,00	16,600	R 449,50	
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee								
3644	Tracer test of complete body or brain tumour location	40,00	54,800	R 1 161,10		40,00	82,200	R 2 226,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3645	Other organ scanning with use of relevant radio isotopes	40,00	54,800	R 1 161,10		40,00	82,200	R 2 226,10	
3646	Thyroid scanning	40,00	19,200	R 407,20		40,00	28,800	R 780,20	
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera								
6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera								
19.14	Interventional radiological procedures								
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii. All fluoroscopy (item 3601 does not apply). iv. All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. 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 will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								
	Note: In regard to multiple examinations see modifier 0080								
5002	Percutaneous transluminal angioplasty: Aortic/IVC	40,00	102,600	R 2 173,80					
5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/ subclavian vessel	40,00	102,600	R 2 173,80					

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5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	40,00	102,600	R 2 173,80					
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial	40,00	139,200	R 2 949,30					
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	40,00	139,200	R 2 949,30					
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - stand alone procedure	40,00	172,200	R 3 648,40					
5014	Atherectomy (per vessel)	40,00	204,600	R 4 335,10					
5016	Aspiration thrombectomy (per vessel)	40,00	131,400	R 2 784,10					
5017	Endoscopic ultrasound: Colon		79,900	R 1 194,60			79,900	R 1 527,20	
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite	40,00	106,800	R 2 262,60					
5019	Endoscopic ultrasound: Colon, with aspiration or biopsy		100,700	R 1 505,70			100,700	R 1 924,90	
5021	Proctosigmoidoscopy with endoscopic ultrasound examination		41,900	R 626,40			41,900	R 800,80	
5022	Embolisation non-intracranial, per vessel	40,00	106,800	R 2 262,60					
5023	Proctosigmoidoscopy with endoscopic ultrasound examination, with ultrasound-guided aspiration and/or biopsy		64,100	R 958,40			64,100	R 1 225,20	
5024	Endoscopic ultrasound: Oesophagus		50,900	R 761,00			50,900	R 972,90	
5025	Endoscopic ultrasound: Oesophagus with aspiration or biopsy		70,200	R 1 049,60			70,200	R 1 341,90	
5030	Percutaneous nephrostomy for further procedure or drainage	40,00	73,800	R 1 563,70					
5031	Antegrade ureteric stent insertion	40,00	69,600	R 1 474,60					
5033	Percutaneous cystostomy in radiology suite	40,00	30,000	R 635,90					
5035	Urethral balloon dilatation in radiology suite	40,00	22,800	R 483,00					
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality	40,00	34,200	R 724,70			34,200	R 926,40	
5037	Urethral stenting in radiology suite	40,00	102,600	R 2 173,80					
5038	Intracranial/spinal AVM embolisation (per session)	40,00	335,400	R 7 106,40					
5039	Intracranial thrombolysis (on-table) per session	40,00	139,200	R 2 949,30					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5040	Intracranial aneurysm occlusion	40,00	286,800	R 6 076,70					
5041	Balloon occlusion/Wada test	40,00	106,800	R 2 262,60					
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation	40,00	286,800	R 6 076,70					
5043	Intracranial angioplasty	40,00	204,600	R 4 335,10					
5044	Transhepatic portogram	40,00	139,200	R 2 949,30					
5045	Hepatic arterial infusion catheter insertion	40,00	156,000	R 3 305,30					
5046	Percutaneous biliary drainage (external)	40,00	102,600	R 2 173,80					
5047	Combined internal/external biliary drainage	40,00	102,600	R 2 173,80					
5048	Biliary stent insertion	40,00	139,200	R 2 949,30					
5049	Percutaneous gall bladder drainage	40,00	69,600	R 1 474,60					
5050	Percutaneous or renal gall bladder stone removal	40,00	172,200	R 3 648,40					
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	40,00	139,200	R 2 949,30					
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	40,00	139,200	R 2 949,30					
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	40,00	139,200	R 2 949,30					
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)	40,00	172,200	R 3 648,40					
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)	40,00	204,600	R 4 335,10					
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - stand alone procedure	40,00	204,600	R 4 335,10					
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)	40,00	311,400	R 6 597,90					
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite	40,00	82,200	R 1 741,80					
5074	IVC filter insertion jugular or femoral route	40,00	156,000	R 3 305,30					

CONTRACTED MEDICAL PRACTITIONERS

gems
Government Employees Medical Scheme

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
Code: 014

Practice Type: **Obstetrics and Gynaecology**
Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5076	Intravascular foreign body removal, arterial or venous, any route	40,00	204,600	R 4 335,10					
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)	40,00	70,200	R 1 487,50					
5080	Transjugular intrahepatic porto-systemic shunt	40,00	335,400	R 7 106,40					
5082	Transjugular liver biopsy	40,00	69,600	R 1 474,60					
5084	Endoluminal fallopian tube recanalisation	40,00	172,200	R 3 648,40			172,200	R 4 664,10	
5086	Renal cyst aspiration/ablation	40,00	22,800	R 483,00					
5088	Oesophageal stent insertion in radiology suite	40,00	102,600	R 2 173,80					
5090	Tracheal stent insertion	40,00	102,600	R 2 173,80					
5091	GIT balloon dilatation under fluoroscopy	40,00	66,600	R 1 411,10					
5092	Other GIT stent insertion	40,00	102,600	R 2 173,80					
5093	Percutaneous gastrostomy in radiology suite	40,00	85,800	R 1 818,10					
5094	Cutting needle biopsy with image guidance	40,00	22,800	R 483,00			22,800	R 617,70	
5095	Chest drain insertion in radiology suite	40,00	32,400	R 686,60					
5096	Percutaneous cyst or tumour ablation (non aspiration)	40,00	54,600	R 1 157,00			54,600	R 1 479,00	
5955	3D Echocardiography for congenital cardiac abnormality: Transthoracic, Volumetric and functional evaluation - PROFESSIONAL COMPONENT						61,900	R 1 183,20	
5956	3D Echocardiography for congenital abnormality: Trans-oesophageal - PROFESSIONAL COMPONENT						84,000	R 1 605,60	
5972	Stent placement right ventricular outflow tract, branch pulmonary artery, coarctation of the aorta, collateral vessel (incl. MAPCA), venous system (IVC, SVC, systemic vein or patent ductus arteriosus): First vessel						132,520	R 2 532,80	
5973	Stent placement right ventricular outflow tract, branch pulmonary artery, coarctation of the aorta, collateral vessel (incl. MAPCA) or venous system (IVC, SVC, systemic vein or patent ductus arteriosus): Subsequent vessels (per vessel)						81,490	R 1 557,80	
5974	Stent placement,branch pulmonary artery: First vessel						132,520	R 2 532,80	
5975	Stent placement, branch pulmonary artery: Subsequent vessels (per vessel)						76,980	R 1 471,30	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5976	Stent placement coarctation of the aorta						132,520	R 2 532,80	
5980	Stent patent ductus arteriosus and interatrial communication						132,520	R 2 532,80	
5981	Percutaneous stent placement in systemic to pulmonary shunt (e.g. Blalock-Taussig/Sano)						132,520	R 2 532,80	
5985	ASD/PFO/Interatrial communication closure percutaneous, device placement						310,800	R 5 940,50	
5986	VSD closure, percutaneous, device placement						412,400	R 7 882,70	
5987	PFO closure with device						310,800	R 5 940,50	
5989	PDA closure-coil or ductal device						276,500	R 5 284,90	
5990	Closure, arterio-venous shunt (incl. Blalock, Sano) any method						276,500	R 5 284,90	
5991	Transcatheter occlusion or embolisation any method, non-central nervous system, non-head or neck						276,500	R 5 284,90	
5992	Closure interatrial communication (Fontan fenestration etc)						310,800	R 5 940,50	
5995	Rapid right ventricular pacing for percutaneous procedure						51,000	R 974,80	
5996	Removal of embolised device/materials						80,600	R 1 540,60	
5998	Biopsy: Endomyocardial						236,100	R 4 512,70	
6000	Actigraphy: Patient monitored for a minimum of 72 hours (includes equipment fee and interpretation)		47,300	R 707,20			47,300	R 904,10	
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level			R 0,00					
5098	Endoscopic ultrasound: Upper gastro-intestinal tract. Includes oesophagus, stomach, duodenum and/or jejunum, as appropriate		81,400	R 1 217,20			81,400	R 1 555,90	
5099	Endoscopic ultrasound: Upper gastro-intestinal tract. Includes oesophagus, stomach, duodenum and/or jejunum, as appropriate, with ultrasound-guided aspiration and/or biopsy		113,800	R 1 701,50			113,800	R 2 175,10	

CONTRACTED MEDICAL PRACTITIONERS

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Practice Type: **General Medical Practice**
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES								
0090	Doctor's remuneration 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 hands-on, and not for interpretation of images only)								
19.15	Magnetic Resonance Imaging (MRI)								
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"								
	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.								
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.								
6200	Magnetic Resonance Imaging: Per anatomical region: Brain	75,00	400,000	R 6 450,30					
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae	75,00	400,000	R 6 450,30					
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses	75,00	400,000	R 6 450,30					
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull	75,00	400,000	R 6 450,30					
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint	75,00	400,000	R 6 450,30					

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice** Code: 014

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears	75,00	400,000	R 6 450,30					
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck	75,00	400,000	R 6 450,30					
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid	75,00	400,000	R 6 450,30					
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)	75,00	400,000	R 6 450,30					
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)	75,00	400,000	R 6 450,30					
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae	75,00	400,000	R 6 450,30					
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae	75,00	400,000	R 6 450,30					
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae	75,00	400,000	R 6 450,30					
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum	75,00	400,000	R 6 450,30					
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis	75,00	400,000	R 6 450,30					
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs	75,00	400,000	R 6 450,30					
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen	75,00	400,000	R 6 450,30					
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall	75,00	400,000	R 6 450,30					
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum	75,00	400,000	R 6 450,30					
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back	75,00	400,000	R 6 450,30					
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder	75,00	400,000	R 6 450,30					
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder	75,00	400,000	R 6 450,30					
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips	75,00	400,000	R 6 450,30					
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip	75,00	400,000	R 6 450,30					
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip	75,00	400,000	R 6 450,30					
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm	75,00	400,000	R 6 450,30					
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm	75,00	400,000	R 6 450,30					
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow	75,00	400,000	R 6 450,30					

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow	75,00	400,000	R 6 450,30					
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm	75,00	400,000	R 6 450,30					
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm	75,00	400,000	R 6 450,30					
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand	75,00	400,000	R 6 450,30					
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand	75,00	400,000	R 6 450,30					
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg	75,00	400,000	R 6 450,30					
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg	75,00	400,000	R 6 450,30					
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee	75,00	400,000	R 6 450,30					
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee	75,00	400,000	R 6 450,30					
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg	75,00	400,000	R 6 450,30					
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg	75,00	400,000	R 6 450,30					
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle	75,00	400,000	R 6 450,30					
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle	75,00	400,000	R 6 450,30					
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot	75,00	400,000	R 6 450,30					
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot	75,00	400,000	R 6 450,30					
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain	75,00	400,000	R 6 450,30					
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck	75,00	400,000	R 6 450,30					
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest	75,00	400,000	R 6 450,30					
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen	75,00	400,000	R 6 450,30					
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs	75,00	400,000	R 6 450,30					
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart	75,00	400,000	R 6 450,30					

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Practice Type: **General Medical Practice** Code: 014

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6270	Low field strength peripheral joint magnetic resonance imaging: Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine or head examinations	75,00	70,000	R 1 128,70					
20	**Radiation Oncology**								
	GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST								
	(a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services. (b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment.								
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								
	Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values								
20.1	Kilovolt therapy								
20.2	Radium therapy								
20.3	Isotope therapy								
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope								
20.4	Megavolt therapy								
20.5	Beta-ray therapy with strontium-90-applicator								
20.6	Planning of therapy								
20.7	Technical aids								
5141	Radiation materials (see modifier 0095)								
20.8	Oncological surgical procedures								
20.9	Special procedures								
20.10	Chemotherapy								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
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Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient.								
	Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities								
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy)	20,00	42,950	R 642,10	Z	20,00	42,950	R 820,90	Z
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	20,00	24,490	R 366,30	Z	20,00	24,490	R 468,30	Z
5792	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	20,00	30,610	R 458,10	Z	20,00	30,610	R 585,40	Z
	Non-infusional chemotherapy: Consultations are charged separately.								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately.								
5793	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)	20,00	127,580	R 1 908,40	Z	20,00	159,470	R 3 048,50	Z
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	20,00	90,030	R 1 346,60	Z	20,00	90,030	R 1 721,40	Z
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. 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	20,00	112,540	R 1 683,20	Z	20,00	112,540	R 2 151,40	Z
	Item 5795 is chargeable in addition to item 5793 by the Oncologist who owns or rents the chemotherapy facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (only to be added to item 5793 if own or rented facility is used).								
20.11	Radiation Therapy Planning								
20.11.1	Manual Radiotherapy Planning Procedures								
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT					50,00	42,560	R 988,90	Z

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest -TECHNICAL COMPONENT					50,00	99,320	R 2 307,60	Z
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT					50,00	56,180	R 1 305,30	Z
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT					50,00	131,100	R 3 046,00	Z
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT					50,00	76,620	R 1 780,20	Z
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT					50,00	178,770	R 4 153,50	Z
20.11.2	Conventional Radiotherapy Planning Procedures								
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT					50,00	170,260	R 3 955,70	Z
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT					50,00	397,270	R 9 230,10	Z
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT					50,00	238,360	R 5 537,70	Z
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT					50,00	556,180	R 12 922,20	Z
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT					50,00	297,950	R 6 922,30	Z
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT					50,00	695,220	R 16 152,80	Z
20.11.3	Three Dimensional Radiotherapy Planning Procedures								
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)					50,00	240,230	R 5 581,30	Z
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)					50,00	977,200	R 22 704,00	Z

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
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)					50,00	407,750	R 9 473,50	Z
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)					50,00	1368,070	R 31 785,60	Z
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)					50,00	554,330	R 12 879,20	Z
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)					50,00	1710,090	R 39 731,70	Z
20.11.4	Intensity Modulated Radiotherapy Planning Procedures								
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)					50,00	642,920	R 14 937,60	Z
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)					50,00	1916,810	R 44 534,60	Z
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)					50,00	232,180	R 5 394,60	Z
5625	Intensity Modulated Radiotherapy 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)					50,00	958,400	R 22 267,50	Z
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)					50,00	753,350	R 17 503,30	Z

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)					50,00	2174,480	R 50 521,50	Z
20.11.5	Kilovolt Radiation Treatment								
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT					50,00	49,080	R 1 140,30	Z
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT					50,00	114,520	R 2 661,00	Z
20.11.6	Short Course Radiation Treatment								
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT					50,00	105,740	R 2 456,60	Z
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT					50,00	246,730	R 5 732,50	Z
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT					50,00	148,040	R 3 439,80	Z
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT					50,00	345,410	R 8 025,20	Z
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT					50,00	190,330	R 4 421,80	Z
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT					50,00	444,110	R 10 318,30	Z
20.11.7	Weekly Radiation Treatment Sessions								
20.11.7.1	Weekly Radiation Treatment Sessions - Conventional Techniques								
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT					50,00	193,860	R 4 504,30	Z
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT					50,00	452,330	R 10 509,20	Z

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5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT					50,00	246,730	R 5 732,50	Z
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT					50,00	575,690	R 13 375,40	Z
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT					50,00	317,220	R 7 370,30	Z
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT					50,00	740,180	R 17 197,20	Z
20.11.7.2	Weekly Radiation Treatment Sessions - Advanced Techniques								
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT					50,00	236,240	R 5 488,90	Z
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT					50,00	551,210	R 12 806,70	Z
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT					50,00	330,730	R 7 684,10	Z
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT					50,00	771,710	R 17 929,90	Z
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT					50,00	425,230	R 9 879,80	Z
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT					50,00	992,190	R 23 052,10	Z
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT					50,00	348,870	R 8 105,70	Z
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT					50,00	814,030	R 18 913,10	Z
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT					50,00	826,830	R 19 210,40	Z

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5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT					50,00	1929,260	R 44 824,10	Z
20.11.8	Stereotactic Radiation								
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT					50,00	3719,340	R 86 414,30	Z
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT					50,00	8678,460	R 201 633,50	Z
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT					50,00	4277,240	R 99 376,30	Z
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT					50,00	9980,230	R 231 878,20	Z
20.12	Brachytherapy								
20.12.1	Isotope/Applicator Therapy								
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included					50,00	108,400	R 2 518,60	Z
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included					50,00	216,800	R 5 037,40	Z
5873	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					50,00	601,160	R 13 967,20	Z
20.12.2	Brachytherapy Implants								
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included					50,00	216,800	R 5 037,40	Z

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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					50,00	786,800	R 18 280,20	Z
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					50,00	1049,070	R 24 373,80	Z
20.12.3	Brachytherapy Treatment								
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included					50,00	613,040	R 14 243,30	Z
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					50,00	415,960	R 9 664,20	Z
5893	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					50,00	970,560	R 22 549,80	Z
20.12.4	Brachytherapy Imaging								
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885					50,00	156,770	R 3 642,40	Z
21	**Clinical Pathology**								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee								
	Please note: The calculated amounts in this section are calculated according to the clinical pathology unit values.								

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	Note: For fees for Histology and Cytology refer to items 4561-4593 under Section 22: Anatomical Pathology.								
21.1	Haematology								
3705	Alkali resistant haemoglobin	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3709	Antiglobulin test (Coombs' or trypsinzied red cells)	80,00	2,450	R 42,30		80,00	3,650	R 80,60	
3710	Antibody titration	80,00	4,800	R 82,90		80,00	7,200	R 158,90	
3712	Antibody identification	80,00	5,650	R 97,70		80,00	8,450	R 186,60	
3713	Bleeding time (does not include the cost of the simplate device)	80,00	4,630	R 80,20		80,00	6,940	R 153,40	
3714	Blood volume, dye method	80,00	4,800	R 82,90		80,00	7,200	R 158,90	
3715	Buffy layer examination	80,00	13,270	R 229,30		80,00	19,900	R 439,80	
3716	Mean Cell Volume	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
3717	Bone marrow cytological examination only	80,00	13,270	R 229,30		80,00	19,900	R 439,80	
3719	Bone marrow: Aspiration	80,00	5,600	R 97,10		80,00	8,400	R 185,60	
3720	Bone marrow trephine biopsy	80,00	21,700	R 375,20		80,00	32,600	R 720,70	
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	80,00	24,500	R 423,50		80,00	36,800	R 813,40	
3722	Capillary fragility: Hess	80,00	1,350	R 23,40		80,00	2,020	R 44,50	
3723	Circulating anticoagulants	80,00	3,900	R 67,50		80,00	5,850	R 129,20	
3724	Coagulation factor inhibitor assay	80,00	38,370	R 663,60		80,00	57,560	R 1 272,00	
3726	Activated protein C resistance	80,00	17,300	R 299,20		80,00	26,000	R 574,70	
3727	Coagulation time	80,00	2,110	R 36,50		80,00	3,160	R 69,80	
3728	Anti-factor Xa Activity	80,00	35,730	R 617,90		80,00	53,600	R 1 184,40	
3729	Cold agglutinins	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
3730	Protein S: Functional	80,00	25,000	R 432,40		80,00	37,500	R 828,70	
3731	Compatibility for blood transfusion	80,00	2,400	R 41,50		80,00	3,600	R 79,60	

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3732	Cryoglobulin	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
3734	Protein C (chromogenic)	80,00	20,190	R 349,00		80,00	30,290	R 669,40	
3735	Anti-thrombin III (chromogenic)	80,00	14,700	R 254,20		80,00	22,000	R 486,20	
3736	Plasminogen (chromogenic)	80,00	41,100	R 710,70		80,00	61,650	R 1 362,70	
3737	Lupus Russel Viper method	80,00	11,300	R 195,40		80,00	17,000	R 375,60	
3738	Lupus Kaolin Exner method	80,00	16,700	R 288,80		80,00	25,000	R 552,50	
3739	Erythrocyte count	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
3740	Factors V and VII: Qualitative	80,00	4,800	R 82,90		80,00	7,200	R 158,90	
3741	Coagulation factor assay: Functional	80,00	6,300	R 109,00		80,00	9,450	R 208,80	
3743	Erythrocyte sedimentation rate	80,00	2,000	R 34,70		80,00	3,000	R 66,30	
3744	Fibrin stabilizing factor (urea test)	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3746	Fibrin monomers	80,00	1,800	R 31,10		80,00	2,700	R 59,70	
3748	Plasminogen activator inhibitor (PAI-I)	80,00	43,970	R 760,30		80,00	65,950	R 1 457,50	
3750	Tissue plasminogen Activator (tPA)	80,00	45,190	R 781,40		80,00	67,790	R 1 498,30	
3753	Osmotic fragility (before and after incubation)	80,00	12,000	R 207,50		80,00	18,000	R 398,00	
3754	ABO Reverse Group	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	80,00	7,000	R 121,00		80,00	10,500	R 232,10	
3756	Full cross match	80,00	4,800	R 82,90		80,00	7,200	R 158,90	
3757	Coagulation factors: Quantitative	80,00	21,470	R 371,20		80,00	32,200	R 711,50	
3758	Factor VIII related antigen	80,00	40,310	R 696,80		80,00	60,460	R 1 336,30	
3759	Coagulation factor correction study	80,00	7,810	R 135,10		80,00	11,720	R 259,10	
3761	Factor XIII related antigen	80,00	40,740	R 704,70		80,00	61,110	R 1 350,50	
3762	Haemoglobin estimation	80,00	1,200	R 20,70		80,00	1,800	R 39,60	
3763	Contact activated product assay	80,00	10,800	R 186,70		80,00	16,200	R 357,90	

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3764	Grouping: A B and O antigens	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
3765	Grouping: Rh antigen	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
3766	PIVKA	80,00	28,990	R 501,20		80,00	43,490	R 961,20	
3767	Euglobulin Lysis time	80,00	17,050	R 294,80		80,00	25,580	R 565,40	
3768	Haemoglobin A2 (column chromatography)	80,00	10,000	R 173,20		80,00	15,000	R 331,40	
3769	Haemoglobin electrophoresis	80,00	17,880	R 309,20		80,00	26,820	R 592,60	
3770	Haemoglobin-S (solubility test)	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
3772	Haptoglobin: Quantitative	80,00	6,300	R 109,00		80,00	9,450	R 208,80	
3773	Ham's acidified serum test	80,00	5,330	R 92,10		80,00	8,000	R 176,90	
3775	Heinz bodies	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
3776	Haemosiderin in urinary sediment	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
3783	Leucocyte differential count	80,00	4,150	R 71,90		80,00	6,200	R 137,30	
3785	Leucocytes: Total count	80,00	1,200	R 20,70		80,00	1,800	R 39,60	
3786	QBC malaria concentration and fluorescent staining	80,00	16,700	R 288,80		80,00	25,000	R 552,50	
3787	LE-cells	80,00	5,550	R 96,00		80,00	8,300	R 183,40	
3789	Neutrophil alkaline phosphatase	80,00	18,700	R 323,50		80,00	28,000	R 618,70	
3791	Packed cell volume: Haematocrit	80,00	1,200	R 20,70		80,00	1,800	R 39,60	
3792	Plasmodium falciparum: Monoclonal immunological identification	80,00	6,000	R 103,70		80,00	9,000	R 199,10	
3793	Plasma haemoglobin	80,00	4,500	R 77,90		80,00	6,750	R 149,20	
3794	Platelet sensitivities	80,00	12,430	R 214,80		80,00	18,640	R 411,90	
3795	Platelet aggregation per aggregant	80,00	8,090	R 139,90		80,00	12,140	R 268,40	
3797	Platelet count	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
3799	Platelet adhesiveness	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3801	Prothrombin consumption	80,00	3,900	R 67,50		80,00	5,850	R 129,20	

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3803	Prothrombin determination (two stages)	80,00	3,900	R 67,50		80,00	5,850	R 129,20	
3805	Prothrombin index	80,00	4,000	R 68,90		80,00	6,000	R 132,40	
3806	Therapeutic drug level: Dosage	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3809	Reticulocyte count	80,00	2,000	R 34,70		80,00	3,000	R 66,30	
3810	Schumm's test	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
3811	Sickling test	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
3814	Sucrose lysis test for PNH	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	80,00	14,070	R 243,30		80,00	21,100	R 466,40	
3820	Thrombo - Elastogram	80,00	17,330	R 299,60		80,00	26,000	R 574,70	
3825	Fibrinogen titre	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	80,00	5,330	R 92,10		80,00	8,000	R 176,90	
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	80,00	10,700	R 185,20		80,00	16,000	R 353,70	
3832	Red cell pyruvate kinase: Quantitative	80,00	10,700	R 185,20		80,00	16,000	R 353,70	
3834	Red cell Rhesus phenotype	80,00	6,600	R 114,00		80,00	9,900	R 218,60	
3835	Haemoglobin F in blood smear	80,00	3,900	R 67,50		80,00	5,850	R 129,20	
3837	Partial thromboplastin time	80,00	3,900	R 67,50		80,00	5,850	R 129,20	
3841	Thrombin time (screen)	80,00	4,770	R 82,60		80,00	7,160	R 158,10	
3843	Thrombin time (serial)	80,00	5,100	R 88,20		80,00	7,650	R 169,00	
3847	Haemoglobin H	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
3851	Fibrin degeneration products (diffusion plate)	80,00	6,900	R 119,10		80,00	10,350	R 228,80	
3853	Fibrin degeneration products (latex slide)	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3854	XDP (Dimer test or equivalent latex slide test)	80,00	5,670	R 97,90		80,00	8,500	R 188,00	
3855	Haemagglutination inhibition	80,00	6,600	R 114,00		80,00	9,900	R 218,60	
3856	D-Dimer (quantitative)	80,00	18,350	R 317,40		80,00	27,520	R 608,40	

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3857	Ristocetin Cofactor	80,00	23,690	R 409,80		80,00	35,530	R 785,20	
3858	Heparin removal	80,00	19,250	R 333,10		80,00	28,880	R 638,40	
3718	Quantitative reverse transcriptase polymerase chain reaction (QR-PCR) for monitoring minimal residual disease (MRD) in leukaemia patients			R 0,00				R 0,00	
3751	Osmtoic fragility (screen)			R 0,00				R 0,00	
3752	Osmotic fragility test: Quantitative			R 0,00				R 0,00	
3771	Factor III-availability test			R 0,00				R 0,00	
3781	Heparin tolerance			R 0,00				R 0,00	
3796	Platelet antibodies: Agglutination			R 0,00				R 0,00	
3807	Recalcification time			R 0,00				R 0,00	
3828	Soluble urokrinase Plasminogen Activator Receptor (suPAR) ELISA			R 0,00				R 0,00	
4415	Ptoassium			R 0,00				R 0,00	
3711	Arneth count			R 0,00				R 0,00	
21.2	Microscopic and miscellaneous tests								
3863	Autogenous vaccine	80,00	8,400	R 145,10		80,00	12,600	R 278,30	
3864	Entomological examination	80,00	13,800	R 238,60		80,00	20,700	R 457,60	
3865	Parasites in blood smear	80,00	3,730	R 64,50		80,00	5,600	R 123,90	
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	80,00	3,300	R 57,10		80,00	4,900	R 108,70	
3868	Fungus identification	80,00	5,500	R 95,10		80,00	8,300	R 183,40	
3869	Faeces (including parasites)	80,00	3,270	R 56,50		80,00	4,900	R 108,70	
3873	Transmission electron microscopy	80,00	57,000	R 985,90		80,00	85,000	R 1 878,60	
3874	Scanning electron microscopy	80,00	67,000	R 1 158,50		80,00	100,000	R 2 209,90	
3875	Inclusion bodies	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3878	Crystal identification polarized light microscopy	80,00	3,000	R 51,90		80,00	4,500	R 99,30	

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3879	Campylobacter in stool: Fastidious culture	80,00	6,600	R 114,00		80,00	9,900	R 218,60	
3880	Antigen detection with polyclonal antibodies	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3881	Mycobacteria	80,00	2,000	R 34,70		80,00	3,000	R 66,30	
3882	Antigen detection with monoclonal antibodies	80,00	7,200	R 124,60		80,00	10,800	R 238,50	
3883	Concentration techniques for parasites	80,00	2,000	R 34,70		80,00	3,000	R 66,30	
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	80,00	4,200	R 72,40		80,00	6,300	R 139,30	
3885	Cytochemical stain	80,00	3,650	R 63,00		80,00	5,450	R 120,10	
3872	Automated urine microscopy			R 0,00				R 0,00	
21.3	Bacteriology								
3887	Antibiotic susceptibility test: Per organism	80,00	5,330	R 92,10		80,00	8,000	R 176,90	
3888	Adhesive tape preparation	80,00	1,800	R 31,10		80,00	2,700	R 59,70	
3889	Clostridium difficile toxin: Monoclonal immunological	80,00	8,270	R 143,00		80,00	12,400	R 273,90	
3890	Antibiotic assay of tissues and fluids	80,00	9,270	R 160,20		80,00	13,900	R 307,40	
3891	Blood culture: Aerobic	80,00	3,900	R 67,50		80,00	5,850	R 129,20	
3892	Blood culture: Anaerobic	80,00	3,900	R 67,50		80,00	5,850	R 129,20	
3893	Bacteriological culture: Miscellaneous	80,00	4,200	R 72,40		80,00	6,300	R 139,30	
3894	Radiometric blood culture	80,00	7,200	R 124,60		80,00	10,800	R 238,50	
3895	Bacteriological culture: Fastidious organisms	80,00	6,600	R 114,00		80,00	9,900	R 218,60	
3896	In vivo culture: Bacteria	80,00	10,650	R 184,20		80,00	16,000	R 353,70	
3897	In vivo culture: Virus	80,00	10,650	R 184,20		80,00	16,000	R 353,70	
3899	Bacterial exotoxin production (in vivo assay)	80,00	13,800	R 238,60		80,00	20,700	R 457,60	
3901	Fungal culture	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3902	Clostridium difficile (cytotoxicity neutralisation)	80,00	20,000	R 345,70		80,00	30,000	R 663,10	
3903	Antibiotic level: Biological fluids	80,00	7,800	R 134,90		80,00	11,700	R 258,30	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3904	Rotavirus latex slide test	80,00	3,750	R 65,00		80,00	5,620	R 124,30	
3905	Identification of virus or rickettsia	80,00	13,800	R 238,60		80,00	20,700	R 457,60	
3906	Identification: Chlamydia	80,00	10,650	R 184,20		80,00	16,000	R 353,70	
3908	Anaerobe culture: Comprehensive	80,00	6,600	R 114,00		80,00	9,900	R 218,60	
3909	Anaerobe culture: Limited procedure	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3911	Beta-lactamase assay	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3914	Sterility control test: Biological method	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3915	Mycobacterium culture	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3916	Radiometric tuberculosis culture	80,00	7,200	R 124,60		80,00	10,800	R 238,50	
3918	Mycoplasma culture: Comprehensive	80,00	6,600	R 114,00		80,00	9,900	R 218,60	
3919	Identification of mycobacterium	80,00	6,600	R 114,00		80,00	9,900	R 218,60	
3920	Mycobacterium: Antibiotic sensitivity	80,00	6,600	R 114,00		80,00	9,900	R 218,60	
3921	Antibiotic synergistic study	80,00	13,800	R 238,60		80,00	20,700	R 457,60	
3922	Viable cell count	80,00	0,900	R 15,40		80,00	1,350	R 29,70	
3923	Biochemical identification of bacterium: Abridged	80,00	2,100	R 36,40		80,00	3,150	R 69,70	
3924	Biochemical identification of bacterium: Extended	80,00	8,330	R 143,90		80,00	12,500	R 276,30	
3925	Serological identification of bacterium: Abridged	80,00	2,100	R 36,40		80,00	3,150	R 69,70	
3926	Serological identification of bacterium: Extended	80,00	6,800	R 117,50		80,00	10,200	R 225,40	
3927	Grouping for streptococci	80,00	4,850	R 83,70		80,00	7,300	R 161,40	
3928	Antimicrobic substances	80,00	2,500	R 43,10		80,00	3,800	R 84,00	
3929	Radiometric mycobacterium identification	80,00	9,300	R 160,70		80,00	14,000	R 309,50	
3930	Radiometric mycobacterium antibiotic sensitivity	80,00	16,700	R 288,80		80,00	25,000	R 552,50	
3931	Helicobacter: Monoclonal immunological	80,00	8,270	R 143,00		80,00	12,400	R 273,90	
4650	Antibiotic MIC per organism per antibiotic	80,00	5,330	R 92,10		80,00	8,000	R 176,90	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4651	Non-radiometric automated blood cultures	80,00	9,270	R 160,20		80,00	13,900	R 307,40	
4652	Rapid automated bacterial identification per organism	80,00	10,000	R 173,20		80,00	15,000	R 331,40	
4653	Rapid automated antibiotic susceptibility per organism	80,00	11,330	R 195,90		80,00	17,000	R 375,60	
4654	Rapid automated MIC per organism per antibiotic	80,00	11,330	R 195,90		80,00	17,000	R 375,60	
4655	Mycobacteria: MIC determination - E Test	80,00	11,000	R 190,50	Z	80,00	16,500	R 364,50	Z
4656	Mycobacteria: Identification HPLC	80,00	23,330	R 403,30	Z	80,00	35,000	R 773,60	Z
4657	Mycobacteria: Liquefied, consentrated, fluorochrome stain	80,00	6,600	R 114,00	Z	80,00	9,900	R 218,60	Z
3898	Bacterial extooxin production (in vitro assay)			R 0,00				R 0,00	
3900	Cytomegalovirus (CMV) pp65 antigen detection assay			R 0,00				R 0,00	
3917	Mycoplasma culture: Limited			R 0,00				R 0,00	
21.4	Serology								
3958	Anti Gad/Ia2 Ab	80,00	45,300	R 783,20		80,00	67,950	R 1 501,70	
3959	Rose Waaler agglutination test	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3960	Gonococcal, listeria or echinococcus agglutination	80,00	6,300	R 109,00		80,00	9,500	R 210,00	
3961	Slide agglutination test	80,00	1,750	R 30,30		80,00	2,630	R 58,10	
3963	Serum complement level: Each component	80,00	2,100	R 36,40		80,00	3,150	R 69,70	
3965	Anti Ia2 Antibodies	80,00	24,000	R 414,90		80,00	36,000	R 795,40	
3966	Anti Gad Antibodies	80,00	24,000	R 414,90		80,00	36,000	R 795,40	
3967	Auto-antibody: Sensitized erythrocytes	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3968	Herpes virus typing: Monoclonal immunological	80,00	13,790	R 238,50		80,00	20,690	R 457,20	
3969	Western blot technique	80,00	49,000	R 847,50		80,00	74,000	R 1 635,60	
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	80,00	9,400	R 162,60		80,00	14,100	R 311,70	
3933	IgE: Total: EMIT or ELISA	80,00	7,800	R 134,90		80,00	11,700	R 258,30	
3934	Auto antibodies by labelled antibodies	80,00	10,650	R 184,20		80,00	16,000	R 353,70	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3935	Sperm antibodies	80,00	10,650	R 184,20		80,00	16,000	R 353,70	
3936	Virus neutralisation test: First antibody	80,00	50,000	R 864,70		80,00	75,000	R 1 657,70	
3937	Virus neutralisation test: Each additional antibody	80,00	10,000	R 173,20		80,00	15,000	R 331,40	
3938	Precipitation test per antigen	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3939	Agglutination test per antigen	80,00	3,670	R 63,40		80,00	5,500	R 121,70	
3940	Haemagglutination test: Per antigen	80,00	6,600	R 114,00		80,00	9,900	R 218,60	
3941	Modified Coombs' test for brucellosis	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3942	Hepatitis Rapid Viral Ab	80,00	8,160	R 140,90		80,00	12,240	R 270,50	
3943	Antibody titer to bacterial exotoxin	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	80,00	8,270	R 143,00		80,00	12,400	R 273,90	
3945	Complement fixation test	80,00	3,900	R 67,50		80,00	5,850	R 129,20	
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	80,00	9,370	R 162,10		80,00	14,050	R 310,40	
3947	C-reactive protein	80,00	7,227	R 125,00		80,00	10,840	R 239,60	
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	80,00	8,630	R 149,10		80,00	12,950	R 286,40	
3949	Qualitative Kahn, VDRL or other flocculation	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
3950	Neutrophil phagocytosis	80,00	16,800	R 290,50		80,00	25,200	R 557,00	
3951	Quantitative Kahn, VDRL or other flocculation	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
3952	Neutrophil chemotaxis	80,00	45,300	R 783,20		80,00	67,950	R 1 501,70	
3953	Tube agglutination test	80,00	2,760	R 47,70		80,00	4,150	R 91,80	
3955	Paul Bunnell: Presumptive	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	80,00	5,670	R 97,90		80,00	8,500	R 188,00	
3971	Immuno-diffusion test: Per antigen	80,00	2,100	R 36,40		80,00	3,150	R 69,70	
3972	Respiratory syncytial virus (ELISA technique)	80,00	23,000	R 397,60		80,00	35,000	R 773,60	
3973	Immuno electrophoresis: Per immune serum	80,00	6,300	R 109,00		80,00	9,450	R 208,80	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3974	Polymerase chain reaction	80,00	50,000	R 864,70		80,00	75,000	R 1 657,70	
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	80,00	8,000	R 138,50		80,00	12,000	R 265,00	
3978	Lymphocyte transformation	80,00	34,500	R 596,60		80,00	51,700	R 1 142,60	
3980	Bilharzia Ag Serum/Urine	80,00	9,670	R 167,30		80,00	14,500	R 320,60	
3982	Histone Ab	80,00	10,670	R 184,40		80,00	16,000	R 353,70	
4600	Anti-CCP	80,00	11,640	R 201,30	Z	80,00	17,460	R 386,00	Z
4601	Panel typing: Antibody detection: Class I	80,00	24,000	R 414,90		80,00	36,000	R 795,40	
4602	Panel typing: Antibody detection: Class II	80,00	29,300	R 506,60		80,00	44,000	R 972,30	
4603	HLA test for specific locus/antigen - serology	80,00	18,000	R 311,30		80,00	27,000	R 596,80	
4604	HLA typing: Class I - serology	80,00	34,700	R 600,20		80,00	52,000	R 1 149,20	
4605	HLA typing: Class II - serology	80,00	34,700	R 600,20		80,00	52,000	R 1 149,20	
4606	HLA typing: Class I & II - serology	80,00	60,000	R 1 037,30		80,00	90,000	R 1 989,10	
4607	Cross matching T-cells (per tray)	80,00	12,000	R 207,50		80,00	18,000	R 398,00	
4608	Cross matching B-cells	80,00	25,300	R 437,50		80,00	38,000	R 839,80	
4609	Cross matching T- & B-cells	80,00	32,000	R 553,50		80,00	48,000	R 1 060,80	
4610	Helicobacter: Pylori antigen test	80,00	23,070	R 399,00		80,00	34,600	R 764,80	
4611	Erythropoietin	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4612	HTLV I/II	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4613	Anti-Gm1 Antibody Assay	80,00	50,000	R 864,70		80,00	75,000	R 1 657,70	
4614	HIV Ab - Rapid Test	80,00	8,000	R 138,50		80,00	12,000	R 265,00	
3957	Paul Bunnell: Absorption			R 0,00				R 0,00	
3962	Rebuck skin window			R 0,00				R 0,00	
3977	Counter immuno-electrophoresis			R 0,00				R 0,00	
3984	Quantiferon TB assay			R 0,00				R 0,00	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3986	Anti R7-V			R 0,00				R 0,00	
21.5	Skin tests								
	For skin-prick allergy tests, please refer to items 0218, 0220 and 0221 in Section 2: Integumentary Section								
21.6	Biochemical tests: Blood								
3991	Abnormal pigments: Qualitative	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
3993	Abnormal pigments: Quantitative	80,00	6,000	R 103,70		80,00	9,000	R 199,10	
3995	Acid phosphate	80,00	3,450	R 59,80		80,00	5,180	R 114,50	
3998	Amino acids Quantitative (Post derivatisation HPLC)	80,00	52,080	R 900,50		80,00	78,120	R 1 726,70	
3999	Albumin	80,00	3,200	R 55,20		80,00	4,800	R 106,10	
4000	Alcohol	80,00	8,270	R 143,00		80,00	12,400	R 273,90	
4001	Alkaline phosphatase	80,00	3,450	R 59,80		80,00	5,180	R 114,50	
4002	Alkaline phosphatase-iso-enzymes	80,00	7,800	R 134,90		80,00	11,700	R 258,30	
4003	Ammonia: Enzymatic	80,00	5,140	R 88,80		80,00	7,710	R 170,50	
4004	Ammonia: Monitor	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
4005	Alpha-1-antitrypsin: Total	80,00	4,800	R 82,90		80,00	7,200	R 158,90	
4006	Amylase	80,00	3,450	R 59,80		80,00	5,180	R 114,50	
4007	Arsenic in blood, hair or nails	80,00	24,170	R 417,90		80,00	36,250	R 801,30	
4008	Bilirubin - Reflectance	80,00	3,180	R 55,00		80,00	4,770	R 105,50	
4009	Bilirubin: Total	80,00	3,180	R 55,00		80,00	4,770	R 105,50	
4010	Bilirubin: Conjugated	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4011	Breath Hydrogen Test	80,00	14,370	R 248,30		80,00	21,560	R 476,40	
4012	CSF Nicotinic Acid	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4013	CSF Glutamine	80,00	7,500	R 129,50		80,00	11,250	R 248,50	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4014	Cadmium: Atomic absorption	80,00	12,080	R 208,80		80,00	18,120	R 400,60	
4016	Calcium: Ionized	80,00	4,500	R 77,90		80,00	6,750	R 149,20	
4017	Calcium: Spectrophotometric	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4018	Calcium: Atomic absorption	80,00	4,830	R 83,50		80,00	7,250	R 160,40	
4019	Carotene	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
4020	Carnitine (Total or free) in biological fluid: Each	80,00	7,790	R 134,60		80,00	11,690	R 258,20	
4021	Carnitine (Total or free) in muscle: Each	80,00	15,590	R 269,40		80,00	23,380	R 517,10	
4022	Acyl Carnitine	80,00	15,590	R 269,40		80,00	23,380	R 517,10	
4023	Chloride	80,00	1,730	R 30,00		80,00	2,590	R 57,30	
4025	Chol/HDL/LDL/Trig	80,00	18,050	R 312,10		80,00	27,070	R 598,20	
4026	LDL cholesterol (chemical determination)	80,00	4,600	R 79,60		80,00	6,900	R 152,50	
4027	Cholesterol total	80,00	3,560	R 61,70		80,00	5,340	R 117,90	
4028	HDL cholesterol	80,00	4,600	R 79,60		80,00	6,900	R 152,50	
4029	Cholinesterase: Serum or erythrocyte: Each	80,00	4,990	R 86,20		80,00	7,480	R 165,10	
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	80,00	6,000	R 103,70		80,00	9,000	R 199,10	
4031	Total CO2	80,00	3,450	R 59,80		80,00	5,180	R 114,50	
4032	Creatinine	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4033	CSF-Immunoglobulin G	80,00	6,300	R 109,00		80,00	9,450	R 208,80	
4034	C1-Esterase Inhibitor	80,00	6,300	R 109,00		80,00	9,450	R 208,80	
4035	CSF-Albumin	80,00	6,300	R 109,00		80,00	9,450	R 208,80	
4036	CSF-IgG Index	80,00	14,700	R 254,20		80,00	22,050	R 487,40	
4038	Glutamic acid	80,00	19,370	R 335,10		80,00	29,060	R 642,20	
4040	Homocysteine (random)	80,00	10,200	R 176,30		80,00	15,300	R 337,90	
4041	Homocysteine (after Methionine load)	80,00	12,060	R 208,60		80,00	18,100	R 400,00	

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4042	D-Xylose absorption test: Two hours	80,00	8,750	R 151,10		80,00	13,150	R 290,50	
4045	Fibrinogen: Quantitative	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
4049	Glucose tolerance test (2 specimens)	80,00	5,980	R 103,40		80,00	8,970	R 198,20	
4050	Glucose strip-test with photometric reading	80,00	1,200	R 20,70		80,00	1,800	R 39,60	
4051	Galactose	80,00	7,500	R 129,50		80,00	11,250	R 248,50	
4052	Glucose tolerance test (3 specimens)	80,00	8,780	R 151,80		80,00	13,170	R 291,30	
4053	Glucose tolerance test (4 specimens)	80,00	11,580	R 200,30		80,00	17,370	R 383,70	
4057	Glucose: Quantitative	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4061	Glucose tolerance test (5 specimens)	80,00	14,370	R 248,30		80,00	21,560	R 476,40	
4062	Galactose-1-phosphate uridyl transferase	80,00	10,700	R 185,20		80,00	16,000	R 353,70	
4063	Fructosamine	80,00	4,800	R 82,90		80,00	7,200	R 158,90	
4064	HbA1C	80,00	9,500	R 164,30		80,00	14,250	R 314,80	
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	80,00	31,250	R 540,30		80,00	46,880	R 1 036,00	
4067	Lithium: Flame ionisation	80,00	3,450	R 59,80		80,00	5,180	R 114,50	
4068	Lithium: Atomic absorption	80,00	4,990	R 86,20		80,00	7,480	R 165,10	
4071	Iron	80,00	4,500	R 77,90		80,00	6,750	R 149,20	
4073	Iron-binding capacity	80,00	5,100	R 88,20		80,00	7,650	R 169,00	
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day	80,00	12,730	R 220,20		80,00	19,100	R 422,00	
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	80,00	4,500	R 77,90		80,00	6,750	R 149,20	
4079	Ketones in plasma: Qualitative	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
4081	Drug level-biological fluid: Quantitative	80,00	7,200	R 124,60		80,00	10,800	R 238,50	
4082	Tacrolimus assay	80,00	13,400	R 231,70		80,00	20,100	R 444,30	
4083	Lysosomal enzyme assay	80,00	24,370	R 421,50		80,00	36,560	R 808,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4084	Thymidine kinase	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4085	Lipase	80,00	3,450	R 59,80		80,00	5,180	R 114,50	
4086	Lactate	80,00	10,670	R 184,40		80,00	16,000	R 353,70	
4091	Lipoprotein electrophoresis	80,00	6,000	R 103,70		80,00	9,000	R 199,10	
4092	Orosmucoid	80,00	6,300	R 109,00		80,00	9,450	R 208,80	
4093	Osmolality: Serum or urine	80,00	4,500	R 77,90		80,00	6,750	R 149,20	
4094	Magnesium: Spectrophotometric	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4095	Magnesium: Atomic absorption	80,00	4,830	R 83,50		80,00	7,250	R 160,40	
4096	Mercury: Atomic absorption	80,00	12,080	R 208,80		80,00	18,120	R 400,60	
4098	Copper: Atomic absorption	80,00	12,080	R 208,80		80,00	18,120	R 400,60	
4105	Protein electrophoresis	80,00	6,000	R 103,70		80,00	9,000	R 199,10	
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	80,00	13,200	R 228,30		80,00	20,000	R 441,80	
4109	Phosphate	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4113	Potassium	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4114	Sodium	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4117	Protein: Total	80,00	2,070	R 35,70		80,00	3,110	R 68,40	
4121	pH, pCO2 or pO2: Each	80,00	4,500	R 77,90		80,00	6,750	R 149,20	
4123	Pyruvic acid	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
4125	Salicylates	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
4127	Caeruloplasmin	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
4128	Phenylalanine: Quantitative	80,00	7,500	R 129,50		80,00	11,250	R 248,50	
4130	Aspartate aminotransferase (AST)	80,00	3,600	R 62,20		80,00	5,400	R 119,30	
4131	Alanine aminotransferase (ALT)	80,00	3,600	R 62,20		80,00	5,400	R 119,30	
4132	Creatine kinase (CK)	80,00	3,600	R 62,20		80,00	5,400	R 119,30	

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GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
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Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4133	Lactate dehidrogenase (LD)	80,00	3,600	R 62,20		80,00	5,400	R 119,30	
4134	Gamma glutamyl transferase (GGT)	80,00	3,600	R 62,20		80,00	5,400	R 119,30	
4135	Aldolase	80,00	3,600	R 62,20		80,00	5,400	R 119,30	
4136	Angiotensin converting enzyme (ACE)	80,00	6,000	R 103,70		80,00	9,000	R 199,10	
4137	Lactate dehydrogenase isoenzyme	80,00	7,200	R 124,60		80,00	10,800	R 238,50	
4138	CK-MB: Immunoinhibition/precipitation	80,00	7,200	R 124,60		80,00	10,800	R 238,50	
4139	Adenosine deaminase	80,00	3,600	R 62,20		80,00	5,400	R 119,30	
4143	Serum/plasma enzymes	80,00	3,600	R 62,20		80,00	5,400	R 119,30	
4144	Transferrin	80,00	7,800	R 134,90		80,00	11,700	R 258,30	
4146	Lead: Atomic absorption	80,00	10,000	R 173,20		80,00	15,000	R 331,40	
4147	Triglyceride	80,00	5,290	R 91,40		80,00	7,930	R 175,30	
4148	Tay - Sachs Study	80,00	24,370	R 421,50		80,00	36,560	R 808,10	
4149	Red cell magnesium	80,00	7,800	R 134,90		80,00	11,700	R 258,30	
4151	Urea	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4152	CK-MB: Mass determination: Quantitative (Automated)	80,00	8,270	R 143,00		80,00	12,400	R 273,90	
4153	CK-MB: Mass determination: Quantitative (Not automated)	80,00	11,650	R 201,50		80,00	17,470	R 386,10	
4154	Myoglobin quantitative: Monoclonal immunological	80,00	8,270	R 143,00		80,00	12,400	R 273,90	
4155	Uric acid	80,00	2,520	R 43,60		80,00	3,780	R 83,60	
4156	Vitamin D3	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4157	Vitamin A-saturation test	80,00	10,200	R 176,30		80,00	15,300	R 337,90	
4158	Vitamin E (tocopherol)	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
4159	Vitamin A	80,00	4,200	R 72,40		80,00	6,300	R 139,30	
4161	Troponin isoforms: Each	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4163	Apoprotein AI: Turbidometric method	80,00	5,520	R 95,40		80,00	8,280	R 183,00	

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4165	Apoprotein AII: Turbidometric method	80,00	5,520	R 95,40		80,00	8,280	R 183,00	
4167	Apoprotein B: Turbidometric method	80,00	5,520	R 95,40		80,00	8,280	R 183,00	
4170	Lipoprotein (a)(Lp(a)) assay	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4171	Sodium + potassium + chloride + CO2 + urea	80,00	10,560	R 182,80		80,00	15,840	R 349,90	
4172	ELISA/EMIT technique	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4173	Sirolimus Assay	80,00	52,000	R 898,90		80,00	78,000	R 1 724,00	
4181	Quantitative protein estimation: Mancini method	80,00	5,170	R 89,50		80,00	7,760	R 171,30	
4182	Quantitative protein estimation: Nephelometer or Turbidometeric method	80,00	5,520	R 95,40		80,00	8,280	R 183,00	
4183	Quantitative protein estimation: Labelled antibody	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4184	C-reactive protein (Ultra sensitive)	80,00	7,790	R 134,60		80,00	11,680	R 257,90	
4185	Lactose	80,00	7,200	R 124,60		80,00	10,800	R 238,50	
4186	Vitamin B6	80,00	10,200	R 176,30		80,00	15,300	R 337,90	
4187	Zinc: Atomic absorption	80,00	12,080	R 208,80		80,00	18,120	R 400,60	
3996	Serum Amyloid A			R 0,00				R 0,00	
3997	Acid phosphatase fractionation			R 0,00				R 0,00	
4047	Hollander test			R 0,00				R 0,00	
4080	Everolimus assay			R 0,00				R 0,00	
4111	Phospholipids			R 0,00				R 0,00	
4126	Secretin-pancreozymin response			R 0,00				R 0,00	
4129	Glutamate dehydrogenase (GDH)			R 0,00				R 0,00	
4142	Red cell enzymes: Each			R 0,00				R 0,00	
4160	Vitamin C (ascorbic acid)			R 0,00				R 0,00	
21.7	Biochemical tests: Urine								
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	80,00	1,000	R 17,20		80,00	1,500	R 33,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4189	Abnormal pigments	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
4193	Alkapton test: Homogentisic acid	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
4194	Amino acids: Quantitative (Post derivatisation HPLC)	80,00	52,080	R 900,50		80,00	78,120	R 1 726,70	
4195	Amino laevulinic acid	80,00	12,000	R 207,50		80,00	18,000	R 398,00	
4197	Amylase	80,00	3,450	R 59,80		80,00	5,180	R 114,50	
4198	Arsenic	80,00	12,080	R 208,80		80,00	18,120	R 400,60	
4199	Ascorbic acid	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
4201	Bence-Jones protein	80,00	1,800	R 31,10		80,00	2,700	R 59,70	
4204	Calcium: Atomic absorption	80,00	4,830	R 83,50		80,00	7,250	R 160,40	
4205	Calcium: Spectrophotometric	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4209	Lead: Atomic absorption	80,00	10,000	R 173,20		80,00	15,000	R 331,40	
4210	Urine collagen telopeptides	80,00	24,330	R 420,90		80,00	36,500	R 806,80	
4211	Bile pigments: Qualitative	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
4213	Protein: Quantitative	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
4216	Mucopolysaccharides: Qualitative	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
4217	Oxalate	80,00	6,250	R 108,00		80,00	9,380	R 207,50	
4218	Glucose: Quantitative	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
4219	Steroids: Chromatography (each)	80,00	4,800	R 82,90		80,00	7,200	R 158,90	
4221	Creatinine	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4223	Creatinine clearance	80,00	5,100	R 88,20		80,00	7,650	R 169,00	
4227	Electrophoresis: Qualitative	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
4228	Fetal Lung Maturity	80,00	24,370	R 421,50		80,00	36,560	R 808,10	
4230	Urine/Fluid - Specific Gravity	80,00	0,600	R 10,50		80,00	0,900	R 19,90	
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	80,00	25,000	R 432,40	Z	80,00	37,500	R 828,70	Z

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	80,00	31,200	R 539,30	Z	80,00	46,800	R 1 034,30	Z
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	80,00	25,000	R 432,40	Z	80,00	37,500	R 828,70	Z
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	80,00	31,200	R 539,30	Z	80,00	46,800	R 1 034,30	Z
4237	5-Hydroxy-indole-acetic acid: Screen test	80,00	1,800	R 31,10		80,00	2,700	R 59,70	
4238	5HIAA (Hplc)	80,00	52,080	R 900,50		80,00	78,120	R 1 726,70	
4247	Ketones: Excluding dip-stick method	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
4248	Reducing substances	80,00	1,200	R 20,70		80,00	1,800	R 39,60	
4251	Metanephrines: Column chromatography	80,00	14,700	R 254,20		80,00	22,050	R 487,40	
4252	Metanephrine (Hplc)	80,00	52,080	R 900,50		80,00	78,120	R 1 726,70	
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	80,00	18,000	R 311,30		80,00	27,000	R 596,80	
4254	Nitrosonaphtol test for tyrosine	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
4255	Orotic Acid - Urine	80,00	6,300	R 109,00		80,00	9,450	R 208,80	
4256	Very long Chain Fatty Acids	80,00	86,250	R 1 491,60		80,00	129,380	R 2 859,20	
4261	Micro Albumin: Quantitative	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4262	Micro Albumin: Qualitative	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
4263	pH: Excluding dip-stick method	80,00	0,600	R 10,50		80,00	0,900	R 19,90	
4265	Thin layer chromatography: One way	80,00	4,500	R 77,90		80,00	6,750	R 149,20	
4266	Thin layer chromatography: Two way	80,00	7,500	R 129,50		80,00	11,250	R 248,50	
4268	Organic acids: Quantitative: GCMS	80,00	72,920	R 1 260,90		80,00	109,380	R 2 417,50	
4269	Phenylpyruvic acid: Ferric chloride	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
4270	Chromium Total Urine	80,00	12,080	R 208,80		80,00	18,120	R 400,60	
4271	Phosphate excretion index	80,00	14,700	R 254,20		80,00	22,050	R 487,40	
4272	Porphobilinogen qualitative screen: Urine	80,00	3,330	R 57,40		80,00	5,000	R 110,60	

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4273	Porphobilinogen/ALA: Quantitative each	80,00	10,000	R 173,20		80,00	15,000	R 331,40	
4283	Magnesium: Spectrophotometric	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4284	Magnesium: Atomic absorption	80,00	4,830	R 83,50		80,00	7,250	R 160,40	
4285	Identification of carbohydrate	80,00	5,100	R 88,20		80,00	7,650	R 169,00	
4287	Identification of drug: Qualitative	80,00	3,000	R 51,90		80,00	4,500	R 99,30	
4288	Identification of drug: Quantitative	80,00	7,200	R 124,60		80,00	10,800	R 238,50	
4293	Urea clearance	80,00	3,600	R 62,20		80,00	5,400	R 119,30	
4297	Copper: Spectrophotometric	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4298	Copper: Atomic absorption	80,00	12,080	R 208,80		80,00	18,120	R 400,60	
4301	Chloride	80,00	1,730	R 30,00		80,00	2,590	R 57,30	
4309	Urobilinogen: Quantitative	80,00	4,500	R 77,90		80,00	6,750	R 149,20	
4313	Phosphates	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4315	Potassium	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4316	Sodium	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4319	Urea	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4321	Uric acid	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4323	Total protein and protein electrophoresis	80,00	7,500	R 129,50		80,00	11,250	R 248,50	
4325	VMA: Quantitative	80,00	7,500	R 129,50		80,00	11,250	R 248,50	
4326	Catecholamines (HPLC)	80,00	52,080	R 900,50		80,00	78,120	R 1 726,70	
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	80,00	31,250	R 540,30		80,00	46,880	R 1 036,00	
4328	Immunoglobulin D	80,00	6,300	R 109,00		80,00	9,450	R 208,80	
4335	Cystine: Quantitative	80,00	8,400	R 145,10		80,00	12,600	R 278,30	
4336	Dinitrophenol hydrazine test: Ketoacids	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
4203	Phenol			R 0,00				R 0,00	

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4206	Calcium: Absorption and excretion studies			R 0,00				R 0,00	
4229	Uric acid clearance			R 0,00				R 0,00	
4235	Inborn errors of metabolism (IEM) screening test by Tandem Mass Spectrometry for the detection of aminoacidopathies and cacylcamtine metabolic defects			R 0,00				R 0,00	
4239	5-Hydroxy-indole-acetic acid: Quantitative			R 0,00				R 0,00	
4267	Ttoal organic matter screen: Infrared			R 0,00				R 0,00	
4300	Indican or indole: Qualitative			R 0,00				R 0,00	
4307	Ammonium chloride loading test			R 0,00				R 0,00	
4322	Fluoride			R 0,00				R 0,00	
4337	Hydroxyproline: Quantitative			R 0,00				R 0,00	
4220	Klinolab Newborn Screen			R 0,00				R 0,00	
21.8	Biochemical tests: Faeces								
4339	Chloride	80,00	1,730	R 30,00		80,00	2,590	R 57,30	
4343	Fat: Qualitative	80,00	2,100	R 36,40		80,00	3,150	R 69,70	
4345	Fat: Quantitative	80,00	14,700	R 254,20		80,00	22,050	R 487,40	
4347	Ph	80,00	0,600	R 10,50		80,00	0,900	R 19,90	
4351	Occult blood: Chemical test	80,00	1,500	R 25,80		80,00	2,250	R 49,80	
4352	Occult blood: Monoclonal antibodies	80,00	6,670	R 115,20		80,00	10,000	R 221,10	
4357	Potassium	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4358	Sodium	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4359	Secretory IgA	80,00	6,300	R 109,00		80,00	9,450	R 208,80	
4362	Elastase quantitative ELISA	80,00	31,330	R 541,60		80,00	47,000	R 1 038,60	
4363	Stercobilinogen: Quantitative	80,00	4,500	R 77,90		80,00	6,750	R 149,20	
4350	M2 Pyruvate Kinase quantitative ELISA			R 0,00				R 0,00	

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4361	Stercobilin			R 0,00				R 0,00	
4364	Chymotrypsin determination: Enzymatic			R 0,00				R 0,00	
21.9	Biochemical tests: Miscellaneous								
4366	Porphyrin screen qualitative: Urine, stool, red blood cells: Each	80,00	3,330	R 57,40		80,00	5,000	R 110,60	
4367	Porphyrin qualitative analysis by TLC: Urine, stool, red blood cells: Each	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4368	Porphyrin: Total quantisation: Urine, stool, red blood cells: Each	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4369	Porphyrin quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	80,00	20,000	R 345,70		80,00	30,000	R 663,10	
4370	Drug level in biological fluid: Monoclonal immunological	80,00	8,270	R 143,00		80,00	12,400	R 273,90	
4371	Amylase in exudate	80,00	3,450	R 59,80		80,00	5,180	R 114,50	
4372	Fluoride in biological fluids and water	80,00	10,410	R 180,20		80,00	15,620	R 345,30	
4374	Trace metals in biological fluid: Atomic absorption	80,00	12,090	R 208,90		80,00	18,130	R 400,70	
4375	Calcium in fluid: Spectrophotometric	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4376	Calcium in fluid: Atomic absorption	80,00	4,830	R 83,50		80,00	7,250	R 160,40	
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	80,00	14,590	R 252,30		80,00	21,880	R 483,50	
4378	Urea breath test	80,00	38,670	R 668,70		80,00	58,000	R 1 282,00	
4380	Lecithin in amniotic fluid: L/S ratio	80,00	18,000	R 311,30		80,00	27,000	R 596,80	
4381	Lamellar body count in amniotic fluid	80,00	6,700	R 116,00		80,00	10,000	R 221,10	
4390	Foam test: Amniotic fluid	80,00	2,100	R 36,40		80,00	3,150	R 69,70	
4391	Renal calculus: Chemistry	80,00	3,600	R 62,20		80,00	5,400	R 119,30	
4392	Renal calculus: Crystallography	80,00	10,800	R 186,70		80,00	16,250	R 359,30	
4395	Sweat: Sodium	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4396	Sweat: Potassium	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4397	Sweat: Chloride	80,00	1,730	R 30,00		80,00	2,590	R 57,30	
4399	Sweat collection by iontophoresis (excluding collection material)	80,00	3,000	R 51,90		80,00	4,500	R 99,30	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4400	Tryptophane loading test	80,00	14,700	R 254,20		80,00	22,050	R 487,40	
4373	Breast milk analysis			R 0,00				R 0,00	
4382	Bilirubin in amnitoic fluid: Spectrophtoometric essay			R 0,00				R 0,00	
4386	Oestrogen/Progesterone receptors: Fluorescent method			R 0,00				R 0,00	
4387	Oestrogen/Progesterone receptors: Cytosol radio-istoope technique			R 0,00				R 0,00	
4388	Gastric contents: Maximal stimulation test			R 0,00				R 0,00	
4389	Gastric fluid: Ttoal acid per specimen			R 0,00				R 0,00	
4393	Saliva: Ptoassium			R 0,00				R 0,00	
4394	Saliva: Sodium			R 0,00				R 0,00	
21.10	Cerebrospinal fluid								
4401	Cell count	80,00	2,300	R 39,80		80,00	3,450	R 76,30	
4407	Cell count, protein, glucose and chloride	80,00	5,100	R 88,20		80,00	7,650	R 169,00	
4409	Chloride	80,00	1,730	R 30,00		80,00	2,590	R 57,30	
4416	Sodium	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4417	Protein: Qualitative	80,00	0,600	R 10,50		80,00	0,900	R 19,90	
4419	Protein: Quantitative	80,00	2,070	R 35,70		80,00	3,110	R 68,40	
4421	Glucose	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4423	Urea	80,00	2,410	R 41,80		80,00	3,620	R 80,00	
4425	Protein electrophoresis	80,00	8,400	R 145,10		80,00	12,600	R 278,30	
21.11	RNA/DNA based tests and andrology								
21.11.1	RNA/DNA based tests and andrology: RNA/DNA based tests								
4424	HLA test for specific allele DNA-PCR	80,00	24,000	R 414,90		80,00	36,000	R 795,40	
4426	HLA typing low resolution Class I DNA-PCR per locus	80,00	67,000	R 1 158,50		80,00	100,000	R 2 209,90	
4427	HLA typing low resolution Class II DNA-PCR per locus	80,00	49,300	R 852,60		80,00	74,000	R 1 635,60	

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
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Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4428	HLA typing high resolution Class I or II DNA-PCR per locus	80,00	44,000	R 760,80		80,00	66,000	R 1 458,90	
4429	Quantitative PCR (DNA/RNA)	80,00	56,200	R 972,00		80,00	84,300	R 1 863,10	
4430	Recombinant DNA technique	80,00	16,670	R 288,50		80,00	25,000	R 552,50	
4431	Ribosomal RNA targeting for bacteriological identification	80,00	23,330	R 403,30		80,00	35,000	R 773,60	
4432	Ribosomal RNA amplification for bacteriological identification	80,00	50,000	R 864,70		80,00	75,000	R 1 657,70	
4433	Bacteriological DNA identification (LCR)	80,00	16,670	R 288,50		80,00	25,000	R 552,50	
4434	Bacteriological DNA identification (PCR)	80,00	50,000	R 864,70		80,00	75,000	R 1 657,70	
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	80,00	100,000	R 1 729,00	Z	80,00	150,000	R 3 315,10	Z
21.11.2	RNA/DNA based tests and andrology: Andrology								
4435	Mixed antiglobulin reaction: Semen	80,00	4,400	R 76,20		80,00	6,600	R 145,70	
4436	Friberg test: Semen	80,00	9,670	R 167,30		80,00	14,500	R 320,60	
4437	Kremer test: Semen	80,00	2,400	R 41,50		80,00	3,600	R 79,60	
4440	Semen analysis: Cell count	80,00	5,100	R 88,20		80,00	7,650	R 169,00	
4441	Semen analysis: Cytology	80,00	4,800	R 82,90		80,00	7,200	R 158,90	
4442	Semen analysis: Viability + motility - 6 hours	80,00	4,000	R 68,90		80,00	6,000	R 132,40	
4443	Semen analysis: Supravital stain	80,00	3,630	R 62,80		80,00	5,440	R 119,90	
4445	Seminal fluid: Alpha glucosidase	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4446	Seminal fluid fructose	80,00	2,100	R 36,40		80,00	3,150	R 69,70	
4447	Seminal fluid: Acid phosphatase	80,00	3,450	R 59,80		80,00	5,180	R 114,50	
21.12	Immunology								
4448	HCG: Latex agglutination: Qualitative (side room)	80,00	2,670	R 46,20		80,00	4,000	R 88,10	
4449	HCG: Latex agglutination: Semi-quantitative (side room)	80,00	6,210	R 107,40		80,00	9,310	R 205,50	
4450	HCG: Monoclonal immunological: Qualitative	80,00	6,670	R 115,20		80,00	10,000	R 221,10	
4451	HCG: Monoclonal immunological: Quantitative	80,00	8,270	R 143,00		80,00	12,400	R 273,90	

CONTRACTED MEDICAL PRACTITIONERS

gems
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GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4452	Bone Specific Alk Phosphatase	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4455	Anti IgE receptor antibody test (10 samples and dilution)	80,00	107,710	R 1 862,40		80,00	161,560	R 3 570,40	
4456	Eosinophil cationic protein	80,00	18,540	R 320,30		80,00	27,810	R 614,40	
4457	Mast cell tryptase	80,00	64,580	R 1 116,80		80,00	96,870	R 2 141,20	
4458	Micro-albuminuria: Radio-isotope method	80,00	8,300	R 143,60		80,00	12,420	R 274,50	
4459	Acetyl choline receptor antibody	80,00	105,410	R 1 822,60		80,00	158,120	R 3 494,50	
4460	CA-199 tumour marker	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4461	Nuclear Matrix Protein 22	80,00	23,330	R 403,30		80,00	35,000	R 773,60	
4462	CA-125 tumour marker	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4463	C6 complement functional essay	80,00	30,000	R 518,90		80,00	45,000	R 994,50	
4466	Beta-2-microglobulin	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4467	Chromograqnin A	80,00	31,330	R 541,60		80,00	47,000	R 1 038,60	
4468	CA-549	80,00	13,300	R 230,00		80,00	20,000	R 441,80	
4469	Tumour markers: Monoclonal immunological (each)	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4470	CA-195 tumour marker	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4471	Carcino-embryonic antigen	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4473	TSH Receptor Ab	80,00	11,650	R 201,50		80,00	17,480	R 386,20	
4474	Cast Per Allergen	80,00	18,540	R 320,30		80,00	27,810	R 614,40	
4475	CA-724	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4477	Neuron specific enolase	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4478	Osteocalcin	80,00	20,930	R 361,80		80,00	31,400	R 694,00	
4479	Vitamin B12-absorption: Shilling test	80,00	7,800	R 134,90		80,00	11,700	R 258,30	
4480	Serotonin	80,00	12,500	R 216,30		80,00	18,750	R 414,40	
4482	Free thyroxine (FT4)	80,00	11,650	R 201,50		80,00	17,480	R 386,20	

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GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice** Code: 014

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	80,00	24,720	R 427,40		80,00	37,080	R 819,70	
4485	Insulin	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4486	C-Peptide	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4487	Calcitonin	80,00	12,600	R 217,90		80,00	18,900	R 417,90	
4488	B-Type Natriuretic Peptide	80,00	31,360	R 542,10		80,00	47,040	R 1 039,60	
4490	Releasing hormone response	80,00	33,350	R 576,50		80,00	50,000	R 1 105,20	
4491	Vitamin B12	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4492	Vitamin D3: Calcitroil (RIA)	80,00	50,000	R 864,70		80,00	75,000	R 1 657,70	
4493	Drug concentration: Quantitative	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4494	Free hormone assay	80,00	11,650	R 201,50		80,00	17,480	R 386,20	
4495	Growth hormone	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4496	Hormone concentration: Quantitative	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4497	Carbohydrate deficient transferrin	80,00	19,370	R 335,10		80,00	29,060	R 642,20	
4499	Cortisol	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4500	DHEA sulphate	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4501	Testosterone	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4502	Free testosterone	80,00	11,650	R 201,50		80,00	17,480	R 386,20	
4503	Oestradiol	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4505	Oestriol	80,00	7,200	R 124,60		80,00	10,800	R 238,50	
4506	Multiple antigen specific IgE screening test for Atopy	80,00	24,800	R 428,90		80,00	37,260	R 823,40	
4507	Thyrotropin (TSH)	80,00	13,070	R 226,10		80,00	19,600	R 433,40	
4508	Combined antigen specific IgE	80,00	16,600	R 287,00		80,00	24,480	R 540,70	
4509	Free tri-iodothyronine (FT3)	80,00	11,650	R 201,50		80,00	17,480	R 386,20	
4511	Renin activity	80,00	12,600	R 217,90		80,00	18,900	R 417,90	

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Practice Type: **General Medical Practice** Code: 014

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4512	Parathormone	80,00	11,390	R 196,90		80,00	17,080	R 377,50	
4513	IgE: Total	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4514	Antigen specific IgE	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4515	Aldosterone	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4516	Follitropin (FSH)	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4517	Lutropin (LH)	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4518	Soluble transferrin receptor	80,00	7,500	R 129,50		80,00	11,250	R 248,50	
4519	Prostate specific antigen	80,00	9,660	R 167,10		80,00	14,490	R 320,30	
4520	17 Hydroxy progesterone	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4521	Progesterone	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4522	Alpha-feto protein	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4523	ACTH	80,00	14,490	R 250,60		80,00	21,740	R 480,60	
4524	Free PSA	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4526	Sex hormone binding globulin	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4527	Gastrin	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4528	Ferritin	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4529	Anti-DNA antibodies	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4530	Antiplatelet antibodies	80,00	10,200	R 176,30		80,00	15,300	R 337,90	
4531	Hepatitis: Per antigen or antibody	80,00	9,660	R 167,10		80,00	14,490	R 320,30	
4532	Transcobalamine	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4533	Folic acid	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4534	Prostatic acid phosphatase	80,00	8,280	R 143,10		80,00	12,420	R 274,50	
4536	Erythrocyte folate	80,00	11,650	R 201,50		80,00	17,480	R 386,20	
4537	Prolactin	80,00	8,280	R 143,10		80,00	12,420	R 274,50	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4538	Procalcitonin: Semi-quantitative	80,00	21,330	R 368,90		80,00	32,000	R 707,30	
4539	Procalcitonin: Quantitative	80,00	30,670	R 530,40		80,00	46,000	R 1 016,70	
4540	HCG: Quantitative as used for Down's screen	80,00	10,000	R 173,20		80,00	15,000	R 331,40	
4546	First trimester Downs screen	80,00	35,670	R 616,60		80,00	53,500	R 1 182,30	
4552	Second Trimester Down's screen	80,00	22,410	R 387,40		80,00	33,620	R 743,10	
4553	Thyroglubulin	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4554	SCC marker	80,00	13,330	R 230,70		80,00	20,000	R 441,80	
4464	House dust mite antigen ELIZA			R 0,00				R 0,00	
4472	MCA antigen tumour marker			R 0,00				R 0,00	
4476	Neopterin			R 0,00				R 0,00	
4504	Anti-mullerian hormone			R 0,00				R 0,00	
21.13	Clinical pathology: Miscellaneous								
4544	Attendance in theatre					80,00	27,000	R 596,80	
4547	After-hours service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays - Refer to General Rule B.								
4551	Unlisted pathology service: Fees for items not listed in the current Pathology schedule (sections 21, 22 and 23) will be based on the fee for a comparable service in the coding structure. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted pathology service which will be based on the fee for a comparable service in the coding structure. New items for these unlisted services should be added to the coding structure within six months or that specific unlisted pathology service should no longer be performed. Please note General Rule C and item 6999 are not applicable to pathology services (sections 21, 22 and 23)								
4555	Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately								
4549	Minimum fee: After-hours			R 0,00				R 0,00	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
22	**Anatomical Pathology**								
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values								
22.1	Exfoliative cytology								
4561	Sputum, all body fluids and tumour aspirates: First unit	90,00	8,900	R 177,70		90,00	13,400	R 341,50	
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	90,00	5,200	R 103,70		90,00	7,800	R 199,10	
4564	Performance of fine-needle aspiration for cytology					90,00	15,000	R 382,30	
4565	Examination of fine needle aspiration in theatre	90,00	60,000	R 1 196,30		90,00	90,000	R 2 293,60	
4566	Vaginal or cervical smears, each	90,00	7,000	R 139,50		90,00	11,000	R 280,30	
4559	Cytology preparation using approved liquid bases cytology method: First unit			R 0,00				R 0,00	
4560	Cytology preparation using approved liquid bases cytology method: Each additional unit			R 0,00				R 0,00	
22.2	Histology								
4567	Histology per sample	95,00	13,300	R 251,10		95,00	20,000	R 482,60	
4571	Histology per additional block, each	95,00	7,700	R 145,30		95,00	11,600	R 280,00	
4575	Histology and frozen section in laboratory	95,00	15,100	R 285,00		95,00	22,700	R 547,60	
4577	Histology and frozen section in theatre	95,00	60,000	R 1 132,50		95,00	90,000	R 2 171,60	
4578	Second and subsequent frozen sections, each	95,00	13,400	R 253,00		95,00	20,000	R 482,60	
4579	Attendance in theatre - no frozen section performed	95,00	30,000	R 566,40		95,00	45,000	R 1 085,70	
4582	Serial step sections (including item 4567)	95,00	15,600	R 294,50		95,00	23,300	R 562,20	
4584	Serial step sections per additional block, each	95,00	9,000	R 170,00		95,00	13,500	R 325,60	
4587	Histology consultation	95,00	6,700	R 126,60		95,00	10,100	R 243,90	
4589	Special stains	95,00	4,500	R 85,20		95,00	6,700	R 161,50	
4591	Immunofluorescence studies	95,00	13,800	R 260,50		95,00	20,700	R 499,40	
4592	Immunoperoxidase studies	95,00	26,670	R 503,30		95,00	40,000	R 965,40	

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gems
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4593	Electron microscopy	95,00	63,000	R 1 189,50		95,00	94,000	R 2 268,00	
4595	Foetal autopsy excluding histology	95,00	48,670	R 918,80		95,00	73,000	R 1 761,20	
4590	Special procedures (special procedures are confined to polarization, decalcification and submission of blocks for radiological examination to identify microcalcifications)				Refer Rule C				Refer Rule C
23	**Human Genetics**								
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values								
23.1	Cytogenitc								
4750	Cell culture: Lymphocytes, cord blood	100,00	15,000	R 265,70		100,00	15,000	R 339,60	
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	100,00	45,000	R 796,90		100,00	45,000	R 1 018,60	
4752	Cell culture: Chorionic villi	100,00	60,000	R 1 062,70		100,00	60,000	R 1 358,30	
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	100,00	135,000	R 2 390,70		100,00	135,000	R 3 055,50	
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukamia bloods: Idiograms, karyotyping, one straining technique	100,00	270,000	R 4 781,80		100,00	270,000	R 6 111,60	
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	100,00	70,000	R 1 239,80		100,00	70,000	R 1 584,40	
4760	FISH procedure, including cell culture	100,00	115,000	R 2 036,60		100,00	115,000	R 2 603,10	
4761	FISH analysis per probe system	100,00	35,000	R 619,70		100,00	35,000	R 792,20	
23.2	DNA-testing								
4763	Blood: DNA extraction	100,00	45,000	R 796,90		100,00	45,000	R 1 018,60	
4764	Blood: Genotype per person: Southern blotting	100,00	89,000	R 1 576,20		100,00	89,000	R 2 014,80	
4765	Blood: Genotype per person: PCR	100,00	60,000	R 1 062,70		100,00	60,000	R 1 358,30	
4766	HIV Drug Resistance Testing	100,00	342,000	R 6 056,90		100,00	513,000	R 11 611,90	
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	100,00	90,000	R 1 593,80		100,00	90,000	R 2 037,10	

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	100,00	188,000	R 3 329,40		100,00	188,000	R 4 255,10	
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	100,00	120,000	R 2 125,30		100,00	120,000	R 2 716,30	
IV.	**Travelling Expenses**								
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.								
5003	The indicated amount for each kilometre in excess of 16 kilometres travelled in own car e.g. where a practitioner has to travel 19 kilometres in total to visit a patient, the fees shall be calculated as follows: 19-16=3 X Indicated amount	20,00	1,000	R 14,80		20,00	1,000	R 19,00	
5005	Normal hours: Specialist: 18,00 clinical procedure units per hour or part thereof					20,00	18,000	R 343,90	
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof	20,00	18,000	R 269,10					
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them								
5009	After hours: Specialist: 27.00 clinical procedure units per hour or part thereof			R 0,00				R 0,00	
5011	After hours: General Practitioner: 27.00 clinical procedure units per hour or part thereof			R 0,00				R 0,00	

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **General Medical Practice**
Code: 014

Practice Type: **Obstetrics and Gynaecology**
Code: 016

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
V.	**LIST OF PROCEDURES WHICH ARE OFTEN DONE IN THE DOCTORS' ROOMS TO WHICH MODIFIER 0004 SHOULD NOT BE APPLIED**								
	Modifier 0004 is not applicable to the following sections: • All anaesthetic services • Section 19: Radiology • Section 20: Radiation Oncology • Section 21: Clinical Pathology (except for items 3719, 3720 and 3721 where modifier 0004 may be applied) • Section 22: Anatomical Pathology • Section 23: Human Genetic Please note: This is not a conclusive list and practitioners should not be penalised when patients need to be admitted to hospital for these procedures.								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
Code: 032

Practice Type: **Paedicatrics Management Group (PMG)**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	In calculating the GEMS Tariff , the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. **ALL GEMS TARIFFS ARE VAT INCLUSIVE.**								
	RULES GOVERNING THE STRUCTURE								
A.	Consultations: Definitions: (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 receive additional remuneration. (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. (c) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and no fees may be levied (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.								
B.	Normal hours and after hours: After-hours services are paid at the same rate as benefits for normal hours services. Bona fide emergency medical services rendered to a patient, at any time, may attract a fee as specified in modifier 0011 and items 0146 or 0147 (which should be added to the appropriate consultative services code selected from items 0190-0192, 0173-0175, 0161-0164, 0166-0169)								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
Code: 032

Practice Type: **Paedicatrics Management Group (PMG)**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
C.	Comparable services: A service may be rendered that is not listed in this edition of the coding structure. The fee that may be charged in respect of the rendering of a service not listed in this coding structure shall be based on the fee in respect of a comparable service. For these procedure(s)/service(s), item 6999: Unlisted procedure or service code, should be used. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted procedure/service which will be based on the fee for a comparable service in the coding structure. When item 6999 is used to indicate that an unlisted service was rendered, the use of the item must be supported by a special report. This report must include: (1) An adequate definition or description of the nature, extent and need for the procedure/service or "medical necessity"; (2) In which respect is this service unusual or different in technique, compared to available procedures/services listed in the coding structure? Information regarding the nature and extent of the procedure/service, time and effort, special/dedicated equipment needed to provide this service, must be included in the report; (3) Is this procedure/service medically appropriate under the circumstances? Explain why another procedure/service listed in the coding structure will not be appropriate in this case; (4) A description of the complexity of the symptoms and concurrent problems must be supplied; (5) Final diagnosis supported by the appropriate ICD-10 code(s); (6) Pertinent physical findings (size, location and number of lesions if applicable); (7) Mention any other diagnostic or therapeutic procedure(s)/service(s) provided at the same session; (8) Any further diagnostic or therapeutic procedure(s)/service(s) to be provided in the follow-up period; and (9) Description of the follow-up care needed. Please note: This comparable service code may not be used for a period longer than six months for a particular procedure/service after which time an application has to be made for the addition of a specific code for this procedure								
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 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								

CONTRACTED MEDICAL PRACTITIONERS

gems
Government Employees Medical Scheme

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
Code: 032

Practice Type: **Paedicatrics Management Group (PMG)**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
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								
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								
G.	Post-operative care: (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding ONE month (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed). (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 this to be done without extra charge. (c) When post-operative care/treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the scheme or the patient (in case of a private account) may be charged. (d) Normal after-care refers to an uncomplicated post-operative period not requiring any further incisions								
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for 10 days								
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. The use of this rule is not intended merely to increase the Medical Schemes Benefits.								
K.	Practice of specialists: In terms of the conditions in respect of the practice of specialists as published in Government Gazette No. 12958 of 11 January 1991, a specialist may treat any person who comes to him direct for consultation. A specialist who is consulted by a patient or who treats a patient, shall take all reasonable steps to ensure the collaboration of the patient's general practitioner. Medical practitioners referring cases to other medical practitioners shall indicate in the reference whether the patient is a member of a medical scheme or a dependant of such member. This also applies in respect of specimens sent to pathologists								
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								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
Code: 032

Practice Type: **Paedicatrics Management Group (PMG)**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
M.	Procedure planned to be performed later: In cases where, during a consultation/ visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion								
N.	"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								
O.	Costly or prolonged medical services or procedures: In the case of costly or prolonged medical services or procedures, the medical practitioner shall first ascertain from the medical scheme for what amount the medical scheme will accept responsibility in respect of such treatment, should the practitioner wish any direct payment from the scheme								
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
Code: 032

Practice Type: **Paedicatrics Management Group (PMG)**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours.								
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
U.	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care.								
V.	(a) 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. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								
Z.	No fee is subject to more than one reduction								
AA.	Procedures to exclude cost of isotope								
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp								
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (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. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
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								
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No ""038"") or nuclear medicine practices (Pr No ""025""), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No “”038””) and nuclear medicine practices (Pr No “”025””).								
XX.	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic								
YY.	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital)								
	MODIFIERS GOVERNING THE STRUCTURE								
0004	Procedures performed in own procedure rooms: a) Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: as per fee for procedure + 100% (the value of modifier 0004 equals 100% of the value of the procedure performed). b) Modifier 0004 may only be used when the operation/produre units allocated to a single procedure, is higher than 30.00 units. c) Please note: Only the medical practitioner who owns/rents the facility and the equipment may charge modifier 0004. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms. d) Please note that modifier 0004 may not be used in conjuction with modifiers 0074 and 0075.								

CONTRACTED MEDICAL PRACTITIONERS

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0005	Multiple therapeutic procedures/operations under the same anaesthetic: a) Unless otherwise identified in the tariff when multiple therapeutic procedures/ operations add significant time and/or complexity, and when each procedure/ operation is clearly identified and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, 75% for the second procedure/operation, 50% for the third procedure/operation, 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures. b) In the case of multiple fractures and/or dislocations the above values shall prevail (refer to modifier 0060 for poly-trauma). c) Diagnostic endoscopic procedures: (i) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedures performed, 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 procedure and provide diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other (therapeutic) procedures performed under the same anaesthetic. (ii) Refer to modifier 0013 for related endoscopic examinations done at operations. (iii)Ref to rule FF for governing the urinary system section with regards to cystoscopies only. d)More than one small procedure: Please note: When more than one small procedure is performed and the tariff makes provision for items for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) Modifier 0005 is not applicable as the fee is already a reduced fee. e)Add on items: P("+") 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). The units of plus ("+") procedures must not be added to the units of the definitive item and must appear on a separate line on the account.								
0006	Visiting specialists performing procedures: Where specialists visit smaller centres to perform procedures, fees for these particular procedures are exclusive of after-care. The referring practitioner will then be entitled to subsequent hospital visits for after-care. If the referring practitioner is not available, the specialist shall, on consultation with the patient, choose an appropriate locum tenens. Both the surgeon and the practitioner who handled the after-care, must in such instances quote Modifier 0006 with the particular items which they use								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0007	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. b) Use of own equipment in hospital theatre 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.	20	15,000	R 286,60					
0008	Specialist surgeon assistant: The units of the procedure(s) for a specialist surgeon acting as assistant surgeon in procedures of a specialised nature, is 40% of the units for the procedure(s) performed by the specialist surgeon.								
0009	Assistant: The fee for an assistant is 20% of the fee for the 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								
0076	Assitant paediatric cardiologist: the units for a paediatric cardiologist acting as an assistant, is 50% 40% of the units of the procedure(s) performed. ? Modifier 0076 to be used by paediatric surgeons for any procedures performed on neonates with a birth weight of less than 1000g - in any setting ? Modifier 0076 may not be used together with modifier 0008 or modifier 0009 for the same paediatric cardiologist assistant								
0010	Local anaesthesic: (a) A fee for a local anaesthetic administered by the operator may only be charged for (1) an operation or procedure having a value 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 greater than 50,00 clinical procedure units. (b) The fee shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per Modifier 0036: Anaesthetic administered by a general practitioner, shall be applicable in such a case. (c) Not applicable to radiological procedures (such as angiography and myelography. (d) No fee may be levied for topical application of local anaesthetic. (e) Please note: Modifier 0010: Local anaesthetic administered by the operator, may not be added on the surgeon's account for procedures that were performed under general anaesthetic.								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract 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 in respect of patients on scheduled lists. (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)								
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged								
0014	Operations previously performed by other surgeons: a) Use modifier 0014(a) for information only as an indicator that the operation was previously performed by another surgeon. b) Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the units shall be calculated according to the units for the full operation plus an additional units to be negotiated under general Rule J: In exceptional cases where the units is disproportionately low in relation to actual service rendered, except where already specified in the structure.								
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions								
0016	Procedures performed on neonates with a weight of less than 1000g: ADD 50% of the units for the procedure(s) performed (only to be used by paediatric surgeons) Modifier 0016 may be used in conjunction modifier 0019(a) when appropriate								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
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Practice Type: **Paedicatrics Management Group (PMG)**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0017	Injections or flu vaccinations administered by the medical doctor: When desensitisation, intravenous, intramuscular or subcutaneous injections or flu vaccinations are administered by the medical doctor him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/ visit and only all subsequent injections as part of a planned series of injection for the same condition should be charged according to item 0131 (not chargeable together with a consultation item)	10	7,500	R 231,80					
0018	Surgical modifier for persons with a BMI of 35> (calculated according to kg/ m2): Fee for procedure +50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists								
0019	Surgery on neonates (up to and including 28 days after birth) and low birth weight infants (less than 2500g) under general anaesthesia (excluding circumcision): per fee for procedure + 50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists								
0060	Musculo-Skeletal poly trauma: Signficant injury to more than one musculo-skeletal system. Examples: two long bone fractures, or a long bone fracture or a pelvic fracture, or a long bone fracture and a spinal fracture, or any fracture plus a signifcant injury to a separate joint, or multiple fractures to a single long bone as in the femur where a proximal and a distal femur fracture are present which neccesitates two different surgical approaches and fixation methods, or multiple small bone fractures of the hand or feet as in a crush injury plus any other major musculo-skeletal injury. (Modifier 0005 is not applicable in poly-trauma where 100% of the units for all procedures are applicable - (see modifier 0060) Poly-trauma would be, by defination, a significant ijury to one or more musculo-skeletal systems • Two long bone fractures • Long bone fracture and hip • Long bone fracture and spinal fracture • Any fracture plus a signifcant injury to a separate joint • Multiple fractures to a single bone, eg. femur where a proximal and distal fracture is present which necessitates two different surgical approaches and fixation methods. • Multiple small bone fractures of the hand or feet, eg. crush injuries plus any other musculo-skeletal injuries								

CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
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, a full fee as for the initial treatment, is applicable								
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care)	20	27,000	R 516,20					
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	20	77,000	R 1 472,20					
0050	In cases of a compound 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 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 fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	20	115,500	R 2 208,20					
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	20	77,000	R 1 472,20					
0052	Except where otherwise specified, fracture (traumatic or surgical, ie. osteotomy) requiring open reduction and/or internal fixation, external skeletal fixtion/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		81,100	R 1 550,00					
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	20	32,000	R 611,80					

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Practice Type: **Paediatricians**
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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	20	77,000	R 1 472,20					
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 to 75% and add to the total for the first foot								
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): Units as for the procedure(s) + 100% of the units as for the total revision procedure (the units for modifier 0058 equals 100% of the procedure(s) performed plus appropriate modifiers)								
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 units for the relevant part of the operation performed. Each surgeon may charge an assistant fee for the the procedures performed by the other surgeon, at general practitioner rate (refer to modifier 0009)								
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure								
0064	Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts								
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (òFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhare in the Tariff)								
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0070	Add 45,00 clinical procedure units to procedure(s) performed through a thorascope	20	45,000	R 860,50					
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								
0075	Endoscopic procedures performed in own procedure room: (a) The value of modifier 0075 = 21,00 clinical procedure units, where endoscopic procedures are performed in rooms. (b) This fee is chargeable by medical practitioners who own or rent the facility. (c) Modifier 0075 may not be used in conjunction with modifier 0004. (d) Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the structure.	20	21,000	R 401,50					
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								
0079	When a first or follow-up consultation/visit proceeds into or is immediately followed by a medical psychotherapeutic procedure, both the consultation/visit and the psychotherapy codes (items 2957, 2974 or 2975) may be coded. Please note: When adding psychotherpay items after a first or follow-up consultation the clinician must ensure that the time stipulated for the psychotherapy items are adhered to (ie. item 2957 - minimum 10 minutes, item 2974 - minimum 30 minutes, and item 2975 - minimum 50 minutes)								
0080	Multiple examinations: Full Fee								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0081	Repeat examinations: No reduction								
0082	Plus “+” Means that this item is complementary to a preceding item and is therefore not subject to reduction. The procedures marked with "+" must not be added to the units for the definitive item and must appear on a separate line on the account.								
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								
0084	Charging for films and thermal paper by non-radiologist: 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)								
0085	Left Side' modifier to be added to when items 6500 to 6519 are used when the left side is examined. Please note that the absence of this modifier indicates that the right side was examined								
0086	Vascular groups: “Film series” and “Introduction of Contrast Media” are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations								
0090	Doctor's remuneration 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 hands-on, and not for interpretation of images only)								
0091	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic (refer to Rule XX)								
0092	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital) (refer to Rule YY)								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0095	Radiation materials: Exclusively for use where radiation materials supplied by the practice are used by clinical and radiation oncologists, modifier 0095 should be used to identify these materials. A material code list with descriptions and guideline costs for these materials, maintained and updated on a regular basis, is available from the Society of Clinical and Radiation Oncology. This modifier is only chargeable by the practice responsible for the cost of this material and where the hospital did not charge therefore. Please note that item 0198 and item 0201 should not be used for these materials								
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee								
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units								
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	60	6,000	R 109,30					
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a “flow sensitive series”								
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)								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
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)								
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								
6305	When multiple catheterisation procedures are used (items 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								
I.	**Consultative Services (Refer to Psychiatrists consultative service guide)**								
I.a	General Practitioner visits								
I.b	Specialists tiered consultation structure								
I.b.1	New and established patients: Consultations/visits by psychiatrists (22) only								
0161	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with problem focused history, clinical examination and straightforward decision making for minor problem. Typically occupies the doctor personally with the patient between 10 and 20 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0162	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision making and counselling. Typically occupies the doctor personally with the patient between 21 and 35 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0163	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the doctor personally with the patient between 36 and 45 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0164	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with comprehensive history and clinical examination for complex problem requiring complex decision making and counselling. Typically occupies a doctor personally with the patient between 46 and 60 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0166	Psychiatry (22): First hospital and follow-up consultation/visit with problem focused history, clinical examination and straightforward decision making for a minor problem. . Typically occupies the doctor personally with the patient for between 10 and 20 minutes								
0167	Psychiatry (22): First hospital and follow-up consultation/visit with problem focused history, clinical examination and straightforward decision making for a minor problem. . Typically occupies the doctor personally with the patient for between 21 and 35 minutes								
0168	Psychiatry (22): First hospital and follow-up consultation/visit with problem focused history, clinical examination and straightforward decision making for a minor problem. . Typically occupies the doctor personally with the patient for between 36 and 45 minutes								
0169	Psychiatry (22): First hospital and follow-up consultation/visit with problem focused history, clinical examination and straightforward decision making for a minor problem. . Typically occupies the doctor personally with the patient for between 46 and 60 minutes								
I.c	General practitioner and specialist services (Refer to the Medical Practitioner Consultative service guide)								
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0191	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								
0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								
0173	First hospital consultation/visit of an average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								
0174	First hospital consultation/visit of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								
0175	First hospital consultation/visit of long duration and/or high complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								
0178	Hospital follow-up visit to patient in ward or nursing facility with a duration of 31-60 minutes: ADD only to item 0109, as appropriate. Psychiatrists ("22") refer to items 0166-0169 for hospital follow-up visits								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0179	Prolonged face-to-face attendance to a patient in ward or nursing facility: ADD only to item 0178 as appropriate, for each 15-minute period only if service extends 10 minutes or more inot the next 15-minute period following on the first 60 minutes (please state duration of visit on account in minutes).								
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 0111, 0145, 0146, 0147 or ICU items 1204-1214)								
0111	Paediatric hospital follow-up visits (excluding neonates) by paediatricians or paediatric cardiologists (may only be charged once per day) (not to be used with items 0109 or ICU items 1204-1214). For a healthy neonate please use item 0109 for a hospital follow-up visit								
0129	Prolonged face-to-face attendance to a patient: ADD to either item 0192, item 0175, item 0164 or item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes								
0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								
0146	For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0161-0164 or items 0151-0153, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								
0147	For an emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0148	For elective after-hours services on request of the patient or family (non emergency) (refer to general rule B(a)): ADD 50% of the fee for the appropriate consultation/visit item (only to be used with items 0190-0193, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153) and reflect this as a separate item 0148. Usage: This item is used when, for example, a patient or the family request the doctor for a non-emergency consultation/visit outside of the practitioners' normal hours period.								
0149	After-hours bona fide emergency consultation/visit (21:00-06:00 daily): ADD 25% of the fee for the appropriate consultation/visit item (only to be used with items 0190-0193, items 0173-0175, items 0161-0164, items 0166-0169, items 0151-0153 or item 0113) and reflect this as a separate item 0149								
0126	For an UNSCHEDULED consultation/visit at the doctor's home or rooms: ADD only to the consultation/visit items 0190-0192, items 01610164 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146, 0126 or 0147 may be charged and not combinations thereof								
I.e	Pre-anaesthetic assessment								
0151	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Problem focused history and clinical examination and straightforward decision making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes								
0152	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes								
0153	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient or other consultative service. Consultation with detailed history, complete examination and moderate complex decision making and counselling. Typically occupies the doctor face-to-face for between 30 and 45 minutes								
I.f	Prenatal visits and new born attendance								
0107	New born attendance: Exclusive attendance to baby at Caesarean section, normal delivery or visit in the ward (once per patient) (items 0109, 0111, 0113, 0145, 0146 and/or 0147 may not be added to item 0107)								
	Item 0107 can be used once only for given confinement								

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0113	New born attendance: Emergency attendance to newborn at all hours (once per patient) (items 0107, 0109, 0111, 0145, 0146 and/or 0147 may not be added to item 0113)								
I.g	Consultative services: Miscellaneous								
0130	Telephone consultation (all hours)								
0131	Subsequent injections or flu vaccinations as part of a planned series of injections for the same condition administered by medical doctors (refer to modifier 0017) (not to be coded together with any consultation item)								
0132	Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (needs not be face-to-face contact) (“Consultation” via SMS or electronic media included)								
0133	Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent								
0137	Patient and/or family education and/or guidance for a specific condition for 20 minutes, supported by the appropriate ICD-10 code(s). ICD-10 codes to be added for this service. This item may be added to a consultation if done in addition to the consultation (specific items from consultative services structure will be added in the wording of the description)								
0138	Patient and/or family education and/or guidance for a specific condition for 40 minutes, supported by the appropriate ICD-10 code(s). ICD-10 codes to be added for this service. This item may be added to a consultation if done in addition to the consultation (specific items from consultative services structure will be added in the wording of the description)								
0139	Patient and/or family education and/or guidance for a specific condition for 41 minutes and longer, supported by the appropriate ICD-10 code(s). ICD-10 codes to be added for this service. This item may be added to a consultation if done in addition to the consultation (specific items from consultative services structure will be added in the wording of the description)								
0199	Completion of chronic medication forms by medical practitioners with or without the physical presence of the patient requested by or on behalf of a third party funder or its agent								

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II.	**Medicine, material, supplies and use of own equipment**								
II.a	Medicine codes								
II.a.1	Dispensing of medicine by licensed dispensing medical practitioners								
0197	Licenced dispensing medical practitioners: Dispensing cost : As per legislated tariff. Add to each Nappi code to provide for the dispensing cost.								
II.a.2	Once-off administration of medicine used during a consultation								
0198	Once-off administration of medicines: This item provides for medicines used at a consultation, viz, once off administration of medicine, special medicine used in treatment, or emergency dispensing. Charge for medicine used according to the Single Exit Price (SEP) PLUS legislated tariff for dispensing fees.(Where applicable, VAT should be added to the dispensing fee only and not to the SEP, since the SEP is VAT inclusive).[According to Section 18(8) of the Medicines and Related Substances Act (Act 101 of 1965) compounding and dispensing does not refer to a medicine requiringpreparation for a once-off administration to a patient during a consultation]. The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not areference code), should be added applicable to the medicine used. Please note: Refer to item 0201 for cost of material used in treatment.								
II.a.3	Cost of chemotherapy drugs								
0212	Cost of chemotherapy drugs: This item provides for a charge for chemotherapy drugs used in treatment. Charge for chemotherapy drugs used in treatment at cost price PLUS 16% (with a maximum of R16,00). (Where applicable, VAT should be added to the above). The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the chemotherapy drugs used.								
0195	Active treatment of cancer by licensed dispensing medical doctors: To be used for dispensed items where the practice is a licensed dispensing doctors practice. This code will be used for medicine, material and/or unregistered/ unscheduled products that are dispensed, eg., hormonal and/or oral products used in the active treatment of cancer. The use of this item will assist in the correct benefit allocation for this treatment, subject to scheme rules and managed care requirements. The appropriate NAPPI code(s), where applicable, must be provided								

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II.b	Material codes								
II.b.1	Prosthesis and/or internal fixation								
II.b.2	Material used during a consultation								
0201	Cost of material in treatment: This item provides for a charge for material used in treatment. Charge for material at cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above). The appropriate Surgical and Material Nappi code(s), selected from those codes commencing with 4, 5, 6, where applicable, for the material used, must be provided. Please note: Refer to item 0198 for once off administration of medicine.								
II.c	Setting of sterile tray								
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, as appropriate	20	10,000	R 190,90					
0194	Procurement cost for human donor material. No mark up is allowed								
II.d	Own equipment used in treatment								
5930	Surgical laser apparatus: Hire fee for own equipment	20	109,000	R 2 084,00					
5932	Candella laser apparatus: Hire fee for own equipment (Rates by arrangement with the scheme concerned)								
II.e.2	Calculation of own equipment costs								
5934	Own equipment cost: Use the following formula to calculate equipment fees: Purchase price of the equipment PLUS maintenance cost DIVIDED by the number of examinations that can be done during the manufacturer's lifespan of the equipment PLUS Return on Investment (ROI%) (1) Cost of equipment + maintenance cost over the lifespan of the equipment based on manufacturer's information (2) Divide by utilisation of the equipment over the manufacturers lifespan information (events in this period) (3) + % Return on Investment = Cost per event. Specify equipment used and reflect modifier in a separate line from procedure performed but directly underneath the code for the procedure. Equipment already in use, must be calculated on the original figures.			R 0,00					
III.	**PROCEDURES**								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6999	Unlisted procedure/service: A procedure/service may be provided that is not listed in this edition of the coding structure. Refer to General Rule C for the criteria to use item 6999								
	GENERAL MODIFIERS GOVERNING THIS SECTION								
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract 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 in respect of patients on scheduled lists. (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)								
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged								
0014	Operations previously performed by other surgeons: a) Use modifier 0014(a) for information only as an indicator that the operation was previously performed by another surgeon. b) Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the units shall be calculated according to the units for the full operation plus an additional units to be negotiated under general Rule J: In exceptional cases where the units is disproportionately low in relation to actual service rendered, except where already specified in the structure.								
	MODIFIERS GOVERNING SECTION 1								
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0017	Injections or flu vaccinations administered by the medical doctor: When desensitisation, intravenous, intramuscular or subcutaneous injections or flu vaccinations are administered by the medical doctor him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/ visit and only all subsequent injections as part of a planned series of injection for the same condition should be charged according to item 0131 (not chargeable together with a consultation item)	10	7,500	R 231,80					
1	**General**								
1.1	Injections, Infusions and Inhalation Sedation Treatment								
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	20	6,000	R 115,00					
0204	Inhalation sedation: Per additional quarter-hour or part thereof	20	3,000	R 57,30					
0205	Intravenous treatment: Intravenous infusions (cut-down or push-in) (patients under three years): Cut-down and/or insertion of cannula - chargeable once per 24 hours	20	12,000	R 229,40					
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	20	6,000	R 115,00					
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24 hours	20	8,000	R 153,00					
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	20	6,000	R 115,00					
0209	Umbilical artery cannulation at birth	20	18,000	R 343,90					
0210	Collection of blood/pap smear specimen(s) by medical practitioner for pathology examination, per venesection/sample (not to be used by pathologists)	20	3,250	R 62,10					
0211	Exchange transfusion: First and subsequent (including after-care)	20	80,000	R 1 529,70					

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	Note: HOW TO CHARGE FOR INTRAVENOUS INFUSIONS: Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations (not applicable to item 0205)								
1.2	Chemotherapy treatment (not in chemotherapy facilities)								
0213	Treatment with cytostatic agents: Administering of Chemotherapy: Intramuscular or subcutaneous: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20	5,000	R 95,80					
0214	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous bolus technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20	9,000	R 172,10					
0215	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous infusion technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20	14,000	R 267,50					
1.3	Oncology related services in non-oncology facilties								
5780	Interstitial implants: Placing of guide tubes for interstitial implants under local or general anaesthetic. The cost of materials is not included	20	394,860	R 7 548,60	Z				
5781	Intracavitary applications: Placing of guide tubes under local or general anaesthetic for manual or remote afterloading brachytherapy. The cost of materials is not included	20	262,410	R 5 016,60	Z				
5782	Isotope Therapy: Administration of low dose surface applicators, up to five applications. Typically an out patient procedure. The cost of materials is not included	20	77,810	R 1 487,70	Z				
5783	Infusional pharmacotherapy: Fee for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be charged separately)	20	42,650	R 815,40	Z				

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	MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETICS FOR ALL PROCEDURES AND OPERATIONS								
0020	Conscious sedation: Any case that is conducted outside of a hospital theatre shall be coded with the relevant procedure code. To identify these cases, the above modifier should be used to indicate to the medical scheme that there will be no hospital/theatre account.								
0021	Determination of anaesthetic fees: (a) Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units (allocated to each procedure that might be performed under anaesthetic as indicated in the "Anaesthetic Performed" column [refer to modifier 0027 for more than one procedure under the same anaesthetic]) plus the time units (calculated according to the formula in Modifier 0023) and the appropriate modifers (see modifiers 0026 and 0037-0044). (b) In cases of operative procedures on the musculoskeletal system, open fractures and open reduction of fractures or dislocations add units as laid down by Modifiers 5441 to 5448. c) The appropriate physical status modifier (refer to modifiers 5431-5436) should also be added.								
0023	The basic anaesthetic units are laid down in the tariff and are reflected in the anaesthetic column. These basic anaesthetic units reflect the additional 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: Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic, i.e. 2,00 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one (1) hour the number of units shall, after one (1) hour, be 3,00 anaesthetic units per 15 minute period or part thereof.								
0024	Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, it will be regarded as a visit at hospital or nursing home and the appropriate hospital visit item should be charged.								

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0025	Calculation of anaesthetic time: Anaesthetic time is calculated from the time 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 supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist/anaesthetist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient.								
0026	One lung ventilation: Utilisation of one lung ventilation: Add 3.00 anaesthetic units								
0027	More than one procedure under the same anaesthetic: Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units								
0028	Indicator for use of low flow anaesthetic technique less than 1litre/minute: Fresh gas flow of less than 1 litre/minute. No additional fee to be charged.								
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic								
0030	Indicator for use of low flow anaesthetic technique 1-2 litre/minute: Fresh gas flow of 1 to 2 litre/minute. No additional fee to be charged.								
0031	Intravenous drips and transfusions: Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time								
0032	Patients in prone position: Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0033	Participating in 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 anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisos of modifier 0035: Anaesthetic administered by an anaesthesiologist/anaesthetist. and modifier 0036: Anaesthetic administered by general practitioners.								
0034	Head and neck procedures: All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								
0035	Anaesthetic administered by an anaesthesiologist/anaesthetist: No anaesthetic administered shall have a total value of less than 7,00 anaesthetic units (basic units, time units plus appropriate modifiers).								
0036	Anaesthetic administered by general practitioners: (a) Anaesthesia administered lasting one hour or less: The units (basic units plus time plus the appropriate modifiers) used to calculate the units for an anaesthesia administered by a general practitioner lasting one hour or less, shall be the same as that for a specialist anaesthesiologist. No anaesthesia performed should be less than 7.00 anaesthetic units (see modifier 0035). (b) Anaesthesia lasting more than one hour, the units used to calculate the units for an anaesthesia administered by a general practitioner will be 4/5 (80%) of the total number of units (basic units plus time plus the appropriate modifiers) applicable to the specialist anaesthesiologist. The calculated anaesthetic units shall not be less than 11.00 anaesthetic units.								
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units								
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								
0039	Control of blood pressure: Deliberate control of the blood pressure: All cases up to one hour: Add 3,00 anaesthetic units, thereafter add 1,00 (one) additional anaesthetic unit per quarter hour or part thereof								
0040	Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units								
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units								
0043	Anaesthesia for patients under one year of age or over 70 years of age: For all cases where the patient is under one year of age or over 70 years of age – 3,00 anaesthetic units to be added								
0044	Neonates (i.e up to and including 28 days after birth): 3,00 anaesthetic units to be added to the basic anaesthetic units for the particular procedure. This modifier is charged in addition to Modifier 0043: Cases under one year of age								
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.								
	Modifiers 5441 to 5448 Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter “”M”” is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items)								
5441	Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448								
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and tempero-mandibular joint: Add two (2,00) anaesthetic units								
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units								
5444	Shaft of femur: Add four (4,00) anaesthetic units								
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units								
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units								
5433	Physical status modifier: A patient with sever systemic disease, ASA 3: Add 1.00 anaesthetic unit								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5434	Physical status modifier: A patient with sever systemic disease that is a constant threat to life, ASA 4: Add 2.00 anaesthetic units								
5435	Physical status modifier: A moribund patient who is not expected to survivie without an operation, ASA 5: Add 3.00 anaesthetic units								
	POST-OPERATIVE ALLEVIATION OF PAIN								
0045	Post-operative alleviation of pain: (a) When a regional or nerve block procedure 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 (b) When a regional or nerve block procedure is performed in the ward or nursing facility, the appropriate procedure items (items 2799 - 2804) will be charged, provided that it was not the primary anaesthetic technique. (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 shall 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. (d) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (non-steroidal anti-inflammatory drug)								
2	**Integumentary System**								
2.1	Allergy								
0217	Allergy: Patch tests: First patch	20	4,000	R 76,40					
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	20	2,800	R 53,70					
0219	Allergy: Patch tests: Each additional patch	20	2,000	R 38,50					
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	20	1,900	R 36,40					
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	20	2,800	R 53,70					
2.2	Skin (general)								
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	20	4,000	R 76,40					

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0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	20	8,000	R 153,00					
0225	Epilation: Per session	20	8,000	R 153,00					
0227	Special treatment of severe acne cases, including draining of cysts, expressing of cleaning of Comedones and/or steaming, abrasive cleaning of skin and UVR per session	20	8,000	R 153,00					
0228	PUVA Treatment: Maximum of 21 treatments	20	20,000	R 382,30					
0229	PUVA: Follow-up or maintenance therapy once a week	20	20,000	R 382,30					
0230	UVR-Treatment	20	20,000	R 382,30					
0231	UVR-Follow-up - for use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp	20	5,500	R 105,10					
0232	Biopsy of superficial soft tissue: Back or flank		47,400	R 906,10					
0233	Biopsy without suturing: First lesion	20	6,000	R 115,00					
0234	Biopsy without suturing: Subsequent lesions (each)	20	3,000	R 57,30					
0235	Biopsy without suturing: Maximum for multiple additional lesions	20	18,000	R 343,90					
0236	Biopsy of superficial soft tissue: Shoulder area		49,100	R 938,50					
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	20	12,000	R 229,40					
0238	Biopsy of superficial soft tissue: Upper arm or elbow area		49,100	R 938,50					
0239	Biopsy of superficial soft tissue: Forearm and/or wrist		48,500	R 927,00					
0240	Biopsy of superficial soft tissue: Leg or ankle area		48,300	R 923,20					
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	20	6,000	R 115,00					
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	20	3,000	R 57,30					
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	20	42,000	R 802,90					
0244	Repair of nail bed	20	30,000	R 573,10					

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0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	20	14,000	R 267,50					
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	20	7,000	R 133,70					
0247	Biopsy of superficial soft tissue: Pelvis and hip area		58,300	R 1 114,30					
0248	Biopsy of superficial soft tissue: Thigh or knee area		52,300	R 999,50					
0251	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: First lesion	20	30,000	R 573,10					
0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	20	15,000	R 286,60					
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	20	20,000	R 382,30					
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	20	87,000	R 1 663,10					
0259	Removal of foreign body superficial to deep fascia (except hands)	20	20,000	R 382,30					
0261	Removal of foreign body deep to deep fascia (except hands)	20	31,000	R 592,60					
0262	Excision tumour of subcutaneous soft tissue: Neck or anterior thorax; less than 3 cm		90,100	R 1 722,20					
0263	Excision tumour of subcutaneous soft tissue: Shoulder area; less than 3 cm		84,200	R 1 609,30					
0264	Excision tumour of subcutaneous soft tissue: Upper arm or elbow area; less than 3 cm		94,500	R 1 806,40					
0265	Excision tumour of subcutaneous soft tissue: Forearm and/or wrist area; less than 3 cm		94,700	R 1 810,10					
0266	Excision tumour or vascular malformation of subcutaneous soft tissue: Hand or finger; less than 1,5 cm		99,300	R 1 898,10					
0267	Excision tumour of subcutaneous soft tissue: Pelvis and hip area; less than 3 cm		111,600	R 2 133,20					
0268	Excision tumour of subcutaneous soft tissue: Thigh or knee area; less than 3 cm		92,100	R 1 760,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0269	Excision tumour of subcutaneous soft tissue: Leg or ankle area; less than 3 cm		92,600	R 1 769,90					
0270	Excision tumour of subcutaneous soft tissue: Foot or toe; less than 1,5 cm		78,300	R 1 496,50					
0271	Kurtin planing for acne scarring: Whole face	20	206,000	R 3 938,30					
0273	Kurtin planing for acne scarring: Extensive	20	70,000	R 1 338,20					
0274	Mohs micrographic surgery: Including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): First stage, up to 5 tissue blocks		113,900	R 2 177,20					
0275	Kurtin planing for acne scarring: Limited	20	30,000	R 573,10					
0276	Mohs micrographic surgery: Including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): Each additional stage after the first stage, up to 5 tissue blocks		60,500	R 1 156,40					
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	20	103,000	R 1 969,00					
0278	Mohs micrographic surgery: Includes removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): Each additional block after the first 5 tissue blocks, any stage		15,900	R 304,00					
0279	Surgical treatment for axillary hyperhidrosis	20	64,000	R 1 223,60					
0280	Laser treatment for small skin lesions: First lesion	20	14,000	R 267,50					
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	20	7,000	R 133,70					
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	20	56,000	R 1 070,80					
0283	Laser treatment for large skin lesions: Limited area	20	30,000	R 573,10					
0284	Laser treatment for large skin lesions: Extensive area	20	70,000	R 1 338,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	20	206,000	R 3 938,30					
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	20	56,630	R 1 082,60	Z				
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	20	43,440	R 830,40	Z				
0258	Incision/removal of foreign body: Subcutaneous tissue, simple	20	31,000	R 592,90					
0260	Incision/removal of foreign body: Subcutaneous tissue, complicated	20	31,000	R 592,60					
2.3	Major plastic repair								
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	20	234,000	R 4 473,20					
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	20	410,000	R 7 838,20					
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	20	800,000	R 15 294,30					
0292	Distant flaps: First stage	20	206,000	R 3 938,30					
0293	Contour grafts (excluding cost of material)	20	206,000	R 3 938,30					
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	20	1200,000	R 22 941,20					
0295	Local skin flaps (large, complicated)	20	206,000	R 3 938,30					
0296	Other procedures of major technical nature	20	206,000	R 3 938,30					
0297	Subsequent major procedures for repair of same lesion	20	104,000	R 1 988,20					
0298	Lower abdominal dermo-lipectomy	20	170,000	R 3 250,20					
0299	Major abdominal lipectomy with repositioning of umbilicus	20	275,000	R 5 257,20					
0288	Harvesting of graft: Fascia lata graft, complex or sheet	20	127,400	R 2 435,50					
2.4	Lacerations, scars, tumours, cysts and other skin lesions								
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care)	20	14,000	R 267,50					
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	20	7,000	R 133,70					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	20	64,000	R 1 223,60					
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	20	128,000	R 2 447,40					
0304	Major debridement of wound, sloughectomy or secondary suture	20	50,000	R 955,80					
0305	Needle biopsy - soft tissue	20	25,000	R 478,10					
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	20	27,000	R 516,20					
0308	Each additional small procedure done at the same time	20	14,000	R 267,50					
0310	Radical excision of nailbed	20	38,000	R 726,40					
0311	Excision of large benign tumour (more than 5 cm)	20	55,000	R 1 051,20					
0313	Extensive resection for malignant soft tissue tumour including muscle	20	283,900	R 5 427,60					
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	20	104,000	R 1 988,20					
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	20	55,000	R 1 051,20					
4830	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; <= 20 square cm		13,900	R 265,80					
4831	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; ADD for every additional 20 square cm or part thereof		5,300	R 101,30					
4832	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; <= 20 square cm		36,000	R 688,10					
4833	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; ADD for every additional 20 square cm or part thereof		11,200	R 214,00					
4834	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; <= 20 square cm		62,500	R 1 194,70					
4835	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; ADD for every additional 20 square cm or part thereof		19,500	R 372,70					
4880	Biopsy soft tissue: Neck or thorax		46,400	R 886,90					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4881	Biopsy of soft tissue: Deep: Back or flank		100,400	R 1 919,00					
4882	Biopsy of soft tissue: Deep: Shoulder area		117,600	R 2 247,80					
4883	Biopsy of soft tissue: Deep (subfascial or intramuscular): Upper arm or elbow area		117,600	R 2 247,80					
4884	Biopsy of soft tissue: Deep (subfascial or intramuscular): Forearm and/or wrist		106,600	R 2 037,60					
4885	Biopsy of soft tissue: Deep (subfascial or intramuscular): Thigh or knee area		112,900	R 2 157,90					
4886	Biopsy of soft tissue: Deep (subfascial or intramuscular): Leg or ankle area		119,500	R 2 284,20					
4887	Biopsy of soft tissue: Deep (subfascial or intramuscular): Pelvis and hip area		197,700	R 3 778,80					
0306	Excision subcutaneous mass <2cm: Head and neck, eg., lipoma, cyst		55,000	R 1 051,20					
0309	Excision subcutaneous mass >2cm: Head and neck, eg., lipoma, cyst		104,000	R 1 988,20					
0312	Excision subcutaneous mass>2cm involving muscle/subgaleal: Head and neck, eg., lipoma, cyst		104,000	R 1 988,20					
0318	Excision subcutaneous mass <2cm involving muscle/subgaleal: Head and neck, eg., lipoma, cyst		101,900	R 1 948,10					
4840	Excision malignant lesion, including margins: Trunk/arms/legs <=0.5 cm		30,000	R 573,10					
4841	Excision malignant lesion, including margins: Trunk/arms/legs 0.6-1.0 cm		30,000	R 573,10					
4842	Excision malignant lesion, including margins: Trunk/arms/legs 1.1-2.0 cm		45,000	R 859,80					
4843	Excision malignant lesion, including margins: Trunk/arms/legs 2.1-3.0 cm		60,000	R 1 146,40					
4844	Excision malignant lesion, including margins: Trunk/arms/legs 3.1-4.0 cm		75,000	R 1 433,00					
4845	Excision malignant lesion, including margins: Trunk/arms/legs >4.0 cm		90,000	R 1 719,70					
4848	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane <=0.5 cm		30,000	R 573,10					
4849	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 0.6-1.0 cm		30,000	R 573,10					
4850	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 1.1-2.0 cm		45,000	R 859,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4851	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/ mucous membrane 2.1-3.0 cm		60,000	R 1 146,40					
4852	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/ mucous membrane 3.1-4.0 cm		75,000	R 1 433,00					
4853	Excision malignant lesion, including margins: Face/ears/eyelids/nose/lips/ mucous membrane > 4.0 cm		90,000	R 1 719,70					
4856	Split thickness autograft of the trunk, arms and/or legs <=100 cm (1% of body area for infants and children)		104,000	R 1 988,20					
4857	Split thickness autograft of the trunk, arms and/or legs; each additional 100 cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable)		31,500	R 602,10					
4858	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100 cm (1% of body area for infants and children)		104,000	R 1 988,20					
4859	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable)		51,600	R 986,50					
4862	Full thickness graft of the trunk, free graft including direct closure of donor site: <=20cm		104,000	R 1 988,20					
4863	Full thickness graft of the trunk, free graft including direct closure of donor site, each additional 20cm (modifier 0005 not applicable)		25,600	R 489,30					
4864	Full thickness graft of the scalp, arms and/or legs, free graft including direct closure of donor site: <=20cm		104,000	R 1 988,20					
4865	Full thickness graft of the scalp, arms and/or legs, free graft including direct closure of donor site; each additional 20cm (modifier 0005 not applicable)		23,000	R 439,60					
4866	Full thickness graft of the face, neck, axilla, genitalia, hands and/or feet, free graft including direct closure of donor site: <=20cm		104,000	R 1 988,20					
4867	Full thickness graft of the face, neck, axilla, genitalia, hands and/or feet, free graft including direct closure of donor site; each additional 20cm (modifier 0005 not applicable)		36,200	R 691,90					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4868	Full thickness graft of the nose, ears, eyelids and/or lips, free graft including direct closure of donor site: <=20cm		104,000	R 1 988,20					
4869	Full thickness graft of the nose, ears, eyelids and/or lips, free graft including direct closure of donor site; each additional 20cm (modifier 0005 not applicable)		43,100	R 823,80					
4940	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) <= 0.5 cm		14,000	R 267,50					
4941	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) 0.6-1.0 cm		27,000	R 516,20					
4942	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) 1.1-2.0 cm		14,000	R 267,50					
4943	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) 2.1-3.0 cm		7,000	R 133,70					
4944	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) 3.1-4.0 cm		14,000	R 267,50					
4945	Excision, benign lesion, including margins: Trunk/arms/legs (except skin tags) > 4.0 cm		14,000	R 267,50					
4950	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia		14,000	R 267,50					
4951	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia 0.6-1.0 cm		14,000	R 267,50					
4952	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia 1.1-2.0 cm		14,000	R 267,50					
4953	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia 2.1-3.0 cm		14,000	R 267,50					
4954	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia 3.1-4.0 cm		14,000	R 267,50					
4955	Excision benign lesion, including margins: Scalp/neck/hands/feet/genitalia > 4.0 cm		14,000	R 267,50					
4960	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane		14,000	R 267,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4961	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 0.6-1.0 cm		14,000	R 267,50					
4962	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 1.1-2.0 cm		14,000	R 267,50					
4963	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 2.1-3.0 cm		14,000	R 267,50					
4964	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane 3.1-4.0 cm		14,000	R 267,50					
4965	Excision benign lesion, including margins: Face/ears/eyelids/nose/lips/mucous membrane > 4.0 cm		14,000	R 267,50					
4970	Excision, malignant lesion, including margins: Scalp/neck/hands/feet/genitalia		14,000	R 267,50					
4971	Excision, malignant lesion, including margins: Scalp/neck/hands/feet/genitalia 0.6-1.0 cm		30,000	R 573,10					
4972	Excision, malignant lesion, including margins: Scalp/neck/hands/feet/genitalia 1.1-2.0 cm		14,000	R 267,50					
4973	Excision, malignant lesio, including margins: Scalp/neck/hands/feet/genitalia 2.1-3.0 cm		14,000	R 267,50					
4974	Excision, malignant lesion, including margins: Scalp/neck/hands/feet/genitalia 3.1-4.0 cm		30,000	R 573,10					
4975	Excision, malignant lesion, including margins: Scalp/neck/hands/feet/genitalia > 4.0 cm		14,000	R 267,50					
4872	Acellular dermal allograft of the trunk, arms and/or legs <=100 cm (1% of body area for infants and children)				Refer Rule C				
4873	Acellular dermal allograft of the trunk, arms and/or legs; each additional 100 cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable)				Refer Rule C				
4874	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100 cm (1% of body area for infants and children)				Refer Rule C				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4875	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable)				Refer Rule C				
2.5	Breasts								
0316	Fine needle aspiration for soft tissue (all areas)	20	15,000	R 286,60					
0317	Aspiration of cyst or tumour	20	9,000	R 172,10					
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	20	42,000	R 802,90					
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	20	94,200	R 1 800,70					
0323	Subareolar cone excision of ducts of wedge excision of breast	20	90,000	R 1 720,50					
0324	Wedge excision of breast and axillary dissection	20	225,000	R 4 301,40					
0325	Total mastectomy	20	155,000	R 2 963,50					
0327	Total mastectomy with axillary gland biopsy	20	185,000	R 3 536,70					
0329	Total mastectomy with axillary gland dissection	20	275,000	R 5 257,20					
0330	Nipple and areola reconstruction	20	95,000	R 1 816,20					
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	20	234,000	R 4 473,20					
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	20	410,000	R 7 838,20					
0334	Removal of breast implant by means of capsulectomy: Per breast	20	234,000	R 4 473,20					
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	20	150,000	R 2 867,70					
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	20	234,000	R 4 473,20					
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	20	410,000	R 7 838,20					
0341	Gynaecomastia: Unilateral	20	92,000	R 1 759,00					
0343	Gynaecomastia: Bilateral	20	161,000	R 3 077,70					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0338	Breast reconstruction: Transverse rectus abdominis myocutaneous flap (TRAM), single pedicle (suture of donor site included)		467,300	R 8 933,70					
0340	Breast reconstruction: Transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, with microvascular anastomosis (supercharging) (suture of donor site included)		555,500	R 10 619,80					
0342	Breast reconstruction: Transverse rectus abdominis myocutaneous flap (TRAM), double pedicle (suture of donor site included)		526,500	R 10 065,40					
0336	Breast reconstruction: Lattisimus dorsi flap, without prosthetic implant				Refer Rule C				
0344	Breast reconstruction: Revision				Refer Rule C				
2.6	Burns								
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	20	276,000	R 5 276,40					
0353	Tangential excision and grafting: Small	20	100,000	R 1 911,90					
0354	Tangential excision and grafting: Large	20	200,000	R 3 823,50					
0345	Minor burns				Refer Rule C				
0347	Moderate burns				Refer Rule C				
2.7	Hands (skin)								
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flag e.g. Cutler	20	147,400	R 2 817,80					
0357	Small skin graft in acute hand injury	20	45,000	R 860,50					
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	20	192,000	R 3 670,80					
0361	Z-plasty	20	220,100	R 4 207,90					
0363	Local flap and skin graft	20	150,000	R 2 867,70					
0365	Cross finger flap (all stages)	20	192,000	R 3 670,80					
0367	Palmar flap (all stages)	20	192,000	R 3 670,80					
0369	Distant flap: First stage	20	158,000	R 3 020,60					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	20	77,000	R 1 472,20					
0373	Transfer neurovascular island flap	20	230,500	R 4 406,50					
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	20	242,400	R 4 634,10					
0375	Dupuytren's contracture: Fasciotomy	20	51,000	R 974,80					
0376	Dupuytren's contracture: Fasciectomy	20	218,000	R 4 167,70					
2.8	Acupuncture								
	Please note: General Rule M not applicable to section 2.8 of this price list								
0377	Standard acupuncture	20	10,000	R 190,90					
0378	Laser acupuncture using more than 6 points	20	14,000	R 267,50					
0379	Electro-acupuncture	20	14,000	R 267,50					
0380	Scalp acupuncture	20	10,000	R 190,90					
0381	Micro-acupuncture (ear, hand)	20	10,000	R 190,90					
	RULES GOVERNING THE SECTION ACUPUNCTURE								
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp								
3	**Musculo-skeletal System**								
	MODIFIERS GOVERNING ORTHOPAEDIC OPERATIONS AND ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS								
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including after-care)	20	27,000	R 516,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	20	77,000	R 1 472,20					
0050	In cases of a compound 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 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 fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	20	115,500	R 2 208,20					
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	20	77,000	R 1 472,20					
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	20	32,000	R 611,80					
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	20	77,000	R 1 472,20					
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 to 75% and add to the total for the first foot								
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%								
3.1	Bones								
3.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)								
0383	Fracture (reduction under general anaesthetic): Scapula	20	-						
0384	Fracture: Scapula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		284,20	R 5 432,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0386	Fracture: Clavicle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		209,400	R 4 002,50					
0387	Fracture (reduction under general anaesthetic): Clavicle	20	77,000	R 1 472,20					
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure	20	175,700	R 3 358,80					
0389	Fracture (reduction under general anaesthetic): Humerus	20	111,600	R 2 133,50					
0390	Fracture: Humerus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		255,300	R 4 879,70					
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	20	77,000	R 1 472,20					
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	20	210,000	R 4 014,80					
0401	Fracture: Carpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		208,700	R 3 989,20					
0402	Fracture (reduction under general anaesthetic): Carpal bone	20	64,000	R 1 223,60					
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	20	51,000	R 974,80					
0404	Fracture: Bennett fracture/dislocation: Open reduction and internal fixation (modifiers 0051, 0052, 0055 not applicable)		179,800	R 3 436,70					
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	20	118,300	R 2 261,40					
0406	Fracture: Metacarpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		163,600	R 3 127,20					
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	20	-						
0410	Fracture: Finger phalanx, distal, simple: Open reduction and internal fixation (modifiers 0051, 0052 not applicable		141,100	R 2 696,70					
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	20	52,000	R 994,00					
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	20	48,000	R 917,60					
0414	Fracture: Finger phalanx, proximal or middle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable		169,900	R 3 247,30					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	20	102,000	R 1 949,90					
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	20	-						
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	20	320,000	R 6 117,80					
0420	Fracture: Acetabulum: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		560,000	R 10 703,90					
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	20	237,000	R 4 530,60					
0422	Fracture: Femur neck or shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		392,300	R 7 498,30					
0425	Fracture (reduction under general anaesthetic): Patella	20	51,000	R 974,80					
0426	Fracture: Patella: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		219,500	R 4 195,50					
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	20	128,000	R 2 447,40					
0430	Fracture: Tibia, with or without fibula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable		293,200	R 5 604,40					
0433	Fracture (reduction under general anaesthetic): Fibula shaft	20	-						
0434	Fracture: Fibula shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		207,000	R 3 956,60					
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	20	58,000	R 1 108,70					
0436	Fracture: Ankle malleolus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		207,100	R 3 958,30					
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	20	128,000	R 2 447,40					
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	20	198,700	R 3 798,70					
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	20	64,000	R 1 223,60					
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	20	403,500	R 7 714,00					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0441	Fracture (reduction under general anaesthetic): Metatarsal	20	41,800	R 799,10					
0442	Fracture: Metatarsal bones: Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		154,700	R 2 956,80					
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	20	-						
0444	Fracture: Toe phalanx, distal: Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		144,500	R 2 762,10					
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	20	32,000	R 611,80					
0446	Fracture: Tarsal bones (excluding talus and calcaneus): Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		178,200	R 3 406,20					
0447	Fracture (reduction under general anaesthetic): Other: Simple	20	26,000	R 497,20					
0448	Fracture: Calcaneus (reduction under general anaesthetic)		103,300	R 1 974,60					
0449	Fracture (reduction under general anaesthetic): Other: Compound	20	52,000	R 994,00					
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	20	-						
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	20	230,000	R 4 397,00					
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	20	-						
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	20	-						
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	20	-						
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	20	-						
3.1.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures								
0465	Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	20	288,000	R 5 505,60					
0466	Fractures involving digital joints: Includes the metaphysis of the relative bone. Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		210,900	R 4 031,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable)	20	43,000	R 822,30					
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	20	282,000	R 5 391,40					
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	20	154,000	R 2 944,30					
0480	Radical resection of bone tumour/infection: Ilium including acetabulum, both pubic rami, or ischium and acetabulum		415,000	R 7 932,20					
0481	Radical resection of bone tumour: Fibula		240,100	R 4 589,40					
0482	Radical resection of bone tumour: Femur or knee		371,800	R 7 106,60					
0483	Radical resection of malignant bone tumour: Scapula		237,700	R 4 543,40					
0484	Radical resection of bone tumour: Clavicle		413,800	R 7 909,40					
0485	Radical resection of bone tumour: Metatarsal		185,000	R 3 536,00					
3.1.2.1	Bony operations: Bone grafting								
0497	Resection of bone or tumour with or without grafting (benign)	20	282,000	R 5 391,40					
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	20	340,000	R 6 500,00					
0499	Grafts to cysts: Large bones	20	192,000	R 3 670,80					
0501	Grafts to cysts: Small bones	20	128,000	R 2 447,40					
0503	Grafts to cysts: Cartilage graft	20	206,000	R 3 938,30					
0505	Grafts to cysts: Inter-metacarpal bone graft	20	147,000	R 2 810,20					
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	20	50,000	R 955,80					
0506	Harvesting of graft: Cartilage graft, costochondral		91,100	R 1 741,50					
3.1.2.2	Bony operations: Acute or chronic osteomyelitis								
0509	Acute or chronic osteomyelitis: Conservative treatment	20	-						
0511	Acute or chronic osteomyelitis: Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0512	Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks after-care	20	128,000	R 2 447,40					
3.1.2.3	Bony operations: Osteotomy								
0514	Osteotomy: Sternum: Repair of pectus excavatum	20	330,000	R 6 308,90					
0515	Osteotomy: Sternum: Repair of pectus carinatum	20	330,000	R 6 308,90					
0516	Osteotomy: Pelvic	20	320,000	R 6 117,80					
0521	Osteotomy: Femoral: Proximal	20	320,000	R 6 117,80					
0527	Osteotomy: Knee region	20	320,000	R 6 117,80					
0528	Osteotomy: Os Calcis (Dwyer operation)	20	115,000	R 2 198,60					
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	20	120,000	R 2 294,10					
0531	Rotational osteotomy of tibia and fibula - stand alone procedure	20	278,900	R 5 332,00					
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	20	160,000	R 3 058,90					
0533	Osteotomy: Single metatarsal	20	60,000	R 1 147,20					
0534	Osteotomy: Multiple metatarsal osteotomies	20	150,000	R 2 867,70					
3.1.2.4	Bony operations: Exostosis								
0535	Exostosis: Excision: Readily accessible sites	20	60,000	R 1 147,20					
0537	Exostosis: Excision: Less accessible sites	20	96,000	R 1 835,20					
3.1.2.5	Bony operations: Biopsy								
0539	Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable)	20	50,000	R 955,80					
0541	Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable)	20	32,000	R 611,80					
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	20	64,000	R 1 223,60					
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	20	96,000	R 1 835,20					
3.2	Joints								
3.2.1	Joints: Dislocations								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0547	Joint: Dislocation: Clavicle either end	20	38,000	R 726,40					
0549	Joint: Dislocation: Shoulder	20	51,000	R 974,80					
0551	Joint: Dislocation: Elbow	20	51,000	R 974,80					
0552	Joint: Dislocation: Wrist	20	77,000	R 1 472,20					
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	20	130,000	R 2 485,20					
0555	Joint: Dislocation: Lunate	20	77,000	R 1 472,20					
0556	Joint: Dislocation: Carpo-metacarpo dislocation	20	51,000	R 974,80					
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	20	26,000	R 497,20					
0559	Joint: Dislocation: Hip	20	109,000	R 2 084,00					
0561	Joint: Dislocation: Knee	20	96,000	R 1 835,20					
0563	Joint: Dislocation: Patella	20	32,000	R 611,80					
0565	Joint: Dislocation: Ankle	20	90,000	R 1 720,50					
0567	Joint: Dislocation: Sub-Talar dislocation	20	90,000	R 1 720,50					
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	20	77,000	R 1 472,20					
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	20	14,000	R 267,50					
3.2.2	Joints: Operations for dislocations								
0578	Operations for dislocations: Recurrent dislocation of shoulder	20	200,000	R 3 823,50					
0579	Operations for dislocations: Recurrent dislocation of all other joints	20	161,000	R 3 077,70					
3.2.3	Joints: Capsular operations								
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	20	51,000	R 974,80					
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care)	20	96,000	R 1 835,20					
0585	Capsulectomy digital joint	20	64,000	R 1 223,60					
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	20	90,000	R 1 720,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0587	Release of digital joint contracture	20	128,000	R 2 447,40					
3.2.4	Joints: Synovectomy								
0589	Synovectomy: Digital joint	20	77,000	R 1 472,20					
0592	Synovectomy: Large joint	20	160,000	R 3 058,90					
0593	Tendon synovectomy	20	203,700	R 3 894,20					
3.2.5	Joints: Arthrodesis								
0597	Arthrodesis: Shoulder	20	224,000	R 4 282,60					
0598	Arthrodesis: Elbow	20	180,000	R 3 441,30					
0599	Arthrodesis: Wrist	20	180,000	R 3 441,30					
0600	Arthrodesis: Digital joint	20	128,000	R 2 447,40					
0601	Arthrodesis: Hip	20	320,000	R 6 117,80					
0602	Arthrodesis: Knee	20	180,000	R 3 441,30					
0603	Arthrodesis: Ankle	20	180,000	R 3 441,30					
0604	Arthrodesis: Sub-talar	20	130,000	R 2 485,20					
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	20	180,000	R 3 441,30					
0607	Arthrodesis: Mid-tarsal wedge resection	20	180,000	R 3 441,30					
3.2.6	Joints: Arthroplasty								
0614	Arthroplasty: Debridement large joints	20	160,000	R 3 058,90					
0615	Arthroplasty: Excision medial or lateral end of clavicle	20	116,000	R 2 217,70					
0617	Shoulder: Acromioplasty	20	192,000	R 3 670,80					
0619	Shoulder: Partial replacement	20	277,000	R 5 295,70					
0620	Shoulder: Total replacement	20	416,000	R 7 952,80					
0621	Elbow: Excision head of radius	20	96,000	R 1 835,20					
0622	Elbow: Excision	20	192,000	R 3 670,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0623	Elbow: Partial replacement	20	188,000	R 3 594,20					
0624	Elbow: Total replacement	20	282,000	R 5 391,40					
0625	Wrist: Excision distal end of ulna	20	96,000	R 1 835,20					
0626	Wrist: Excision single bone	20	110,000	R 2 102,90					
0627	Wrist: Excision proximal row	20	166,000	R 3 173,70					
0631	Wrist: Total replacement	20	249,000	R 4 760,20					
0635	Digital Joint: Total replacement	20	192,000	R 3 670,80					
0637	Hip: Total replacement	20	416,000	R 7 952,80					
0641	Hip: Prosthetic replacement of femoral head	20	288,000	R 5 505,60					
0643	Hip: Girdlestone	20	320,000	R 6 117,80					
0645	Knee: Partial replacement	20	277,000	R 5 295,70					
0646	Knee: Total replacement	20	416,000	R 7 952,80					
0649	Ankle: Total replacement	20	290,400	R 5 551,80					
0650	Ankle: Astragalectomy	20	154,000	R 2 944,30					
3.2.7	Joints: Miscellaneous (joints)								
0661	Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable)	20	9,000	R 172,10					
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	20	7,500	R 143,40					
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	20	4,000	R 76,40					
0667	Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable)	20	60,000	R 1 147,20					
0669	Manipulation knee or shoulder joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	20	14,000	R 267,50					
0669A	Manipulation hip joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	20	14,000	R 267,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	Only the consultation fee should be charged when manipulation of a large joint is performed without general anaesthetic								
0673	Meniscectomy or operation for other internal derangement of knee	20	109,000	R 2 084,00					
0658	Aspiration and/or injection: Small joint, bursa (eg., fingers, toes) (excluding after care, modifier 0005 not applicable)		9,000	R 172,10					
0659	Aspiration and/or injection: Intermediate joint, bursa (eg., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa) (excluding after care, modifier 0005 not applicable)		9,000	R 172,10					
0660	Aspiration and/or injection: Major joint, bursa (eg., shoulder, hip, knee joint, subacromial bursa) (excluding after care, modifier 0005 not applicable)		9,000	R 172,10					
0668	Manipulation of knee joint under general anaesthesia (includes application of traction or other fixation devices) (excluding after-care) (modifier 0005 is not applicable)		14,000	R 267,50					
0670	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic - Anaesthetic: Knee/Shoulder								
0670a	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic - Anaesthetic: Hip								
3.2.8	Joints: Joint ligament reconstruction or suture								
0675	Joint ligament reconstruction or suture: Ankle: Collateral	20	160,000	R 3 058,90					
0677	Joint ligament reconstruction or suture: Knee: Collateral	20	160,000	R 3 058,90					
0678	Joint ligament reconstruction or suture: Knee: Cruciate	20	160,000	R 3 058,90					
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	20	280,000	R 5 353,10					
0680	Joint ligament reconstruction or suture: Digital joint ligament	20	165,000	R 3 154,30					
0676	Joint ligament reconstruction or suture: Ankle (eg., Watson-Jones type)		191,500	R 3 661,10					
3.3	Amputations								
3.3.1	Amputations: Specific Amputations								
0681	Amputation Humerus: Includes primary closure		211,600	R 4 044,60					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0682	Amputation: Fore-quarter amputation	20	294,000	R 5 620,60					
0683	Amputation: Through shoulder	20	148,000	R 2 829,50					
0684	Amputation: Forearm		213,500	R 4 080,70					
0685	Amputation: Upper arm or fore-arm	20	116,000	R 2 217,70					
0686	Amputation: Ankle (e.g. Syme, Pirogoff type)		204,100	R 3 901,00					
0687	Partial amputation of the hand: One ray	20	102,000	R 1 949,90					
0688	Amputation: Foot, midtarsal (Chopart type)		165,700	R 3 167,10					
0691	Amputation: Whole or part of finger	20	116,800	R 2 233,00					
0692	Scar revision/secondary closure: amputated thigh, through femur, any level		150,700	R 2 880,40					
0693	Hindquarter amputation	20	420,000	R 8 029,30					
0694	Scar revision/secondary closure: amputated leg, through tibia and fibula, any level		173,900	R 3 323,80					
0695	Amputation: Through hip joint region	20	192,000	R 3 670,80					
0696	Re-amputation: Thigh, through femur, any level		217,300	R 4 153,50					
0697	Amputation: Through thigh	20	205,000	R 3 919,00					
0698	Re-amputation: Leg, through tibia and fibula		198,200	R 3 788,50					
0699	Amputation: Below knee, through knee or Syme	20	194,000	R 3 709,30					
0700	Scar revision/secondary closure: Amputated shoulder		128,100	R 2 448,40					
0701	Amputation: Trans-metatarsal or trans-tarsal	20	142,000	R 2 714,60					
0702	Scar revision/secondary closure: Amputated humerus		163,100	R 3 117,50					
0703	Amputation: Foot: One ray	20	97,000	R 1 854,50					
0704	Scar revision/secondary closure: Amputated forearm		184,100	R 3 518,80					
0705	Amputation: Toe	20	66,000	R 1 261,70					
0708	Re-amputation: Humerus		223,100	R 4 264,30					
0710	Re-amputation: Through forearm		206,000	R 3 937,60					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3.3.2	Amputations: Post-amputation reconstruction								
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	20	75,000	R 1 433,90					
0707	Post-amputation reconstruction: Krukenberg reconstruction	20	206,000	R 3 938,30					
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	20	282,000	R 5 391,40					
0712	Post-amputation reconstruction: Toe to thumb transfer	20	800,000	R 15 294,30					
3.4	Muscles, tendons and fasciae								
3.4.1	Muscles, tendons and fasciae: Investigations								
0713	Electromyography	20	75,000	R 1 433,90					
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	20	57,000	R 1 089,60					
0715	Strength duration curve per session	20	10,500	R 200,70					
0717	Electrical examination of single nerve or muscle	20	9,000	R 172,10					
0718	Oxidative study for mitochondrial function	20	64,000	R 1 223,60					
0721	Voltage integration during isometric contraction	20	12,000	R 229,40					
0723	Tonometry with edrophonium	20	8,000	R 153,00					
0725	Isometric tension studies with edrophonium	20	10,000	R 190,90					
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	20	8,000	R 153,00					
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	20	14,000	R 267,50					
0729	Tendon reflex time	20	7,000	R 133,70					
0730	Limb brain somatosensory studies (per limb)	20	49,000	R 936,70					
0731	Vision and audio-sensory studies	20	49,000	R 936,70					
0733	Motor nerve conduction studies (single nerve)	20	26,000	R 497,20					
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	20	31,000	R 592,60					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0737	Biopsy for motor nerve terminals and end plates	20	20,000	R 382,30					
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	20	34,000	R 649,90					
0740	Muscle fatigue studies	20	20,000	R 382,30					
0741	Muscle biopsy	20	20,000	R 382,30					
0742	Global fee for all muscle studies, including histochemical studies	20	262,000	R 5 008,70					
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	20	20,250	R 387,00					
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	20	33,300	R 636,60					
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	20	5,700	R 109,10					
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	20	1,600	R 30,50					
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	20	9,900	R 189,20					
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	20	13,700	R 262,00					
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	20	25,900	R 495,20					
4715	Biochemical estimations on muscle biopsy specimens: Enolase	20	32,700	R 625,00					
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	20	37,700	R 720,90					
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	20	15,750	R 301,40					
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	20	11,060	R 211,50					
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	20	34,700	R 663,60					
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase	20	40,300	R 770,40					
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	20	28,800	R 550,60					
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	20	43,000	R 822,30					
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	20	14,000	R 267,50					
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	20	20,000	R 382,30					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	20	71,000	R 1 357,30					
4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	20	69,000	R 1 319,10					
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	20	82,000	R 1 567,90					
4744	Biochemical estimations on muscle biopsy specimens: Tension/caffeine/ halothane procedure in malignant hyperthermia	20	143,000	R 2 733,80					
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	20	75,000	R 1 433,90					
3.4.2	Muscles, tendons and fasciae: Decompression Operations								
0743	Major compartmental decompression	20	132,000	R 2 523,50					
0744	Decompression operation: Fasciotomy only	20	60,000	R 1 147,20					
5550	Decompression Faciotomy: Buttock compartments:(unilateral)		243,000	R 4 644,70					
5551	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). EXCLUDES debridement of nonviable muscle and/or nerve		151,900	R 2 903,40					
5552	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). INCLUDES debridement of nonviable muscle and/or nerve		253,100	R 4 837,80					
5553	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. EXCLUDES debridement of nonviable muscle and/or nerve		123,700	R 2 364,40					
5554	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. INCLUDES debridement of nonviable muscle and/or nerv		162,100	R 3 098,50					
5555	Decompression fasciotomy: Leg: Posterior compartment only. EXCLUDES debridement of nonviable muscle and/or nerve		130,800	R 2 500,10					
5556	Decompression fasciotomy: Leg: Posterior compartment only. INCLUDES debridement of nonviable muscle and/or nerve		171,500	R 3 278,10					
5557	Decompression fasciotomy: Fasciotomy/tenotomy, iliotibial		137,300	R 2 624,50					
5558	Decompression fasciotomy: Fasciotomy: Foot and/or toe		86,600	R 1 655,20					
5559	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. EXCLUDES debridement of nonviable muscle or nerve		226,300	R 4 325,30					

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5560	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. INCLUDES debridement of nonviable muscle or nerve		354,500	R 6 775,90					
5561	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. EXCLUDES debridement of nonviable muscle or nerve		166,800	R 3 188,20					
5562	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. INCLUDES debridement of nonviable muscle or nerve		321,100	R 6 137,50					
5563	Decompression Faciotomy: Fingers and/or hand		165,600	R 3 165,10					
3.4.3	Muscles, tendons and fasciae: Muscle and tendon repair								
0745	Muscle and tendon repair: Biceps humeri	20	109,000	R 2 084,00					
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	20	96,000	R 1 835,20					
0747	Muscle and tendon repair: Rotator cuff	20	134,000	R 2 562,10					
0748	Muscle and tendon repair: Debridement rotator cuff	20	139,700	R 2 671,00					
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	20	271,900	R 5 198,30					
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	20	128,000	R 2 447,40					
0757	Muscle and tendon repair: Achilles tendon repair	20	197,600	R 3 777,60					
0759	Muscle and tendon repair: Other single tendon	20	77,000	R 1 472,20					
0760	Hand: Flexor tendon suture: Primary, zone 1 (each) (modifier 0005 applicable)		220,300	R 4 210,80					
0761	Hand: Flexor tendon repair: Primary, zone 2 (no mans land) (each) (modifier 0005 applicable		249,600	R 4 770,90					
0762	Hand: Flexor tendon suture: Primary, zone 3 and 4 (wrist and forearm) (each) (modifier 0005 applicable		191,300	R 3 656,40					
0763	Muscle and tendon repair: Tendon or ligament injection	20	9,000	R 172,10					
0764	Hand: Flexor tendon repair: Secondary, zone 1		243,900	R 4 661,80					
0765	Hand: Flexor tendon repair: Secondary, zone 2 (no mans land)		249,600	R 4 770,90					
0766	Hand: Flexor tendon repair: Secondary, zone 3 and 4 (wrist and forearm)		190,600	R 3 643,00					
0767	Hand: Flexor tendon suture: Primary (per tendon)	20	128,000	R 2 447,40					

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0768	Repair: Intrinsic muscles of hand (each) (modifier 0005 applicable)		125,300	R 2 394,90					
0769	Hand: Flexor tendon suture: Secondary (per tendon)	20	160,000	R 3 058,90					
0771	Extensor tendon suture: Primary (per tendon)	20	129,700	R 2 479,60					
0773	Extensor tendon suture: Secondary (per tendon)	20	80,000	R 1 529,70					
0774	Repair of Boutonniere deformity or Mallet finger with graft	20	183,700	R 3 511,90					
3.4.4	Muscles, tendons and fasciae: Tendon graft								
0775	Free tendon graft	20	160,000	R 3 058,90					
0776	Reconstruction of pulley for flexor tendon	20	50,000	R 955,80					
0777	Tendon graft: Finger: Flexor	20	192,000	R 3 670,80					
0779	Tendon graft: Finger: Extensor	20	122,000	R 2 332,30					
0780	Two stage flexor tendon graft using silastic rod	20	240,000	R 4 588,00					
3.4.5	Muscles, tendons and fasciae: Tendolysis								
0781	Tendon freeing operation, except where specified elsewhere	20	64,000	R 1 223,60					
0782	Carpal tunnel syndrome	20	98,700	R 1 887,20					
0783	Tenolysis: De Quervain	20	38,000	R 726,40					
0784	Trigger finger	20	38,000	R 726,40					
0785	Flexor tendon freeing operation following free tendon graft or suture	20	186,800	R 3 571,50					
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	20	180,900	R 3 458,60					
0788	Intrinsic tendon release per finger	20	64,000	R 1 223,60					
0789	Central tendon tenotomy for Boutonniere deformity	20	64,000	R 1 223,60					
3.4.6	Muscles, tendons and fasciae: Tenodesis								
0790	Tenodesis: Digital joint	20	90,000	R 1 720,50					
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer								

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0791	Single tendon transfer	20	96,000	R 1 835,20					
0792	Multiple tendon transfer	20	128,000	R 2 447,40					
0793	Hamstring to quadriceps transfer	20	141,000	R 2 695,70					
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	20	320,000	R 6 117,80					
0795	Tendon transfer at elbow	20	116,000	R 2 217,70					
0802	Radial club hand repair - stand alone procedure	20	360,300	R 6 888,10					
0803	Hand tendons: Single tendon transfer (first)	20	96,000	R 1 835,20					
0809	Hand tendons: Substitution for intrinsic paralysis of hand	20	224,000	R 4 282,60					
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	20	220,600	R 4 217,50					
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening								
0812	Percutaneous Tenotomy: All sites	20	38,000	R 726,40					
0813	Torticollis	20	96,000	R 1 835,20					
0815	Scalenotomy	20	132,000	R 2 523,50					
0817	Scalenotomy with excision of first rib	20	190,000	R 3 632,30					
0821	Tennis elbow	20	96,000	R 1 835,20					
0822	Open release elbow (Mitals) - stand alone procedure	20	278,200	R 5 318,60					
0823	Excision or slide for Volkmann's Contracture	20	192,000	R 3 670,80					
0825	Hip: Open muscle release	20	116,000	R 2 217,70					
0829	Knee: Quadriceps plasty	20	160,000	R 3 058,90					
0831	Knee: Open tenotomy	20	141,000	R 2 695,70					
0835	Calf	20	96,000	R 1 835,20					
0837	Open elongation tendon Achilles	20	96,000	R 1 835,20					
0838	Percutaneous "Hoke" elongation tendo Achilles	20	79,300	R 1 516,10					
0845	Foot: Plantar fasciotomy	20	70,000	R 1 338,20					

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0846	Foot: Postero-medial release for club-foot	20	192,000	R 3 670,80					
3.5	Bursae and ganglia								
0847	Excision: Semimembranosus	20	90,000	R 1 720,50					
0849	Excision: Prepatellar	20	45,000	R 860,50					
0851	Excision: Olecranon	20	81,800	R 1 563,90					
0853	Excision: Small bursa or ganglion	20	80,900	R 1 546,40					
0855	Excision: Compound palmar ganglion or synovectomy	20	128,000	R 2 447,40					
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	20	9,000	R 172,10					
3.6	Musculo-skeletal system: Miscellaneous								
3.6.1	Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet								
0859	Leg equalisation and congenital hips and feet: Leg shortening	20	282,000	R 5 391,40					
0861	Leg equalisation and congenital hips and feet: Leg lengthening	20	416,000	R 7 952,80					
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	20	116,000	R 2 217,70					
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	20	109,000	R 2 084,00					
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	20	160,000	R 3 058,90					
0868	Open reduction of congenital dislocation of the hip	20	186,000	R 3 555,90					
0869	Subsequent plasters	20	32,000	R 611,80					
0873	Congenital club foot: Manipulation and plaster: One foot	20	26,000	R 497,20					
0874	Ponseti technique assistant (medical practitioner)	20	13,000	R 248,30	Z				
3.6.2	Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis								
0883	Removal of internal fixatives or prosthesis: Readily accessible	20	36,600	R 699,60					
0884	Removal of internal fixatives: Less accessible	20	75,500	R 1 443,60					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0885	Removal of prosthesis for infection soon after operation	20	128,000	R 2 447,40					
0886	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	20	64,000	R 1 223,60					
3.6.2.1	Musculo-skeletal system: Miscellaneous: Removal of foreign bodies								
0644	Removal of foreign body: Shoulder, subcutaneous		20,000	R 382,30					
0647	Removal of foreign body: Upper arm or elbow area, subcutaneous		20,000	R 382,30					
0648	Removal of foreign body: Upper arm or elbow area, subfascial or intramuscular		31,000	R 592,60					
0651	Exploration with removal of deep foreign body: Forearm or wrist		31,000	R 592,60					
0652	Removal of foreign body: Pelvis or hip, subcutaneous tissue		20,000	R 382,30					
0653	Removal of foreign body: Pelvis or hip, subfascial or intramuscular		31,000	R 592,60					
0654	Removal of foreign body: Thigh or knee area, subfascial or intramuscular		31,000	R 592,60					
0655	Removal of foreign body: Foto, subcutaneous		20,000	R 382,30					
0656	Removal of foreign body: Foto, deep		31,000	R 592,60					
0657	Removal of foreign body: Foto, complicated		31,000	R 592,60					
3.7	Plasters (exclusive of after-care)								
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	20	13,000	R 248,30	ò				
0888	Application of short limb cast (forearm, lower leg) (excluding after-care) (first cast included in procedure)		18,400	R 351,70					
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	20	32,000	R 611,80					
0891	Turnbuckle cast for scoliosis (excluding after-care)	20	51,000	R 974,80					
0892	Application of cast: Revision (walker, window, bivalve) (excluding after-care)		18,900	R 361,30					
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	20	19,000	R 363,40					
0894	Application of cast: Clubfoot (excluding after-care) (first cast included in procedure		34,000	R 649,80					
3.8	Musculo-skeletal system: Special areas								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3.8.1	Special areas: Foot and Ankle								
0895	Club foot: Revision club foot release - stand alone procedure	20	302,700	R 5 787,00					
0896	Club foot: Posterior release only - stand alone procedure	20	159,300	R 3 045,40					
0900	Excision tarsal coalition - stand alone procedure	20	141,500	R 2 705,30					
0901	Tenotomy: Single tendon	20	63,300	R 1 210,20					
0903	Hammer toe: One toe	20	99,500	R 1 902,50					
0905	Filleting of toe or Ruiz-Mora procedure	20	99,500	R 1 902,50					
0906	Arthrodesis Hallux	20	148,000	R 2 829,50					
0907	Silver bunionectomy or similar for Hallux Valgus	20	126,200	R 2 412,70					
	Not to be charged with item 0911								
0909	Excision arthroplasty	20	145,200	R 2 775,60					
0910	Cheilectomy or metatarsophangeal implant Hallux	20	183,000	R 3 498,60					
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	20	189,200	R 3 616,90					
	Not to be charged with item 0907								
5730	Hallux Valgus double osteotomy etc.	20	182,600	R 3 491,20					
5731	Distal soft tissue procedure for Hallux Valgus	20	173,600	R 3 318,70					
5732	Aitkin procedure or similar	20	166,800	R 3 189,00					
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	20	91,000	R 1 739,60					
5735	Repair angular deformity toe (lesser toes)	20	97,200	R 1 858,30					
5736	Sesamoidectomy	20	97,800	R 1 869,60					
5737	Repair major foot tendons e.g. Tib Post	20	147,300	R 2 816,10					
5738	Repair of dislocating peroneal tendons	20	173,200	R 3 311,20					
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	20	202,300	R 3 867,70					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5740	Steindler strip - plantar fascia	20	97,200	R 1 858,30					
5741	Kelikian syndactilly (one web space)	20	97,200	R 1 858,30					
5742	Tendon transfer foot	20	172,000	R 3 288,50					
5743	Capsulotomy metatarsophalangeal joints: Foot	20	86,800	R 1 659,40					
3.8.2	Big toe (refer to section 3.8.1 for procedures on big toe)								
3.8.3	Special areas: Reimplantations								
0912	Replantation of amputated upper limb proximal to wrist joint	20	730,000	R 13 955,60					
0913	Replantation of thumb	20	670,000	R 12 809,00					
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	20	580,000	R 11 088,40					
0915	Replantation operation through the palm	20	1270,000	R 24 279,40					
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)								
0919	Tumours: Epidermoid cysts	20	35,000	R 669,10					
0920	Tumours: Ganglion or fibroma	20	77,500	R 1 481,60					
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	20	86,000	R 1 643,90					
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	20	19,000	R 363,40					
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	20	32,000	R 611,80					
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	20	37,000	R 707,30					
0924a	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale)		110,000	R 2 102,70					
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners.								
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	20	16,000	R 306,10					
3.8.5	Special areas: Spine								

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	Please note the following with regard to section 3.8.5: Spine a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together: 1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis. 2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition. b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Osteotomy, laminectomy.								
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	20	207,000	R 3 957,60					
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	20	42,000	R 802,90					
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	20	14,000	R 267,50					
0930	Posterior osteotomy of spine: One vertebral segment	20	339,000	R 6 481,00					
0931	Posterior spinal fusion: One level	20	385,000	R 7 360,30					
0932	Posterior osteotomy of spine: Each additional vertebral segment	20	103,000	R 1 969,00					
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	20	315,000	R 6 022,00					
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	20	103,000	R 1 969,00					
0938	Anterior fusion base of skull to C2	20	449,000	R 8 584,10					
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	20	160,000	R 3 058,90					
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	20	160,000	R 3 058,90					
0941	Anterior interbody fusion: One level	20	360,000	R 6 882,40					
0942	Anterior interbody fusion: Each additional level	20	102,000	R 1 949,90					
0944	Posterior fusion: Occiput to C2	20	390,000	R 7 455,90					
0946	Posterior spinal fusion: Each additional level	20	111,000	R 2 122,00					

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0948	Posterior interbody lumbar fusion: One level	20	364,000	R 6 958,80					
0950	Posterior interbody lumbar fusion: Each additional interspace	20	95,000	R 1 816,20					
0959	Excision of coccyx	20	96,000	R 1 835,20					
0961	Costo-transversectomy	20	198,000	R 3 785,20					
0963	Antero-lateral decompression of spinal cord or anterior debridement	20	326,000	R 6 232,40					
	MODIFIER								
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 units for the relevant part of the operation performed. Each surgeon may charge an assistant fee for the the procedures performed by the other surgeon, at general practitioner rate (refer to modifier 0009)								
3.8.6	Special areas: Spinal deformities								
	Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees).								
0952	Posterior fusion for spinal deformity: Up to 6 levels	20	359,000	R 6 863,50					
0954	Posterior fusion for spinal deformity: 7 to 12 levels	20	547,000	R 10 457,30					
0955	Posterior fusion for spinal deformity: 13 or more levels	20	593,000	R 11 336,80					
0956	Anterior fusion for spinal deformity: 2 or 3 levels	20	410,000	R 7 838,20					
0957	Anterior fusion for spinal deformity: 4 to 7 levels	20	444,000	R 8 488,20					
0958	Anterior fusion for spinal deformity: 8 or more levels	20	539,000	R 10 304,40					
	MODIFIER								
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								
3.8.7	Special areas: All spinal problems								
0943	Laminectomy with decompression of nerve roots and disc removal: One level	20	240,000	R 4 588,00					

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0960	Posterior non-segmental instrumentation	20	167,000	R 3 192,70					
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	20	176,000	R 3 364,70					
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	20	201,000	R 3 842,60					
0966	Posterior segmental instrumentation:13 or more vertebrae	20	245,000	R 4 684,00					
0968	Anterior instrumentation: 2 to 3 vertebrae	20	159,000	R 3 039,60					
0969	Skull or skull-femoral traction including two weeks after-care	20	64,000	R 1 223,60					
0970	Anterior instrumentation: 4 to 7 vertebrae	20	185,000	R 3 536,70					
0971	Halo-splint and POP jacket including two weeks after-care	20	116,000	R 2 217,70					
0972	Anterior instrumentation: 8 or more vertebrae	20	206,000	R 3 938,30					
0974	Additional pelvic fixation of instrumentation other than sacrum	20	108,000	R 2 064,60					
5750	Reinsertion of instrumentation	20	276,000	R 5 276,40					
5751	Removal of posterior non-segmental instrumentation	20	173,000	R 3 307,50					
5752	Removal of posterior segmental instrumentation	20	175,000	R 3 345,80					
5753	Removal of anterior instrumentation	20	204,000	R 3 900,30					
5755	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels	20	295,000	R 5 639,80					
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	20	304,000	R 5 811,90					
5757	Laminectomy for decompression without foraminotomy or diskectory more than two levels	20	321,000	R 6 137,10					
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	20	63,000	R 1 204,40					
5759	Laminectomy for decompression diskectomy, etc. revision operation	20	352,000	R 6 729,30					
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	20	301,000	R 5 754,50					
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	20	68,000	R 1 300,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5763	Anterior disc removal and spinal decompression cervical: One level	20	344,000	R 6 576,30					
5764	Anterior disc removal and spinal decompression cervical: Each additional level	20	81,000	R 1 548,50					
5765	Vertebral corpectomy for spinal decompression: One level	20	466,000	R 8 909,00					
5766	Vertebral corpectomy for spinal decompression: Each additional level	20	88,000	R 1 682,50					
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	20	71,000	R 1 357,30					
3.9	Facial bone procedures								
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9								
0987	Repair of orbital floor (blowout fracture)	20	184,600	R 3 529,10					
0988	Genioplasty	20	263,000	R 5 028,00					
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	20	202,200	R 3 865,70					
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	20	302,000	R 5 773,60					
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	20	433,000	R 8 278,30					
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	20	970,000	R 18 544,20					
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	20	302,000	R 5 773,60					
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	20	1103,000	R 21 086,70					
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	20	1654,000	R 31 620,40					
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	20	-						
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	20	302,000	R 5 773,60					

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0998	Excision mandible bone, e.g. osteomyelitis,abscess		219,300	R 0,00					
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	20	184,000	R 3 517,50					
1000	Excision facial bone e.g., osteomyelitis, abscess		144,300	R 0,00					
1001	Temporo-mandibular joint: Reconstruction for dysfunction	20	206,000	R 3 938,30					
1002	Harvesting: Bone for contouring of benign bony growths (e.g., fibrous dysplasia)		189,200	R 0,00					
1003	Manipulation: Immobilisation and follow-up of fractured nose	20	35,000	R 669,10					
1005	Nasal fracture without manipulation	20	-						
1007	Mandibulectomy	20	320,000	R 6 117,80					
1008	Excision: Torus Mandibularis		84,100	R 0,00					
1009	Maxillectomy	20	382,500	R 7 312,30					
1010	Excision: Torus Palatinus		83,300	R 0,00					
1011	Bone graft to mandible	20	206,000	R 3 938,30					
1012	Adjustment of occlusion by ramisection	20	227,000	R 4 339,80					
1013	Fracture of arch of zygoma without displacement	20	-						
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	20	131,000	R 2 504,70					
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	20	262,000	R 5 008,70					
1006	Fracture: Nose and septum, open reduction		177,400	R 3 391,50					
4	**Respiratory System**								
4.1	Nose and sinuses								
1018	Flexible nasopharyngolaryngoscope examination	20	51,940	R 993,00					
1019	ENT endoscopy in rooms with rigid endoscope	20	12,000	R 229,40					
1020	Repair of perforated septum: Any method	20	141,900	R 2 712,80					
1022	Functional reconstruction of nasal septum	20	121,200	R 2 317,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	20	30,000	R 573,10					
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	20	64,600	R 1 235,10					
1027	Dacrocystorhinostomy	20	210,000	R 4 014,80					
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	20	62,600	R 1 196,70					
1030	Endoscopic turbinectomy: Laser or microdebrider	20	90,000	R 1 720,50					
1031	Removal of single nasal polyp at rooms (at initial consultation only)	20	25,400	R 485,50					
1033	Removal of multiple polyps in hospital under general anaesthetic	20	81,800	R 1 563,90					
1034	Autogenous nasal bone transplant: Bone removal included	20	100,000	R 1 911,90					
1035	Functional endoscopic sinus surgery: Unilateral	20	140,000	R 2 676,30					
1036	Functional endoscopic sinus surgery: Bilateral	20	245,000	R 4 684,00					
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	20	8,000	R 153,00					
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	20	35,000	R 669,10					
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	20	40,000	R 764,80					
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	20	60,000	R 1 147,20					
1045	Ligation anterior ethmoidal artery	20	135,400	R 2 588,60					
1047	Caldwell-Luc operation: Unilateral	20	137,300	R 2 624,80					
1048	Endonasal frontal sinus drainage, with or without removal of tissue (modifier 0069 applies)		152,200	R 0,00					
1049	Ligation internal maxillary artery	20	196,000	R 3 747,00					
1050	Vidian neurectomy (transantral or transnasal)	20	113,000	R 2 160,30					
1051	Removal nasopharyngeal fibroma	20	285,000	R 5 448,70					
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	20	50,000	R 955,80					
1053	Frontal sinus drainage, trephine operation	20	93,100	R 1 779,70					

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1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)	20	37,300	R 713,20					
1055	External frontal ethmoidectomy	20	190,700	R 3 645,80					
1056	Anterior cranial fossa, craniofacial approach, extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	20	433,300	R 8 283,60					
1057	External ethmoidectomy and/or sphenoidectomy	20	199,400	R 3 812,20					
1058	Sublabial transseptal sphenoidotomy	20	137,000	R 2 619,30					
1059	Frontal osteomyelitis	20	194,000	R 3 709,30					
1060	Obliteration of frontal sinus	20	291,100	R 5 565,30					
1061	Lateral rhinotomy	20	164,000	R 3 135,20					
1062	Excision nasolabial cyst	20	186,100	R 3 557,80					
1063	Removal of foreign bodies from nose: At rooms	20	10,000	R 190,90					
1065	Removal of foreign body from nose: Under general anaesthetic	20	38,600	R 737,80					
1067	Proof puncture at rooms: Unilateral	20	10,000	R 190,90					
1069	Proof puncture, uni- or bilateral under general anaesthetic	20	35,000	R 669,10					
1071	Proetz treatment (consultation fee only to be charged for first treatment)	20	4,000	R 76,40					
1077	Septum abscess: At rooms, including after-care	20	8,000	R 153,00					
1079	Septum abscess: Under general anaesthetic	20	35,000	R 669,10					
1081	Oro-antral fistula (without Caldwell-Luc)	20	111,800	R 2 137,20					
1083	Choanal atresia: Intranasal approach	20	113,000	R 2 160,30					
1084	Choanal atresia: Transpalatal approach	20	194,000	R 3 709,30					
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	20	350,000	R 6 691,40					
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	20	210,000	R 4 014,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1089	Forehead rhinoplasty (all stages): Total	20	552,000	R 10 552,90					
1091	Forehead rhinoplasty (all stages): Partial	20	414,000	R 7 914,90					
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	20	138,000	R 2 638,50					
1095	Full nasal reconstruction for secondary cleft lip deformity	20	357,900	R 6 842,30					
1097	Partial nasal reconstruction for cleft lip deformity	20	199,700	R 3 817,70					
1099	Columella reconstruction or lengthening	20	138,000	R 2 638,50					
4896	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, brow incision	20	220,100	R 4 207,50					
4897	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, coronal incision	20	232,900	R 4 452,20					
4898	Sinusotomy: Obliterative frontal, with osteoplastic flap, brow incision	20	181,600	R 3 471,80					
4899	Sinusotomy: Obliterative frontal, with osteoplastic flap, coronal incision	20	120,000	R 2 294,20					
4900	Sinusotomy: Non-obliterative frontal, with osteoplastic flap, brow incision	20	196,600	R 3 757,70					
4901	Sinusotomy: Non-obliterative frontal, with osteoplastic flap, coronal incision	20	195,400	R 3 736,60					
1023	Harvesting of graft: Cartilage graft of nasal septum		100,000	R 1 911,90					
1038	Hypophysectomy or excision of pituitary tumour: Transnasal/transseptal approach (total procedure)		300,000	R 5 735,10					
1040	Repair of CSF leak: Ethmoid region. transnasal endoscopic approach (modifier 0069 not applicable)		343,500	R 6 566,60					
1042	Repair of CSF leak: Sphenoid region, transnasal endoscopic approach (modifier 0069 not applicable)		300,000	R 5 735,10					
1044	Transnasal endoscopic decompression: Transnasal endoscopic optic nerve (modifier 0069 not applicable)		300,000	R 5 735,10					
4890	Endoscopy: Sinus/nasal, with maxillary antrostomy		64,600	R 1 235,00					
4891	Endoscopy: Sinus/nasal, with maxillary antrostomy and removal of tissue		103,000	R 1 969,00					
4892	Endoscopy: Sinus/nasal, with partial, anterior ethmoidectomy		91,200	R 1 743,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4893	Endoscopy: Sinus/nasal, with medial or inferior orbital wall decompression		280,600	R 5 364,60					
1026	Biopsy: Intranasal				Refer Rule C				
1028	Lysis: Intranasal synechia				Refer Rule C				
	MODIFIERS GOVERNING NASAL OPERATIONS								
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								
4.2	Throat								
1101	Tonsillectomy (dissection of the tonsils)	20	75,000	R 1 433,90					
1102	Laser tonsillectomy	20	75,000	R 1 433,90					
1105	Removal of adenoids	20	40,000	R 764,80					
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	20	168,300	R 3 217,70					
1107	Opening of quinsy: At rooms	20	12,000	R 229,40					
1108	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon	20	85,000	R 1 625,10					
1109	Opening of quinsy: Under general anaesthetic	20	35,000	R 669,10					
1110	Ludwig's Angina: Drainage	20	42,000	R 802,90					
1111	Post tonsillectomy or adenoidectomy haemorrhage	20	46,000	R 879,50					
1112	Pharyngeal pouch operation	20	231,800	R 4 431,40					
1113	Retropharyngeal abscess: Internal approach	20	35,000	R 669,10					
1115	Retropharyngeal abscess: External approach	20	85,000	R 1 625,10					
1116	Functional reconstruction of palate and uvula	20	168,300	R 3 217,70					
1096	Removal of foreign body: Pharynx		40,500	R 774,30					
1100	Control of oropharyngeal haemorrhage with secondary sugical intervention, primary or secondary (eg., post-tonsillectomy)		46,000	R 879,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1103	Resection: Radical, tonsil, tonsillar pillars and/or retromolar trigone, without closure		75,000	R 1 433,90					
1104	Resection: Radical, tonsil, tonsillar pillars and/or retromolar trigone, with local flap closure		75,000	R 1 433,90					
1098	Resection: Lateral pharyngeal wall or pyriform sinus, closure by advancement of lateral and posterio pharyngeal walls				Refer Rule C				
1114	Pharyngectomy: Partial				Refer Rule C				
4.3	Larynx								
1117	Laryngeal intubation	20	10,000	R 190,90					
1118	Laryngeal stroboscopy with video capture	20	39,000	R 745,60					
1119	Laryngectomy without block dissection of the neck	20	430,000	R 8 220,70					
1122	Laryngeal function studies	20	11,600	R 221,60					
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	20	35,000	R 669,10					
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding after-care)	20	81,100	R 1 550,40					
1126	Post laryngectomy for voice restoration	20	139,500	R 2 666,90					
1127	Tracheotomy	20	90,000	R 1 720,50					
1128	Endolaryngeal operations	20	75,000	R 1 433,90					
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	20	294,400	R 5 628,10					
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	20	41,400	R 791,30					
1131	Direct laryngoscopy plus foreign body removal	20	64,600	R 1 235,10					
4916	Laryngoplasty: Laryngeal web, two stage, with keel insertion and removal	20	220,500	R 4 215,20					
4917	Laryngoplasty: Laryngeal stenosis, with graft or core mold, including tracheotomy	20	342,100	R 6 539,80					
4918	Laryngoplasty: Open reduction of fracture	20	293,800	R 5 616,00					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4919	Laryngoplasty: Cricoid split	20	184,200	R 3 522,30					
4922	Tracheostoma: Revision, without flap rotation, simple	20	102,400	R 1 957,70					
4923	Tracheostoma: Revision, with flap rotation, complex	20	133,800	R 2 558,80					
4926	Tracheostomy: Fenestration with skin flaps	20	144,300	R 2 759,00					
4927	Tracheostomy: Revision of scar	20	105,500	R 2 017,00					
4928	Tracheostomy/fistula: Closure, without plastic repair	20	104,000	R 1 988,30					
4929	Tracheostomy/fistula: Closure, with plastic repair	20	120,000	R 2 294,20					
4932	Tracheobronchoscopy: Through established tracheostomy incision	20	37,700	R 720,90					
4933	Tracheoplasty: Cervical	20	208,100	R 3 978,10					
4934	Tracheoplasty: Tracheopharyngeal fistulisation, per stage	20	263,200	R 5 031,90					
1120	Intubation, endtoracheal, emergency procedure		10,000	R 190,90					
1121	Stroboscopy - equipment fee		13,800	R 263,80					
4904	Laryngectomy: Total, with radical neck dissection		508,700	R 9 725,20					
4905	Laryngectomy: Subtotal, supraglottic without radical neck dissection		434,800	R 8 312,40					
4906	Laryngectomy: Subtotal, supraglottic with radical neck dissection		563,200	R 10 767,00					
4907	Laryngectomy: Hemilaryngectomy, horisontal		429,700	R 8 215,00					
4908	Laryngectomy: Hemilaryngectomy, laterovertical		391,000	R 7 475,00					
4909	Laryngectomy: Hemilaryngectomy, anterovertical		405,100	R 7 744,60					
4910	Laryngectomy: Hemilaryngectomy, antero-lateral-vertical		414,200	R 7 918,60					
1124	Arytenoidectomy/arytenoidopexy: External approach				Refer Rule C				
4913	Pharyngolaryngectomy: With radical neck dissection, without reconstruction				Refer Rule C				
4914	Pharyngolaryngectomy: With radical neck dissection, with reconstruction				Refer Rule C				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	MODIFIERS								
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (òFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhare in the Tariff)								
4.4	Bronchial procedures								
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy								
1132	Bronchoscopy: Diagnostic bronchoscopy	20	65,000	R 1 242,90					
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	20	80,000	R 1 529,70					
1134	Bronchoscopy: Bronchoscopy with laser	20	75,000	R 1 433,90					
1136	Nebulisation (in rooms)	20	12,000	R 229,40					
1137	Bronchial lavage								
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	20	350,000	R 6 691,40					
4.5	Pleura								
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	20	50,000	R 955,80					
1141	Insertion of intercostal catheter (under water drainage)	20	50,000	R 955,80					
1142	Intra-pleural block	20	36,000	R 688,30					
1143	Paracentesis chest: Diagnostic	20	8,000	R 153,00					
1145	Paracentesis chest: Therapeutic	20	13,000	R 248,30					
1147	Pneumothorax: Induction (diagnostic)	20	25,000	R 478,10					
1149	Pleurectomy	20	250,000	R 4 779,40					
1151	Decortication of lung	20	350,000	R 6 691,40					
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	20	55,000	R 1 051,20					
4.6	Pulmonary procedures								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4.6.1	Pulmonary procedures: Surgical								
1155	Needle biopsy lung: (no after-care) (modifier 0005 not applicable)	20	32,000	R 611,80					
1157	Pneumonectomy	20	350,000	R 6 691,40					
1159	Pulmonary lobectomy	20	389,500	R 7 446,50					
1161	Segmental lobectomy	20	365,000	R 6 978,00					
1163	Excision tracheal stenosis: Cervical	20	375,000	R 7 169,20					
1164	Excision tracheal stenosis: Intra thoracic	20	350,000	R 6 691,40					
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	20	215,000	R 4 110,40					
1168	Thoracoplasty: Complete	20	250,000	R 4 779,40					
1169	Thoracoplasty: Limited (osteoplastic)	20	200,000	R 3 823,50					
1171	Drainage empyema (including six weeks after treatment)	20	170,000	R 3 250,20					
1173	Drainage of lung abscess (including six weeks after treatment)	20	170,000	R 3 250,20					
1175	Thoracotomy (limited): For lung or pleural biopsy	20	115,000	R 2 198,60					
1177	Major: Diagnostic, as for inoperable carcinoma	20	215,000	R 4 110,40					
1179	Thoracoscopy	20	89,000	R 1 701,60					
1181	Lung transplant: Unilateral	20	600,000	R 11 470,60					
1182	Harvesting donor lung: Unilateral	20	120,000	R 2 294,10					
1183	Excision or plication of emphysematous cyst: Unilateral	20	250,000	R 4 779,40					
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	20	438,000	R 8 373,60					
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	20	100,000	R 1 911,90					
4.6.2	Pulmonary function tests								

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	When these procedures are performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
1186	Flow volume test: Inspiration/expiration	20	30,000	R 573,10					
1187	Exhaled nitric oxide determination	20	4,900	R 93,70					
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	20	50,000	R 955,80					
1189	Forced expirogram only	20	10,000	R 190,90					
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	20	45,310	R 866,20					
1191	N2 single breath distribution	20	10,000	R 190,90					
1192	Peak expiratory flow only	20	5,000	R 95,80					
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	20	37,760	R 721,80					
1195	Thoracic gas volume	20	37,930	R 725,20					
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	20	45,310	R 866,20					
1197	Compliance and resistance, using oesophageal balloon	20	24,000	R 458,90					
1198	Prolonged post exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine, other chemical agent or after exercise, with subsequent spirometry	20	55,890	R 1 068,50					
1199	Pulmonary stress testing: For determination of VO2 max	20	96,500	R 1 845,10					
1200	Carbon monoxide diffusing capacity, any method	20	38,060	R 727,70					
1201	Maximum inspiratory/expiratory pressure	20	5,000	R 95,80					
4.7	Intensive care								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	RULES GOVERNING THIS SECTION								
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24 hours.								
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring								
4.7.1	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures								
1202	Insertion of central venous catheter via peripheral vein in neonates	20	40,000	R 764,80					
4.7.2	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1204	Intensive care: Category 1 (High Care) : Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	20	30,000	R 573,10					
	(i) Only one practitioner may charge category 1: Intensive monitoring of patient in high care unit. (ii) Item 1204 may not be charged by the surgeon who performed a surgical procedure. Intensive monitoring is regarded as normal postoperative care, which is included in the global fee attached to that surgical procedure. (iii) Practitioners involved in treating a patient in a high care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								
1205	Intensive care: Category 2 (ICU): 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): First day	20	100,000	R 1 911,90		20	100,000	R 2 880,10	
1206	Intensive care: Category 2 (ICU): 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): Subsequent days, per day	20	50,000	R 955,80		20	50,000	R 1 440,40	
1207	Intensive care: Category 2(ICU): 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): After two weeks, per day	20	30,000	R 573,10		20	30,000	R 863,80	

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	Please Note: (i) The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109 (ii) Only one practitioner may charge category 2: Intensive monitoring of patient in intensive care unit. (iii) Should a patient during the post-operative care period require active system support, the person who is responsible for the active systems support, may use items 1205-1207 (as appropriate). (iv) It would be acceptable for the surgeon who performed a surgical procedure of which the after-care is included, to charge fees according to the appropriate hospital follow-up visit (item 0109) (v) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								
1208	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	20	137,000	R 2 619,30		20	137,000	R 3 945,90	
1209	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	20	58,000	R 1 108,70					
1210	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	20	50,000	R 955,80		20	50,000	R 1 440,40	
	Please note: (i) Items 1208-1210 are used if more than one practitioner is involved in active system support on a category 2 patient in the intensive care unit. (ii) Items 1208-1210 are used for category 3 patients with multiple organ failure. (iii) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4.7.3	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Procedures								
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
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 all necessary additional procedures e.g. infusion, intubation, etc.								
1212	Ventilation: First day	20	75,000	R 1 433,90		20	75,000	R 2 160,20	
1213	Ventilation: Subsequent days, per day	20	50,000	R 955,80		20	50,000	R 1 440,40	
1214	Ventilation: After two weeks, per day	20	25,000	R 478,10					
1215	Insertion of arterial pressure cannula	20	25,000	R 478,10					
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	20	50,000	R 955,80					
1217	Insertion of central venous line via peripheral vein	20	10,000	R 190,90					
1218	Insertion of central venous line via subclavian or jugular veins	20	25,000	R 478,10					
1219	Hyperalimentation (daily tariff)	20	15,000	R 286,60					
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient)	20	30,000	R 573,10					
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charged the appropriate hospital follow-up consultation/visit code)	20	30,000	R 573,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4.8	Hyperbaric Oxygen Therapy								
	Internationally recognized scientific indications for Hyperbaric Oxygen Therapy: a. Arterial gas embolism (traumatic or iatrogenic). b. Decompression sickness ('the bends') c. Carbon monoxide poisoning d. Gas gangrene e. Crush injuries, compartment syndromes or acute traumatic ischaemias. f. Problem wounds (selected diabetic wounds, complicated pressure sores, arterial and refractory venous stasis ulcers and non-union) g. Necrotising soft tissue infections (e.g. necrotising fasciitis) h. Refractory osteomyelitis. i. Bone and soft tissue radiation necrosis. j. Compromised skin grafts and flaps. k. Acute thermal burns. l. Acute bloodloss anaemia (transfusion is contraindicated - e.g. Jehovah's Witnesses or haemolytic anaemia). m. Cerebral abscesses								
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	20	30,000	R 573,10					
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	20	101,130	R 1 933,20	Z				
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	20	60,000	R 1 147,20					
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	20	131,260	R 2 509,30	Z				
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	20	80,000	R 1 529,70					
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	20	131,260	R 2 509,30	Z				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
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	20	90,000	R 1 720,50					
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	20	214,180	R 4 094,50	Z				
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	20	190,000	R 3 632,30					
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	20	386,420	R 7 387,60	Z				
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 (2,8-6 ATA x 305-490 min): PROFESSIONAL COMPONENT	20	327,000	R 6 251,70					
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20	680,850	R 13 016,30	Z				
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20	678,280	R 12 967,30	Z				
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20	671,850	R 12 844,30	Z				
4815	Prolonged attendance inside a hyperbaric chamber: 40,00 clinical procedure units per half hour or part thereof for the first hour, thereafter 20,00 clinical procedure units per half hour: Minimum 40,00 clinical procedure units; maximum 320,00 clinical procedure units								
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
5	**Mediastinal Procedures**								
1222	Mediastinal tumours	20	285,000	R 5 448,70					
1223	Mediastinoscopy	20	95,000	R 1 816,20					
1224	Mediastinotomy	20	115,000	R 2 198,60					
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	20	350,000	R 6 691,40					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1226	Removal of single rib with a lesion	20	282,000	R 5 391,40					
6	**Cardiovascular System**								
	MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP								
6.1	Cardiovascular system: General								
1227	Prolonged neonatal resuscitation	20	20,000	R 382,30					
	Where ECG is done by a general practitioner but interpreted by a physician, the general practitioner is entitled to a consultation fee, plus half of fee determined for ECG								
1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)								
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)								
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added								
1230	Physician's fee for interpreting an ECG: Without effort	20	6,000	R 115,00					
1231	Physician's fee for interpreting an ECG: With and without effort	20	10,000	R 190,90					
	A specialist physician is entitled to the fees specified in item 1230 and 1231 for interpretation of an ECG tracing referred for interpretation. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation								
1232	Electrocardiogram: Without effort	20	9,000	R 172,10					
1233	Electrocardiogram: With and without effort	20	13,000	R 248,30					
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	20	40,000	R 764,80					
1235	Multi-stage treadmill test	20	60,000	R 1 147,20					
1236	Electrocardiogram without effort: Under 4 years old	20	18,000	R 343,90					
1237	24 Hour ambulatory blood pressure: Hire fee	20	30,000	R 573,10					
1238	24 Hour ambulatory ECG monitoring (holter): Hire fee	20	55,000	R 1 051,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1239	24 Hour ambulatory ECG monitoring (holter): Interpretation	20	27,000	R 516,20					
1240	Signal averaged electrocardiogram	20	80,000	R 1 529,70					
1241	X-ray Screening: Chest	20	4,000	R 76,40					
1242	X-ray screening: Prosthetic valves	20	10,000	R 190,90					
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	20	55,000	R 1 051,20					
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	20	25,000	R 478,10					
1245	Angiography cerebral: First two series	20	34,300	R 655,70					
1246	Angiography peripheral: Per limb	20	25,000	R 478,10					
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	20	65,000	R 1 242,90					
1248	Paracentesis of pericardium	20	50,000	R 955,80					
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	20	51,000	R 974,80					
	MODIFIER GOVERNING PAEDIATRIC CARDIAC CATHETERISATION BY PAEDIATRIC CARDIOLOGISTS WITH A "33" PRACTICE NUMBER								
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								
6.2	Invasive Cardiology								
6.2.1	Invasive cardiology: Cardiac catheterisation								
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	20	140,000	R 2 676,30					
1250	Endomyocardial biopsy	20	70,000	R 1 338,20					
1251	Transeptal puncture	20	70,000	R 1 338,20					
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	20	140,000	R 2 676,30					
1253	Right heart catheterisation (with or without biopsy)	20	70,000	R 1 338,20					
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	20	40,000	R 764,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1255	Tilt test	20	31,300	R 598,30					
6.2.2	Invasive cardiology: Electrophysiological study								
1256	Ventricular stimulation study	20	160,000	R 3 058,90					
1257	Full electrophysiological study	20	300,000	R 5 735,10					
6.2.3	Invasive cardiology: Pacemakers								
1258	Pacemaker: Permanent - single chamber	20	155,000	R 2 963,50					
1259	Pacemaker: Permanent - dual chamber	20	230,000	R 4 397,00					
1260	AV nodal ablation	20	300,000	R 5 735,10					
1261	Accessory pathway ablation	20	600,000	R 11 470,60					
1262	Electrophysiological mapping	20	500,000	R 9 558,80					
1263	Insertion transvenous implantable defibrillator	20	212,000	R 4 053,20					
1264	Test for implantable transvenous defibrillator	20	120,000	R 2 294,10					
1265	Renewal of pacemaker unit only, team fee	20	125,000	R 2 389,70					
1266	Resiting pacemaker generator	20	80,000	R 1 529,70					
1267	Repositioning of catheter electrode	20	50,000	R 955,80					
1268	Threshold testing: Own equipment	20	15,000	R 286,60					
1269	Threshold testing: Hospital equipment	20	11,000	R 210,30					
1270	Programming of atrio-ventricular sequential pacemaker	20	50,000	R 955,80					
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	20	120,000	R 2 294,10					
1274	Percutaneous transluminal thrombectomy for clot extraction in native coronary arteries and venous and arterial bypass grafts	20	260,000	R 4 970,70					
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	20	200,000	R 3 823,50					
1272	Coronary sinus lead implantation (add to either item 1258: Pacemaker: Permanent - single chamber or item 1259: Pacemaker: Permanent - dual chamber)				Refer Rule C				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6.2.4	Invasive cardiology: Percutaneous translumical angioplasty								
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	20	260,000	R 4 970,70					
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	20	140,000	R 2 676,30					
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	20	60,000	R 1 147,20					
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	20	40,000	R 764,80					
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	20	60,000	R 1 147,20					
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	20	40,000	R 764,80					
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	20	260,000	R 4 970,70					
1283	Use of balloon procedure as in item 1282: Second cardiologist	20	140,000	R 2 676,30					
1284	Atherectomy: Single lesion: First cardiologist	20	300,000	R 5 735,10					
1285	Atherectomy: Single lesion: Second cardiologist	20	180,000	R 3 441,30					
1286	Insertion of intravascular stent: First cardiologist	20	100,000	R 1 911,90					
1287	Insertion of intravascular stent: Second cardiologist	20	50,000	R 955,80					
	The insertion of a stent(s) (item 1286 & 1267) may only be charged once per vessel regardless of the number of stents inserted in this vessel.								
1290	Use of balloon procedures including: First paediatric cardiologist (33): Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty; Closure atrial septal defect; Closure of patient ductus arteriosus	20	300,000	R 5 735,10					
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)	20	160,000	R 3 058,90					
1292	Multi-slice computed tomography coronary angiography: Own equipment	20	655,260	R 12 527,00					
5961	Balloon angioplasty pulmonary mitral valve or tricuspid valve		437,700	R 8 366,00					
5962	Balloon angioplasty aortic valve (congenital aortic stenosis)		424,100	R 8 106,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5963	Balloon angioplasty, pulmonary artery branches: First vessel		202,000	R 3 861,10					
5964	Balloon angioplasty, pulmonary artery branches: Subsequent vessels (per vessel)		101,600	R 1 942,00					
5965	Balloon angioplasty aorta for congenital lesion/coarctation		629,700	R 12 036,10					
5966	Balloon/cutting balloon angioplasty, collateral vessel (incl MAPCA) or venous system (IVC, SVC, systemic vein): First vessel		451,400	R 8 628,10					
5967	Balloon angioplasty, collateral vessel (incl. MAPCA): Subsequent vessels (per vessel)		112,850	R 2 156,90					
5968	Balloon angioplasty venous system (IVC, SVC, systemic vein)		451,400	R 8 628,10					
5969	Cutting balloon angioplasty, cardiovascular structure: First vessel		451,400	R 8 628,10					
5970	Cutting balloon angioplasty, cardiovascular structure: Subsequent vessels (per vessel)		112,850	R 2 156,90					
1293	Multi-slice computed tomography coronary angiography: Interpretation and report		30,000	R 628,90					
6.2.5	Invasive cardiology: Paediatric cardiac catheterisation								
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	20	210,000	R 4 014,80					
1289	Paediatric cardiac catheterisation: Infants below the age of one year	20	263,000	R 5 028,00					
6.3	Cardiac surgery								
1294	Patent ductus arteriosus	20	320,000	R 6 117,80					
1295	Pericardiectomy for constrictive pericarditis	20	400,000	R 7 647,10					
1296	Fractional flow reserve (FFR): First vessel (add-on code)		28,000	R 535,20					
1297	Coarctation of aorta	20	425,000	R 8 125,10					
1298	Fractional flow reserve (FFR): Each additional vessel (add-on code)		22,400	R 428,30					
1299	Systemo-pulmonary anastomosis	20	425,000	R 8 125,10					
1300	Renal denervation (RDN), per artery (modifier 0005 applicable)		223,00	R 4 262,30					
1301	Mitral valvotomy: Closed heart technique	20	350,000	R 6 691,40					
1302	Heart transplant	20	875,000	R 16 728,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1303	Harvesting donor heart	20	75,000	R 1 433,90					
1305	Operative implantation of cardiac pacemaker by thoracotomy	20	220,000	R 4 205,90					
1307	Re-exploration after cardiac surgery	20	215,000	R 4 110,40					
1308	Heart and lung transplant	20	1000,000	R 19 117,80					
1309	Harvesting donor heart and lungs	20	120,000	R 2 294,10					
1311	Pericardial drainage	20	140,000	R 2 676,30					
6.3.1	Cardiac surgery: Open heart surgery								
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	20	25,000	R 478,10					
1320	Repeat open heart surgery (additional fee above procedure fee)	20	250,000	R 4 779,40					
1321	Stand-by fee for coronary angioplasty	20	30,000	R 573,10					
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	20	20,000	R 382,30					
6.3.1.1	Cardiac surgery: Open heart surgery: Congenital conditions								
1323	Atrial septal defect: Osteum secundum	20	500,000	R 9 558,80					
1325	Atrial septal defect: Sinus venosus or osteum primum	20	563,000	R 10 763,20					
1327	Atrial septal defect: Ventricular septal defect	20	603,800	R 11 543,20					
1329	Atrial septal defect: Fallot's tetralogy	20	563,000	R 10 763,20					
1330	Atrial septal defect: Pulmonary stenosis	20	500,000	R 9 558,80					
1331	Transposition of large vessels (venous repair)	20	563,000	R 10 763,20					
1332	Transposition of great arteries (arterial repair)	20	750,000	R 14 338,10					
1333	Ebstein's Anomaly	20	563,000	R 10 763,20					
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	20	548,800	R 10 491,80					
1335	Total anomalous venous drainage	20	563,000	R 10 763,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	20	658,900	R 12 596,70					
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	20	500,000	R 9 558,80					
1338	Fontan type repair	20	750,000	R 14 338,10					
6.3.1.2	Cardiac surgery: Open heart surgery: Acquired conditions								
1339	Mitral valve replacement	20	657,000	R 12 560,40					
1340	Mitral valvuloplasty	20	688,000	R 13 153,20					
1341	Aortic valve replacement	20	623,800	R 11 925,50					
1342	Tricuspid annulo plasty	20	188,000	R 3 594,20					
1343	Double valve replacement	20	968,900	R 18 523,00					
1344	Acute dissecting aneurysm repair	20	750,000	R 14 338,10					
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	20	1000,000	R 19 117,80					
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	20	100,000	R 1 911,90					
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	20	175,000	R 3 345,80					
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	20	750,000	R 14 338,10					
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	20	781,000	R 14 930,90					
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	20	813,000	R 15 542,60					
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	20	875,000	R 16 728,20					
1352	Cardiac aneurysm	20	563,000	R 10 763,20					
1353	Ascending/descending thoracic aortic aneurysm repair	20	625,000	R 11 948,70					
1354	Arrhythmia surgery	20	688,000	R 13 153,20					

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1355	Cardiac tumour	20	625,000	R 11 948,70					
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	20	188,000	R 3 594,20					
1358	Harvesting of radial artery	20	175,000	R 3 345,80					
6.4	Peripheral vascular system								
	MODIFIER GOVERNING THIS SECTION								
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								
6.4.1	Peripheral vascular system: Investigations								
1357	Skin temperature test: Response to reflex heating	20	15,000	R 286,60					
1359	Skin temperature test: Response to reflex cooling	20	15,000	R 286,60					
1360	Closure: Left atrial appendage (LAA)		828,000	R 15 826,30					
1361	Cold sensitivity test	20	17,000	R 324,90					
1362	Trans-aortic valve implantation (TAVI)/Transcatheter aortic valve replacement (TAVR)		397,500	R 7 597,90					
1363	Oscillometry test	20	5,000	R 95,80					
1365	Sweating test	20	17,000	R 324,90					
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	20	26,300	R 502,80					
1367	Doppler blood tests	20	6,000	R 115,00					
5369	Doppler arterial pressures	20	6,000	R 115,00					
5371	Doppler arterial pressures with exercise	20	10,000	R 190,90					
5373	Doppler segmental pressures and wave forms	20	12,000	R 229,40					
5375	Venous doppler examination (both limbs)	20	9,000	R 172,10					
5377	Venous plethysmography	20	16,000	R 306,10					
5379	Supra-orbital doppler test	20	5,000	R 95,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5381	Carotid non-invasive complex tests	20	39,000	R 745,60					
6.4.2	Peripheral vascular system: Arterio-venous abnormalities								
1369	Fistula or aneurysm (as for grafting of various arteries)								
6.4.3	Arteries								
6.4.3.1	Peripheral vascular system: Arteries: Aorta-iliac and major branches								
1372	Abdominal aorta and iliac artery: Unruptured	20	540,000	R 10 323,40					
1373	Abdominal aorta and iliac artery: Ruptured	20	600,000	R 11 470,60					
1375	Grafting and/or thrombo-endarterectomy for thrombosis	20	444,000	R 8 488,20					
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	20	594,000	R 11 356,10					
6.4.3.2	Peripheral vascular system: Arteries: Iliac artery								
1379	Prosthetic grafting and/or thrombo-endarterectomy	20	300,000	R 5 735,10					
6.4.3.3	Peripheral vascular system: Arteries: Peripheral								
1385	Prosthetic grafting	20	255,000	R 4 875,10					
1387	Grafting vein: Vein grafting proximal to knee joint	20	300,000	R 5 735,10					
1388	Grafting vein: Distal to knee joint	20	444,000	R 8 488,20					
1389	Grafting vein: Endarterectomy when not part of another specified procedure	20	264,000	R 5 047,20					
1390	Grafting vein: Carotid endarterectomy	20	321,000	R 6 137,10					
1393	Embolectomy: Peripheral embolectomy transfemoral	20	168,000	R 3 211,90					
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	20	125,000	R 2 389,70					
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure	20	264,000	R 5 047,20					

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1397	Profundoplasty	20	210,000	R 4 014,80					
1399	Distal tibial (ankle region)	20	456,000	R 8 717,70					
1401	Femoro-femoral	20	254,000	R 4 855,90					
1402	Carotid-subclavian	20	288,000	R 5 505,60					
1403	Axillo-femoral: (Bifemoral + 50%)	20	288,000	R 5 505,60					
6.4.4	Peripheral vascular system: Veins								
1407	Ligation of saphenous vein	20	50,000	R 955,80					
1408	Placement of Hickman catheter or similar	20	91,000	R 1 739,60					
1410	Litigation of inferior vena cava: Abdominal	20	180,000	R 3 441,30					
1412	Umbrella operation on inferior vena cava: Abdominal	20	100,000	R 1 911,90					
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	20	141,000	R 2 695,70					
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	20	247,000	R 4 722,20					
1417	Extensive sub-fascial ligation of perforating veins	20	125,000	R 2 389,70					
1419	Lesser varicose vein procedures	20	31,000	R 592,60					
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	20	9,000	R 172,10					
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	20	240,000	R 4 588,00					
1427	Thrombectomy: Illio-femoral	20	175,000	R 3 345,80					
1422	Endovenous ablation of incompetent vein by radiofrequency or laser, inclusive of all imaging guidance and monitoring: First vein		96,200	R 1 839,20					
1424	Endovenous ablation of incompetent vein by radiofrequency or laser, inclusive of all imaging guidance and monitoring: Subsequent veins (modifier 0005 is not applicable)		47,000	R 898,50					
6.4.5	Peripheral vascular system: Portal hypertension								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1429	Porto-caval shunt	20	500,000	R 9 558,80					
6.5	Cardiac rehabilitation								
1431	Cardiac rehabilitation: Phase II: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 5 patients per group	20	12,000	R 229,40					
1432	Cardiac rehabilitation: Phase III: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 10 patients per group	20	6,000	R 115,00					
	Please note: a. A practitioner is only allowed to instruct one group at a time. b. Benefits are limited to 3 times per week for a period of 60 minutes with a maximum of 3 months.								
7	**Lympho Reticular System**								
7.1	Spleen								
1435	Splenectomy (in all cases)	20	221,300	R 4 230,60					
1436	Splenorrhaphy	20	231,800	R 4 431,40					
1437	Bone marrow or blood-derived peripheral stem cell transplantation: allogeneic donor lymphocyte infusions - PROFESSIONAL COMPONENT		28,100	R 537,10					
1438	Bone marrow or blood-derived peripheral stem cell transplantation: allogeneic - PROFESSIONAL COMPONENT		36,900	R 705,30					
7.2	Lymph nodes and lymphatic channels								
1439	Excision of lymph node for biopsy: Neck or axilla	20	65,000	R 1 242,90					
1440	Bone marrow or blood-derived peripheral stem cell transplantation: autologous - PROFESSIONAL COMPONENT		36,800	R 703,30					
1441	Excision of lymph node for biopsy: Groin	20	65,000	R 1 242,90					
1442	Lymphadenectomy: Modified radical neck dissection, cervical	20	293,100	R 5 604,00					
1443	Simple excision of lymph nodes for tuberculosis	20	91,000	R 1 739,60					
1444	Blood-derived haematopoetic progenitor cell harvesting for transplantation, per collection: allogeneic - PROFESSIONAL COMPONENT		23,500	R 449,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1445	Radical excision of lymph nodes of neck: Total: Unilateral	20	315,000	R 6 022,00					
1446	Blood-derived haematopoetic progenitor cell harvesting for transplantation, per collection: autologous - PROFESSIONAL COMPONENT		23,800	R 455,00					
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	20	235,000	R 4 492,60					
1448	Bone marrow harvesting for transplant - PROFESSIONAL COMPONENT		101,000	R 1 930,50					
1449	Radical excision of lymph nodes of axilla	20	160,000	R 3 058,90					
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	20	58,000	R 1 108,70					
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	20	175,000	R 3 345,80					
1453	Radical excision of lymph nodes of groin: Inguinal	20	150,000	R 2 867,70					
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	20	39,000	R 745,60					
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	20	275,000	R 5 257,20					
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte phaeresis	20	42,000	R 802,90					
1457	Bone marrow biopsy: By trephine	20	13,000	R 248,30					
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	20	8,000	R 153,00					
1459	Staging laparotomy for lymphoma (including splenectomy	20	245,000	R 4 684,00					
1460	Sentinel lymph node(s): Intra-operative indentification; INCLUDES injection of non-radioactive dye, when performed		40,400	R 772,30					
8	**Digestive System**								
	MODIFIERS GOVERNING THIS SECTION								
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								

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0075	Endoscopic procedures performed in own procedure room: (a) The value of modifier 0075 = 21,00 clinical procedure units, where endoscopic procedures are performed in rooms. (b) This fee is chargeable by medical practitioners who own or rent the facility. (c) Modifier 0075 may not be used in conjunction with modifier 0004. (d) Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the structure.	20	21,000	R 401,50					
8.1	Oral cavity								
1461	All dental procedures			R 0,00					
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	20	35,000	R 669,10					
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	20	15,000	R 286,60					
1467	Drainage of intra-oral abscess	20	31,000	R 592,60					
1469	Local excision of mucosal lesion of oral cavity	20	23,000	R 439,60					
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	20	549,000	R 10 495,60					
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	20	-						
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	20	215,000	R 4 110,40					
1477	Cleft palate: Secondary repair	20	174,200	R 3 330,30					
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	20	240,000	R 4 588,00					
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	20	227,000	R 4 339,80					
1480	Repair of oronasal fistula (large) e.g. distant flap	20	227,000	R 4 339,80					
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	20	138,000	R 2 638,50					
1482	Repair of oronasal fistula (large): Second stage	20	138,000	R 2 638,50					
1483	Alveolar periosteal or other flaps for arch closure	20	138,000	R 2 638,50					
1486	Closure of anterior nasal floor	20	138,000	R 2 638,50					
1462	Removal of embedded foreign body: Vestibule of mouth, simple		20,000	R 382,30					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1464	Removal of embedded foreign body: Vestibule of mouth, complicated		31,000	R 592,60					
1466	Removal of embedded foreign body: Denotalveolar structures, soft tissues		20,000	R 382,30					
8.2	Lips								
1484	Cleft lip repair: Lip adhesion (cleft lip)	20	95,000	R 1 816,20					
1485	Local excision of benign lesion of lip	20	27,000	R 516,20					
1487	Resection for lip malignancy	20	91,000	R 1 739,60					
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	20	227,000	R 4 339,80					
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	20	251,600	R 4 810,20					
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	20	329,900	R 6 306,80					
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	20	227,000	R 4 339,80					
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	20	251,600	R 4 810,20					
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	20	91,000	R 1 739,60					
1495	Abbé or Estlander type flap (all stages included)	20	273,100	R 5 221,10					
1497	Vermilionectomy	20	94,900	R 1 814,20					
1499	Lip reconstruction following an injury: Direct repair	20	105,600	R 2 018,90					
1501	Lip reconstruction following an injury or tumour removal: Flap repair	20	206,000	R 3 938,30					
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	20	206,000	R 3 938,30					
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	20	104,000	R 1 988,20					
8.3	Tongue								
1505	Partial glossectomy	20	225,000	R 4 301,40					
1507	Local excision of lesion of tongue	20	27,000	R 516,20					
8.4	Palate, uvula and salivary glands								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1509	Wide excision of lesion of palate	20	100,000	R 1 911,90					
1511	Radical resection of palate (including skin graft)	20	250,000	R 4 779,40					
1513	Excision of ranula	20	85,600	R 1 636,50					
1515	Excision of sublingual salivary gland	20	120,000	R 2 294,10					
1517	Excision of submandibular salivary gland	20	146,000	R 2 791,20					
1519	Excision of submandibular salivary gland with suprahyoid dissection	20	150,000	R 2 867,70					
1521	Excision of submandibular salivary gland: With radical neck dissection	20	352,000	R 6 729,30					
1523	Local resection of parotid tumour	20	169,600	R 3 242,30					
1525	Partial parotidectomy	20	310,000	R 5 926,40					
1526	Total parotidectomy with preservation of facial nerve	20	358,500	R 6 853,90					
1527	Total parotidectomy	20	358,500	R 6 853,90					
1529	Parotidectomy: Extracapsular	20	300,000	R 5 735,10					
1531	Drainage of parotid abscess	20	25,000	R 478,10					
1533	Closure of salivary fistula	20	91,000	R 1 739,60					
1535	Dilatation of salivary duct	20	10,000	R 190,90					
1537	Operative removal of salivary calculus	20	55,000	R 1 051,20					
1538	Sialolithotomy: Submandibular/submaxillary, intraoral approach, complicated	20	58,500	R 1 118,50					
1539	Salivary duct: Meatotomy	20	20,000	R 382,30					
1541	Branchial cyst and/or fistula: Excision	20	140,000	R 2 676,30					
1543	Excision of cystic hygroma	20	140,000	R 2 676,30					
1544	Ludwig's Angina: Drainage	20	42,000	R 802,90					
8.5	Oesophagus								
1545	Oesophagoscopy with rigid instrument: First and subsequent	20	47,000	R 898,30					
1549	Oesophagoscopy with dilatation of stricture	20	70,000	R 1 338,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1550	Oesophagoscopy with removal of foreign body	20	70,000	R 1 338,20					
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	20	80,000	R 1 529,70					
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	20	80,000	R 1 529,70					
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	20	65,000	R 1 242,90					
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	20	400,000	R 7 647,10					
1556	Oesophagogastric fundoplication (e.g. Nissen, Toupet, Watson): Laparoscopic		314,700	R 6 015,20					
1557	Oesophageal dilatation	20	40,000	R 764,80					
1558	Oesophagogastric fundoplasty: Thal-Nissen procedure		389,800	R 7 450,60					
1559	Oesophagectomy: Two stage	20	500,000	R 9 558,80					
1560	Oesophagectomy: Three stage	20	550,000	R 10 514,90					
1561	Thoraco-abdominal oesophagogastrectomy	20	500,000	R 9 558,80					
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	20	300,000	R 5 735,10					
1564	Oesophagogastric fundoplication (e.g. Nissen, Belsey): Thoracotomy		357,100	R 6 825,50					
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	20	350,000	R 6 691,40					
1566	Private fee: Gastroplasty	20	325,000	R 6 213,00					
1567	Bochdalek hernia repair in newborn	20	250,000	R 4 779,40					
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	20	375,000	R 7 169,20					
1569	Heller's operation	20	250,000	R 4 779,40					
1570	Oesophagomyotomy: Laparoscopic, with fundoplication if performed (Heller type procedure)		377,700	R 7 219,50					
1571	Oesophagomyotomy: Thoracic approach (Heller type procedure)		313,100	R 5 984,70					
1575	Insertion of indwelling oesophageal tube by laparotomy	20	142,000	R 2 714,60					
1576	Oesophagogastric lengthening procedure (e.g. Collis or wedge gastroplasty): ADD to major procedure (modifier 0005 does not apply)		48,300	R 923,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1578	Oesophageal motility (4 channel + pneumograph)	20	100,000	R 1 911,90					
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	20	400,000	R 7 647,10					
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	20	110,000	R 2 102,90					
1581	Removal of benign oesophageal tumours	20	285,000	R 5 448,70					
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	20	150,000	R 2 867,70					
1583	Excision of intrathoracic oesophageal diverticulum	20	250,000	R 4 779,40					
1584	24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimone pH probe)	20	55,000	R 1 051,20					
1585	24 Hour oesophageal pH studies: Interpretation	20	27,000	R 516,20					
5710	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Laparotomy (not applicable to neonatal surgery)		348,200	R 6 655,60					
5711	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Laparotomy (not applicable to neonatal surgery)		378,100	R 7 226,80					
5712	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Thoracotomy (not applicable to neonatal surgery)		382,200	R 7 305,30					
5713	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Thoracotomy (not applicable to neonatal surgery)		411,800	R 7 871,20					
5714	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Thoraco-abdominal approach (not applicable to neonatal surgery)		451,200	R 8 624,10					
5715	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Thoraco-abdominal approach (not applicable to neonatal surgery)		492,500	R 9 413,80					
5716	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Laparoscopic (not applicable to neonatal surgery)		463,600	R 8 861,20					
5717	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Laparoscopic (not applicable to neonatal surgery)		520,900	R 9 956,40					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1562	Plus endoscopic therapy for gastro-oesophageal reflux or Barrett's oesophagus (by radiofrequency, implantation or endoscopic plication): ADD to upper gastrointestinal endoscopy (item 1587) (accessories and hire of generator additional)				Refer Rule C				
8.6	Stomach								
1587	Upper gastro-intestinal endoscopy: Hospital equipment	20	48,750	R 932,20	Z				
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	20	25,000	R 478,10	Z				
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection, ligation or application of energy device (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653)	20	34,000	R 649,90					
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	20	25,000	R 478,10	Z				
1593	Augmented histamine test: Gastric intubation with x-ray screening	20	5,000	R 95,80					
1597	Gastrostomy or Gastrotomy	20	147,500	R 2 819,90					
1598	Gastrotomy with suture repair of bleeding ulcer	20	251,200	R 4 802,40	Z				
1599	Pyloromyotomy (Rammstedt)	20	116,000	R 2 217,70					
1601	Local excision of ulcer or benign neoplasm	20	195,600	R 3 739,40					
1603	Vagotomy: Abdominal	20	150,000	R 2 867,70					
1604	Vagotomy: Thoracic	20	150,000	R 2 867,70					
1605	Truncal or selective with drainage procedures	20	250,000	R 4 779,40					
1607	Vagotomy and antrectomy	20	320,000	R 6 117,80					
1609	Highly selective vagotomy	20	250,000	R 4 779,40					
1611	Pyloroplasty	20	180,200	R 3 444,90					
1613	Gastroenterostomy	20	203,600	R 3 892,60					
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	20	200,000	R 3 823,50					
1617	Partial gastrectomy	20	328,300	R 6 276,40					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1619	Total gastrectomy	20	384,430	R 7 349,60					
1621	Revision of gastrectomy or gastro-enterostomy	20	375,000	R 7 169,20					
1625	Gastro-esophageal operation for portal hypertension (Tanner)	20	375,000	R 7 169,20					
8.7	Duodenum								
1626	Endoscopic examination of the small bowel beyond the duodenojenunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	20	120,000	R 2 294,10					
1627	Duodenal intubation (under X-ray screening)	20	8,000	R 153,00					
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	20	21,000	R 401,50					
1631	Duodenal intubation: Under 3 years of age	20	15,000	R 286,60					
8.8	Intestines								
1632	H2 breath test (intestines)	20	9,000	R 172,10					
1633	Complete test using lactose or lactulose	20	27,000	R 516,20					
1634	Enterotomy or Enterostomy	20	202,600	R 3 873,60					
1635	Intestinal obstruction of the newborn	20	240,000	R 4 588,00					
1636	Oral food challenge test		14,100	R 269,50					
1637	Operation for relief of intestinal obstruction	20	240,000	R 4 588,00					
1638	Resection of small bowel for congenital atresia, proximal segment, without tapering	20	195,900	R 3 745,60					
1639	Resection of small bowel with enterostomy or anastomosis	20	244,900	R 4 681,80					
1640	Resection of small bowel for congenital atresia, proximal segment, with tapering	20	431,100	R 8 242,10					
1641	Entero-enterostomy or entero-colostomy for bypass	20	213,100	R 4 074,10					
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)	20	150,000	R 2 867,70	Z				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	20	90,000	R 1 720,50	Z				
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	20	185,200	R 3 540,60					
1647	Closure of intestinal fistula	20	258,000	R 4 932,40					
1649	Excision of Meckel's diverticulum	20	179,800	R 3 437,30					
1651	Excision of lesion of mesentery	20	171,600	R 3 280,50					
1652	Laparotomy for mesenteric thrombosis	20	300,000	R 5 735,10					
1653	Total colonoscopy: With hospital equipment (including biopsy)	20	90,000	R 1 720,50	Z				
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	20	30,000	R 573,10	Z				
1656	Left-sided colonoscopy	20	60,000	R 1 147,20	Z				
1657	Right or left hemicolectomy or segmental colectomy	20	325,000	R 6 213,00					
1658	Reconstruction of colon after Hartman's procedure	20	359,400	R 6 870,90					
1659	Surgeon present assisting with air enema for reduction of intussuception (Paediatric surgeons add modifier 0016)		60,60	R 1 158,30					
1660	Mini-laparotomy and insertion of peritoneal drain for perforated necrotising enterocolitis in Neonatal Intensive Care Unit (NICU) (Paediatric surgeons add modifier 0016)		20,50	R 391,80					
1661	Colotomy: Including removal of tumour or foreign body	20	205,700	R 3 932,50					
1663	Total colectomy	20	390,000	R 7 455,90					
1665	Colostomy or ileostomy isolated procedure	20	233,800	R 4 469,80					
1666	Continent ileostomy pouch (all types)	20	300,000	R 5 735,10					
1667	Colostomy: Closure	20	179,100	R 3 423,90					
1668	Revision of ileostomy pouch	20	375,000	R 7 169,20					
1669	Total proctocolectomy and ileostomy	20	480,000	R 9 176,50					
1670	Proctocolectomy, ileostomy and ileostomy pouch	20	540,000	R 10 323,40					
1671	Colomyotomy (Reilly operation)	20	185,000	R 3 536,70					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
8.9	Appendix								
1673	Drainage of appendix abscess	20	150,000	R 2 867,70					
1675	Appendicectomy	20	160,000	R 3 058,90					
8.10	Rectum and anus								
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	20	48,750	R 932,20	Z				
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	20	13,000	R 248,30					
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	20	25,000	R 478,10	Z				
1679	Sigmoidoscopy with removal of polyps, first and subsequent	20	30,000	R 573,10					
1681	Proctoscopy with removal of polyps: First time	20	21,000	R 401,50					
1683	Proctoscopy with removal of polyps: Subsequent times	20	15,000	R 286,60					
1685	Endoscopic fulguration of tumour	20	50,000	R 955,80					
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	20	381,300	R 7 289,80					
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	20	445,000	R 8 507,50					
1689	Perineal resection of rectum	20	141,000	R 2 695,70					
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.								
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	20	409,300	R 7 825,20					
1692	Abdomino-perineal resection of rectum: Perineal surgeon	20	158,500	R 3 030,10					
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	20	200,000	R 3 823,50					
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	20	400,000	R 7 647,10					
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	20	300,000	R 5 735,10					
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	20	200,000	R 3 823,50					

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1701	Repair of prolapsed rectum: Abdominal: Perineal	20	150,000	R 2 867,70					
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	20	35,000	R 669,10					
1705	Incision and drainage of peri-anal abscess	20	40,000	R 764,80					
1707	Drainage of submucous abscess	20	40,000	R 764,80					
1709	Drainage of ischio-rectal abscess	20	87,000	R 1 663,10					
1711	Excision of pelvi-rectal fistula	20	200,000	R 3 823,50					
1713	Excision of fistula-in-ano	20	105,000	R 2 007,30					
1715	Operation for fissure-in-ano	20	66,800	R 1 277,00					
1716	Rectal Tumour: Destruction (any method):Transanal Approach		167,900	R 3 209,10					
1717	Rectal tumour: Excision, transanal approach, EXCLUDING muscularis propria (partial thickness)		96,400	R 1 842,60					
1718	Rectal Tumour: Excision, Transanal Approach,INCLUDING muscularis propria(full thickness)		143,600	R 2 744,70					
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	20	10,000	R 190,90					
1721	Sclerosing injection for haemorrhoids: Per injection	20	5,000	R 95,80					
1723	Haemorrhoidectomy	20	120,000	R 2 294,10					
1725	Drainage of external thrombosed pile	20	12,500	R 239,10					
1727	Multiple procedures (haemorrhoids, fissure, etc.)	20	90,000	R 1 720,50					
1728	Biopsy of ano-rectal wall, for congenital megacolon	20	60,600	R 1 158,40	Z				
1729	Excision of anal skin tags	20	25,000	R 478,10					
1731	Operation for low imperforate anus	20	105,000	R 2 007,30					
1733	Anoplasty: Y-V-plasty	20	41,000	R 783,70					
1734	Radio frequency energy delivery or implantation of biopolymers to the anal canal muscle for the treatment of faecal incontinency (endoscopy inclusive)	20	90,000	R 1 720,50					
1735	Anal sphincteroplasty for incontinence	20	120,000	R 2 294,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1737	Dilation of ano-rectal stricture	20	12,500	R 239,10					
1739	Closure of recto-vesical fistula	20	241,000	R 4 607,50					
1741	Closure of recto-urethral fistula	20	241,000	R 4 607,50					
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	20	27,000	R 516,20					
8.11	Liver								
1743	Needle biopsy of liver	20	30,300	R 579,30					
1745	Biopsy of liver by laparotomy	20	125,000	R 2 389,70					
1747	Drainage of liver abscess or cyst	20	179,100	R 3 423,90					
1748	Body composition measured by bio-electrical impedance	20	3,000	R 57,30					
1749	Hemi-hepatectomy: Right	20	564,000	R 10 782,30					
1751	Hemi-hepatectomy: Left	20	521,100	R 9 962,30					
1752	Extended right or left hepatectomy	20	570,900	R 10 913,90					
1753	Partial or segmental hepatectomy	20	378,000	R 7 226,40					
1754	Hepatico-jejunostomy	20	369,200	R 7 058,20					
1755	Liver transplant	20	1400,800	R 26 780,30					
1756	Harvesting donor hepatectomy	20	616,200	R 11 780,30					
1757	Suture of liver wound or injury	20	214,200	R 4 095,30					
1744	Extensive debridement, haemostasis and packing of liver wound or injury				Refer rule C				
1746	Re-exploration of liver wound for removal of packing				Refer rule C				
1758	Complex suture of liver wound or injury, including hepatic artery ligation				Refer rule C				
8.12	Biliary tract								
1759	Cholecystostomy	20	171,600	R 3 280,50					
1761	Cholecystectomy	20	225,000	R 4 301,40					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1762	Cholecystectomy and operative cholangiogram	20	255,000	R 4 875,10					
1763	With exploration of common bile duct	20	264,500	R 5 056,60					
1765	Exploration of common bile duct: Secondary operation	20	327,700	R 6 265,00					
1767	Reconstruction of common bile duct	20	371,700	R 7 106,30					
1768	Resection bile duct tumour with reconstruction	20	327,700	R 6 265,00					
1769	Cholecysto-enterostomy or gastrostomy	20	236,300	R 4 517,50					
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	20	25,600	R 489,20					
1773	Transduodenal sphincteroplasty	20	225,000	R 4 301,40					
1774	Balloon dilatation of common bile duct strictures	20	125,000	R 2 389,70					
1775	Excision choledochal cyst with reconstruction	20	327,700	R 6 265,00					
1777	Porto-enterostomy for biliary atresia	20	400,000	R 7 647,10					
1766	Resection bile duct tumour: Intrahepatic				Refer rule C				
8.13	Pancreas								
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	20	105,900	R 2 024,60					
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	20	15,820	R 302,50					
1780	Gastric and duodenal intubation	20	8,000	R 153,00					
1781	Procedure (excluding laboratory tests)	20	21,000	R 401,50					
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	20	30,000	R 573,10					
1783	Drainage of pancreatic abscess	20	239,300	R 4 574,80					
1784	Debridement pancreatic necrosis	20	348,400	R 6 660,50					
1785	Internal drainage of pancreatic cyst	20	250,600	R 4 790,60					
1770	Endoscopic placement of biliduodenal endoprosthesis: ADD to ERCP (item 1778)	20	30,000	R 573,10					
1786	Internal drainage of pancreatic cyst with Roux-Y	20	306,800	R 5 865,40					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1787	Operative pancreatogram: ADD	20	10,000	R 190,90					
1788	Biopsy of pancreas	20	177,700	R 3 397,40					
1789	Pancreatico-duodenectomy	20	704,800	R 13 474,10					
1791	Local, partial or subtotal pancreatectomy	20	351,300	R 6 716,00					
1793	Distal pancreatectomy with internal drainage	20	377,400	R 7 214,80					
1790	Endoscopic cannulation of papilla with direct visualisation of pancreatic/ common bile duct(s) (List separately in addition to code(s) for primary procedure)		35,800	R 684,50					
1792	Near-total pancreatectomy (with preservation of duodenum)		415,900	R 7 951,00					
1794	Total pancreatectomy		421,500	R 8 057,90					
8.14	Peritoneal cavity								
1797	Pneumo-peritoneum: First	20	13,000	R 248,30					
1799	Pneumo-peritoneum: Repeat	20	6,000	R 115,00					
1800	Peritoneal lavage	20	20,000	R 382,30					
1801	Diagnostic paracentesis: Abdomen	20	8,000	R 153,00					
1803	Therapeutic paracentesis: Abdomen	20	13,000	R 248,30					
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	20	45,000	R 860,50					
1808	Omentectomy (separate procedures)		189,200	R 3 616,20					
1809	Laparotomy	20	196,000	R 3 747,00					
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	20	350,000	R 6 691,40					
1811	Suture of burst abdomen	20	188,300	R 3 600,10					
1812	Laparotomy for control of surgical haemorrhage	20	105,000	R 2 007,30					
1813	Drainage of sub-phrenic abscess	20	180,000	R 3 441,30					
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	20	248,400	R 4 748,70					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	20	75,000	R 1 433,90					
9	**Herniae**								
1819	Inguinal or femoral hernia: Adult	20	125,000	R 2 389,70					
1821	Inguinal or femoral hernia: Child under 14 years	20	90,000	R 1 720,50					
1823	Inguinal hernia: Infant under one year	20	100,000	R 1 911,90					
1825	Recurrent inguinal or femoral hernia	20	155,000	R 2 963,50					
1827	Strangulated hernia or femoral hernia	20	238,000	R 4 550,00					
1829	Epigastric hernia	20	93,300	R 1 783,80					
1831	Umbilical hernia: Adult	20	140,000	R 2 676,30					
1833	Umbilical hernia: Child under 14 years	20	60,000	R 1 147,20					
1835	Incisional hernia	20	166,800	R 3 189,00					
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to item for the incisional or ventral hernia repair)	20	77,000	R 1 472,20					
1837	Repair of omphalocele in new-born (one or more procedures)	20	275,000	R 5 257,20					
10	**Urinary System**								
	RULES GOVERNING THE SECTION URINARY SYSTEM								
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (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. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.								
10.1	Kidney								
1839	Renal biopsy: Per kidney: Open	20	71,000	R 1 357,30					
1841	Renal biopsy: Needle	20	30,000	R 573,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1843	Peritoneal dialysis: First day	20	33,000	R 631,10					
1845	Peritoneal dialysis: Every subsequent day	20	33,000	R 631,10					
1847	Haemodialysis: Per hour or part thereof	20	21,000	R 401,50					
1849	Haemodialysis: Maximum: Eight hours	20	168,000	R 3 211,90					
1851	Haemodialysis: Thereafter per week	20	55,000	R 1 051,20					
1852	Continuous haemodiafiltration per day in intensive or high care unit	20	33,000	R 631,10					
1853	Nephrectomy: Primary nephrectomy	20	225,000	R 4 301,40					
1855	Nephrectomy: Secondary nephrectomy	20	267,000	R 5 104,60					
1857	Radical with regional lymph adenectomy for tumour	20	280,000	R 5 353,10					
1859	Nephrectomy: Partial	20	267,000	R 5 104,60					
1861	Symphysiotomy for horse-shoe kidney	20	287,000	R 5 486,90					
1863	Nephro-ureterectomy	20	305,000	R 5 830,90					
1865	Nephrotomy with drainage nephrostomy	20	189,000	R 3 613,30					
1868	Nephrolithotomy, for congenital kidney abnormality, complicated	20	268,400	R 5 131,20					
1869	Nephrolithotomy	20	227,000	R 4 339,80					
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	20	284,000	R 5 429,30					
1871	Staghorn stone: Surgical	20	341,000	R 6 519,10					
1873	Suture renal laceration (renorraphy)	20	193,000	R 3 689,60					
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	20	34,000	R 649,90					
1877	Operation for renal cyst: Marsupialisation or excision	20	189,000	R 3 613,30					
1878	Ablation of 1 or more renal tumour(s): Cryotherapy, percutaneous, unilateral	20	106,000	R 2 026,60					
1879	Closure renal fistula	20	189,000	R 3 613,30					
1881	Pyeloplasty	20	252,000	R 4 817,70					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1882	Pyeloplasty, complicated; with or without plastic procedure on ureter; nephropexy; nephrostomy; pyelostomy; ureteral splinting. (Secondary procedure for congenital kidney abnormality or solitary kidney)	20	327,700	R 6 264,70					
1883	Pyelostomy	20	189,000	R 3 613,30					
1885	Pyelolithotomy	20	189,000	R 3 613,30					
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	20	223,000	R 4 263,20					
1889	Nephrectomy for Allograft: Living or dead	20	255,000	R 4 875,10					
1891	Perinephric abscess or renal abscess: Drainage	20	200,000	R 3 823,50					
1893	Aberrant renal vessels: Repositioning with pyeloplasty	20	210,000	R 4 014,80					
1894	Auto transplantation of kidney	20	420,000	R 8 029,30					
1895	Allo transplantation of kidney	20	420,000	R 8 029,30					
1860	Laparoscopic nephrectomy, partial (item 1807 may not be added to this item)		312,000	R 5 965,10					
1862	Laparoscopic nephrectomy, includes partial ureterectomy (item 1807 may not be added to this item)		270,000	R 5 161,90					
1880	Laparoscopic ablation of renal mass or lesion(s) (item 1807 may not be added to this item)		234,000	R 4 473,80					
1890	Laparoscopic living donor nephrectomy (item 1807 may not be added to this item)		300,000	R 5 735,60					
1892	Laparoscopic drainage of lymphocele to peritoneal cavity (item 1807 may not be added to this item)		293,400	R 5 609,20					
10.2	Ureter								
1897	Ureterorraphy: Suture of ureter	20	147,000	R 2 810,20					
1898	Ureterorraphy: Lumbar approach	20	189,000	R 3 613,30					
1899	Ureteroplasty	20	181,000	R 3 460,20					
1901	Ureterolysis	20	118,000	R 2 255,80					
1902	Ureterolysis: Lumbar approach	20	189,000	R 3 613,30					

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GEMS TARIFF FOR SERVICES BY CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Paediatricians**
Code: 032

Practice Type: **Paedicatrics Management Group (PMG)**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
1903	Ureterectomy only	20	137,000	R 2 619,30					
1905	Ureterolithotomy	20	265,800	R 5 081,40					
1907	Cutaneous ureterostomy: Unilateral	20	108,000	R 2 064,60					
1909	Cutaneous ureterostomy: Bilateral	20	189,000	R 3 613,30					
1911	Uretero-enterostomy: Unilateral	20	137,000	R 2 619,30					
1913	Uretero-enterostomy: Bilateral	20	240,000	R 4 588,00					
1915	Uretero-ureterostomy	20	137,000	R 2 619,30					
1917	Transuretero-ureterostomy	20	155,000	R 2 963,50					
1919	Closure of ureteric fistula	20	147,000	R 2 810,20					
1921	Immediate deligation of ureter	20	147,000	R 2 810,20					
1923	Ureterolysis for retrocaval ureter with anastomosis	20	168,000	R 3 211,90					
1924	Ureterocalicostomy	20	20,000	R 5 063,90					
1925	Uretero-pyelostomy	20	252,000	R 4 817,70					
1927	Uretero-neo-cystostomy: Unilateral	20	316,100	R 6 043,00					
1929	Uretero-neo-cystostomy: Bilateral	20	474,150	R 9 064,80					
1931	Uretero-neo-cystostomy: With Boariplasty	20	351,800	R 6 725,60					
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	20	252,000	R 4 817,70					
1935	Uretero-ileal conduit	20	388,000	R 7 417,50					
1937	Replacement of ureter by bowel segment: Unilateral	20	277,000	R 5 295,70					
1939	Replacement of ureter by bowel segment: Bilateral	20	485,000	R 9 272,10					
1941	Ureterostomy-in-situ: Unilateral	20	100,000	R 1 911,90					
1943	Ureterostomy-in-situ: Bilateral	20	175,000	R 3 345,80					
1904	Ureterectomy with bladder cuff (stand alone procedure)		294,800	R 5 636,40					

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1932	Laparoscopic uretero-neocystostomy, excludes cystoscopy and ureteral stent insertion (item 1807 may not be added to this item)		361,100	R 6 903,50					
1936	Contrast injection for ileal conduit visualisation				Refer Rule C				
10.3	Bladder								
1952	J J Stent catheter	20	44,000	R 841,10					
1953	With hydrodilatation of the bladder for interstitial cystitis	20	5,000	R 95,80					
1954	Uretroscopy	20	35,000	R 669,10					
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	20	35,000	R 669,10					
1957	With dilatation of the ureter or ureters	20	25,000	R 478,10					
1959	With manipulation of ureteral calculus	20	20,000	R 382,30					
1961	With removal of foreign body or calculus from urethra or bladder	20	20,000	R 382,30					
1963	With fulguration or treatment of minor lesions, with or without biopsy	20	15,000	R 286,60					
1964	And control of haemorrhage and blood clot evacuation	20	15,000	R 286,60					
1965	And catheterisation of the ejaculatory duct	20	10,000	R 190,90					
1967	With ureteric meatotomy: Unilateral or bilateral	20	15,000	R 286,60					
1969	And cold biopsy	20	15,000	R 286,60					
1971	With cryosurgery for bladder or prostatic disease	20	55,000	R 1 051,20					
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	20	35,000	R 669,10					
1975	Ultraviolet cystoscopy for bladder tumour	20	60,000	R 1 147,20					
1976	Optic urethrotomy	20	80,000	R 1 529,70					
1977	Transurethral resection of ejaculatory duct	20	60,700	R 1 160,40					
1979	Internal urethrotomy: Female	20	50,000	R 955,80					
1981	Internal urethrotomy: Male	20	76,200	R 1 456,90					

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1983	Transurethral resection of bladder tumour	20	100,000	R 1 911,90					
1984	Transurethral resection of bladder tumours: Large multiple tumours	20	115,000	R 2 198,60					
1985	Transurethral resection of bladder neck: Female or child	20	105,000	R 2 007,30					
1986	Transurethral resection of bladder neck: Male	20	125,000	R 2 389,70					
1987	Litholapaxy	20	80,000	R 1 529,70					
1989	Cystometrogram	20	25,000	R 478,10					
1991	Flometric bladder, studies with videocystograph	20	40,000	R 764,80					
1992	Without videocystograph	20	25,000	R 478,10					
1993	Voiding cysto-urethrogram	20	21,000	R 401,50					
1994	Rigiscan examination	20	66,000	R 1 261,70					
1995	Percutaneous aspiration of bladder	20	10,000	R 190,90					
1996	Bladder catheterisation: Male (not at operation)	20	6,000	R 115,00					
1997	Bladder catheterisation: Female (not at operation)	20	3,000	R 57,30					
1999	Percutaneous cystostomy	20	24,000	R 458,90					
1945	Instillation of radio-opaque material for cystography or urethrocystography	20	5,000	R 95,80					
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	20	10,000	R 190,90					
1949	Cystoscopy: Hospital equipment	20	44,000	R 841,10					
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	20	10,000	R 190,90					
2001	Total cystectomy: After previous urinary diversion	20	294,000	R 5 620,60					
2003	Total cystectomy: With conduit construction and ureteric anastomosis	20	554,700	R 10 604,80					
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	20	650,000	R 12 426,90					
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	20	700,000	R 13 382,30					

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2007	Partial cystectomy	20	147,000	R 2 810,20					
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	20	600,000	R 11 470,60					
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	20	462,000	R 8 832,20					
2010	Reversion of temporary conduit	20	360,000	R 6 882,40					
2011	Partial cystectomy with uretero-neo-cystostomy	20	202,000	R 3 861,70					
2012	Reversion of conduit with major urinary tract reconstruction	20	600,000	R 11 470,60					
2013	Diverticulectomy (independent procedure): Multiple or single	20	137,000	R 2 619,30					
2014	Closure of cystostomy (stand alone procedure)	20	120,000	R 2 294,20					
2015	Suprapubic cystostomy	20	67,000	R 1 280,80					
2016	Abdomino-neo-urethrostomy	20	252,000	R 4 817,70					
2017	Open loop fulguration or excision of bladder tumour	20	101,000	R 1 930,60					
2019	Operation for vesico-vaginal or urethra-vaginal fistula	20	155,000	R 2 963,50					
2020	Repair of vesico vaginal fistula: Abdominal approach	20	255,000	R 4 875,10					
2021	Vesico-plication (Hamilton Stewart)	20	118,000	R 2 255,80					
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	20	195,000	R 3 727,90					
2025	Vesico-urethropexy with rectus sling	20	229,400	R 4 385,60					
2027	Open operation for ureterocele: Unilateral	20	118,000	R 2 255,80					
2029	Open operation for ureterocele: Bilateral	20	207,000	R 3 957,60					
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	20	264,000	R 5 047,20					
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	20	53,000	R 1 013,20					
2035	Cutaneous vesicostomy	20	118,000	R 2 255,80					
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	20	126,000	R 2 408,90					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2039	Operation for ruptured bladder	20	137,000	R 2 619,30					
2042	Enterocystoplasty plus bowel anastomosis	20	419,900	R 8 027,40					
2043	Cysto-lithotomy	20	132,000	R 2 523,50					
2045	Excision of patent-urachus or urachal cyst	20	112,000	R 2 141,30					
2047	Drainage of perivesical or prevesical abscess	20	105,000	R 2 007,30					
2049	Evacuation of clots from bladder: Other than post-operative	20	132,100	R 2 525,50					
2050	Evacuation of clots from bladder: Post-operative								
2051	Simple bladder lavage: Including catheterisation	20	12,000	R 229,40					
2053	Bladder neck plasty: Male	20	137,000	R 2 619,30					
2057	Bladder neck plasty: Female	20	137,000	R 2 619,30					
2004	Complete pelvic exenteration for malignancy; includes combinations of removal of bladder, urethral transplantation, with or without hysterectomy, abdominoperineal resection of rectum or colon, colostomy		662,300	R 12 661,80					
2034	Appendico-vesicostomy, cutaneous		264,300	R 5 052,70					
2036	Revision of urinary-cutaneous anastomasis, includes repair of fascial defect and hernia				Refer Rule C				
10.4	Urethra								
2059	Open biopsy of urethra: Male	20	45,000	R 860,50					
2061	Open biopsy of urethra: Female	20	45,000	R 860,50					
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	20	20,000	R 382,30					
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	20	10,000	R 190,90					
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	20	20,000	R 382,30					
2069	Dilatation of female urethra	20	5,000	R 95,80					
2071	Urethrorraphy: Suture of urethral wound or injury	20	139,000	R 2 657,20					
2073	External urethrotomy: Pendulous urethra (anterior)	20	67,000	R 1 280,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2075	Urethraplasty: Pendulous urethra: First stage	20	71,000	R 1 357,30					
2077	Urethraplasty: Pendulous urethra: Second stage	20	145,000	R 2 772,10					
2079	Reconstruction of female urethra	20	147,000	R 2 810,20					
2081	Reconstruction or repair of male anterior urethra (one stage)	20	261,600	R 5 001,20					
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	20	168,000	R 3 211,90					
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	20	168,000	R 3 211,90					
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	20	294,000	R 5 620,60					
2087	Urethral diverticulectomy: Male or female	20	147,000	R 2 810,20					
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	20	86,000	R 1 643,90					
2089	Marsupialisation of urethral diverticula: Male or female	20	115,100	R 2 200,50					
2091	Total urethrectomy: Female	20	147,000	R 2 810,20					
2093	Total urethrectomy: Male	20	189,000	R 3 613,30					
2095	Drainage of simple localised perineal urinary extravasation	20	128,800	R 2 462,40					
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	20	137,000	R 2 619,30					
2099	Fulguration for urethral caruncle or polyp	20	53,600	R 1 024,80					
2101	Excision of urethral caruncle	20	53,600	R 1 024,80					
2103	Simple urethral meatotomy	20	26,300	R 502,80					
2105	Incision of deep peri-urethral abscess: Female	20	123,100	R 2 353,30					
2107	Incision of deep peri-urethral abscess: Male	20	123,100	R 2 353,30					
2108	Sling operation for male urinary incontinence (fascia or synthetic)	20	169,000	R 3 230,10					
2109	Badenoch pull-through for intractable stricture or incontinence	20	181,000	R 3 460,20					
2110	Removal/revision: Sling for male urinary incontinence (fascia or synthetic)	20	120,000	R 2 294,20					
2111	External sphincterotomy	20	108,000	R 2 064,60					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2112	Insertion of inflatable sphincter, includes pump, reservoir and cuff	20	217,600	R 4 160,20					
2113	Drainage of Skene gland abscess or cyst	20	42,300	R 808,70					
2114	Repair: Inflatable sphincter, includes pump, reservoir and cuff	20	142,500	R 2 723,80					
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	20	168,000	R 3 211,90					
2116	Urethral meatoplasty	20	101,500	R 1 940,30					
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	20	150,300	R 2 873,20					
2118	Removal: Inflatable sphincter, includes pump, reservoir and cuff	20	154,400	R 2 951,70					
2119	Removal and replacement: Inflatable sphincter, includes pump, reservoir and cuff	20	123,500	R 2 361,50					
2120	Removal and replacement: Inflatable sphincter, includes pump, reservoir and cuff, plus debridment of infected tissue	20	278,200	R 5 318,00					
2121	Closure of urethrovaginal fistula: Including diversionary procedures	20	189,000	R 3 613,30					
2070	Transvaginal urethrolysis, includes cystoscopy		193,000	R 3 689,60					
2104	Debridement of external genitalia and perineum (Fourniers gangrene)		13,900	R 265,80					
2106	Debridement of external genitalia, perineum and abdominal wall (Fourniers gangrene)		13,900	R 265,80					
11	**Male Genital System**								
11.1	Penis								
2123	Biopsy of penis (independent procedure)	20	52,100	R 996,00					
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	20	16,600	R 317,30					
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	20	41,600	R 795,30					
2129	Electrodesiccation: Limited number	20	20,800	R 397,80					
2131	Electrodesiccation: Multiple extensive	20	41,600	R 795,30					
2132	Ligation of abnormal venous drainage	20	106,100	R 2 028,10					
2133	Circumcision: Clamp procedure	20	42,300	R 808,70					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	20	60,000	R 1 147,20					
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	20	36,800	R 703,40					
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	20	101,000	R 1 930,60					
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	20	188,600	R 3 605,70					
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	20	224,600	R 4 293,80					
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	20	168,000	R 3 211,90					
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	20	168,000	R 3 211,90					
2153	Reconstructive operation for epispadias with incontinence	20	168,000	R 3 211,90					
2154	Induction of artificial erection	20	16,000	R 306,10					
2155	Hypospadias: Urethral reconstruction	20	187,000	R 3 575,00					
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	20	84,000	R 1 605,70					
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	20	300,000	R 5 735,10					
2161	Total amputation of penis: Without gland dissection	20	210,000	R 4 014,80					
2163	Total amputation of penis: With gland-dissection	20	336,000	R 6 423,50					
2165	Partial amputation of penis: With gland-dissection	20	210,000	R 4 014,80					
2167	Partial amputation of penis: Without gland-dissection	20	84,000	R 1 605,70					
2169	Injection procedure for Peyronie's disease	20	14,000	R 267,50					
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	20	42,000	R 802,90					
2173	Priapism operation: Shunt procedure: Any type	20	252,000	R 4 817,70					
2174	Priapism operation: Stab shunt	20	114,400	R 2 187,20					
2172	Removal foreign body: Deep penile tissue (eg., plastic implant)		31,000	R 592,60					
2168	Excision: Penile plaque (Peyronie disease), <= 5cm in length				Refer Rule C				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2170	Excision: Penile plaque (Peyronie disease), >5cm in length				Refer Rule C				
11.2	Testis and epididymis								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								
2175	Testis biopsy: Needle (independent procedure)	20	18,500	R 353,70					
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	20	58,900	R 1 126,00					
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	20	58,900	R 1 126,00					
2181	Epididymis biopsy: Needle	20	86,100	R 1 646,00					
2183	Puncture aspiration hydrocele with or without injection of medication	20	10,000	R 190,90					
2185	Operation for maldescended testicle: Including herniotomy	20	135,000	R 2 581,00					
2187	Operation for torsion appendix testis	20	119,200	R 2 279,10					
2189	Operation for torsion testis with fixation of contralateral testis	20	119,200	R 2 279,10					
2191	Orchidectomy (total or subcapsular): Unilateral	20	98,000	R 1 873,60					
2193	Orchidectomy (total or subcapsular): Bilateral	20	147,000	R 2 810,20					
2195	Radical operation for malignant testis: Excluding gland dissection	20	155,300	R 2 968,90					
2197	Operation for hydrocele or spermatocele	20	99,800	R 1 907,70					
2199	Varicocelectomy	20	106,100	R 2 028,10					
2201	Abdominal ligation of spermatic vein for varicocele	20	112,800	R 2 156,50					
2203	Epididymectomy: Unilateral	20	114,400	R 2 187,20					
2205	Epididymectomy: Bilateral	20	158,200	R 3 024,60					
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	20	55,900	R 1 068,60					
2209	Vasotomy: Unilateral or bilateral	20	70,400	R 1 345,90					
2210	Vasogram, seminal vesiculogram: Unilateral	20	58,100	R 1 110,60					
2211	Vasogram, seminal vesiculogram: Bilateral	20	58,100	R 1 110,60					

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2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	20	91,200	R 1 743,60					
2213	Suture or repair of testicular injury	20	110,300	R 2 108,50					
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	20	90,000	R 1 720,50					
2217	Excision of local lesion of testis or epididymis	20	90,800	R 1 735,80					
2219	Vaso-vasostomy: Unilateral	20	67,000	R 1 280,80					
2221	Vaso-vasostomy: Bilateral	20	117,000	R 2 236,90					
2223	Epididymo-vasostomy: Unilateral	20	67,000	R 1 280,80					
2225	Epididymo-vasostomy: Bilateral	20	117,000	R 2 236,90					
2227	Incision and drainage of scrotal wall abscess	20	42,700	R 816,40					
2229	Excision of Mullerian duct cyst	20	189,000	R 3 613,30					
2231	Excision of lesion of spermatic cord	20	84,000	R 1 605,70					
2233	Seminal Vesiculectomy	20	220,000	R 4 205,90					
2194	Laparoscopic orchiectomy (item 1807 may not be added to this item)		192,000	R 3 670,80					
2196	Laparoscopic orchiopexy: Intra-abdominal testis (item 1807 may not be added to this item)		192,000	R 3 670,80					
2198	Diagnostic laparoscopy (excluding aftercare) (male)		94,400	R 1 804,50					
2228	Removal of foreign body: Scrtoum		20,000	R 382,30					
2232	Excision: Retroperitoneal primary or secondary tumours		387,000	R 7 398,80					
11.3	Prostate								
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	20	23,300	R 445,50					
2237	Biopsy prostate: Incisional, any approach	20	105,000	R 2 007,30					
2239	Transurethral drainage of prostatic abscess	20	117,400	R 2 244,70					
2241	Perineal drainage of prostatic abscess	20	77,000	R 1 472,20					
2243	Trans-urethral cryo-surgical removal of prostate	20	126,000	R 2 408,90					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2245	Trans-urethral resection of prostate	20	252,000	R 4 817,70					
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	20	126,000	R 2 408,90					
2249	Trans-urethral resection of post-operative bladder neck contracture	20	126,000	R 2 408,90					
2250	Laparoscopic prostatectomy: Retropubic, radical, including nerve sparing		501,800	R 9 591,30					
2251	Prostatectomy: Perineal: Sub-total	20	252,000	R 4 817,70					
2253	Prostatectomy: Perineal: Radical	20	336,000	R 6 423,50					
2254	Pelvic lymph adenectomy	20	175,000	R 3 345,80					
2255	Supra-pelvic, transversical	20	252,000	R 4 817,70					
2257	Retropubic: Sub-total	20	252,000	R 4 817,70					
2259	Retropubic: Radical	20	336,000	R 6 423,50					
2260	Prostate brachytherapy	20	230,000	R 4 397,00					
2236	Interstitial device(s): Single or multiple placement (via needle, any approach), of for radiation therapy guidance (eg., fiducial markers, dosimeter), prostate		29,100	R 556,30					
2265	Cryosurgical ablation of the prostate, includes ultrasound guidance		126,000	R 2 408,90					
2266	Transrectal high-intensity focused ultrasound (HIFU)		110,000	R 2 004,30					
12	**Female Genital System**								
12.1	Vulva and introitus								
2271	Removal of tag or polyp	20	6,000	R 115,00					
2272	Removal of small superficial benign lesions	20	23,000	R 439,60					
2273	Biopsy with suture in theatre (excluding after-care)	20	27,000	R 516,20					
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	20	71,000	R 1 357,30					
2275	Reduction labial hypertrophy	20	67,000	R 1 280,80					
2277	Removal of extensive benign vulva tumour	20	67,000	R 1 280,80					
2279	Secondary perineal repair: Repair second degree tear	20	45,000	R 860,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2280	Secondary perineal repair: Repair third degree tear	20	96,000	R 1 835,20					
2281	Excision of inclusion cyst	20	43,000	R 822,30					
2283	Hymenectomy	20	43,000	R 822,30					
2285	Drainage haematocolpos	20	54,000	R 1 032,30					
2287	Clitoris repair for injury: Including skin graft, if required	20	67,000	R 1 280,80					
2288	Clitoral reduction	20	160,000	R 3 058,90					
2289	Denervation or alcohol infiltration vulva (Woodruff)	20	54,000	R 1 032,30					
2291	Vulva: Undercutting skin (ball)	20	58,000	R 1 108,70					
2293	Vulva and introitus: Drainage of abscess	20	27,000	R 516,20					
2295	Bartholin gland: Bartholin abscess marsupialisation	20	36,000	R 688,30					
2297	Bartholin gland: Bartholin gland excision	20	45,000	R 860,50					
2299	Bartholin gland: Bartholin radical excision for malignant lesion	20	357,000	R 6 824,90					
2301	Operation for enlarging introitus: Fenton plasty	20	50,000	R 955,80					
2303	Operation for enlarging introitus: Bilateral Z-plastic	20	88,000	R 1 682,50					
2305	Vulvectomy: Partial	20	161,000	R 3 077,70					
2307	Vulvectomy	20	225,000	R 4 301,40					
2309	Radical vulvectomy with bilateral lymphdenectomy	20	357,000	R 6 824,90					
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	20	402,000	R 7 685,30					
2270	Biopsy of vulva or perineum, each separate additional lesion (List separately in addition to item 2273 only)		8,600	R 164,40					
2308	Vulvectomy, radical, partial; without lymphadenectomy		161,000	R 3 077,70					
2310	Vulvectomy, radical complete, with unilateral inguinofemoral lymphadenectomy		225,000	R 4 301,40					
2278	Perineoplasty, non-obstetrical (stand alone procedure)				Refer Rule C				
12.2	Vaginal procedures and operations								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2312	Artificial insemination	20	13,000	R 248,30					
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand alone procedure	20	25,500	R 487,50					
2314	Intra uterine insemination	20	18,000	R 343,90					
2315	Simms Hühner test plus wet smear	20	5,000	R 95,80					
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	20	14,000	R 267,50					
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	20	7,000	R 133,70					
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	20	56,000	R 1 070,80					
2319	Excision of cysts or tumours	20	54,000	R 1 032,30					
2321	Drainage of vaginal abscess	20	54,000	R 1 032,30					
2322	Pudendal nerve block	20	15,000	R 286,60					
2323	Reconstruction of vagina after atresia	20	107,000	R 2 045,50					
2324	Revision of prosthetic vaginal graft:Vaginal approach (removal included)	20	129,800	R 0,00					
2325	Construction of artificial vagina: Labial fusion	20	179,000	R 3 422,00					
2326	Revision of prosthetic vaginal graft: Abdominal approach (removal included)	20	199,100	R 3 806,70					
2327	Construction of artificial vagina: Macindoe type	20	196,000	R 3 747,00					
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	20	241,000	R 4 607,50					
2330	Fitting/insertion of pessary or other intravaginal support device	20	11,998	R 229,40					
2331	Vaginal septum removal	20	107,000	R 2 045,50					
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	20	243,300	R 4 651,50					
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	20	243,300	R 4 651,50					
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	20	166,900	R 3 190,70					
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	20	166,900	R 3 190,70					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2339	Colpotomy: Diagnostic (excluding after-care)	20	20,000	R 382,30					
2341	Colpotomy: Therapeutic, with or without sterilisation	20	103,000	R 1 969,00					
2343	Vaginal hysterectomy: Without repair	20	210,500	R 4 024,50					
2345	Vaginal hysterectomy: With repair	20	231,700	R 4 429,40					
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	20	320,000	R 6 117,80					
2355	Posterior colporrhaphy, Repair of rectocele with or without perineorrhaphy		110,300	R 0,00					
2359	Colporrhaphy: Anteroposterior, with enterocele repair	20	163,900	R 3 134,00					
2361	Vaginal hysterectomy and repair for total prolapse	20	320,000	R 6 117,80					
2363	Fothergill or Manchester repair operation	20	196,000	R 3 747,00					
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	20	232,000	R 4 435,40					
2366	Posterior repair alone	20	107,000	R 2 045,50					
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	20	161,000	R 3 077,70					
2368	Uterovesical fistula	20	210,000	R 4 014,80					
2369	Repair of Vesico- or urethro-vaginal fistula	20	179,000	R 3 422,00					
2370	Repair of VVF - Obstetric or radiation	20	232,000	R 4 435,40					
2371	Closure of uretero-vaginal fistula	20	250,000	R 4 779,40					
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	20	250,000	R 4 779,40					
2373	Closure of recto-vaginal fistula	20	134,000	R 2 562,10					
2374	Closure of recto-vaginal fistula: Obstetric or radiation	20	151,000	R 2 886,80					
2375	Colpocleisis	20	129,000	R 2 466,30					
2379	Schauta operation	20	357,000	R 6 824,90					
2381	Vaginectomy	20	268,000	R 5 123,60					
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	20	429,000	R 8 201,60					
2385	Vaginal laceration or trauma: Repair	20	50,000	R 955,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2386	Repair: Paravaginal defect repair (including repair of cystocele, if performed), abdominal approach	20	172,800	R 3 303,60					
2387	Repair: Paravaginal defect repair (including repair of cystocele, if performed), vaginal approach	20	140,100	R 2 678,00					
2320	Revision of prosthetic vaginal graft or mesh: Laparoscopic revision (including removal)		174,800	R 860,50					
2328	Laparoscopic repair of paravaginal defect repair (including repair of cystocele, if performed) (item 1807 may not be added to this item)		217,800	R 4 164,10					
2337	Colpopexy: Vaginal, extra-peritoneal approach (sacrospinous, iliococcygeus)		142,400	R 2 722,40					
2338	Colpopexy: Vaginal, intra-peritoneal approach (uretrosacral, levator myorrhaphy)		195,900	R 3 745,30					
2340	Laparoscopic colpopexy (item 1807 may not be added to this item)		288,300	R 5 512,00					
2344	Vaginal hysterectomy with unilateral/bilateral salpingectomy and/or oophorectomy, without repair		261,800	R 5 005,10					
2346	Laparoscopic assisted vaginal hysterectomy (LAVH): Uterus <= 200g (item 1807 may not be added to this item)		255,500	R 4 885,00					
2354	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele		191,100	R 3 654,10					
2358	Colporrhaphy: Anteroposterior, without enterocele repair		163,900	R 3 134,00					
2360	Insertion of mesh/other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (modifier 0005 not applicable)		73,100	R 1 397,40					
2362	Repair: Enterocele, vaginal approach (stand alone procedure)		137,700	R 2 632,60					
2364	Repair: Enterocele, abdominal approach (stand alone procedure)		228,300	R 4 364,70					
2380	Vaginectomy, simple, partial: Removal of vaginal wall		141,300	R 2 701,40					
2382	Radical vaginectomy, complete removal of vaginal wall, with removal of para-vaginal tissue		268,000	R 5 123,60					
12.3	Cervix								
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	20	20,000	R 382,30					
2391	Cervix: Canal reconstruction	20	147,000	R 2 810,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	20	14,000	R 267,50					
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	20	22,000	R 420,80					
2396	Laser or harmonic scalpel treatment of the cervix	20	80,000	R 1 529,70					
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	20	31,000	R 592,60					
2399	Punch biopsy (excluding after-care)	20	9,000	R 172,10					
2400	Biopsy during pregnancy (excluding after-care)	20	13,000	R 248,30					
2403	Wedge biopsy: Cervix (excluding after-care)	20	18,000	R 343,90					
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)	20	24,000	R 458,90					
2405	Cone biopsy: Cervix (excluding after-care)	20	54,000	R 1 032,30					
2407	Amputation: Cervix	20	67,000	R 1 280,80					
2409	Cervix encirclage: McDonald stitch	20	35,000	R 669,10					
2411	Cervix encirclage: Shirodkar suture	20	60,000	R 1 147,20					
2413	Cervix encirclage: Lash	20	49,000	R 936,70					
2415	Cervix encirclage: Removal items 2409 and 2411: Without anaesthetic	20	5,000	R 95,80					
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	20	30,000	R 573,10					
2417	Repair of tears: Emmet repair of tears	20	45,000	R 860,50					
2418	Repair of tears: Sturmdorff repair of tears	20	54,000	R 1 032,30					
2421	Extirpation of cervical stump: Vaginal	20	134,000	R 2 562,10					
2423	Extirpation of cervical stump: Abdominal	20	134,000	R 2 562,10					
2425	Removal of cervical polyps (excluding after-care)	20	13,000	R 248,30					
2427	Removal of cervical myomata	20	54,000	R 1 032,30					
2429	Colposcopy (excluding after-care)	20	27,000	R 516,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2408	Radical trachelectomy, with bilateral total pelvic lymphadenectomy with or without para-aortic lymphadenectomy, vaginal or abdominal approach		67,000	R 1 280,80					
2410	Cervical cerclage, any route, non-obstetrical (Add 1807 if done by laparoscopy)		35,000	R 669,10					
2422	Removal of cervical stump, vaginal approach; with enterocele/apical repair		160,600	R 3 070,70					
2424	Removal of cervical stump, abdominal approach; with enterocele/apical repair		134,000	R 2 562,10					
12.4	Uterus								
2432	Hysteroscopic bilateral tubal occlusion with permanent implants (includes hysteroscopy)	20	120,000	R 2 294,20					
2433	Embryo transfer	20	45,000	R 860,50					
2434	Endometrial biopsy (excluding after-care)	20	18,000	R 343,90					
2435	Hysterosalpingogram (excluding after-care)	20	22,000	R 420,80					
2436	Hysteroscopy (excluding after-care)	20	40,000	R 764,80					
2437	Hysteroscopy and D&C (excluding after-care)	20	58,000	R 1 108,70					
2438	Hysteroscopy and removal of uterine septum (excluding after-care)	20	80,000	R 1 529,70					
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care)	20	63,000	R 1 204,40					
2440	Hysteroscopy and polypectomy (excluding after-care)	20	75,000	R 1 433,90					
2441	Hysteroscopy and myomectomy (excluding after-care)	20	130,000	R 2 485,20					
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	20	18,000	R 343,90					
2443	Dilatation and curettage (D&C) (excluding after-care)	20	35,000	R 669,10					
2444	Fractional dilatation and curettage (D&C) (excluding after-care)	20	45,000	R 860,50					
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	20	50,000	R 955,80					
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	20	71,000	R 1 357,30					
2448	Termination of pregnancy before 12 weeks	20	50,000	R 955,80					
2449	Evacuation: Missed abortion: Before 12 weeks gestation	20	50,000	R 955,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2451	Evacuation: Missed abortion: After 12 weeks gestation	20	80,000	R 1 529,70					
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	20	54,000	R 1 032,30					
2453	Evacuation hydatidiform mole	20	80,000	R 1 529,70					
2455	Evacuation uterus post-partum	20	54,000	R 1 032,30					
2461	Ventrosuspension	20	80,000	R 1 529,70					
2463	Uteroplasty: Strassman	20	143,000	R 2 733,80					
2465	Uteroplasty: Tompkins	20	143,000	R 2 733,80					
2467	Myomectomy	20	143,000	R 2 733,80					
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	20	254,100	R 4 858,00					
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	20	252,200	R 4 821,70					
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	20	355,000	R 6 787,00					
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	20	472,800	R 9 039,00					
2477	Abdominal hysterotomy with or without sterilisation	20	188,000	R 3 594,20					
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	20	200,000	R 3 823,50					
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	20	225,000	R 4 301,40					
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	20	120,000	R 2 294,10					
2468	Myomectomy by laparoscopy: Excision of 1 to 4 intramural myomas with total weight of <=200g and/or removal of surface myomas (item 1807 may not be added to this item)		188,000	R 3 594,30					
2470	Laparoscopy: Subtotal abdominal hysterectomy, with or without removal of tube(s), with or without removal of ovary(s)		299,100	R 5 718,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2472	Laparoscopy, total abdominal hysterectomy, with or without unilateral or bilateral salpingectomy, and/or oophorectomy		297,200	R 5 682,20					
2474	Total abdominal hysterectomy and bilateral salpingo-oophorectomy and total omentectomy for malignancy		398,300	R 7 614,70					
2476	Laparoscopy, radical abdominal hysterectomy with bilateral total pelvic lymphadenectomy and para-aortic lymphnode sampling, with or without salpingectomy, with or without oophorectomy		517,800	R 9 899,50					
12.5	Fallopian tubes								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								
2481	Insufflation Fallopian tubes (excluding after-care)	20	16,000	R 306,10					
2483	Salpingolysis	20	125,000	R 2 389,70					
2485	Salpingostomy	20	161,000	R 3 077,70					
2487	Tuboplasty tubal anastomosis or re-implantation	20	196,000	R 3 747,00					
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	20	125,000	R 2 389,70					
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	20	161,000	R 3 077,70					
2491	Ectopic pregnancy - after 12 weeks	20	225,000	R 4 301,40					
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	20	94,000	R 1 797,20					
	Note: Use item 1807 for open procedures performed with a laparoscope instead of item 2493. Item 1807 may only be added once, and may not be charged together with item 2493 for more than one procedure performed laparoscopically								
2493	Diagnostic laparoscopy (excluding after-care)	20	94,400	R 1 804,50					
2496	Laparoscopy: Plus aspiration of a cyst (excluding after-care)	20	18,000	R 343,90					
2497	Laparoscopy: Plus sterilisation	20	40,000	R 764,80					
2499	Laparoscopy: Plus biopsy (excluding after-care)	20	18,000	R 343,90					
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	20	51,000	R 974,80					

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2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	20	18,000	R 343,90					
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	20	52,000	R 994,00					
2503	Laparoscopy: Plus ovarian drilling	20	40,000	R 764,80					
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	20	107,000	R 2 045,50					
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	20	52,000	R 994,00					
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	20	58,000	R 1 108,70					
2486	Salpingostomy/salpingoneostomy by laparoscopy (item 1807 may not be added to this item)		206,000	R 3 938,20					
2488	Laparoscopy, tuboplasty, tubal anastomosis or re-implantation - stand alone procedure		241,000	R 4 607,50					
2510	Treatment of ectopic pregnancy by laparoscopy, without salpingectomy and/or oophorectomy (item 1807 may not be added to this item)		161,000	R 3 077,70					
2511	Treatment of ectopic pregnancy by laparoscopy, with salpingectomy and/or oophorectomy (item 1807 may not be added to this item)		125,000	R 2 389,70					
12.6	Ovaries								
2525	Wedge resection of ovaries, unilateral or bilateral	20	105,000	R 2 007,30					
2527	Removal of ovarian tumour or cyst	20	187,000	R 3 575,00					
2529	Oophorectomy: Uni- or bilateral	20	134,500	R 2 571,40					
2531	Ovarian carcinoma debulking and omentectomy	20	357,000	R 6 824,90					
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	20	469,000	R 8 966,40					
2530	Resection (initial) of suspected ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and total omentectomy		325,100	R 6 215,30					
2533	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy, and radical dissection for cytoreduction, with pelvic lymphadenectomy and limited para-aortic lymphadenectomy		469,000	R 8 966,40					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2534	Resection (tumour cytoreduction) primary of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal/retroperitoneal tumours) with omentectomy, with or without pelvic or para-aortic lymphadenectomy		505,200	R 9 658,40					
2526	Transposition of the ovaries				Refer Rule C				
12.7	Miscellaneous procedures								
2535	Exenteration: Anterior Exenteration	20	402,000	R 7 685,30					
2537	Exenteration: Posterior Exenteration	20	402,000	R 7 685,30					
2539	Exenteration: Total	20	625,000	R 11 948,70					
2541	Presacral neurectomy	20	98,000	R 1 873,60					
2542	Removal/revision: Sling for stress incontinence (e.g. fascia or synthetic)	20	151,400	R 2 893,70					
2543	Moschowitz operation	20	120,000	R 2 294,10					
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	20	193,100	R 3 691,60					
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	20	195,000	R 3 727,90					
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	20	149,000	R 2 848,40					
2547	Operations for stress incontinence: Burch colposuspension	20	161,000	R 3 077,70					
2548	Operation for stress incontinence: Use of tape	20	229,400	R 4 385,60					
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	20	196,000	R 3 747,00					
2551	Laparotomy	20	196,000	R 3 747,00					
2552	Removal benign retroperitoneal tumour	20	223,000	R 4 263,20					
2553	Radical removal of malignant retroperitoneal tumour	20	350,000	R 6 691,40					
2554	Drainage of pelvic abscess per abdomen	20	180,000	R 3 441,30					
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	20	75,000	R 1 433,90					
2558	Drainage intra-abdominal abscess: Delayed closure	20	268,000	R 5 123,60					
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	20	150,000	R 2 867,70					

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2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	20	210,000	R 4 014,80					
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	20	51,000	R 974,80					
2565	Implantation hormone pellets (excluding after-care)	20	3,000	R 57,30					
2570	Ligation of internal iliac vessels (when not part of another procedure)	20	225,000	R 4 301,40					
2566	Insertion of contraceptive hormone delivery implant (excluding aftercare)		3,000	R 57,30					
13	**Obstetric Procedures**								
	RULES GOVERNING THIS SECTION								
U.	Obstetric procedures: (a) When a general practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the general practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the general practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the general practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a general practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a general practitioner calls an obstetrician (specialist or general practitioner) to help with a confinement, or take over the management of a confinement, but the general practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the general practitioner according to item 2614: Global obstetric care.								
13.1	Pre-natal care and procedures								
2603	External cephalic version (excluding after-care)	20	22,000	R 420,80					
2605	Amniocentesis (excluding after-care)	20	36,000	R 688,30					
2607	Amnioscopy (excluding after-care)	20	18,000	R 343,90					
2609	Intra-uterine transfusion of foetus or cordocentesis	20	134,000	R 2 562,10					

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2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding after-care)	20	16,000	R 306,10					
2611	Chorion villus sampling (excluding after-care)	20	54,000	R 1 032,30					
2599	Pregnancy reduction(s): Multifoetal (MPR)		63,600	R 1 215,80					
2600	Foeticide (includes ultrasound guidance)		63,600	R 1 215,80					
2604	Amniocentesis: Therapeutic, amnitoic fluid reduction (includes ultrasound guidance)		54,200	R 1 011,10					
2606	Cordocentesis (intrauterine): Any method		61,200	R 1 141,70					
2608	Foetal umbilical cord occlusion (TTTS) (includes ultrasound guidance)		75,000	R 1 399,10					
2612	Foetal fluid drainage (eg., vesicocentesis, thoracocentesis, paracentesis) (includes ultrasound guidance)		75,000	R 1 399,10					
2613	Foetal shunt placement (includes ultrasound guidance)		156,800	R 2 980,60					
13.2	Confinements								
2614	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	20	282,000	R 5 391,40					
2615	Global obstetric care: All inclusive fee for caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit).	20	267,000	R 5 104,60					
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	20	190,000	R 3 632,30					

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	Global obstetric care includes • All modes of delivery (including Caesarean) • All inductions of labour (medical or surgical) • Intrapartum paracervical and pudential blocks • Intrapartum amnioscopy • Foetal blood sampling • Application of scalp leads • Symphysiotomy • Manual removal of placenta • Repair cervical tears • Correction of uterine inversion • Drainage of vulval haematoma • Repair third degree tear • Repair second degree tear • Repair episiotomy • Resuscitation of newborn by obstetrician • Tracheal intubation • Missed confinement Global obstetric care excludes • Prenatal consultations • Prenatal procedures (Items 2603 - 2611) • Emergency hysterectomy for obstetrical reasons • Abdominal operation for repair of ruptured gravid uterus • Intensive care for obstetrical emergencies • Tubal ligation performed as a post-partum procedure • Post-partum complications occurring after discharge from the hospital								
2657	Post-partum hysterectomy	20	300,000	R 5 735,10					
2669	Abdominal operation for ruptured gravid uterus: Repair	20	250,000	R 4 779,40					
14	**Nervous System**								
14.1	Diagnostic procedures								
2680	Haemodynamic and autonomic nervous system testing with task Force system-PROFFESIONEL COMPONENTS		29,000	R 554,30					
2681	Visual evoked potentials (VEP): Unilateral	20	50,000	R 955,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2682	Visual evoked potentials (VEP): Bilateral	20	88,000	R 1 682,50					
2683	Electro-retinography (Ganzfeld method): Unilateral	20	60,000	R 1 147,20					
2684	Electro-retinography (Ganzfeld method): Bilateral	20	105,000	R 2 007,30					
2685	Electro-oculography: Unilateral	20	30,000	R 573,10					
2686	Electro-oculography: Bilateral	20	53,000	R 1 013,20					
2687	VEP stable condition (photic drive): Unilateral	20	50,000	R 955,80					
2689	VEP stable condition (photic drive): Bilateral	20	88,000	R 1 682,50					
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	20	150,000	R 2 867,70					
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry								
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex	20	48,000	R 917,60					
2704	Neurostimulation, percutaneous: Sacral nerve		120,800	R 2 309,00					
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	20	6,000	R 115,00					
2706	Neurostimulation, percutaneous: Posterior tibial nerve, single treatment. Includes programming		8,800	R 168,30					
2707	Full fee for complete neurological evoked potential evaluation including neurological AEP, bilateral VEP, and bilateral median and/or posterior tibial stimulation	20	220,000	R 4 205,90					
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	20	80,000	R 1 529,70					
2709	Full spinogram including bilateral median and posterior-tibial studies	20	140,000	R 2 676,30					
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)								
2711	Electro-encephalography: Taking of record	20	36,100	R 690,20					
2712	Electro-encephalography: Interpretation	20	24,000	R 458,90					
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	20	18,400	R 351,60					

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	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
2714	Cisternal puncture and/or intrathecal injections	20	15,000	R 286,60					
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	20	136,000	R 2 600,10					
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	20	30,000	R 573,10					
2717	Electromyography: First	20	75,000	R 1 433,90					
2718	Electromyography: Subsequent	20	75,000	R 1 433,90					
2719	Overnight polysomnogram and sleep staging: Hire	20	125,000	R 2 389,70					
2720	Overnight polysomnogram and sleep staging: Interpretation	20	23,000	R 439,60					
2721	Daytime polysomnogram: Hire	20	125,000	R 2 389,70					
2722	Daytime polysomnogram: Interpretation	20	17,000	R 324,90					
2723	Multiple sleep latency test: Interpretation	20	125,000	R 2 389,70					
2724	Overnight continuous positive airways pressure (CPAP) titration	20	155,000	R 2 963,50					
2725	Angiography carotis: Unilateral	20	25,000	R 478,10					
2726	Angiography carotis: Bilateral	20	44,000	R 841,10					
2727	Vertebral artery: Direct needling	20	50,000	R 955,80					
2728	Unattended overnight home-based polysomnogram: Interpretation		24,500	R 468,40					
2729	Vertebral catheterisation	20	50,000	R 955,80					
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)	20	60,000	R 1 147,20	Z				
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	20	14,500	R 277,30					
2732	Overnight home-based polysomnogram: Interpretation		24,500	R 468,40					
2733	Cortical Stimulation	20	58,900	R 1 126,00					
2734	Sodium Amytal Testing (WADA test)	20	88,700	R 1 695,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	20	31,500	R 602,10					
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	20	7,000	R 133,70					
2739	Ventricular needling without burring: Tapping only	20	16,000	R 306,10					
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	20	43,000	R 822,30					
2743	Subdural tapping: First sitting	20	15,000	R 286,60					
2745	Subdural tapping: Subsequent	20	10,000	R 190,90					
2746	Biopsy: Temporal artery		91,000	R 1 739,50					
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	20	36,100	R 690,20					
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	20	24,500	R 468,60					
6010	Electroenchephalogram monitoring: Monitoring for localisation of cerebral seizure focus using computerised sixteen or more channel EEG, which may include video recording (e.g. for pre-operative localisation): Each full 24 hour period	20	294,600	R 5 632,10					
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24 hour period of monitoring	20	128,600	R 2 458,50					
6015	Sleep study: Includes simultaneous recording of ventilation, respiratory effort, ECG/heart rate and oxygen saturation		22,400	R 428,50					
6016	Sleep study: Includes simultaneous recording of ventilation, respiratory effort, ECG/heart rate and oxygen saturation (no EEG) (Technical component)		35,600	R 680,70					
6018	Combined Video and EEG monitoring (16-24 hours): scalp, subdural or depth. To include 1. Equipment cost; 2. Technologist's set up cost and electrodes; 3. Technologist's technical report; Neurologist's review of EEG and clinical interpretation: Each full 24 hour period		423,200	R 8 090,60					
6020	Electroencephalogram (EEG): Monitoring; 41-60 minutes		24,000	R 458,90					
6021	Electroencephalogram (EEG): Monitoring; 61> minutes		24,000	R 458,90					
6023	Electroencephalogram (EEG): All night recording (includes interpretation)		24,000	R 458,90					

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6024	Functional cortical and subcortical mapping: Stimulation and/or recording of electrodes on brain surface or depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance		84,500	R 1 615,40					
6025	Functional cortical and subcortical mapping: Stimulation and/or recording of electrodes on brain surface or depth electrodes, to provoke seizures or identify vital brain structures: Each 60 minutes of attendance (ADD to item 6024 when appropriate)		73,200	R 1 399,40					
6030	Electro-encephalogram (EEG): Monitoring (41-60 minutes): Equipment cost for taking of record (Technical component) (refer to item 6020 for interpretation and		36,100	R 690,20					
6031	Electro-encephalogram (EEG): Monitoring (>60 minutes): Equipment cost for taking of record (Technical component) (refer to item 6021 for interpretation and report)		36,100	R 690,20					
6033	Electro-encephalogram (EEG): Overnight recording (8-16 hours): Taking of record. Equipment cost for taking of record (Technical component) (refer to item 6023 for interpretation and report)		36,100	R 690,20					
2679	Cisternal or lateral cervical (C1-C2) puncture: Injection of medication/toher substance, diagnosis/treatment				Refer Rule C				
2680	Haemodynamic and autonomic nervous system testing with 'Task Force' system - PROFESSIONEL COMPONENT				Refer Rule C				
2688	Shunt tubing or reservoir puncture: For aspiration or injection procedure				Refer Rule C				
6026	Electronic analysis: Implanted neurostimulator pulse generator system (eg., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements), simple or complex brain/spinal cord/ peripheral (ie., cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming				Refer Rule C				
6027	Electronic analysis: Implanted neurostimulator pulse generator system (eg., rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex, deep brain neurostimulator/pulse generator/transmitter, with initial or subsequent programming: First 60 minutes				Refer Rule C				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6028	Electronic analysis: Implanted neurostimulator pulse generator system (eg., rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex, deep brain neurostimulator/pulse generator/transmitter, with initial or subsequent programming: Each additional 30 minutes after first 60 hour. ADD to primary procedure				Refer Rule C				
5999	Actigraphy: Patient monitored for a minimum of 72 hours: Taking of record - Owner of equipment and taking of record (Technical component) (refer to item 6000 for interpretation and report)				Refer Rule C				
6000	Clinical interpretation and report of item 5999: Actigraphy: Patient monitored for a minimum of 72 hours (Professional component)				Refer Rule C				
14.2	Introduction of burr holes for								
2747	Ventriculography	20	150,000	R 2 867,70					
2749	Catheterisation for ventriculography and/or drainage	20	150,000	R 2 867,70					
2751	Biopsy of brain tumour	20	150,000	R 2 867,70					
2753	Subdural haematoma or hygroma	20	150,000	R 2 867,70					
2755	Subdural empyema	20	150,000	R 2 867,70					
2757	Brain abscess	20	150,000	R 2 867,70					
2748	Twist drill hole: Subdural or ventricular puncture		139,400	R 2 665,00					
2750	Twist drill hole(s): Includes subdural, intracerebral, or ventricular puncture for implanting ventricular catheter, pressure recording device or toher intracerebral monitoring device		92,900	R 1 776,10					
2754	Burr hole(s) or trephine: Includes subsequent tapping (aspiration) of intracranial abscess or cyst		296,400	R 5 666,60					
2758	Insertion: Subcutaneous reservoir, pump/continuous infusion system. Includes connection to ventricular catheter		152,100	R 2 907,90					
2760	Burr hole(s) or trephine: Supratentorial, exploratory, not followed by other surgery		150,000	R 2 867,70					
2761	Burr hole(s) or trephine: Infratentorial, unilateral or bilateral		150,000	R 2 867,70					

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2752	Twist drill hole(s): Includes subdural, intracerebral or ventricular puncture for evacuation and/or drainage of subdural haematoma				Refer Rule C				
2756	Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring				Refer Rule C				
14.3	Nerve procedures								
2759	Nerve biopsy: Peripheral	20	37,000	R 707,30					
2763	Nerve biopsy: Cranial nerves: Extra-cranial	20	20,000	R 382,30					
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	20	26,000	R 497,20					
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	20	25,000	R 478,10					
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	20	30,000	R 573,10					
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	20	35,000	R 669,10					
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	20	35,000	R 669,10					
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	20	50,000	R 955,80					
2766	Insertion of deep brain stimulator for movement disorders and pain - first side				Refer Rule C				
14.3.1	Nerve procedures: Nerve repair or suture								
2767	Suture brachial plexus (see also items 2837 and 2839)	20	300,000	R 5 735,10					
2769	Suture: Large nerve: Primary	20	134,000	R 2 562,10					
2771	Suture: Large nerve: Secondary	20	202,000	R 3 861,70					
2773	Digital nerve: Primary	20	65,000	R 1 242,90					
2775	Digital nerve: Secondary	20	96,000	R 1 835,20					
2777	Nerve graft: Simple	20	202,000	R 3 861,70					
2779	Fascicular: First fasciculus	20	202,000	R 3 861,70					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2781	Fascicular: Each additional fasciculus	20	50,000	R 955,80					
2782	Nerve pedicle transfer: First stage (not to be used together with item 2783)		309,100	R 0,00					
2783	Fascicular: Nerve flap: To include all stages	20	224,000	R 4 282,60					
2784	Nerve pedicle transfer: Second stage (not to be used together with item 2783)		338,300	R 0,00					
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	20	124,000	R 2 370,50					
2787	Fascicular: Grafting of facial nerve	20	215,000	R 4 110,40					
14.3.2	Nerve procedures: Neurectomy								
2789	Trigeminal ganglion: Injection of alcohol	20	150,000	R 2 867,70					
2791	Trigeminal ganglion: Injection of cortisone	20	65,000	R 1 242,90					
2793	Trigeminal ganglion: Coagulation through high frequency	20	170,000	R 3 250,20					
2799	Procedures for pain relief: Intrathecal injections for pain	20	36,000	R 688,30					
2800	Procedures for pain relief: Plexus nerve block	20	36,000	R 688,30					
2801	Procedures for pain relief: Epidural injection for pain (refer to modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic)	20	36,000	R 688,30					
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
2802	Procedures for pain relief: Peripheral nerve block	20	25,000	R 478,10					
2803	Alcohol injection in peripheral nerves for pain: Unilateral	20	20,000	R 382,30					
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	20	10,000	R 190,90					
2805	Alcohol injection in peripheral nerves for pain: Bilateral	20	35,000	R 669,10					
2809	Peripheral nerve section for pain	20	45,000	R 860,50					
2811	Pudendal neurectomy: Bilateral	20	116,000	R 2 217,70					
2813	Obturator or Stoffels	20	96,000	R 1 835,20					
2815	Interdigital	20	82,300	R 1 573,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2825	Excision: Neuroma: Peripheral	20	109,500	R 2 093,50					
2795	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, one level (unilateral or bilateral)		45,400	R 868,20					
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)		16,300	R 311,70					
2797	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, one level (unilateral or bilateral)		44,000	R 841,30					
2798	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, each additional level (unilateral or bilateral)		15,600	R 298,30					
14.3.3	Nerve procedures: Other nerve procedures								
2827	Transposition of ulnar nerve	20	100,000	R 1 911,90					
2829	Neurolysis: Minor	20	51,000	R 974,80					
2831	Neurolysis: Major	20	132,000	R 2 523,50					
2833	Neurolysis: Digital	20	96,000	R 1 835,20					
2834	Neuroplasty: Sciatic nerve		168,800	R 0,00					
2835	Scalenotomy	20	132,000	R 2 523,50					
2837	Neuroplasty:Brachial Plexus	20	223,000	R 0,00					
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	20	895,200	R 17 114,30					
2841	Carpal Tunnel	20	64,000	R 1 223,60					
2843	Lumbar sympathectomy: Unilateral	20	153,000	R 2 924,90					
2845	Lumbar sympathectomy: Bilateral	20	268,000	R 5 123,60					
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)								
2847	Cervical sympathectomy: Unilateral	20	153,000	R 2 924,90					
2848	Cervical sympathectomy: Bilateral	20	268,000	R 5 123,60					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2849	Sympathetic block: Other levels: Unilateral	20	20,000	R 382,30					
2851	Sympathetic block: Other levels: Bilateral	20	35,000	R 669,10					
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	20	20,000	R 382,30					
2854	Insertion of vagus nerve stimulator				Refer Rule C				
14.4	Skull procedures								
2855	Removal of skull tumour: With or without plastic repair: Small	20	170,000	R 3 250,20					
2857	Removal of skull tumour: With or without plastic repair: Major	20	200,000	R 3 823,50					
2859	Repair of depressed fracture of skull: Without brain laceration: Major	20	200,000	R 3 823,50					
2860	Repair of depressed fracture of skull: Without brain laceration: Small	20	170,000	R 3 250,20					
2861	Repair of depressed fracture of skull: With brain lacerations: Small	20	200,000	R 3 823,50					
2862	Repair of depressed fracture of skull: With brain lacerations: Major	20	375,000	R 7 169,20					
2863	Cranioplasty	20	280,000	R 5 353,10					
2864	Encephalocele (excluding frontal)	20	200,000	R 3 823,50					
2865	Craniostenosis: Few suturae	20	213,000	R 4 071,80					
2867	Craniostenosis: Multiple suturae	20	280,000	R 5 353,10					
6035	Craniotomy: Craniosynostosis, frontal or parietal bone flap (total procedure)		506,000	R 9 673,90					
6036	Craniotomy: Craniosynostosis, bifrontal bone flap (ttoal procedure)		499,900	R 9 557,20					
6037	Craniectomy: Extensive for multiple cranial suture craniosynostosis (eg., cloverleaf skull); not requiring bone grafts (ttoal procedure)		475,500	R 9 090,80					
6038	Craniectomy: Extensive for multiple cranial suture craniosynostosis (eg., cloverleaf skull); reconoturing with multiple ostetoomies and bone autografts (eg., barrel-stave procedure) (includes obtaining grafts) (ttoal procedure)		537,400	R 10 274,20					
6040	Craniomegalic skull: Reduction (eg., treated hydrocephalus) not requiring bone grafts or cranioplasty (ttoal procedure)		371,300	R 7 098,60					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6042	Craniomegalic skull: Reduction (eg., treated hydrocephalus), requiring Craniotomy and reconstruction with or without bone graft (includes obtaining grafts) (ttoal procedure)		465,400	R 8 897,60					
6043	Cranioplasty: Skull defect; >5 cm diameter		340,800	R 6 515,50					
6044	Removal of bone flap or prosthetic plate of skull: For malignancy/acquired deformity of head/infection or inflammatory reaction due to device, implant and/or graft		264,900	R 5 064,40					
6045	Replacement of bone flap or prosthetic plate of skull: For malignancy/acquired deformity of head/open fracture/late effect of fracture/infection or inflammatory reaction due to device, implant or graft (total procedure)		311,400	R 5 953,20					
6046	Cranioplasty: Skull defect, with reparative brain surgery: With/without prosthesis		421,700	R 8 062,20					
6047	Cranioplasty: Includes autograft and obtaining bone grafts; =		371,400	R 7 100,60					
6048	Cranioplasty: Includes autograft and obtaining bone grafts; >5 cm diameter (ttoal procedure)		432,700	R 8 272,50					
6039	Excision of benign tumour of cranial bone (eg., fibrous dysplasia), intra- and extracranial, with decompression of optic nerve				Refer Rule C				
6049	Incision and retrieval: Cranial bone graft for cranioplasty, subcutaneous. ADD to primary procedure				Refer Rule C				
14.5	Shunt procedures								
2869	Ventriculo-cisternostomy	20	280,000	R 5 353,10					
2871	Ventriculo-caval shunt	20	280,000	R 5 353,10					
2873	Ventriculo-peritoneal shunt	20	280,000	R 5 353,10					
2875	Theco-peritoneal C.S.F. shunt	20	280,000	R 5 353,10					
6063	Ventriculocisternostomy of the third ventricle: Steretoactic, neuroendoscopic method (under CT guidance for steretoactic positioning) (items 6055 and 6148 may not be added)		358,800	R 6 859,70					
6065	Replacement/revision: Cerebrospinal fluid (CSF) shunt/obstructed valve/distal catheter in shunt system		252,300	R 4 823,60					

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6068	Cerebrospinal fluid (CSF) shunt system: Complete removal, with replacement by similar or toher shunt at same operation		335,500	R 6 414,20					
6055	Neuroendoscopy: Intracranial placement or replacement of ventricular catheter and attachment to shunt system or external drainage. ADD to main procedure				Refer Rule C				
6056	Neuroendoscopy: Intracranial, with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (includes placement, replacement, or removal of ventricular catheter)				Refer Rule C				
6057	Neuroendoscopy: Intracranial with fenestration or excision of colloid cyst (includes placement of external ventricular catheter for drainage)				Refer Rule C				
6058	Neuroendoscopy: Intracranial, with retrieval of foreign body				Refer Rule C				
6059	Neuroendoscopy: Intracranial, with excision of brain tumour (includes placement of external ventricular catheter for drainage)				Refer Rule C				
6060	Neuroendoscopy: Intracranial, includes excision of pituitary tumour, transnasal or trans-sphenoidal approach				Refer Rule C				
6061	Creation of subarachnoid/subdural-peritoneal shunt: Pleural or peritoneal space or toher terminus, through burr hole and directing and tunneling the distal end of the shunt subcutaneously towards the draining site (non-neuroendoscopic procedure) (ttoal procedure)				Refer Rule C				
6062	Replacement or irrigation: Subarachnoid or subdural catheter, non-neuroendoscopic procedure (ttoal procedure)				Refer Rule C				
6064	Replacement/irrigation: Previously placed intraoperative ventricular catheter				Refer Rule C				
6066	Reprogramming of programmable cerebrospinal shunt, at the time of a routine office visit				Refer Rule C				
6067	Removal: Complete cerebrospinal fluid shunt system only (non-neuroendoscopic procedure)				Refer Rule C				
14.6	Aneurysm repair								
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	20	700,000	R 13 382,30					
2877	Extracranial to intracranial vascular	20	700,000	R 13 382,30					
2878	Posterior fossa arteriovenous anomalies	20	700,000	R 13 382,30					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6075	Intracranial arteriovenous malformation (IAM): Surgery, supratenotrial, complex		1236,500	R 23 638,80					
6076	Intracranial arteriovenous malformation (IAM): Surgical, infratenotrial, complex		1330,300	R 25 432,10					
6077	Intracranial arteriovenous malformation (IAM): Surgery, dural, simple		648,500	R 12 397,70					
6078	Intracranial arteriovenous malformation (IAM): Surgery, dural, complex		1082,600	R 20 696,60					
6079	Intracranial aneurysm: Complex, intracranial approach, cartoid circulation		1249,100	R 23 879,70					
6080	Intracranial aneurysm: Surgical, complex, intracranial approach, vertebrobasilar circulation		1369,900	R 26 189,10					
6081	Intracranial aneurysm: Surgical, simple, open posterior cranial fossa approach approach, vertebrobasilar circulation		1190,800	R 22 765,10					
6082	Intracranial aneurysm: Surgical, cervical approach by application of occluding clamp to cervical cartoid artery (Selverstone-Crutchfield type)		404,200	R 7 727,30					
6083	Aneurysm: Surgical, for vascular malformation or cartoid-cavernous fistula with intracranial and cervical occlusion of cartoid artery		770,800	R 14 735,80					
14.7	Craniectomy or Craniotomy								
2879	Glosso pharyngeal nerve	20	480,000	R 9 176,50					
2881	Eighth nerve: Intracranial	20	480,000	R 9 176,50					
2883	Eighth nerve: Extracranial	20	480,000	R 9 176,50					
2884	Sub-temporal section of the trigeminal nerve	20	375,000	R 7 169,20					
2885	Trigeminal tractotomy	20	480,000	R 9 176,50					
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiarri malformation or obstructive cysts e.g. Dandy Walker or parasites	20	450,000	R 8 603,10					
2887	Vestibular nerve	20	480,000	R 9 176,50					
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	20	700,000	R 13 382,30					
2891	Posterior fossa tumour removal: Glioma, secondary deposits	20	450,000	R 8 603,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2893	Posterior fossa tumour removal: Abscess	20	450,000	R 8 603,10					
2895	Excision of tumour of glomus jugulare: Intracranial	20	420,000	R 8 029,30					
2897	Excision of tumour of glomus jugulare: Extracranial	20	420,000	R 8 029,30					
2898	Excision of tumour of glomus jugulare: Hemispherectomy	20	500,000	R 9 558,80					
2888	Micro vascular decompression of trigeminal, facial and glossopharyngeal nerve (release of pressure on the sensory root of the gasserion ganglion) (subtemporal). If indicated, the nerve or a nerve branch is sectioned, bone flap is replaced and fastened (total procedure)		570,200	R 10 901,00					
6085	Craniectomy/craniotomy: With exploration of the infratenotrial area (below the tenotrium of the cerebellum), posterior fossa (ttoal procedure)		596,400	R 11 402,00					
6087	Craniectomy/craniotomy: With drainage of intracranial abscess in the infratentorial region with suction and irrigating the area while monitoring for haemorrhage (total procedure)		631,800	R 12 079,00					
2892	Micro vascular decompression of cranial nerve (suboccipital)				Refer Rule C				
6086	Craniectomy/craniotomy: With evacuation of infratenotrial. intracerebellar haematoma (ttoal procedure)				Refer Rule C				
6088	Cranial decompression caused by excess fluid (eg.. blood and pathological tissue). using posterior fossa approach by drilling/sawing through the occipital bone (ttoal procedure)				Refer Rule C				
6090	Craniectomy at base of skull (suboccipital): With freeing and section of one or more cranial nerves (ttoal procedure)				Refer Rule C				
6091	Craniectomy at base of skull (suboccipital): With mesencephalic tracttoomy or peduncultoomy (resecting a nerve tract as it passes through the mesencephalon or the cerebellar or cerebral peduncle) (ttoal procedure)				Refer Rule C				
6092	Craniectomy: With excision of meningioma (neoplasm of meninges) from infratenotrial structures or posterior fossa (ttoal procedure)				Refer Rule C				
6093	Craniectomy: With excision of midline brain tumour at base of skull; using posterior auricular or transmastoid approach (ttoal procedure)				Refer Rule C				
6094	Craniectomy: With excision or fenestration (creating opening for draining) of cyst in the infratenotrium or posterior fossa (ttoal procedure)				Refer Rule C				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6095	Craniectomy (bone flap Craniotomy): With excision of cerebellopontine angle tumour (acoustic neuroma/tumour/vestibular neurofibromatosis (NF1 or NF2)/ angle tumour); using transtemporal (mastoid) approach (ttoal procedure)				Refer Rule C				
6096	Craniectomy (bone flap Craniotomy): With excision of cerebellopontine angle tumour (acoustic tumour/neuroma; vestibular neurofibromatosis (NF1 or NF2); angle tumour); using combined transtemporal (mastoid) and middle or posterior fossa approach				Refer Rule C				
14.7.1	Posterior fossa surgery: Supratentorial procedures								
2899	Craniectomy for extra-dural haematoma or empyema	20	375,000	R 7 169,20					
14.8	Craniotomy for								
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	20	700,000	R 13 382,30					
2901	Craniotomy for Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/pharyngioma	20	700,000	R 13 382,30					
2903	Craniotomy for Abscess, Glioma	20	450,000	R 8 603,10					
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	20	450,000	R 8 603,10					
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	20	450,000	R 8 603,10					
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	20	375,000	R 7 169,20					
2907	Craniotomy for Temporal lobectomy	20	450,000	R 8 603,10					
2908	Craniotomy for Torkildsen anastomosis	20	375,000	R 7 169,20					
2910	Craniotomy for removal of arteriovenous malformation	20	700,000	R 13 382,30					
6117	Craniectomy/craniotomy: Drainage of intracranial abscess in the supratentorial region (total procedure)		564,700	R 10 796,10					
6125	Craniectomy/trephination (bone flap craniotomy): Supratentorial excision of brain abscess		566,200	R 10 824,70					
6131	Craniotomy with elevation of bone flap: Lobectomy. temporal lobe. without electrocorticography during surgery(includes removal of electrode array)		763,700	R 14 600,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2902	Craniotomy for subdural implantation of strip- and grid electrodes for seizure monitoring and brain mapping				Refer Rule C				
6115	Craniectomy/Craniotomy: Supratenotrial exploration				Refer Rule C				
6116	Incision and subcutaneous placement of cranial bone graft (eg.. split- or full thickness); shaving graft or bone dust; with donor site already exposed for the main procedure.				Refer Rule C				
6118	Decompressive craniectomy/Craniotomy: With or without duraplasty. for treating intracranial hypertension (most commonly caused by severe closed-head trauma) without evacuation of associated intraparenchymal haematoma or lobectomy				Refer Rule C				
6119	Decompressive craniectomy/Craniotomy: With or without duraplasty. for treating intracranial hypertensionwithout evacuation of associated intraparenchymal haematoma. with lobectomy				Refer Rule C				
6120	Decompression of (roof of) orbit only: Transcranial approach (ttoal procedure)				Refer Rule C				
6121	Exploration of orbit: Transcranial approach with biopsy (ttoal procedure)				Refer Rule C				
6123	Cranial decompression: Subtemporal (pseudtoumour cerebri. slit ventricle syndrome)				Refer Rule C				
6126	Craniectomy/trephination (bone flap Craniotomy): Supratenotrial excision/ fenestration of cyst				Refer Rule C				
6127	Implantation. chemotherapy agent: Intracavity. brain intracavitary. ADD to main procedure				Refer Rule C				
6128	Implantation. subdural: Strip electrodes through 1 or more burr/trephine hole(s). Long-term seizure monitoring				Refer Rule C				
6129	Craniotomy with elevation of bone flap: Subdural implantation of an electrode array. Long-term seizure monitoring				Refer Rule C				
6130	Craniotomy with elevation of bone flap: Excision of cerebral epileptogenic focus. Including electrocorticography during surgery (includes removal of electrode array)				Refer Rule C				
6132	Craniotomy with elevation of bone flap: Lobectomy. temporal lobe with electrocorticography during surgery				Refer Rule C				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6133	Craniotomy with elevation of bone flap: Lobectomy. toher than temporal lobe. partial or ttoal. with electrocorticography during surgery				Refer Rule C				
6134	Craniotomy with elevation of bone flap: Lobectomy. toher than temporal lobe. partial or ttoal. without electrocorticography during surgery				Refer Rule C				
6135	Craniotomy with elevation of bone flap: Transection of corpus callosum				Refer Rule C				
6136	Craniotomy with elevation of bone flap: Partial or subttoal (functional) hemispherectomy				Refer Rule C				
6137	Craniotomy with elevation of bone flap: Excision or coagulation of choroid plexus				Refer Rule C				
6138	Craniotomy with elevation of bone flap: Excision of craniopharyngioma				Refer Rule C				
6139	Craniotomy with elevation of bone flap: Selective amygdalohippocampectomy				Refer Rule C				
6140	Craniotomy with elevation of bone flap: Multiple subpial transections. with electrocorticography during surgery				Refer Rule C				
6141	Craniectomy/Craniotomy: Excision of foreign body from brain				Refer Rule C				
6142	Craniectomy/Craniotomy: Treatment of penetrating wound of brain				Refer Rule C				
14.8.1	Stereotaxis; Stereotactic Radiosurgery (Cranial); Neurostimulators (Intracranial)								
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	20	280,000	R 5 353,10					
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	20	196,000	R 3 747,00					
2915	Transnasal hypophysectomy	20	300,000	R 5 735,10					
2916	Transfrontal hypophysectomy	20	480,000	R 9 176,50					
2917	Transnasal hypophyseal implants	20	172,000	R 3 288,50					
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)	20	-						
6145	Biopsy. stereotactic: Aspiration/excision for intracranial lesion. Includes burr hole(s)		417,800	R 7 987,60					
6155	Stereotactic radiosurgery (particle beam. gamma ray. or linear accelerator): 1 cranial lesion. complex		407,300	R 7 786,90					
6143	Creation of lesion: Globus pallidus or thalamus. steretoactic. includes burr hole(s) and localising and recording techniques. single or multiple stages				Refer Rule C				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6144	Creation of lesion: Subcortical structure(s). toher than globus pallidus or thalamus. steretoactic. includes burr hole(s) and localising and recording techniques. single or multiple stages				Refer Rule C				
6146	Implantation. steretoactic: Depth electrodes inot the cerebrum for long-term seizure monitoring				Refer Rule C				
6147	Localisation. steretoactic: Insertion of catheter(s) or probe(s) for placement of radiation source. Includes burr hole(s)				Refer Rule C				
6148	Steretoactic computer-assisted (navigational) procedure: Cranial. intradural. ADD to main procedure				Refer Rule C				
6149	Steretoactic computer-assisted (navigational) procedure: Cranial. extradural. ADD to main procedure				Refer Rule C				
6150	Steretoactic computer-assisted (navigational) procedure: Spinal. ADD to main procedure				Refer Rule C				
6151	Creation of lesion: Gasserian ganglion. steretoactic. percutaneous. by neurolytic agent (eg.. alcohol. thermal. electrical. radiofrequency)				Refer Rule C				
6152	Creation of lesion: Trigeminal medullary tract. steretoactic method. percutaneous. by neurolytic agent (eg.. alcohol. thermal. electrical. radiofrequency)				Refer Rule C				
6153	Steretoactic radiosurgery (particle beam. gamma ray. or linear accelerator): 1 cranial lesion. simple				Refer Rule C				
6154	Steretoactic radiosurgery (particle beam. gamma ray. or linear accelerator): Each additional cranial lesion. simple. ADD to main procedure				Refer Rule C				
6156	Steretoactic radiosurgery (particle beam. gamma ray. or linear accelerator): Each additional cranial lesion. complex. ADD to main procedure				Refer Rule C				
6157	Steretoactic radiosurgery: Application of steretoactic headframe. ADD to main procedure				Refer Rule C				
6158	Implantation of neurostimulator electrodes: Cortical. twist drill or burr hole(s)				Refer Rule C				
6159	Craniectomy/craniotomy: Implantation of neurostimulator electrodes. cerebral. cortical				Refer Rule C				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6160	Craniotomy/craniectomy/twist drill/burr hole: Thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site. without use of intra-operative microelec				Refer Rule C				
6161	Cranitoomy/craniectomy/twist drill/burr hole: Thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site. without use of intraoperative microelect				Refer Rule C				
6162	Cranitoomy/craniectomy/twist drill/burr hole: Thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site. with use of intraoperative microelectrod				Refer Rule C				
6163	Cranitoomy/craniectomy/twist drill/burr hole: Thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site. with use of intraoperative microelectrod				Refer Rule C				
6164	Craniectomy: Implantation of neurostimulator electrodes. cerebellar. cortical				Refer Rule C				
6166	Revision/removal: Neurostimulator electrodes. intracranial				Refer Rule C				
6167	Insertion/replacement: Cranial neurostimulator pulse generator or receiver with direct or inductive coupling and connection. 1 electrode array				Refer Rule C				
6168	Insertion/replacement: Cranial neurostimulator pulse generator or receiver with direct or inductive coupling and connection. => 2 electrode arrays				Refer Rule C				
6169	Revision/removal: Neurostimulator pulse generator/receiverof. cranial				Refer Rule C				
14.8.2	Surgery of Skull Base								
14.8.2.1	Approach Procedures								
14.8.2.1.1	Anterior Cranial Fossa								
6174	Anterior cranial fossa: Craniofacial approach. to treat an extradural lesion/defect at the skull base which requires unilateral or bifrontal Craniotomy (included in the approach procedure) with elevation or resection of frontal lobe.		866,300	R 16 561,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6195	Destruction of cartoid aneurysm/arteriovenous malformation (AVM) or cartoid-cavernous fistula by dissection within cavernous sinus		977,500	R 18 687,40					
6170	Transoral approach: Skull base. brain stem or upper spinal cord for biopsy. decompression/excision of lesion and tracheostomy				Refer Rule C				
6171	Transoral approach: Skull base. brain stem or upper spinal cord for biopsy. decompression or excision of lesion. Includes requiring splitting of tongue and/or mandible and tracheostomy				Refer Rule C				
6172	Insertion/replacement: Cranial neurostimulator pulse generator/receiver with direct or inductive coupling. >2 electrode arrays				Refer Rule C				
6173	Revision/removal: Cranial neurostimulator pulse generator/receiver				Refer Rule C				
6175	Anterior cranial fossa: Orbitocranial approach. with exposure of the to treat an extradural lesion/defect at the skull base requiring supraorbital ridge ostetoomy (included in the approach procedure) and elevation of the frontal and/or temporal lobes. wit				Refer Rule C				
6176	Anterior cranial fossa: Orbitocranial approach. extradural. including supraorbital ridge ostetoomy and elevation of frontal and/or temporal lobe(s). with orbital exenteration				Refer Rule C				
6177	Treatment of lesion/defect at the skull base: Bicoronal (scalp incision). transzygomatic (removal of the zygoma) and/or LeFort1 ostetoomy (intraoral approach to fracture the maxilla). with/without internal fixation /without bone graft.				Refer Rule C				
14.8.2.1.2	Middle Cranial Fossa								
6178	Middle cranial fossa: Pre-auricular approach. Infratemporal . (parapharyngeal space. infratemporal and midline skull base. nasopharynx). with/without disarticulation of the mandible. includes partoidectomy. cranitoomy. decompression and/or mobilisation of				Refer Rule C				
6179	Middle cranial fossa: Post-auricular approach. Infratemporal. middle cranial fossa (internal auditory meatus. petrous apex. tentorium. cavernous sinus. parasellar area. infratemporal fossa). includes mastoidectomy. resection of sigmoid sinus. with/without				Refer Rule C				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6180	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and cartoid artery. clivus. basilar artery or petrous apex) including ostetoomy of zygoma. cranitoomy. extra- or intradural elevation of temporal lobe				Refer Rule C				
14.8.2.1.3	Posterior Cranial Fossa								
6181	Posterior cranial fossa: Transtemporal approach to jugular foramen/midline skull base. includes mastoidectomy. decompression of sigmoid sinus and/or facial nerve. with/without mobilisation				Refer Rule C				
6182	Posterior cranial fossa: Transcochlear approach to posterior cranial fossa/ jugular foramen/midline skull base.includes labyrinthectomy. decompression. with/without mobilisation of facial nerve and/or petrous cartoid artery				Refer Rule C				
6183	Posterior cranial fossa: Transcondylar (far lateral) approach to jugular foramen /midline skull base. includes occipital condylectomy. mastoidectomy. resection of C1-C3 vertebral body(s). decompression of vertebral artery. with/without mobilisation				Refer Rule C				
6184	Posterior cranial fossa: Transpetrosal approach to clivus/foramen magnum. includes ligation of superior petrosal sinus and/or sigmoid sinus				Refer Rule C				
14.8.2.2	Definitive Procedures								
	Definitive Procedures: The definitive procedure(s) describes the repair. biopsy. resection. or excision of various lesions of the skull base and. when appropriate. primary closure of the dura. mucous membranes. and skin.								
14.8.2.2.1	Base of Anterior Cranial Fossa								
6185	Resection/excision neoplastic/vascular/infectious lesion: Base of anterior cranial fossa. extradural				Refer Rule C				
6186	Resection/excision of neoplastic. vascular or infectious lesion of base of anterior cranial fossa (includes dural repair. with/without graft). intradural				Refer Rule C				
14.8.2.2.2	Base of Middle Cranial Fossa								
6187	Resection/excision of neoplastic/vascular/ infectious lesion: Infratemporal fossa. parapharyngeal space. petrous apex. extradural				Refer Rule C				

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6188	Resection/excision of neoplastic/vascular/infectious lesion: Infratemporal fossa. parapharyngeal space. petrous apex. includes dural repair. with/without graft. intradural				Refer Rule C				
6189	Resection/excision of neoplastic. vascular or infectious lesion: Parasellar area. cavernous sinus. clivus or midline skull base. extradural				Refer Rule C				
6190	Resection/excision of neoplastic. vascular or infectious lesion: Parasellar area/cavernous sinus/clivus or midline skull base. intradural. including dural repair. with/without graft				Refer Rule C				
6192	Transection/ligation: Cartoid artery in cavernous sinus. with repair by anastomosis/ graft. ADD to main procedure				Refer Rule C				
6193	Transection or ligation. cartoid artery in petrous canal; without repair. ADD to main procedure				Refer Rule C				
6194	Transection or ligation. cartoid artery in petrous canal; with repair by anastomosis or graft. ADD to main procedure				Refer Rule C				
14.8.2.2.3	Base of Posterior Cranial Fossa								
14.8.2.2.4	Repair and/or Reconstruction of Surgical Defects of Skull Base								
6196	Repair of dura for cerebrospinal fluid (CSF) leak: Secondary repair. anterior. middle or posterior cranial fossa following surgery of the skull base. by free tissue graft (eg.. pericranium. fascia. tensor fascia lata. adipose tissue. homologous or synthet				Refer Rule C				
6197	Repair of dura for cerebrospinal fluid (CSF) leak: Secondary ranterior. middle or posterior cranial fossa following surgery of the skull base; by local or regionalised vascularised pedicle flap or myocutaneous flap (including galea. temporalis. frontalis				Refer Rule C				
14.9	Spinal operations								
	See section 3.8.7 for laminectomy procedures								
2923	Chordotomy: Unilateral	20	178,000	R 3 403,10					
2925	Chordotomy: Open	20	350,000	R 6 691,40					
2927	Rhizotomy: Extradural, but intraspinal	20	320,000	R 6 117,80					

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2928	Rhizotomy: Intradural	20	350,000	R 6 691,40					
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	20	700,000	R 13 382,30					
2930	Removal of spinal cord tumour: Intramedullar: Anterio-lateral approach	20	700,000	R 13 382,30					
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	20	350,000	R 6 691,40					
2932	Removal of spinal cord tumour: Extramedullary, but intradural: Anterio-lateral approach	20	350,000	R 6 691,40					
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	20	320,000	R 6 117,80					
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	20	225,000	R 4 301,40					
2937	Repair of meningocele, involving nerve tissue	20	250,000	R 4 779,40					
2938	Simple	20	150,000	R 2 867,70					
2939	Excision of arterial vascular malformations and cysts of the spinal cord	20	700,000	R 13 382,30					
2940	Lumbar osteophyte removal	20	187,000	R 3 575,00					
2941	Cervical or thoracic osteophyte removal	20	285,000	R 5 448,70					
14.10	Arterial ligations								
2951	Carotis: Trauma	20	120,000	R 2 294,10					
2953	Carotis: For aneurysm (AV anomaly)	20	150,000	R 2 867,70					
2955	Removal of carotid body tumour (without vascular reconstruction)	20	335,600	R 6 415,90					
14.11	Medical psychotherapy								
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)								
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session								
2963	Pairs, marriage or sex therapy: Per 20-minute session								
2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session								

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2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)								
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)								
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session								
2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session								
	RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY								
V.	(a) 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. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								
0079	When a first or follow-up consultation/visit proceeds into or is immediately followed by a medical psychotherapeutic procedure, both the consultation/visit and the psychotherapy codes (items 2957, 2974 or 2975) may be coded. Please note: When adding psychotherpay items after a first or follow-up consultation the clinician must ensure that the time stipulated for the psychotherapy items are adhered to (ie. item 2957 - minimum 10 minutes, item 2974 - minimum 30 minutes, and item 2975 - minimum 50 minutes)								
0099	Stat basis tests: For tests performed on a stat basis, an additional premium of 50% of the fee for the particular pathology service shall apply, with the following provisos: • Stat test requesting may only be done by the referring practitioner and not by the pathologist. • Specimens must be collected on a stat basis where applicable. • Test must be performed on a stat basis. • Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained. • This modifier will only apply during normal working hours and will never be used in combination with item 4547: After-hours service.								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
14.12	Physical treatment methods								
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)								
14.13	Psychiatric examination methods								
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per 60 min session								
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)								
15	**Endocrine System**								
15.1	Thyroid								
2983	Lobectomy: Partial	20	198,100	R 3 787,30					
2985	Lobectomy: Total	20	200,000	R 3 823,50					
2987	Thyroidectomy: Subtotal	20	266,000	R 5 085,30					
2989	Thyroidectomy: Total	20	279,000	R 5 333,80					
2990	Parathyroid: Re-exploration for hyperparathroidism, INCLUDES removal of parathyroid glands or lesions: Cervical approach		335,300	R 6 408,90					
2991	Thyroglossal cyst or fistula excision	20	126,200	R 2 412,70					
15.2	Parathyroid								
2992	Parathyroid: Re-exploration for hyperparathroidism, INCLUDES removal of parathyroid glands or lesions: With mediastinal exploration, sternal slit or transthoracic approach		370,700	R 7 085,40					
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	20	275,000	R 5 257,20					
2994	Parathyroid: Autotransplantation of parathyriod: ADD to major procedure (modifier 0005 does not apply)		70,500	R 1 347,60					
15.3	Adrenals								
2995	Adrenalectomy: Unilateral	20	225,000	R 4 301,40					
2997	Bilateral exploration of adrenal glands: Including removal	20	394,000	R 7 532,50					
15.4	Hypophysis								

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2999	Transethmoidal hypophysectomy	20	300,000	R 5 735,10					
3000	Transnasal hypophysectomy (see also item 2915)	20	300,000	R 5 735,10					
15.5	Endocrine system: General								
3001	Implantation of pellets (excluding cost of material) (excluding after-care)	20	3,000	R 57,30					
15.6	Ambulatory continuous glucose monitoring of interstitial tissue fluid								
2996	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours: Includes sensor placement. hook-up. calibration of monitor. patient training. removal of sensor and prinotut of recording				Refer Rule C				
2998	Ambulatory continuous glucose monitoring: Interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours (includes interpretation and report)				Refer Rule C				
16	**Eye**								
16.1	Eye: Procedures performed in rooms								
	(a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions (b) Material used is excluded (c) The fee for photography is not related to the number of photographs taken								
16.1.1	Eye investigations								
3002	Gonioscopy	20	7,000	R 133,70					
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	20	7,000	R 133,70					
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	20	7,000	R 133,70					
3006	Keratometry	20	7,000	R 133,70					
3009	Basic capital equipment used in own rooms by ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations	20	11,680	R 223,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3012	Pre-surgical retinal examination before retinal surgery	20	32,000	R 611,80					
3013	Ocular motility assessment: Comprehensive examination	20	12,000	R 229,40					
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	20	7,000	R 133,70					
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	20	9,000	R 172,10					
3038	Sensorimtoor examination: With multiple measurements of ocular deviation; one or btoh eyes (eg.. restrictive or paretic muscle with diplopia) with interpretation and report. for children 7 years and younger				Refer Rule C				
16.1.2	Special eye investigations								
3005	Endothelial cell count	20	7,000	R 133,70					
3007	Potential acuity measurement	20	7,000	R 133,70					
3008	Contrast sensitivity test	20	7,000	R 133,70					
3010	Orthoptics consultation	20	10,000	R 190,90					
3011	Orthoptic subsequent sessions	20	5,000	R 95,80					
3015	Charting of visual field with manual perimeter	20	28,000	R 535,60					
3016	Retinal threshold test without storage facilities	20	30,000	R 573,10					
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	20	74,000	R 1 414,60					
3018	Retinal threshold trend evaluation (additional to item 3017)	20	16,000	R 306,10					
3019	Ocular muscle function with Hess screen or perimeter	20	16,000	R 306,10					
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	20	46,000	R 879,50					
3022	Digital fluorescein video angiography	20	68,000	R 1 300,20					
3023	Digital indocyanine video angiography	20	110,000	R 2 102,90					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	20	12,000	R 229,40					
3025	Electronic tonography	20	19,000	R 363,40					
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	20	19,300	R 369,20					
3027	Fundus photography	20	21,000	R 401,50					
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	20	40,000	R 764,80					
3029	Anterior segment microphotography	20	21,000	R 401,50					
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	20	45,000	R 860,50					
3032	Eyelid and orbit photography	20	9,000	R 172,10					
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	20	16,000	R 306,10					
3034	Determination of lens implant power per eye	20	15,000	R 286,60					
3035	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged	20	22,000	R 420,80					
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)	20	36,000	R 688,30					
3040	Femtosecond Laser: Hire Fee. For one or btoh eyes done in one session				Refer Rule C				
16.2	Retina								
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	20	306,900	R 5 867,50					
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	20	105,000	R 2 007,30					
3041	Pan retinal photocoagulation (per eye): Done in one sitting	20	150,000	R 2 867,70					
3044	Removal of encircling band and/or buckling material	20	105,000	R 2 007,30					
16.3	Cataract								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3045	Cataract: Intra-capsular	20	210,000	R 4 014,80					
3047	Cataract: Extra-capsular (including capsulotomy)	20	210,000	R 4 014,80					
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	20	57,000	R 1 089,60					
3050	Repositioning of intra ocular lens	20	171,100	R 3 270,80					
3051	Needling or capsulotomy	20	130,000	R 2 485,20					
3052	Laser capsulotomy	20	105,000	R 2 007,30					
3057	Removal of lenticulus	20	210,000	R 4 014,80					
3058	Exchange of intra ocular lens	20	236,000	R 4 511,90					
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	20	210,000	R 4 014,80					
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	20	4,000	R 76,40					
16.4	Glaucoma								
3061	Drainage operation	20	247,600	R 4 733,70					
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	20	60,000	R 1 147,20					
3063	Cyclocryotherapy or cyclodiathermy	20	105,000	R 2 007,30					
3064	Laser trabeculoplasty	20	105,000	R 2 007,30					
3065	Removal of blood from anterior chamber	20	105,000	R 2 007,30					
3067	Goniotomy	20	210,000	R 4 014,80					
16.5	Intra-ocular foreign body								
3071	Intra-ocular foreign body: Anterior to Iris	20	127,000	R 2 427,80					
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	20	210,000	R 4 014,80					
16.6	Strabismus								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3074	Strabismus (whether operation performed on one eye or both): Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (refer to item 0202)	20	20,000	R 382,30					
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	20	175,600	R 3 357,00					
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	20	200,000	R 3 823,50					
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	20	120,000	R 2 294,10					
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	20	150,000	R 2 867,70					
16.7	Globe								
3079	Transcleral biopsy	20	132,000	R 2 523,50					
3080	Examination of eyes under general anaesthetic where no surgery is done	20	80,000	R 1 529,70					
3081	Treatment of minor perforating injury	20	161,600	R 3 089,60					
3083	Treatment of major perforating injury	20	267,500	R 5 113,90					
3085	Enucleation or Evisceration	20	105,000	R 2 007,30					
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	20	160,000	R 3 058,90					
3088	Hydroxyapetite insertion (additional to item 3087)	20	40,000	R 764,80					
3089	Subconjunctival injection if not done at time of operation	20	10,000	R 190,90					
3090	Intra vitreal injection drug	20	47,600	R 910,00					
3091	Retrobulbar injection (if not done at time of operation)	20	16,000	R 306,10					
3092	External laser treatment for superficial lesions	20	53,000	R 1 013,20					
3093	Treatment of tumours of retina or choriod by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	20	209,000	R 3 995,60					
3094	Implantation of intra vitreal drug delivery system	20	247,600	R 4 733,70					

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3095	Biopsy of vitreous body or anterior chamber contents	20	105,000	R 2 007,30					
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	20	130,000	R 2 485,20					
3097	Anterior vitrectomy	20	280,000	R 5 353,10					
3098	Removal of silicon from globe	20	280,000	R 5 353,10					
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	20	419,000	R 8 010,10					
3100	Lensectomy done at time of posterior vitrectomy	20	30,000	R 573,10					
16.8	Orbit								
3101	Drainage of orbital abscess	20	105,000	R 2 007,30					
3103	Orbit: Removal of tumour	20	240,000	R 4 588,00					
3104	Removal orbital prosthesis	20	212,700	R 4 066,70					
3105	Orbit: Exenteration	20	275,000	R 5 257,20					
3107	Orbitotomy requiring bone flap	20	393,000	R 7 513,50					
3108	Eye socket reconstruction	20	206,000	R 3 938,30					
3109	Hydroxyapetite implantation in eye cavity when evisceration or enucleation was done previously	20	300,000	R 5 735,10					
3110	Second stage hydroxyapetite implantation	20	110,000	R 2 102,90					
16.9	Cornea								
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	20	-						
3112	Fitting of contact lens for treatment of disease including supply of lens. Bandage contact lens as for corneal erosion, ulcer, abrasion or corneal wound.	20	12,200	R 233,50					
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for one (1) year	20	200,000	R 3 823,50					
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	20	78,850	R 1 507,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
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	20	166,000	R 3 173,70					
3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	20	135,200	R 2 584,80					
3117	Removal of foreign body: On the basis of fee per consultation	20	-						
3118	Curettage of cornea after removal of foreign body (after-care excluded)	20	10,000	R 190,90					
3119	Tattooing	20	26,000	R 497,20					
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	20	150,000	R 2 867,70					
3121	Corneal graft (Lamellar or full thickness)	20	289,000	R 5 525,10					
3122	Epikeratophakia	20	289,000	R 5 525,10					
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	20	254,000	R 4 855,90					
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	20	9,000	R 172,10					
3125	Keratectomy	20	127,000	R 2 427,80					
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	20	52,180	R 997,40					
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	20	10,000	R 190,90					
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	20	150,000	R 2 867,70					
3129	Additional to item 3128 for the use of own diamond knives	20	40,000	R 764,80					
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	20	96,900	R 1 852,50					
3131	Cornea: Paracentesis	20	53,000	R 1 013,20					
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	20	150,000	R 2 867,70					
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - stand alone procedure	20	116,300	R 2 223,10					

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3136	Conjunctival flap or graft (not for use with pterigium surgery)	20	95,700	R 1 829,50					
3138	Removal corneal epithelium and chelating agent for band keratopathy	20	69,500	R 1 328,60					
4980	Corneal transplant: Endothelial	20	219,800	R 4 202,80					
4981	Preparation of corneal endothelial allograft prior to transplantation (backbench)	20	-						
4985	Corneal cross linking	20	150,000	R 2 867,60					
4986	Cross linking equipment hire	20	54,000	R 1 032,60					
16.10	Ducts								
3133	Probing and/or syringing, per duct	20	10,000	R 190,90					
3135	Insert polythene tubes	20	51,800	R 990,50					
3137	Excision of lacrimal sac: Unilateral	20	132,000	R 2 523,50					
3139	Dacrocystorhinostomy (Single) with or without polythene tube	20	210,000	R 4 014,80					
3141	Sealing Punctum surgical or by cautery: Per eye	20	24,900	R 476,10					
3142	Sealing Punctum with plugs: Per eye	20	20,000	R 382,30					
3143	Three-snip operation	20	10,000	R 190,90					
3145	Repair of caniculus: Primary procedure	20	132,000	R 2 523,50					
3147	Repair of caniculus: Secondary procedure	20	175,000	R 3 345,80					
16.11	Iris								
3149	Iridectomy or iridotomy by open operation as isolated procedure	20	132,000	R 2 523,50					
3151	Excision of iris tumour	20	185,000	R 3 536,70					
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	20	105,000	R 2 007,30					
3155	Iridocyclectomy for tumour	20	266,000	R 5 085,30					
3157	Division of anterior synechiae as isolated procedure	20	132,000	R 2 523,50					
3158	Repair iris as in dialysis: Anterior chamber reconstruction	20	142,400	R 2 722,40					

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Practice Type: **Paedicatrics Management Group (PMG)**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
16.12	Lids								
3161	Tarsorrhaphy	20	47,000	R 898,30					
3163	Excision of superficial lid tumour	20	47,000	R 898,30					
3165	Repair of skin laceration lid: Simple	20	27,300	R 522,00					
3167	Diathermy to wart on lid margin	20	12,000	R 229,40					
3169	Electrolysis of any number of eyelashes: Per eye	20	15,000	R 286,60					
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	20	20,400	R 390,00					
3173	Epicanthal folds	20	128,700	R 2 460,40					
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	20	25,000	R 478,10					
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)	20	35,000	R 669,10					
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	20	187,000	R 3 575,00					
3168	Removal of foreign body: Embedded, per eyelid (modifier 0005 is applicable)		20,000	R 382,30					
16.12.1	Lids: Entropion or ectropion by								
3177	Entropion or ectropion by Cautery	20	10,000	R 190,90					
3179	Entropion or ectropion by Suture	20	49,400	R 944,50					
3181	Entropion or ectropion by Open operation	20	111,500	R 2 131,50					
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	20	122,600	R 2 344,00					
16.12.2	Lids: Reconstruction of eyelid								
3185	Staged procedure for partial or total loss of eyelid: First stage	20	259,000	R 4 951,40					
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	20	206,000	R 3 938,30					
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	20	136,500	R 2 609,60					
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	20	150,200	R 2 871,50					
3172	Blepharoplasty lower eyelid plus fat pad	20	125,800	R 2 405,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
16.12.3	Lids: Ptosis								
3193	Repair by superior rectus, levator or frontalis muscle operation	20	190,000	R 3 632,30					
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	20	137,600	R 2 630,80					
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	20	166,000	R 3 173,70					
16.13	Conjunctiva								
3199	Repair of conjunctiva by grafting	20	132,000	R 2 523,50					
3200	Repair of lacerated conjunctiva	20	47,000	R 898,30					
16.14	Eye: General								
	OWN EQUIPMENT USED IN TREATMENT: Only the owner of the equipment may charge hire fees for equipment used and not the person using the equipment.								
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting	20	109,000	R 2 084,00					
3192	Applicable to Medical Scheme Benefits only: Item 3192: If a practitioner performs the procedure in his own facility an excimer laser theatre fee of the indicated amount per minute may be charged	20	2,250	R 43,00					
3196	Diamond knife: Use of own diamond knife during intraocular surgery	20	12,000	R 229,40					
3198	Excimer laser: Hire fee (per eye)	20	284,130	R 5 431,90					
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master)	20	109,000	R 2 084,00					
3202	Phako emulsification apparatus: Hire fee	20	109,000	R 2 084,00					
3203	Vitrectomy apparatus: Hire fee	20	120,000	R 2 294,10					
3208	Biopsy: External auditory canal	20	15,497	R 296,30					
17	**Ear**								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	Repair / modification of hearing aid: report this service using item 0201 and supply invoice								
17.1	External ear (Pinna)								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								
	Repair / modification of hearing aid: report this service using 0201 and supply invoice								
3267	Major congenital deformity reconstruction of external ear: Unilateral	20	138,000	R 2 638,50					
3269	Major congenital deformity reconstruction of external ear: Bilateral	20	242,000	R 4 626,40					
3270	Excision of superficial pre-auricular fistula	20	55,000	R 1 051,20					
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	20	-						
3272	Excision of complicated pre-auricular fistula	20	140,000	R 2 676,30					
5170	Drainage: Haematoma or abscess of external ear	20	34,800	R 665,20					
5173	Biopsy: External ear	20	12,400	R 237,20					
5175	Excision: External ear, partial, simple repair	20	63,500	R 1 214,10					
5176	Excision: External ear, complete	20	66,800	R 1 277,00					
5171	Drainage: Abscess of external auditory canal		21,000	R 401,40					
17.2	External ear canal								
3204	External ear canal: Removal of foreign body: At rooms	20	-						
3205	External ear canal: Removal of foreign body: Under general anaesthetic	20	21,000	R 401,50					
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	20	164,000	R 3 135,20					
3217	Meatus atresia: Congenital	20	277,000	R 5 295,70					
3218	Remove impacted wax (one or both ears) with the use of a microscope (excludes loupe) - not to be used combined with item 3206	20	17,420	R 333,10					
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	20	77,000	R 1 472,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3220	Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with item 3206	20	23,100	R 442,40					
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	20	215,000	R 4 110,40					
3216	Excision: Radical, external auditory canal lesion, without neck dissection				Refer Rule C				
3222	Excision: Radical, external auditory canal lesion, with neck dissection				Refer Rule C				
17.3	Middle ear								
3206	Microscopic examination of tympanic membrane including microsuction	20	8,000	R 153,00					
3207	Myringotomy: Unilateral	20	28,000	R 535,60					
3209	Myringotomy: Bilateral	20	46,000	R 879,50					
3211	Unilateral myringotomy with insertion of ventilation tube	20	38,000	R 726,40					
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	20	57,000	R 1 089,60					
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	20	65,000	R 1 242,90					
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	20	255,000	R 4 875,10					
3237	Exploratory tympanotomy	20	158,900	R 3 037,70					
3242	Fenestration: Revision	20	20,000	R 3 022,10					
3243	Myringoplasty	20	138,000	R 2 638,50					
3245	Functional reconstruction of tympanic membrane	20	277,000	R 5 295,70					
3249	Stapedotomy and stapedectomy	20	277,000	R 5 295,70					
3257	Cortical mastoidectomy	20	188,500	R 3 603,70					
3259	Radical mastoidectomy (excluding minor procedures)	20	277,400	R 5 303,00					
3261	Muscle grafting to mastoid cavity without tympanoplasty	20	180,000	R 3 441,30					
3263	Autogenous bone graft to mastoid cavity	20	180,000	R 3 441,30					
3264	Tympanomastoidectomy	20	375,000	R 7 169,20					
3265	Reconstruction of posterior canal wall, following radical mastoid	20	320,000	R 6 117,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	20	30,000	R 573,10					
5190	Debridement: Mastoidectomy cavity, complex (anaesthesia/more than routine cleaning)		24,100	R 460,70					
5193	Implantation/replacement: Electromagnetic temporal bone conduction hearing device		199,600	R 3 816,30					
5201	Revision: Mastoidectomy resulting in ttoal mastoidectomy		271,500	R 5 190,20					
5202	Revision: Mastoidectomy resulting in modified radical mastoidectomy		278,500	R 5 324,10					
5203	Revision: Mastoidectomy followed by tympanoplasty		287,000	R 5 486,60					
5204	Revision: Mastoidectomy, with apicectomy		346,800	R 6 629,70					
5191	Tympanolysis: Transcanal				Refer Rule C				
5194	Removal/repair: Electromagnetic temporal bone conduction hearing device				Refer Rule C				
17.4	Facial nerve								
17.4.1	Facial nerve: Facial nerve tests								
3223	Percutaneous stimulation of the facial nerve	20	9,000	R 172,10					
3224	Electroneurography (ENOG)	20	75,000	R 1 433,90					
17.4.2	Facial nerve: Facial nerve surgery								
3227	Exploration of facial nerve: Exploration of tympanomastiod segment	20	297,000	R 5 678,00					
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	20	436,000	R 8 335,40					
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	20	436,000	R 8 335,40					
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	20	124,000	R 2 370,50					
17.5	Inner ear								
17.5.1	Inner ear: Audiometry								
2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral	20	50,000	R 955,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	20	88,000	R 1 682,50					
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	20	60,000	R 1 147,20					
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	20	105,000	R 2 007,30					
2695	Audiology 40Hz response: Unilateral	20	30,000	R 573,10					
2696	Audiology 40Hz response: Bilateral	20	53,000	R 1 013,20					
2697	Mid- and long latency auditory evoked potentials: Unilateral	20	30,000	R 573,10					
2698	Mid- and long latency auditory evoked potentials: Bilateral	20	53,000	R 1 013,20					
2699	Electro-cochleography: Unilateral	20	50,000	R 955,80					
2700	Electro-cochleography: Bilateral	20	88,000	R 1 682,50					
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	20	140,000	R 2 676,30					
3248	Otoacoustic emission performed as a screening test	20	33,240	R 635,40	Z				
3250	Otoacoustic emission (high risk patients only)	20	66,480	R 1 271,00					
3273	Pure tone audiometry (air conduction)	20	6,500	R 124,30					
3274	Pure tone audiometry (bone conduction with masking)	20	6,500	R 124,30					
3275	Impedance audiometry (tympanometry)	20	6,500	R 124,30					
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	20	6,500	R 124,30					
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	20	10,000	R 190,90					
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	20	6,500	R 124,30					
17.5.2	Inner ear: Balance tests								
3251	Minimal caloric test (excluding consultation fee)	20	10,000	R 190,90					
3252	Bithermal Halpike caloric test (excluding consultation fee)	20	20,000	R 382,30					
3253	Electro-nystagmography for spontaneous and positional nystagmus	20	25,000	R 478,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3254	Video nystagmoscopy (monocular)	20	25,000	R 478,10					
3255	Caloric test done with electronystamography	20	70,000	R 1 338,20					
3256	Video nystagmoscopy (binocular)	20	50,000	R 955,80					
3258	Otolith repositioning manoeuvre	20	14,000	R 267,50					
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	20	71,480	R 1 366,50	Z				
5210	Nystagmus test: Spontaneous, including gaze and fixation nystagmus (report included)		10,200	R 195,00					
5211	Nystagmus test: Positional, minimum of 4 positions (report included)		9,100	R 174,10					
5212	Caloric vestibular test: Each irrigation (report included)		3,200	R 61,10					
5213	Nystagmus test: Optokinetic bidirectional, foveal or peripheral stimulation (report included)		7,200	R 137,70					
5216	Posturography: Dynamic, computerised		25,100	R 479,90					
5214	Oscillating tracking test (report included)				Refer Rule C				
5215	Rotational testing: Sinusoidal vertical axis				Refer Rule C				
17.5.3	Middle and Inner Ear Surgery								
3233	Labyrinthectomy via the middle ear or mastoid	20	277,000	R 5 295,70					
3240	Endolymphatic sac surgery	20	277,000	R 5 295,70					
3244	Fenestration and occulasion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	20	310,000	R 5 926,40					
3246	Cochlear implant surgery	20	340,500	R 6 509,60					
5196	Inplantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, without mastoidectomy	20	212,300	R 4 059,10					
5197	Inplantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, with mastoidectomy	20	269,000	R 5 142,00					
5199	Revision: Stapedectomy or stapedotomy	20	251,900	R 4 816,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3241	Fenestration: Semicircular canal				Refer Rule C				
17.6	Microsurgery of the skull base								
17.6.1	Microsurgery of the skull base: Middel fossa approach (i.e transtemporal or supralabyrinthine)								
3229	Facial nerve: Exploration of the labyrinthine segment	20	420,000	R 8 029,30					
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	20	510,000	R 9 750,00					
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	20	620,000	R 11 853,00					
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	20	530,000	R 10 132,40					
17.6.2	Microsurgery of the skull base: Translabyrinthe approach								
3239	Acoustic neuroma removal translabyrinthine	20	660,000	R 12 617,80					
5227	Cochleo-vestibular neurectomy	20	530,000	R 10 132,40					
5228	Nerve section: Vestibular, transcranial approach (approach 1): Graft harvesting not included		458,500	R 8 765,50					
17.6.3	Microsurgery of the skull base: Transotic approach to the cerebellopontime angle								
17.6.4	Microsurgery of the skull base: Intratemporal fossa approach type A								
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours	20	710,000	R 13 573,50					
17.6.5	Microsurgery of the skull base: Intratemporal fossa approach type B								
5238	Removal of tumour of the petrous apex	20	620,000	R 11 853,00					
17.6.6	Microsurgery of the skull base: Intrafemoral approach type C								
5242	Removal of nasopharyngeal angiofibroma or carcinoma	20	520,000	R 9 941,30					
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	20	520,000	R 9 941,30					
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy								

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5246	Subtotal petrosectomy for removal of temporal bone tumour	20	600,000	R 11 470,60					
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	20	480,000	R 9 176,50					
17.6.8	Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa								
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	20	520,000	R 9 941,30					
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	20	600,000	R 11 470,60					
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	20	660,000	R 12 617,80					
18	**Physical Treatment**								
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)	20	0,750	R 14,10					
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	20	13,500	R 257,90					
3281	Ultrasonic therapy	20	10,000	R 190,90					
3282	Shortwave diathermy	20	10,000	R 190,90					
3284	Sensory nerve conduction studies	20	31,000	R 592,60					
3285	Motor nerve conduction studies	20	26,000	R 497,20					
3287	Spinal joint and ligament injection	20	20,000	R 382,30					
3288	Epidural injection	20	36,000	R 688,30					
3289	Multiple injections: First joint	20	7,500	R 143,40					
3290	Multiple injections: Each additional joint	20	4,500	R 86,00					
3291	Tendon or ligament injection	20	9,000	R 172,10					
3292	Aspiration of joint or inter-articular injection	20	9,000	R 172,10					

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3293	Aspiration or injection of bursa or ganglion	20	9,000	R 172,10					
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)	20	20,000	R 382,30					
3295	Paravertebral root block: Unilateral	20	20,000	R 382,30					
3296	Paravertebral root block: Bilateral	20	30,000	R 573,10					
3297	Manipulation of spine performed by a specialist in Physical Medicine	20	14,000	R 267,50					
3298	Spinal traction	20	6,000	R 115,00					
3299	Manipulation of large joints: Under general anaesthesia	20	14,000	R 267,50					
3299a	Manipulation of large joints: Under general anaesthesia	20	14,000	R 267,50					
3300	Manipulation of large joints: Without anaesthetic	20	-						
3301	Muscle fatigue studies	20	20,000	R 382,30					
3302	Strength duration curve per session	20	10,500	R 200,70					
3303	Electromyography	20	75,000	R 1 433,90					
3304	All other physical treatments carried out: Complete physical treatment: Specify treatment (For subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only, is applicable: See general rules L and M)	20	10,000	R 190,90					
	SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT								
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								
5431	Physical status modifier: Normal health patient, ASA 1: Add 0.00 anaesthetic units								
5432	Physical status modifier: A patient with mild systemic disease, ASA 2: Add 0,00 anaesthetic units								
5436	Physical status modifier: A declared brain-dead patient whose organs are being removed for donor purposes ASA 6: Add 0,00 anaesthetic units								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
19	**Radiology**								
	Please note: The calculated amounts in this section (except for sections 19.9 and 19.11) are calculated according to the radiology unit values								
	RULES GOVERNING THE SECTION RADIOLOGY								
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								
Z.	No fee is subject to more than one reduction								
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								
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No ""038"") or nuclear medicine practices (Pr No ""025""), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No “”038””) and nuclear medicine practices (Pr No “”025””).								
	MODIFIERS GOVERNING THE SECTION								
0080	Multiple examinations: Full Fee								
0081	Repeat examinations: No reduction								
0082	Plus “+” Means that this item is complementary to a preceding item and is therefore not subject to reduction. The procedures marked with "+" must not be added to the units for the definitive item and must appear on a separate line on the account.								
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								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
0084	Charging for films and thermal paper by non-radiologist: 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)								
19.1	Skeleton								
19.1.1	Skeleton: Limbs								
3305	Finger, toe								
3309	Smith-Petersen or equivalent control, in theatre								
3311	Stress studies, e.g, joint								
3313	Full length study, both legs								
3315	Skeletal survey under 5 years		19,900	R 539,00					
3317	Skeletal survey over 5 years								
3319	Arthrography per joint								
3320	Introduction of contrast medium or air: ADD								
6500	Hand								
6501	Wrist (specify region)								
6503	Scaphoid								
6504	Radius and ulna								
6505	Elbow								
6506	Humerus								
6507	Shoulder								
6508	Acromio-Clavicula joint								
6509	Clavicle								
6510	Scapula								
6511	Foot								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6512	Ankle								
6513	Calcaneus								
6514	Tibia and fibula								
6515	Knee								
6516	Patella								
6517	Femur								
6518	Hip								
6519	Sesamoid Bone								
19.1.2	Skeleton: Spinal column								
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic								
3325	Stress studies								
3329	Scoliosis studies								
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)								
3333	Myelography: Lumbar								
3334	Myelography: Thoracic								
3335	Myelography: Cervical								
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)								
3344	Introduction of contrast medium								
3345	Discography								
3347	Introduction of contrast medium per disc level: ADD								
19.1.3	Skeleton: Skull								
3349	Skull studies								
3351	Paranasal sinuses								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3353	Facial bones and/or orbits								
3355	Mandible								
3357	Nasal bone								
3359	Mastoid: Bilateral								
3361	Teeth: One quadrant								
3363	Teeth: Two quadrants								
3365	Teeth: Full mouth								
3366	Teeth: Rotation tomography of the teeth and jaws								
3367	Teeth: Tempero-mandibular joints: Per side								
3369	Teeth: Tomography: Per side								
3371	Localisation of foreign body in the eye								
3381	Ventriculography								
3385	Post-nasal studies: Lateral neck								
3387	Maxillo-facial cephalometry								
3389	Dacrocystography								
3391	For introduction of contrast medium: ADD								
19.2	Alimentary tract								
3393	Bowel washout: ADD								
3395	Sialography (plus 80% for each additional gland)								
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)		11,000	R 297,70					
3399	Pharynx and oesophagus								
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through								
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3409	Barium enema (control film of abdomen included)								
3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included								
3416	Pancreas: ERCP hospital equipment: Choledogram and/or pancreatography screening included								
	Note: For items 3415 and 3416: Endoscopy (see item 1778)								
3417	Gastric/oesophageal/duodenal intubation control								
3419	Gastric/oesophageal intubation insertion of tube: ADD		5,600	R 151,50					
3421	Duodenal intubation: Insertion of tube: ADD								
19.3	Biliary tract								
3425	Oral cholecystography								
3427	Cholangiography: Intravenous								
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre								
3433	Post operative: T-tube								
3435	Introduction of contrast medium: ADD								
3437	Trans hepatic, percutaneous								
3439	Introduction of contrast medium: ADD								
3441	Tomography of biliary tract: ADD								
19.4	Chest								
3443	Larynx (Tomography included)								
3445	Chest (item 3601 included)								
3447	Chest and cardiac studies (item 3601)								
3449	Ribs								
3451	Sternum or sterno-clavicular joints								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3453	Bronchography: Unilateral								
3455	Bronchography: Bilateral								
3461	Pleurography								
3465	Laryngography								
3467	For introduction of contrast medium: ADD								
3468	Thoracic inlet								
19.5	Abdomen								
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)								
3479	Acute abdomen or equivalent studies								
19.6	Urinary tract								
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)		25,100	R 679,80					
3493	Waterload test: ADD								
3497	Cystography only or urethrography only (retrograde)								
3499	Cysto-urethrography: Retrograde								
3503	Cysto-urethrography: Introduction of contrast medium								
3505	Retrograde-prograde pyelography								
3511	Aspiration renal cyst								
19.7	Gynaecology and obstetrics								
3515	Pregnancy								
3517	Pelvimetry								
3519	Hystero-salpingography								
3521	Introduction of contrast medium: ADD								
19.8	Vascular studies								

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Practice Type: **Paedicatrics Management Group (PMG)**

TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii. All fluoroscopy (item 3601 does not apply). iv. All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. 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 will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								
	MODIFIER GOVERNING VASCULAR STUDIES								
0086	Vascular groups: “Film series” and “Introduction of Contrast Media” are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations								
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)								
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)								
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								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6305	When multiple catheterisation procedures are used (items 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								
19.8.1	Vascular studies: Film Series								
	Note: In the case of selective catheterisation of a branch of the aorta, the fee for catheterisation of the aorta is not added.								
3545	Venography: Per limb								
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)								
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram		48,600	R 1 316,30					
3558	Translumbar aortic puncture, with full study								
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram		57,000	R 1 544,00					
3560	Selective second order catheterisation, arterial or venous, with angiogram/ venogram								
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram								
3564	Direct femoral arterial or venous or jugular venous puncture								
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or anteriovenous malformation (AVM)								
3569	Intravascular pressure studies, arterial or venous, once off per case								
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)								
3572	Transcatheter selective blood sampling, arterial or venous								
3574	Spinal angiogram (global fee) including all selective catheterisations								
19.8.2	Vascular studies: Introduction of contrast medium								
3563	Direct intravenous for limb								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3575	Cut-downs for venography: ADD								
19.9	Tomography and cinematography								
	Please note: The calculated amounts in this section are calculated according to the computed tomography unit values								
19.9.1	Tomography and cinematography: Computed Tomography								
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour								
6403	CT limb uncontrasted								
6404	CT limb with contrast only								
6405	CT limb pre- AND post contrast								
6406	CT joint uncontrasted								
6407	CT joint with contrast only								
6408	CT joint pre AND post contrast								
6409	CT brain uncontrasted (including posterior fossa)								
6410	CT brain with contrast only (including posterior fossa)								
6411	CT brain pre AND post contrast (including posterior fossa)								
6412	CT orbits complete study, axial OR coronal, uncontrasted								
6413	CT orbits complete study, axial AND coronal, uncontrasted								
6414	CT orbits complete study, axial OR coronal pre AND post contrast								
6415	CT orbits complete study, axial AND coronal pre AND post contrast								
6416	CT paranasal sinuses limited study axial OR coronal								
6417	CT paranasal sinuses limited study axial AND coronal								
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted								
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted								
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast								
6422	CT pituitary fossa, uncontrasted								
6423	CT pituitary fossa, pre AND post contrast								
6424	CT internal auditory meati, uncontrasted								
6425	CT internal audiory meati, pre AND post contrast								
6426	CT mastoids								
6427	CT ear structures, limited study								
6428	CT middle AND inner ear, complete study including reconstructions								
6429	CT facial bones								
6430	CT neck soft tissue, uncontrasted								
6431	CT neck soft tissue with contrast only								
6432	CT neck pre AND post contrast								
6433	CT cervical spine uncontrasted								
6434	CT cervical spine pre AND post contrast								
6435	CT cervical spine post myelogram								
6436	CT dorsal spine uncontrasted								
6437	CT dorsal spine pre AND post contrast								
6438	CT dorsal spine post myelogram								
6439	CT lumbar spine uncontrasted								
6440	CT lumbar spine pre AND post contrast								
6441	CT lumbar spine post myelogram								
6442	CT pelvimetry (topogram only)								
6443	CT chest uncontrasted								
6444	CT chest with contrast								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6445	CT chest pre AND post contrast								
6446	CT chest high resolution lungs, limited study								
6447	CT high resolution lungs, complete study								
6448	CT abdomen uncontrasted								
6449	CT abdomen with contrast								
6450	CT abdomen pre AND post contrast								
6451	CT abdomen triphasic study								
6452	CT pelvis uncontrasted								
6453	CT pelvis with contrast								
6454	CT pelvis pre AND post contrast								
6455	CT abdomen AND pelvis uncontrasted								
6456	CT abdomen AND pelvis with contrast								
6457	CT abdomen AND pelvis pre AND post contrast								
6458	CT chest, abdomen AND pelvis with contrast								
6459	CT base of skull to symphysis pubis with contrast								
6460	CT for dental implants maxilla OR mandible								
6461	CT for dental implants maxilla AND mandible								
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)								
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)								
6464	CT limited study, any region. Region to be identified on the account								
6465	CT guidance for aspiration, biopsy or drainage								
6467	CT stereotactic localisation for biopsy								
6470	Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast								
19.10	Radiology: Miscellaneous								
3594	Mammogram of surgically removed breast biopsy specimen								
3600	Peripheral bone densitometry utilizing ionizing radiation	40	13,000	R 352,20					
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)								
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD								
3603	Sinography								
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	40	77,000	R 2 085,00					
3605	Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used								
3606	Repeat mammography, unilateral or bilateral, for localisation of tumour								
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 or examination performed (Only to be used by radiological technical staff)								
3608	Repeat mammography procedure with minimally invasive breast biopsy, core biopsy or fine needle aspiration biopsy utilising dedicated stereotactic equipment with patient in erect or prone position								
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done								
3611	Foreign body localisation: Introduction of sterile needle markers: ADD								
3613	Setting of sterile trays								
5029	Mammotome - stereotaxis: Hand held								
5034	Fine needle aspiration or biopsy or core biopsy of mamma								
5027	Downloading and perusal of digital radiological images			R 0,00					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
19.10.2	Radiology: Miscellaneous: Mammography								
19.11	Ultrasound investigations								
	Please note: The calculated amounts in this section are calculated according to the ultrasound unit values								
	Note: See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.								
3596	Intravascular ultrasound per case, arterial or venous, for intervention	60	30,000	R 546,80					
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	60	110,000	R 2 004,30					
3612	Ultrasonic bone densitometry	60	19,000	R 346,20					
3614	Transvaginal aspiration of ova	60	110,000	R 2 004,30					
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	60	50,000	R 911,00					
3616	Contrast media: General Rule Y applies								
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	60	50,000	R 911,00					
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	60	40,000	R 729,00					
3619	Intravascular ultrasound imaging assesses the atheroschlerotic 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	60	30,000	R 546,80					
3620	Cardiac examination plus Doppler colour mapping	60	50,000	R 911,00					
3621	Cardiac examination (MMode)	60	25,000	R 455,60					
3622	Cardiac examination: 2 Dimensional	60	50,000	R 911,00					
3623	Cardiac examination + effort	60	10,000	R 182,30					
3624	Cardiac examinations + contrast	60	10,000	R 182,30					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3625	Cardiac examinations + doppler	60	50,000	R 911,00					
3626	Cardiac examination + phonocardiography	60	10,000	R 182,30					
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)	60	60,000	R 1 093,30					
3628	Renal tract	60	50,000	R 911,00					
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	60	50,000	R 911,00					
3631	Ophthalmic examination	60	50,000	R 911,00					
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	60	50,000	R 911,00					
3633	Neonatal head scan	60	50,000	R 911,00					
3634	Peripheral vascular study, B mode only	60	39,000	R 710,80					
3635	+ Doppler	60	39,000	R 710,80					
3636	Trans-oesophageal echocardiography including passing the device	60	100,000	R 1 822,30					
3637	+ Colour Doppler (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)	60	78,000	R 1 421,10					
5026	Ultrasound guided amniocentesis	60	39,000	R 710,80					
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	60	50,000	R 911,00					
5101	Pleural space ultrasound	60	50,000	R 911,00					
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	60	50,000	R 911,00					
5103	Ultrasound soft tissue, any region	60	50,000	R 911,00					
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy	60	25,000	R 455,60					
5107	Ultrasound after 24 weeks - motivation required	60	25,000	R 455,60					
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	60	50,000	R 911,00					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	60	128,000	R 2 332,30					
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 or 5114)	60	206,000	R 3 753,60					
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	60	117,000	R 2 132,00					
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	60	117,000	R 2 132,00					
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, bilaterally	60	178,000	R 3 243,60					
5115	Intra-operative ultrasound study	60	50,000	R 911,00					
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	60	88,000	R 1 603,60					
5118	Diagnostic intravascular ultrasound imaging or wave wire imaging (with accompanying angioplasty or accompanying intravascular ultrasound imaging or wave wire mapping in a different coronary artery [LAD (left anterior desending), Circumflex or Right coronary artery]). May be used a maximum of twice per angiographic procedure	60	44,000	R 801,90					
	MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS								
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units								
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	60	6,000	R 109,30					
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY								
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								
19.12	Portable unit examinations								
3639	Where portable X-ray unit is used in the hospital or theatre: ADD		7,000	R 189,60					
3640	Theatre investigations with fixed installation								
19.13	Diagnostic procedures requiring the use of radio-isotopes								
AA.	Procedures to exclude cost of isotope								
3641	Tracer test	40	33,200	R 899,40					
3642	Repeat of further tracer tests for same investigation: Half of above fee	40	16,600	R 449,50					
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee								
3644	Tracer test of complete body or brain tumour location	40	82,200	R 2 226,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3645	Other organ scanning with use of relevant radio isotopes	40	82,200	R 2 226,10					
3646	Thyroid scanning	40	28,800	R 780,20					
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera								
6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera								
19.14	Interventional radiological procedures								
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii. All fluoroscopy (item 3601 does not apply). iv. All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. 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 will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								
	Note: In regard to multiple examinations see modifier 0080								
5002	Percutaneous transluminal angioplasty: Aortic/IVC								
5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/ subclavian vessel								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial								
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial								
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic								
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - stand alone procedure								
5014	Atherectomy (per vessel)								
5016	Aspiration thrombectomy (per vessel)								
5017	Endoscopic ultrasound: Colon		79,900	R 1 527,20					
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite								
5019	Endoscopic ultrasound: Colon, with aspiration or biopsy		100,700	R 1 924,90					
5021	Proctosigmoidoscopy with endoscopic ultrasound examination		41,900	R 800,80					
5022	Embolisation non-intracranial, per vessel								
5023	Proctosigmoidoscopy with endoscopic ultrasound examination, with ultrasound-guided aspiration and/or biopsy		64,100	R 1 225,20					
5024	Endoscopic ultrasound: Oesophagus		50,900	R 972,90					
5025	Endoscopic ultrasound: Oesophagus with aspiration or biopsy		70,200	R 1 341,90					
5030	Percutaneous nephrostomy for further procedure or drainage								
5031	Antegrade ureteric stent insertion								
5033	Percutaneous cystostomy in radiology suite								
5035	Urethral balloon dilatation in radiology suite								
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality								
5037	Urethral stenting in radiology suite								
5038	Intracranial/spinal AVM embolisation (per session)								
5039	Intracranial thrombolysis (on-table) per session								

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5040	Intracranial aneurysm occlusion								
5041	Balloon occlusion/Wada test								
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation								
5043	Intracranial angioplasty								
5044	Transhepatic portogram								
5045	Hepatic arterial infusion catheter insertion								
5046	Percutaneous biliary drainage (external)								
5047	Combined internal/external biliary drainage								
5048	Biliary stent insertion								
5049	Percutaneous gall bladder drainage								
5050	Percutaneous or renal gall bladder stone removal								
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)								
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)								
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)								
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)								
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)								
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - stand alone procedure								
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)								
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite		82,200	R 2 226,40					
5074	IVC filter insertion jugular or femoral route								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5076	Intravascular foreign body removal, arterial or venous, any route								
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)								
5080	Transjugular intrahepatic porto-systemic shunt								
5082	Transjugular liver biopsy								
5084	Endoluminal fallopian tube recanalisation								
5086	Renal cyst aspiration/ablation								
5088	Oesophageal stent insertion in radiology suite								
5090	Tracheal stent insertion								
5091	GIT balloon dilatation under fluoroscopy								
5092	Other GIT stent insertion								
5093	Percutaneous gastrostomy in radiology suite		85,800	R 2 323,90					
5094	Cutting needle biopsy with image guidance								
5095	Chest drain insertion in radiology suite		32,400	R 877,60					
5096	Percutaneous cyst or tumour ablation (non aspiration)								
5955	3D Echocardiography for congenital cardiac abnormality: Transthoracic, Volumetric and functional evaluation - PROFESSIONAL COMPONENT		61,900	R 1 183,20					
5956	3D Echocardiography for congenital abnormality: Trans-oesophageal - PROFESSIONAL COMPONENT		84,000	R 1 605,60					
5972	Stent placement right ventricular outflow tract, branch pulmonary artery, coarctation of the aorta, collateral vessel (incl. MAPCA), venous system (IVC, SVC, systemic vein or patent ductus arteriosus): First vessel		132,520	R 2 532,80					
5973	Stent placement right ventricular outflow tract, branch pulmonary artery, coarctation of the aorta, collateral vessel (incl. MAPCA) or venous system (IVC, SVC, systemic vein or patent ductus arteriosus): Subsequent vessels (per vessel)		81,490	R 1 557,80					
5974	Stent placement,branch pulmonary artery: First vessel		132,520	R 2 532,80					
5975	Stent placement, branch pulmonary artery: Subsequent vessels (per vessel)		76,980	R 1 471,30					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5976	Stent placement coarctation of the aorta		132,520	R 2 532,80					
5980	Stent patent ductus arteriosus and interatrial communication		132,520	R 2 532,80					
5981	Percutaneous stent placement in systemic to pulmonary shunt (e.g. Blalock-Taussig/Sano)		132,520	R 2 532,80					
5985	ASD/PFO/Interatrial communication closure percutaneous, device placement		310,800	R 5 940,50					
5986	VSD closure, percutaneous, device placement		412,400	R 7 882,70					
5987	PFO closure with device		310,800	R 5 940,50					
5989	PDA closure-coil or ductal device		276,500	R 5 284,90					
5990	Closure, arterio-venous shunt (incl. Blalock, Sano) any method		276,500	R 5 284,90					
5991	Transcatheter occlusion or embolisation any method, non-central nervous system, non-head or neck		276,500	R 5 284,90					
5992	Closure interatrial communication (Fontan fenestration etc)		310,800	R 5 940,50					
5995	Rapid right ventricular pacing for percutaneous procedure		51,000	R 974,80					
5996	Removal of embolised device/materials		80,600	R 1 540,60					
5998	Biopsy: Endomyocardial		236,100	R 4 512,70					
6000	Actigraphy: Patient monitored for a minimum of 72 hours (includes equipment fee and interpretation)		47,300	R 904,10					
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level								
5098	Endoscopic ultrasound: Upper gastro-intestinal tract. Includes oesophagus, stomach, duodenum and/or jejunum, as appropriate		81,400	R 1 555,90					
5099	Endoscopic ultrasound: Upper gastro-intestinal tract. Includes oesophagus, stomach, duodenum and/or jejunum, as appropriate, with ultrasound-guided aspiration and/or biopsy		113,800	R 2 175,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES								
0090	Doctor's remuneration 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 hands-on, and not for interpretation of images only)								
19.15	Magnetic Resonance Imaging (MRI)								
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a “flow sensitive series”								
	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.								
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.								
6200	Magnetic Resonance Imaging: Per anatomical region: Brain								
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae								
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses								
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull								
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint								
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck								
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid								
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)								
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)								
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae								
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae								
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae								
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum								
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis								
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs								
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen								
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall								
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum								
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back								
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder								
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder								
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips								
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip								
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip								
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm								
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm								
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow								
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm								
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm								
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand								
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand								
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg								
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg								
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee								
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee								
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg								
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg								
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle								
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle								
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot								
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot								
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain								
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck								
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest								
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen								
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs								
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
6270	Low field strength peripheral joint magnetic resonance imaging: Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine or head examinations								
20	**Radiation Oncology**								
	GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST								
	(a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services. (b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment.								
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								
	Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values								
20.1	Kilovolt therapy								
20.2	Radium therapy								
20.3	Isotope therapy								
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope								
20.4	Megavolt therapy								
20.5	Beta-ray therapy with strontium-90-applicator								
20.6	Planning of therapy								
20.7	Technical aids								
5141	Radiation materials (see modifier 0095)								
20.8	Oncological surgical procedures								
20.9	Special procedures								
20.10	Chemotherapy								

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
	Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient.								
	Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities								
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy)	20	42,950	R 820,90	Z				
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	20	24,490	R 468,30	Z				
5792	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	20	30,610	R 585,40	Z				
	Non-infusional chemotherapy: Consultations are charged separately.								

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	Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately.								
5793	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)	20	159,470	R 3 048,50	Z				
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	20	90,030	R 1 721,40	Z				
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. 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	20	112,540	R 2 151,40	Z				
	Item 5795 is chargeable in addition to item 5793 by the Oncologist who owns or rents the chemotherapy facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (only to be added to item 5793 if own or rented facility is used).								
20.11	Radiation Therapy Planning								
20.11.1	Manual Radiotherapy Planning Procedures								
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	50	42,560	R 988,90	Z				

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5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest -TECHNICAL COMPONENT	50	99,320	R 2 307,60	Z				
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	56,180	R 1 305,30	Z				
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	131,100	R 3 046,00	Z				
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	50	76,620	R 1 780,20	Z				
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	50	178,770	R 4 153,50	Z				
20.11.2	Conventional Radiotherapy Planning Procedures								
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	50	170,260	R 3 955,70	Z				
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	50	397,270	R 9 230,10	Z				
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	238,360	R 5 537,70	Z				
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	556,180	R 12 922,20	Z				
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	50	297,950	R 6 922,30	Z				
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	50	695,220	R 16 152,80	Z				
20.11.3	Three Dimensional Radiotherapy Planning Procedures								
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	240,230	R 5 581,30	Z				
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)	50	977,200	R 22 704,00	Z				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
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)	50	407,750	R 9 473,50	Z				
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)	50	1368,070	R 31 785,60	Z				
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	554,330	R 12 879,20	Z				
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	1710,090	R 39 731,70	Z				
20.11.4	Intensity Modulated Radiotherapy Planning Procedures								
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	642,920	R 14 937,60	Z				
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	1916,810	R 44 534,60	Z				
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)	50	232,180	R 5 394,60	Z				
5625	Intensity Modulated Radiotherapy 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)	50	958,400	R 22 267,50	Z				
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)	50	753,350	R 17 503,30	Z				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	2174,480	R 50 521,50	Z				
20.11.5	Kilovolt Radiation Treatment								
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	50	49,080	R 1 140,30	Z				
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	50	114,520	R 2 661,00	Z				
20.11.6	Short Course Radiation Treatment								
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	50	105,740	R 2 456,60	Z				
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	50	246,730	R 5 732,50	Z				
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	148,040	R 3 439,80	Z				
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	345,410	R 8 025,20	Z				
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	50	190,330	R 4 421,80	Z				
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	50	444,110	R 10 318,30	Z				
20.11.7	Weekly Radiation Treatment Sessions								
20.11.7.1	Weekly Radiation Treatment Sessions - Conventional Techniques								
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	50	193,860	R 4 504,30	Z				
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	50	452,330	R 10 509,20	Z				

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5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	246,730	R 5 732,50	Z				
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	575,690	R 13 375,40	Z				
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	50	317,220	R 7 370,30	Z				
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	50	740,180	R 17 197,20	Z				
20.11.7.2	Weekly Radiation Treatment Sessions - Advanced Techniques								
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT	50	236,240	R 5 488,90	Z				
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	50	551,210	R 12 806,70	Z				
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	330,730	R 7 684,10	Z				
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	771,710	R 17 929,90	Z				
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	50	425,230	R 9 879,80	Z				
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	50	992,190	R 23 052,10	Z				
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	50	348,870	R 8 105,70	Z				
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	50	814,030	R 18 913,10	Z				
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	50	826,830	R 19 210,40	Z				

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5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	50	1929,260	R 44 824,10	Z				
20.11.8	Stereotactic Radiation								
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	50	3719,340	R 86 414,30	Z				
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	50	8678,460	R 201 633,50	Z				
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	50	4277,240	R 99 376,30	Z				
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	50	9980,230	R 231 878,20	Z				
20.12	Brachytherapy								
20.12.1	Isotope/Applicator Therapy								
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included	50	108,400	R 2 518,60	Z				
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included	50	216,800	R 5 037,40	Z				
5873	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	50	601,160	R 13 967,20	Z				
20.12.2	Brachytherapy Implants								
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included	50	216,800	R 5 037,40	Z				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
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	50	786,800	R 18 280,20	Z				
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	50	1049,070	R 24 373,80	Z				
20.12.3	Brachytherapy Treatment								
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included	50	613,040	R 14 243,30	Z				
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	50	415,960	R 9 664,20	Z				
5893	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	50	970,560	R 22 549,80	Z				
20.12.4	Brachytherapy Imaging								
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885	50	156,770	R 3 642,40	Z				
21	**Clinical Pathology**								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee								
	Please note: The calculated amounts in this section are calculated according to the clinical pathology unit values.								

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	Note: For fees for Histology and Cytology refer to items 4561-4593 under Section 22: Anatomical Pathology.								
21.1	Haematology								
3705	Alkali resistant haemoglobin	80	4,500	R 99,30					
3709	Antiglobulin test (Coombs' or trypsinzied red cells)	80	3,650	R 80,60					
3710	Antibody titration	80	7,200	R 158,90					
3712	Antibody identification	80	8,450	R 186,60					
3713	Bleeding time (does not include the cost of the simplate device)	80	6,940	R 153,40					
3714	Blood volume, dye method	80	7,200	R 158,90					
3715	Buffy layer examination	80	19,900	R 439,80					
3716	Mean Cell Volume	80	2,250	R 49,80					
3717	Bone marrow cytological examination only	80	19,900	R 439,80					
3719	Bone marrow: Aspiration	80	8,400	R 185,60					
3720	Bone marrow trephine biopsy	80	32,600	R 720,70					
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	80	36,800	R 813,40					
3722	Capillary fragility: Hess	80	2,020	R 44,50					
3723	Circulating anticoagulants	80	5,850	R 129,20					
3724	Coagulation factor inhibitor assay	80	57,560	R 1 272,00					
3726	Activated protein C resistance	80	26,000	R 574,70					
3727	Coagulation time	80	3,160	R 69,80					
3728	Anti-factor Xa Activity	80	53,600	R 1 184,40					
3729	Cold agglutinins	80	3,600	R 79,60					
3730	Protein S: Functional	80	37,500	R 828,70					
3731	Compatibility for blood transfusion	80	3,600	R 79,60					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3732	Cryoglobulin	80	3,600	R 79,60					
3734	Protein C (chromogenic)	80	30,290	R 669,40					
3735	Anti-thrombin III (chromogenic)	80	22,000	R 486,20					
3736	Plasminogen (chromogenic)	80	61,650	R 1 362,70					
3737	Lupus Russel Viper method	80	17,000	R 375,60					
3738	Lupus Kaolin Exner method	80	25,000	R 552,50					
3739	Erythrocyte count	80	2,250	R 49,80					
3740	Factors V and VII: Qualitative	80	7,200	R 158,90					
3741	Coagulation factor assay: Functional	80	9,450	R 208,80					
3743	Erythrocyte sedimentation rate	80	3,000	R 66,30					
3744	Fibrin stabilizing factor (urea test)	80	4,500	R 99,30					
3746	Fibrin monomers	80	2,700	R 59,70					
3748	Plasminogen activator inhibitor (PAI-I)	80	65,950	R 1 457,50					
3750	Tissue plasminogen Activator (tPA)	80	67,790	R 1 498,30					
3753	Osmotic fragility (before and after incubation)	80	18,000	R 398,00					
3754	ABO Reverse Group	80	3,600	R 79,60					
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	80	10,500	R 232,10					
3756	Full cross match	80	7,200	R 158,90					
3757	Coagulation factors: Quantitative	80	32,200	R 711,50					
3758	Factor VIII related antigen	80	60,460	R 1 336,30					
3759	Coagulation factor correction study	80	11,720	R 259,10					
3761	Factor XIII related antigen	80	61,110	R 1 350,50					
3762	Haemoglobin estimation	80	1,800	R 39,60					
3763	Contact activated product assay	80	16,200	R 357,90					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3764	Grouping: A B and O antigens	80	3,600	R 79,60					
3765	Grouping: Rh antigen	80	3,600	R 79,60					
3766	PIVKA	80	43,490	R 961,20					
3767	Euglobulin Lysis time	80	25,580	R 565,40					
3768	Haemoglobin A2 (column chromatography)	80	15,000	R 331,40					
3769	Haemoglobin electrophoresis	80	26,820	R 592,60					
3770	Haemoglobin-S (solubility test)	80	3,600	R 79,60					
3772	Haptoglobin: Quantitative	80	9,450	R 208,80					
3773	Ham's acidified serum test	80	8,000	R 176,90					
3775	Heinz bodies	80	2,250	R 49,80					
3776	Haemosiderin in urinary sediment	80	2,250	R 49,80					
3783	Leucocyte differential count	80	6,200	R 137,30					
3785	Leucocytes: Total count	80	1,800	R 39,60					
3786	QBC malaria concentration and fluorescent staining	80	25,000	R 552,50					
3787	LE-cells	80	8,300	R 183,40					
3789	Neutrophil alkaline phosphatase	80	28,000	R 618,70					
3791	Packed cell volume: Haematocrit	80	1,800	R 39,60					
3792	Plasmodium falciparum: Monoclonal immunological identification	80	9,000	R 199,10					
3793	Plasma haemoglobin	80	6,750	R 149,20					
3794	Platelet sensitivities	80	18,640	R 411,90					
3795	Platelet aggregation per aggregant	80	12,140	R 268,40					
3797	Platelet count	80	2,250	R 49,80					
3799	Platelet adhesiveness	80	4,500	R 99,30					
3801	Prothrombin consumption	80	5,850	R 129,20					

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3803	Prothrombin determination (two stages)	80	5,850	R 129,20					
3805	Prothrombin index	80	6,000	R 132,40					
3806	Therapeutic drug level: Dosage	80	4,500	R 99,30					
3809	Reticulocyte count	80	3,000	R 66,30					
3810	Schumm's test	80	3,600	R 79,60					
3811	Sickling test	80	2,250	R 49,80					
3814	Sucrose lysis test for PNH	80	3,600	R 79,60					
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	80	21,100	R 466,40					
3820	Thrombo - Elastogram	80	26,000	R 574,70					
3825	Fibrinogen titre	80	3,600	R 79,60					
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	80	8,000	R 176,90					
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	80	16,000	R 353,70					
3832	Red cell pyruvate kinase: Quantitative	80	16,000	R 353,70					
3834	Red cell Rhesus phenotype	80	9,900	R 218,60					
3835	Haemoglobin F in blood smear	80	5,850	R 129,20					
3837	Partial thromboplastin time	80	5,850	R 129,20					
3841	Thrombin time (screen)	80	7,160	R 158,10					
3843	Thrombin time (serial)	80	7,650	R 169,00					
3847	Haemoglobin H	80	2,250	R 49,80					
3851	Fibrin degeneration products (diffusion plate)	80	10,350	R 228,80					
3853	Fibrin degeneration products (latex slide)	80	4,500	R 99,30					
3854	XDP (Dimer test or equivalent latex slide test)	80	8,500	R 188,00					
3855	Haemagglutination inhibition	80	9,900	R 218,60					
3856	D-Dimer (quantitative)	80	27,520	R 608,40					

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3857	Ristocetin Cofactor	80	35,530	R 785,20					
3858	Heparin removal	80	28,880	R 638,40					
3718	Quantitative reverse transcriptase polymerase chain reaction (QR-PCR) for monitoring minimal residual disease (MRD) in leukaemia patients			R 0,00					
3751	Osmtoic fragility (screen)			R 0,00					
3752	Osmotic fragility test: Quantitative			R 0,00					
3771	Factor III-availability test			R 0,00					
3781	Heparin tolerance			R 0,00					
3796	Platelet antibodies: Agglutination			R 0,00					
3807	Recalcification time			R 0,00					
3828	Soluble urokrinase Plasminogen Activator Receptor (suPAR) ELISA			R 0,00					
4415	Ptoassium			R 0,00					
3711	Arneth count			R 0,00					
21.2	Microscopic and miscellaneous tests								
3863	Autogenous vaccine	80	12,600	R 278,30					
3864	Entomological examination	80	20,700	R 457,60					
3865	Parasites in blood smear	80	5,600	R 123,90					
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	80	4,900	R 108,70					
3868	Fungus identification	80	8,300	R 183,40					
3869	Faeces (including parasites)	80	4,900	R 108,70					
3873	Transmission electron microscopy	80	85,000	R 1 878,60					
3874	Scanning electron microscopy	80	100,000	R 2 209,90					
3875	Inclusion bodies	80	4,500	R 99,30					
3878	Crystal identification polarized light microscopy	80	4,500	R 99,30					

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3879	Campylobacter in stool: Fastidious culture	80	9,900	R 218,60					
3880	Antigen detection with polyclonal antibodies	80	4,500	R 99,30					
3881	Mycobacteria	80	3,000	R 66,30					
3882	Antigen detection with monoclonal antibodies	80	10,800	R 238,50					
3883	Concentration techniques for parasites	80	3,000	R 66,30					
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	80	6,300	R 139,30					
3885	Cytochemical stain	80	5,450	R 120,10					
3872	Automated urine microscopy			R 0,00					
21.3	Bacteriology								
3887	Antibiotic susceptibility test: Per organism	80	8,000	R 176,90					
3888	Adhesive tape preparation	80	2,700	R 59,70					
3889	Clostridium difficile toxin: Monoclonal immunological	80	12,400	R 273,90					
3890	Antibiotic assay of tissues and fluids	80	13,900	R 307,40					
3891	Blood culture: Aerobic	80	5,850	R 129,20					
3892	Blood culture: Anaerobic	80	5,850	R 129,20					
3893	Bacteriological culture: Miscellaneous	80	6,300	R 139,30					
3894	Radiometric blood culture	80	10,800	R 238,50					
3895	Bacteriological culture: Fastidious organisms	80	9,900	R 218,60					
3896	In vivo culture: Bacteria	80	16,000	R 353,70					
3897	In vivo culture: Virus	80	16,000	R 353,70					
3899	Bacterial exotoxin production (in vivo assay)	80	20,700	R 457,60					
3901	Fungal culture	80	4,500	R 99,30					
3902	Clostridium difficile (cytotoxicity neutralisation)	80	30,000	R 663,10					
3903	Antibiotic level: Biological fluids	80	11,700	R 258,30					

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3904	Rotavirus latex slide test	80	5,620	R 124,30					
3905	Identification of virus or rickettsia	80	20,700	R 457,60					
3906	Identification: Chlamydia	80	16,000	R 353,70					
3908	Anaerobe culture: Comprehensive	80	9,900	R 218,60					
3909	Anaerobe culture: Limited procedure	80	4,500	R 99,30					
3911	Beta-lactamase assay	80	4,500	R 99,30					
3914	Sterility control test: Biological method	80	4,500	R 99,30					
3915	Mycobacterium culture	80	4,500	R 99,30					
3916	Radiometric tuberculosis culture	80	10,800	R 238,50					
3918	Mycoplasma culture: Comprehensive	80	9,900	R 218,60					
3919	Identification of mycobacterium	80	9,900	R 218,60					
3920	Mycobacterium: Antibiotic sensitivity	80	9,900	R 218,60					
3921	Antibiotic synergistic study	80	20,700	R 457,60					
3922	Viable cell count	80	1,350	R 29,70					
3923	Biochemical identification of bacterium: Abridged	80	3,150	R 69,70					
3924	Biochemical identification of bacterium: Extended	80	12,500	R 276,30					
3925	Serological identification of bacterium: Abridged	80	3,150	R 69,70					
3926	Serological identification of bacterium: Extended	80	10,200	R 225,40					
3927	Grouping for streptococci	80	7,300	R 161,40					
3928	Antimicrobic substances	80	3,800	R 84,00					
3929	Radiometric mycobacterium identification	80	14,000	R 309,50					
3930	Radiometric mycobacterium antibiotic sensitivity	80	25,000	R 552,50					
3931	Helicobacter: Monoclonal immunological	80	12,400	R 273,90					
4650	Antibiotic MIC per organism per antibiotic	80	8,000	R 176,90					

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4651	Non-radiometric automated blood cultures	80	13,900	R 307,40					
4652	Rapid automated bacterial identification per organism	80	15,000	R 331,40					
4653	Rapid automated antibiotic susceptibility per organism	80	17,000	R 375,60					
4654	Rapid automated MIC per organism per antibiotic	80	17,000	R 375,60					
4655	Mycobacteria: MIC determination - E Test	80	16,500	R 364,50	Z				
4656	Mycobacteria: Identification HPLC	80	35,000	R 773,60	Z				
4657	Mycobacteria: Liquefied, consentrated, fluorochrome stain	80	9,900	R 218,60	Z				
3898	Bacterial extooxin production (in vitro assay)			R 0,00					
3900	Cytomegalovirus (CMV) pp65 antigen detection assay			R 0,00					
3917	Mycoplasma culture: Limited			R 0,00					
21.4	Serology								
3958	Anti Gad/Ia2 Ab	80	67,950	R 1 501,70					
3959	Rose Waaler agglutination test	80	4,500	R 99,30					
3960	Gonococcal, listeria or echinococcus agglutination	80	9,500	R 210,00					
3961	Slide agglutination test	80	2,630	R 58,10					
3963	Serum complement level: Each component	80	3,150	R 69,70					
3965	Anti Ia2 Antibodies	80	36,000	R 795,40					
3966	Anti Gad Antibodies	80	36,000	R 795,40					
3967	Auto-antibody: Sensitized erythrocytes	80	4,500	R 99,30					
3968	Herpes virus typing: Monoclonal immunological	80	20,690	R 457,20					
3969	Western blot technique	80	74,000	R 1 635,60					
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	80	14,100	R 311,70					
3933	IgE: Total: EMIT or ELISA	80	11,700	R 258,30					
3934	Auto antibodies by labelled antibodies	80	16,000	R 353,70					

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3935	Sperm antibodies	80	16,000	R 353,70					
3936	Virus neutralisation test: First antibody	80	75,000	R 1 657,70					
3937	Virus neutralisation test: Each additional antibody	80	15,000	R 331,40					
3938	Precipitation test per antigen	80	4,500	R 99,30					
3939	Agglutination test per antigen	80	5,500	R 121,70					
3940	Haemagglutination test: Per antigen	80	9,900	R 218,60					
3941	Modified Coombs' test for brucellosis	80	4,500	R 99,30					
3942	Hepatitis Rapid Viral Ab	80	12,240	R 270,50					
3943	Antibody titer to bacterial exotoxin	80	3,600	R 79,60					
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	80	12,400	R 273,90					
3945	Complement fixation test	80	5,850	R 129,20					
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	80	14,050	R 310,40					
3947	C-reactive protein	80	10,840	R 239,60					
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	80	12,950	R 286,40					
3949	Qualitative Kahn, VDRL or other flocculation	80	2,250	R 49,80					
3950	Neutrophil phagocytosis	80	25,200	R 557,00					
3951	Quantitative Kahn, VDRL or other flocculation	80	3,600	R 79,60					
3952	Neutrophil chemotaxis	80	67,950	R 1 501,70					
3953	Tube agglutination test	80	4,150	R 91,80					
3955	Paul Bunnell: Presumptive	80	2,250	R 49,80					
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	80	8,500	R 188,00					
3971	Immuno-diffusion test: Per antigen	80	3,150	R 69,70					
3972	Respiratory syncytial virus (ELISA technique)	80	35,000	R 773,60					
3973	Immuno electrophoresis: Per immune serum	80	9,450	R 208,80					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
3974	Polymerase chain reaction	80	75,000	R 1 657,70					
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	80	12,000	R 265,00					
3978	Lymphocyte transformation	80	51,700	R 1 142,60					
3980	Bilharzia Ag Serum/Urine	80	14,500	R 320,60					
3982	Histone Ab	80	16,000	R 353,70					
4600	Anti-CCP	80	17,460	R 386,00	Z				
4601	Panel typing: Antibody detection: Class I	80	36,000	R 795,40					
4602	Panel typing: Antibody detection: Class II	80	44,000	R 972,30					
4603	HLA test for specific locus/antigen - serology	80	27,000	R 596,80					
4604	HLA typing: Class I - serology	80	52,000	R 1 149,20					
4605	HLA typing: Class II - serology	80	52,000	R 1 149,20					
4606	HLA typing: Class I & II - serology	80	90,000	R 1 989,10					
4607	Cross matching T-cells (per tray)	80	18,000	R 398,00					
4608	Cross matching B-cells	80	38,000	R 839,80					
4609	Cross matching T- & B-cells	80	48,000	R 1 060,80					
4610	Helicobacter: Pylori antigen test	80	34,600	R 764,80					
4611	Erythropoietin	80	20,000	R 441,80					
4612	HTLV I/II	80	20,000	R 441,80					
4613	Anti-Gm1 Antibody Assay	80	75,000	R 1 657,70					
4614	HIV Ab - Rapid Test	80	12,000	R 265,00					
3957	Paul Bunnell: Absorption			R 0,00					
3962	Rebuck skin window			R 0,00					
3977	Counter immuno-electrophoresis			R 0,00					
3984	Quantiferon TB assay			R 0,00					

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3986	Anti R7-V			R 0,00					
21.5	Skin tests								
	For skin-prick allergy tests, please refer to items 0218, 0220 and 0221 in Section 2: Integumentary Section								
21.6	Biochemical tests: Blood								
3991	Abnormal pigments: Qualitative	80	4,500	R 99,30					
3993	Abnormal pigments: Quantitative	80	9,000	R 199,10					
3995	Acid phosphate	80	5,180	R 114,50					
3998	Amino acids Quantitative (Post derivatisation HPLC)	80	78,120	R 1 726,70					
3999	Albumin	80	4,800	R 106,10					
4000	Alcohol	80	12,400	R 273,90					
4001	Alkaline phosphatase	80	5,180	R 114,50					
4002	Alkaline phosphatase-iso-enzymes	80	11,700	R 258,30					
4003	Ammonia: Enzymatic	80	7,710	R 170,50					
4004	Ammonia: Monitor	80	4,500	R 99,30					
4005	Alpha-1-antitrypsin: Total	80	7,200	R 158,90					
4006	Amylase	80	5,180	R 114,50					
4007	Arsenic in blood, hair or nails	80	36,250	R 801,30					
4008	Bilirubin - Reflectance	80	4,770	R 105,50					
4009	Bilirubin: Total	80	4,770	R 105,50					
4010	Bilirubin: Conjugated	80	3,620	R 80,00					
4011	Breath Hydrogen Test	80	21,560	R 476,40					
4012	CSF Nicotinic Acid	80	12,420	R 274,50					
4013	CSF Glutamine	80	11,250	R 248,50					

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4014	Cadmium: Atomic absorption	80	18,120	R 400,60					
4016	Calcium: Ionized	80	6,750	R 149,20					
4017	Calcium: Spectrophotometric	80	3,620	R 80,00					
4018	Calcium: Atomic absorption	80	7,250	R 160,40					
4019	Carotene	80	2,250	R 49,80					
4020	Carnitine (Total or free) in biological fluid: Each	80	11,690	R 258,20					
4021	Carnitine (Total or free) in muscle: Each	80	23,380	R 517,10					
4022	Acyl Carnitine	80	23,380	R 517,10					
4023	Chloride	80	2,590	R 57,30					
4025	Chol/HDL/LDL/Trig	80	27,070	R 598,20					
4026	LDL cholesterol (chemical determination)	80	6,900	R 152,50					
4027	Cholesterol total	80	5,340	R 117,90					
4028	HDL cholesterol	80	6,900	R 152,50					
4029	Cholinesterase: Serum or erythrocyte: Each	80	7,480	R 165,10					
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	80	9,000	R 199,10					
4031	Total CO2	80	5,180	R 114,50					
4032	Creatinine	80	3,620	R 80,00					
4033	CSF-Immunoglobulin G	80	9,450	R 208,80					
4034	C1-Esterase Inhibitor	80	9,450	R 208,80					
4035	CSF-Albumin	80	9,450	R 208,80					
4036	CSF-IgG Index	80	22,050	R 487,40					
4038	Glutamic acid	80	29,060	R 642,20					
4040	Homocysteine (random)	80	15,300	R 337,90					
4041	Homocysteine (after Methionine load)	80	18,100	R 400,00					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4042	D-Xylose absorption test: Two hours	80	13,150	R 290,50					
4045	Fibrinogen: Quantitative	80	3,600	R 79,60					
4049	Glucose tolerance test (2 specimens)	80	8,970	R 198,20					
4050	Glucose strip-test with photometric reading	80	1,800	R 39,60					
4051	Galactose	80	11,250	R 248,50					
4052	Glucose tolerance test (3 specimens)	80	13,170	R 291,30					
4053	Glucose tolerance test (4 specimens)	80	17,370	R 383,70					
4057	Glucose: Quantitative	80	3,620	R 80,00					
4061	Glucose tolerance test (5 specimens)	80	21,560	R 476,40					
4062	Galactose-1-phosphate uridyl transferase	80	16,000	R 353,70					
4063	Fructosamine	80	7,200	R 158,90					
4064	HbA1C	80	14,250	R 314,80					
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	80	46,880	R 1 036,00					
4067	Lithium: Flame ionisation	80	5,180	R 114,50					
4068	Lithium: Atomic absorption	80	7,480	R 165,10					
4071	Iron	80	6,750	R 149,20					
4073	Iron-binding capacity	80	7,650	R 169,00					
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day	80	19,100	R 422,00					
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	80	6,750	R 149,20					
4079	Ketones in plasma: Qualitative	80	2,250	R 49,80					
4081	Drug level-biological fluid: Quantitative	80	10,800	R 238,50					
4082	Tacrolimus assay	80	20,100	R 444,30					
4083	Lysosomal enzyme assay	80	36,560	R 808,10					

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4084	Thymidine kinase	80	20,000	R 441,80					
4085	Lipase	80	5,180	R 114,50					
4086	Lactate	80	16,000	R 353,70					
4091	Lipoprotein electrophoresis	80	9,000	R 199,10					
4092	Orosmucoid	80	9,450	R 208,80					
4093	Osmolality: Serum or urine	80	6,750	R 149,20					
4094	Magnesium: Spectrophotometric	80	3,620	R 80,00					
4095	Magnesium: Atomic absorption	80	7,250	R 160,40					
4096	Mercury: Atomic absorption	80	18,120	R 400,60					
4098	Copper: Atomic absorption	80	18,120	R 400,60					
4105	Protein electrophoresis	80	9,000	R 199,10					
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	80	20,000	R 441,80					
4109	Phosphate	80	3,620	R 80,00					
4113	Potassium	80	3,620	R 80,00					
4114	Sodium	80	3,620	R 80,00					
4117	Protein: Total	80	3,110	R 68,40					
4121	pH, pCO2 or pO2: Each	80	6,750	R 149,20					
4123	Pyruvic acid	80	4,500	R 99,30					
4125	Salicylates	80	4,500	R 99,30					
4127	Caeruloplasmin	80	4,500	R 99,30					
4128	Phenylalanine: Quantitative	80	11,250	R 248,50					
4130	Aspartate aminotransferase (AST)	80	5,400	R 119,30					
4131	Alanine aminotransferase (ALT)	80	5,400	R 119,30					
4132	Creatine kinase (CK)	80	5,400	R 119,30					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4133	Lactate dehidrogenase (LD)	80	5,400	R 119,30					
4134	Gamma glutamyl transferase (GGT)	80	5,400	R 119,30					
4135	Aldolase	80	5,400	R 119,30					
4136	Angiotensin converting enzyme (ACE)	80	9,000	R 199,10					
4137	Lactate dehydrogenase isoenzyme	80	10,800	R 238,50					
4138	CK-MB: Immunoinhibition/precipitation	80	10,800	R 238,50					
4139	Adenosine deaminase	80	5,400	R 119,30					
4143	Serum/plasma enzymes	80	5,400	R 119,30					
4144	Transferrin	80	11,700	R 258,30					
4146	Lead: Atomic absorption	80	15,000	R 331,40					
4147	Triglyceride	80	7,930	R 175,30					
4148	Tay - Sachs Study	80	36,560	R 808,10					
4149	Red cell magnesium	80	11,700	R 258,30					
4151	Urea	80	3,620	R 80,00					
4152	CK-MB: Mass determination: Quantitative (Automated)	80	12,400	R 273,90					
4153	CK-MB: Mass determination: Quantitative (Not automated)	80	17,470	R 386,10					
4154	Myoglobin quantitative: Monoclonal immunological	80	12,400	R 273,90					
4155	Uric acid	80	3,780	R 83,60					
4156	Vitamin D3	80	12,420	R 274,50					
4157	Vitamin A-saturation test	80	15,300	R 337,90					
4158	Vitamin E (tocopherol)	80	3,600	R 79,60					
4159	Vitamin A	80	6,300	R 139,30					
4161	Troponin isoforms: Each	80	20,000	R 441,80					
4163	Apoprotein AI: Turbidometric method	80	8,280	R 183,00					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4165	Apoprotein AII: Turbidometric method	80	8,280	R 183,00					
4167	Apoprotein B: Turbidometric method	80	8,280	R 183,00					
4170	Lipoprotein (a)(Lp(a)) assay	80	12,420	R 274,50					
4171	Sodium + potassium + chloride + CO2 + urea	80	15,840	R 349,90					
4172	ELISA/EMIT technique	80	12,420	R 274,50					
4173	Sirolimus Assay	80	78,000	R 1 724,00					
4181	Quantitative protein estimation: Mancini method	80	7,760	R 171,30					
4182	Quantitative protein estimation: Nephelometer or Turbidometeric method	80	8,280	R 183,00					
4183	Quantitative protein estimation: Labelled antibody	80	12,420	R 274,50					
4184	C-reactive protein (Ultra sensitive)	80	11,680	R 257,90					
4185	Lactose	80	10,800	R 238,50					
4186	Vitamin B6	80	15,300	R 337,90					
4187	Zinc: Atomic absorption	80	18,120	R 400,60					
3996	Serum Amyloid A			R 0,00					
3997	Acid phosphatase fractionation			R 0,00					
4047	Hollander test			R 0,00					
4080	Everolimus assay			R 0,00					
4111	Phospholipids			R 0,00					
4126	Secretin-pancreozymin response			R 0,00					
4129	Glutamate dehydrogenase (GDH)			R 0,00					
4142	Red cell enzymes: Each			R 0,00					
4160	Vitamin C (ascorbic acid)			R 0,00					
21.7	Biochemical tests: Urine								
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	80	1,500	R 33,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4189	Abnormal pigments	80	4,500	R 99,30					
4193	Alkapton test: Homogentisic acid	80	4,500	R 99,30					
4194	Amino acids: Quantitative (Post derivatisation HPLC)	80	78,120	R 1 726,70					
4195	Amino laevulinic acid	80	18,000	R 398,00					
4197	Amylase	80	5,180	R 114,50					
4198	Arsenic	80	18,120	R 400,60					
4199	Ascorbic acid	80	2,250	R 49,80					
4201	Bence-Jones protein	80	2,700	R 59,70					
4204	Calcium: Atomic absorption	80	7,250	R 160,40					
4205	Calcium: Spectrophotometric	80	3,620	R 80,00					
4209	Lead: Atomic absorption	80	15,000	R 331,40					
4210	Urine collagen telopeptides	80	36,500	R 806,80					
4211	Bile pigments: Qualitative	80	2,250	R 49,80					
4213	Protein: Quantitative	80	2,250	R 49,80					
4216	Mucopolysaccharides: Qualitative	80	3,600	R 79,60					
4217	Oxalate	80	9,380	R 207,50					
4218	Glucose: Quantitative	80	2,250	R 49,80					
4219	Steroids: Chromatography (each)	80	7,200	R 158,90					
4221	Creatinine	80	3,620	R 80,00					
4223	Creatinine clearance	80	7,650	R 169,00					
4227	Electrophoresis: Qualitative	80	4,500	R 99,30					
4228	Fetal Lung Maturity	80	36,560	R 808,10					
4230	Urine/Fluid - Specific Gravity	80	0,900	R 19,90					
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	80	37,500	R 828,70	Z				

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	80	46,800	R 1 034,30	Z				
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	80	37,500	R 828,70	Z				
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	80	46,800	R 1 034,30	Z				
4237	5-Hydroxy-indole-acetic acid: Screen test	80	2,700	R 59,70					
4238	5HIAA (Hplc)	80	78,120	R 1 726,70					
4247	Ketones: Excluding dip-stick method	80	2,250	R 49,80					
4248	Reducing substances	80	1,800	R 39,60					
4251	Metanephrines: Column chromatography	80	22,050	R 487,40					
4252	Metanephrine (Hplc)	80	78,120	R 1 726,70					
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	80	27,000	R 596,80					
4254	Nitrosonaphtol test for tyrosine	80	2,250	R 49,80					
4255	Orotic Acid - Urine	80	9,450	R 208,80					
4256	Very long Chain Fatty Acids	80	129,380	R 2 859,20					
4261	Micro Albumin: Quantitative	80	12,420	R 274,50					
4262	Micro Albumin: Qualitative	80	4,500	R 99,30					
4263	pH: Excluding dip-stick method	80	0,900	R 19,90					
4265	Thin layer chromatography: One way	80	6,750	R 149,20					
4266	Thin layer chromatography: Two way	80	11,250	R 248,50					
4268	Organic acids: Quantitative: GCMS	80	109,380	R 2 417,50					
4269	Phenylpyruvic acid: Ferric chloride	80	2,250	R 49,80					
4270	Chromium Total Urine	80	18,120	R 400,60					
4271	Phosphate excretion index	80	22,050	R 487,40					
4272	Porphobilinogen qualitative screen: Urine	80	5,000	R 110,60					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4273	Porphobilinogen/ALA: Quantitative each	80	15,000	R 331,40					
4283	Magnesium: Spectrophotometric	80	3,620	R 80,00					
4284	Magnesium: Atomic absorption	80	7,250	R 160,40					
4285	Identification of carbohydrate	80	7,650	R 169,00					
4287	Identification of drug: Qualitative	80	4,500	R 99,30					
4288	Identification of drug: Quantitative	80	10,800	R 238,50					
4293	Urea clearance	80	5,400	R 119,30					
4297	Copper: Spectrophotometric	80	3,620	R 80,00					
4298	Copper: Atomic absorption	80	18,120	R 400,60					
4301	Chloride	80	2,590	R 57,30					
4309	Urobilinogen: Quantitative	80	6,750	R 149,20					
4313	Phosphates	80	3,620	R 80,00					
4315	Potassium	80	3,620	R 80,00					
4316	Sodium	80	3,620	R 80,00					
4319	Urea	80	3,620	R 80,00					
4321	Uric acid	80	3,620	R 80,00					
4323	Total protein and protein electrophoresis	80	11,250	R 248,50					
4325	VMA: Quantitative	80	11,250	R 248,50					
4326	Catecholamines (HPLC)	80	78,120	R 1 726,70					
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	80	46,880	R 1 036,00					
4328	Immunoglobulin D	80	9,450	R 208,80					
4335	Cystine: Quantitative	80	12,600	R 278,30					
4336	Dinitrophenol hydrazine test: Ketoacids	80	2,250	R 49,80					
4203	Phenol			R 0,00					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4206	Calcium: Absorption and excretion studies			R 0,00					
4229	Uric acid clearance			R 0,00					
4235	Inborn errors of metabolism (IEM) screening test by Tandem Mass Spectrometry for the detection of aminoacidopathies and cacylcamtine metabolic defects			R 0,00					
4239	5-Hydroxy-indole-acetic acid: Quantitative			R 0,00					
4267	Ttoal organic matter screen: Infrared			R 0,00					
4300	Indican or indole: Qualitative			R 0,00					
4307	Ammonium chloride loading test			R 0,00					
4322	Fluoride			R 0,00					
4337	Hydroxyproline: Quantitative			R 0,00					
4220	Klinolab Newborn Screen			R 0,00					
21.8	Biochemical tests: Faeces								
4339	Chloride	80	2,590	R 57,30					
4343	Fat: Qualitative	80	3,150	R 69,70					
4345	Fat: Quantitative	80	22,050	R 487,40					
4347	Ph	80	0,900	R 19,90					
4351	Occult blood: Chemical test	80	2,250	R 49,80					
4352	Occult blood: Monoclonal antibodies	80	10,000	R 221,10					
4357	Potassium	80	3,620	R 80,00					
4358	Sodium	80	3,620	R 80,00					
4359	Secretory IgA	80	9,450	R 208,80					
4362	Elastase quantitative ELISA	80	47,000	R 1 038,60					
4363	Stercobilinogen: Quantitative	80	6,750	R 149,20					
4350	M2 Pyruvate Kinase quantitative ELISA			R 0,00					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4361	Stercobilin			R 0,00					
4364	Chymotrypsin determination: Enzymatic			R 0,00					
21.9	Biochemical tests: Miscellaneous								
4366	Porphyrin screen qualitative: Urine, stool, red blood cells: Each	80	5,000	R 110,60					
4367	Porphyrin qualitative analysis by TLC: Urine, stool, red blood cells: Each	80	20,000	R 441,80					
4368	Porphyrin: Total quantisation: Urine, stool, red blood cells: Each	80	20,000	R 441,80					
4369	Porphyrin quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	80	30,000	R 663,10					
4370	Drug level in biological fluid: Monoclonal immunological	80	12,400	R 273,90					
4371	Amylase in exudate	80	5,180	R 114,50					
4372	Fluoride in biological fluids and water	80	15,620	R 345,30					
4374	Trace metals in biological fluid: Atomic absorption	80	18,130	R 400,70					
4375	Calcium in fluid: Spectrophotometric	80	3,620	R 80,00					
4376	Calcium in fluid: Atomic absorption	80	7,250	R 160,40					
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	80	21,880	R 483,50					
4378	Urea breath test	80	58,000	R 1 282,00					
4380	Lecithin in amniotic fluid: L/S ratio	80	27,000	R 596,80					
4381	Lamellar body count in amniotic fluid	80	10,000	R 221,10					
4390	Foam test: Amniotic fluid	80	3,150	R 69,70					
4391	Renal calculus: Chemistry	80	5,400	R 119,30					
4392	Renal calculus: Crystallography	80	16,250	R 359,30					
4395	Sweat: Sodium	80	3,620	R 80,00					
4396	Sweat: Potassium	80	3,620	R 80,00					
4397	Sweat: Chloride	80	2,590	R 57,30					
4399	Sweat collection by iontophoresis (excluding collection material)	80	4,500	R 99,30					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4400	Tryptophane loading test	80	22,050	R 487,40					
4373	Breast milk analysis			R 0,00					
4382	Bilirubin in amnitoic fluid: Spectrophtoometric essay			R 0,00					
4386	Oestrogen/Progesterone receptors: Fluorescent method			R 0,00					
4387	Oestrogen/Progesterone receptors: Cytosol radio-istoope technique			R 0,00					
4388	Gastric contents: Maximal stimulation test			R 0,00					
4389	Gastric fluid: Ttoal acid per specimen			R 0,00					
4393	Saliva: Ptoassium			R 0,00					
4394	Saliva: Sodium			R 0,00					
21.10	Cerebrospinal fluid								
4401	Cell count	80	3,450	R 76,30					
4407	Cell count, protein, glucose and chloride	80	7,650	R 169,00					
4409	Chloride	80	2,590	R 57,30					
4416	Sodium	80	3,620	R 80,00					
4417	Protein: Qualitative	80	0,900	R 19,90					
4419	Protein: Quantitative	80	3,110	R 68,40					
4421	Glucose	80	3,620	R 80,00					
4423	Urea	80	3,620	R 80,00					
4425	Protein electrophoresis	80	12,600	R 278,30					
21.11	RNA/DNA based tests and andrology								
21.11.1	RNA/DNA based tests and andrology: RNA/DNA based tests								
4424	HLA test for specific allele DNA-PCR	80	36,000	R 795,40					
4426	HLA typing low resolution Class I DNA-PCR per locus	80	100,000	R 2 209,90					
4427	HLA typing low resolution Class II DNA-PCR per locus	80	74,000	R 1 635,60					

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4428	HLA typing high resolution Class I or II DNA-PCR per locus	80	66,000	R 1 458,90					
4429	Quantitative PCR (DNA/RNA)	80	84,300	R 1 863,10					
4430	Recombinant DNA technique	80	25,000	R 552,50					
4431	Ribosomal RNA targeting for bacteriological identification	80	35,000	R 773,60					
4432	Ribosomal RNA amplification for bacteriological identification	80	75,000	R 1 657,70					
4433	Bacteriological DNA identification (LCR)	80	25,000	R 552,50					
4434	Bacteriological DNA identification (PCR)	80	75,000	R 1 657,70					
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	80	150,000	R 3 315,10	Z				
21.11.2	RNA/DNA based tests and andrology: Andrology								
4435	Mixed antiglobulin reaction: Semen	80	6,600	R 145,70					
4436	Friberg test: Semen	80	14,500	R 320,60					
4437	Kremer test: Semen	80	3,600	R 79,60					
4440	Semen analysis: Cell count	80	7,650	R 169,00					
4441	Semen analysis: Cytology	80	7,200	R 158,90					
4442	Semen analysis: Viability + motility - 6 hours	80	6,000	R 132,40					
4443	Semen analysis: Supravital stain	80	5,440	R 119,90					
4445	Seminal fluid: Alpha glucosidase	80	20,000	R 441,80					
4446	Seminal fluid fructose	80	3,150	R 69,70					
4447	Seminal fluid: Acid phosphatase	80	5,180	R 114,50					
21.12	Immunology								
4448	HCG: Latex agglutination: Qualitative (side room)	80	4,000	R 88,10					
4449	HCG: Latex agglutination: Semi-quantitative (side room)	80	9,310	R 205,50					
4450	HCG: Monoclonal immunological: Qualitative	80	10,000	R 221,10					
4451	HCG: Monoclonal immunological: Quantitative	80	12,400	R 273,90					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4452	Bone Specific Alk Phosphatase	80	20,000	R 441,80					
4455	Anti IgE receptor antibody test (10 samples and dilution)	80	161,560	R 3 570,40					
4456	Eosinophil cationic protein	80	27,810	R 614,40					
4457	Mast cell tryptase	80	96,870	R 2 141,20					
4458	Micro-albuminuria: Radio-isotope method	80	12,420	R 274,50					
4459	Acetyl choline receptor antibody	80	158,120	R 3 494,50					
4460	CA-199 tumour marker	80	20,000	R 441,80					
4461	Nuclear Matrix Protein 22	80	35,000	R 773,60					
4462	CA-125 tumour marker	80	20,000	R 441,80					
4463	C6 complement functional essay	80	45,000	R 994,50					
4466	Beta-2-microglobulin	80	12,420	R 274,50					
4467	Chromograqnin A	80	47,000	R 1 038,60					
4468	CA-549	80	20,000	R 441,80					
4469	Tumour markers: Monoclonal immunological (each)	80	20,000	R 441,80					
4470	CA-195 tumour marker	80	20,000	R 441,80					
4471	Carcino-embryonic antigen	80	20,000	R 441,80					
4473	TSH Receptor Ab	80	17,480	R 386,20					
4474	Cast Per Allergen	80	27,810	R 614,40					
4475	CA-724	80	20,000	R 441,80					
4477	Neuron specific enolase	80	20,000	R 441,80					
4478	Osteocalcin	80	31,400	R 694,00					
4479	Vitamin B12-absorption: Shilling test	80	11,700	R 258,30					
4480	Serotonin	80	18,750	R 414,40					
4482	Free thyroxine (FT4)	80	17,480	R 386,20					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	80	37,080	R 819,70					
4485	Insulin	80	12,420	R 274,50					
4486	C-Peptide	80	12,420	R 274,50					
4487	Calcitonin	80	18,900	R 417,90					
4488	B-Type Natriuretic Peptide	80	47,040	R 1 039,60					
4490	Releasing hormone response	80	50,000	R 1 105,20					
4491	Vitamin B12	80	12,420	R 274,50					
4492	Vitamin D3: Calcitroil (RIA)	80	75,000	R 1 657,70					
4493	Drug concentration: Quantitative	80	12,420	R 274,50					
4494	Free hormone assay	80	17,480	R 386,20					
4495	Growth hormone	80	12,420	R 274,50					
4496	Hormone concentration: Quantitative	80	12,420	R 274,50					
4497	Carbohydrate deficient transferrin	80	29,060	R 642,20					
4499	Cortisol	80	12,420	R 274,50					
4500	DHEA sulphate	80	12,420	R 274,50					
4501	Testosterone	80	12,420	R 274,50					
4502	Free testosterone	80	17,480	R 386,20					
4503	Oestradiol	80	12,420	R 274,50					
4505	Oestriol	80	10,800	R 238,50					
4506	Multiple antigen specific IgE screening test for Atopy	80	37,260	R 823,40					
4507	Thyrotropin (TSH)	80	19,600	R 433,40					
4508	Combined antigen specific IgE	80	24,480	R 540,70					
4509	Free tri-iodothyronine (FT3)	80	17,480	R 386,20					
4511	Renin activity	80	18,900	R 417,90					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4512	Parathormone	80	17,080	R 377,50					
4513	IgE: Total	80	12,420	R 274,50					
4514	Antigen specific IgE	80	12,420	R 274,50					
4515	Aldosterone	80	12,420	R 274,50					
4516	Follitropin (FSH)	80	12,420	R 274,50					
4517	Lutropin (LH)	80	12,420	R 274,50					
4518	Soluble transferrin receptor	80	11,250	R 248,50					
4519	Prostate specific antigen	80	14,490	R 320,30					
4520	17 Hydroxy progesterone	80	12,420	R 274,50					
4521	Progesterone	80	12,420	R 274,50					
4522	Alpha-feto protein	80	12,420	R 274,50					
4523	ACTH	80	21,740	R 480,60					
4524	Free PSA	80	20,000	R 441,80					
4526	Sex hormone binding globulin	80	12,420	R 274,50					
4527	Gastrin	80	12,420	R 274,50					
4528	Ferritin	80	12,420	R 274,50					
4529	Anti-DNA antibodies	80	12,420	R 274,50					
4530	Antiplatelet antibodies	80	15,300	R 337,90					
4531	Hepatitis: Per antigen or antibody	80	14,490	R 320,30					
4532	Transcobalamine	80	12,420	R 274,50					
4533	Folic acid	80	12,420	R 274,50					
4534	Prostatic acid phosphatase	80	12,420	R 274,50					
4536	Erythrocyte folate	80	17,480	R 386,20					
4537	Prolactin	80	12,420	R 274,50					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4538	Procalcitonin: Semi-quantitative	80	32,000	R 707,30					
4539	Procalcitonin: Quantitative	80	46,000	R 1 016,70					
4540	HCG: Quantitative as used for Down's screen	80	15,000	R 331,40					
4546	First trimester Downs screen	80	53,500	R 1 182,30					
4552	Second Trimester Down's screen	80	33,620	R 743,10					
4553	Thyroglubulin	80	20,000	R 441,80					
4554	SCC marker	80	20,000	R 441,80					
4464	House dust mite antigen ELIZA			R 0,00					
4472	MCA antigen tumour marker			R 0,00					
4476	Neopterin			R 0,00					
4504	Anti-mullerian hormone			R 0,00					
21.13	Clinical pathology: Miscellaneous								
4544	Attendance in theatre	80	27,000	R 596,80					
4547	After-hours service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays - Refer to General Rule B.								
4551	Unlisted pathology service: Fees for items not listed in the current Pathology schedule (sections 21, 22 and 23) will be based on the fee for a comparable service in the coding structure. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted pathology service which will be based on the fee for a comparable service in the coding structure. New items for these unlisted services should be added to the coding structure within six months or that specific unlisted pathology service should no longer be performed. Please note General Rule C and item 6999 are not applicable to pathology services (sections 21, 22 and 23)								
4555	Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately								
4549	Minimum fee: After-hours			R 0,00					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
22	**Anatomical Pathology**								
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values								
22.1	Exfoliative cytology								
4561	Sputum, all body fluids and tumour aspirates: First unit	90	13,400	R 341,50					
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	90	7,800	R 199,10					
4564	Performance of fine-needle aspiration for cytology	90	15,000	R 382,30					
4565	Examination of fine needle aspiration in theatre	90	90,000	R 2 293,60					
4566	Vaginal or cervical smears, each	90	11,000	R 280,30					
4559	Cytology preparation using approved liquid bases cytology method: First unit			R 0,00					
4560	Cytology preparation using approved liquid bases cytology method: Each additional unit			R 0,00					
22.2	Histology								
4567	Histology per sample	95	20,000	R 482,60					
4571	Histology per additional block, each	95	11,600	R 280,00					
4575	Histology and frozen section in laboratory	95	22,700	R 547,60					
4577	Histology and frozen section in theatre	95	90,000	R 2 171,60					
4578	Second and subsequent frozen sections, each	95	20,000	R 482,60					
4579	Attendance in theatre - no frozen section performed	95	45,000	R 1 085,70					
4582	Serial step sections (including item 4567)	95	23,300	R 562,20					
4584	Serial step sections per additional block, each	95	13,500	R 325,60					
4587	Histology consultation	95	10,100	R 243,90					
4589	Special stains	95	6,700	R 161,50					
4591	Immunofluorescence studies	95	20,700	R 499,40					
4592	Immunoperoxidase studies	95	40,000	R 965,40					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4593	Electron microscopy	95	94,000	R 2 268,00					
4595	Foetal autopsy excluding histology	95	73,000	R 1 761,20					
4590	Special procedures (special procedures are confined to polarization, decalcification and submission of blocks for radiological examination to identify microcalcifications)				Refer Rule C				
23	**Human Genetics**								
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values								
23.1	Cytogenitc								
4750	Cell culture: Lymphocytes, cord blood	100	15,000	R 339,60					
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	100	45,000	R 1 018,60					
4752	Cell culture: Chorionic villi	100	60,000	R 1 358,30					
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	100	135,000	R 3 055,50					
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukamia bloods: Idiograms, karyotyping, one straining technique	100	270,000	R 6 111,60					
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	100	70,000	R 1 584,40					
4760	FISH procedure, including cell culture	100	115,000	R 2 603,10					
4761	FISH analysis per probe system	100	35,000	R 792,20					
23.2	DNA-testing								
4763	Blood: DNA extraction	100	45,000	R 1 018,60					
4764	Blood: Genotype per person: Southern blotting	100	89,000	R 2 014,80					
4765	Blood: Genotype per person: PCR	100	60,000	R 1 358,30					
4766	HIV Drug Resistance Testing	100	513,000	R 11 611,90					
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	100	90,000	R 2 037,10					

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TARIFF CODE	DESCRIPTION OF TARIFF CODE	CF	UNITS	VALUE	FLAG	CF	UNITS	VALUE	FLAG
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	100	188,000	R 4 255,10					
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	100	120,000	R 2 716,30					
IV.	**Travelling Expenses**								
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms. (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.								
5003	The indicated amount for each kilometre in excess of 16 kilometres travelled in own car e.g. where a practitioner has to travel 19 kilometres in total to visit a patient, the fees shall be calculated as follows: 19-16=3 X Indicated amount	20	1,000	R 19,00					
5005	Normal hours: Specialist: 18,00 clinical procedure units per hour or part thereof	20	18,000	R 343,90					
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof								
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them								
5009	After hours: Specialist: 27.00 clinical procedure units per hour or part thereof			R 0,00					
5011	After hours: General Practitioner: 27.00 clinical procedure units per hour or part thereof			R 0,00					

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V.	**LIST OF PROCEDURES WHICH ARE OFTEN DONE IN THE DOCTORS' ROOMS TO WHICH MODIFIER 0004 SHOULD NOT BE APPLIED**								
	Modifier 0004 is not applicable to the following sections: • All anaesthetic services • Section 19: Radiology • Section 20: Radiation Oncology • Section 21: Clinical Pathology (except for items 3719, 3720 and 3721 where modifier 0004 may be applied) • Section 22: Anatomical Pathology • Section 23: Human Genetic Please note: This is not a conclusive list and practitioners should not be penalised when patients need to be admitted to hospital for these procedures.								