GOVERNMENT NOTICE

DEPARTMENT OF LABOUR

No. 292 **20 May 2011**

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

(ACT NO. 130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICE PROVIDERS, PHARMACIES AND HOSPITAL GROUPS

1. I, Nelisiwe Mildred Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under the powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rules applicable thereto, appearing in the Schedule to this notice, with effect from the **1 April 2011**.

2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2011** and **Exclude VAT**.

N M OLIPHANT
MINISTER OF LABOUR
14/12/2010

GENERAL INFORMATION / *ALGEMENE INLIGTING*

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

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

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

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

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

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

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

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED • MINIMUM VEREISTES VIR REKENINGE GELEWER

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

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

BILLING PROCEDURE • *EISPROSEDURE*

1. The **first account** for services rendered for an injured employee (INCLUDING the First Medical Report) must be submitted to the employer who will collate all the necessary documents and submit them to the Compensation Commissioner • *Die **eerste rekening** (INSLUITEND die Eerste Mediese Verslag) vir dienste gelewer aan 'n beseerde werknemer moet aan die werkgewer gestuur word, wat die nodige dokumentasie sal versamel en dit aan die Vergoedingskommissaris sal voorlê*

2. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met • Daaropvolgende rekeninge moet ingedien of gepos word aan die naaste Arbeidsentrum. Dit is belangrik dat al die voorskrifte vir die indien van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie

3. If accounts are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.C1 20, and submit it ONCE to the Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.C1 20 voltooi en EENMALIG indien by die Arbeidsentrum.* Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za

4. If an account has been **partially paid** with no reason indicated on the remittance advice, a duplicate account with the unpaid services clearly marked can be submitted to the Labour Centre, accompanied by a WC1 20 form. (*see website for example of the form). • *Indien 'n rekening **gedeeltelik betaal** is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die wanbetaling duidelik aangedui, vergesel van 'n WC1 20 vorm by die Arbeidsentrum ingedien word (*sien webblad vir 'n voorbeeld van die vorm)*

5. **Information NOT to be reflected** on the account: Details of the employee's medical aid and the practice number of the referring practitioner • ***Inligting wat NIE aangedui moet word** op die rekening nie: Besonderhede van die werknemer se mediese fonds en die verwysende geneesheer se praktyknommer*

6. Service providers **should not generate** • *Diensverskaffers **moenie die volgende lewer nie**:*

    a. **Multiple accounts** for services rendered on the **same date** i.e. one account for medication and a second account for other services • ***Meer as een rekening** vir dienste gelewer op **dieselfde datum**, bv. medikasie op een rekening en ander dienste op 'n tweede rekening*
    b. **Accumulative accounts** - submit a separate account for every month • ***Aaneenlopende rekeninge** –lewer 'n aparte rekening vir elke maand*
    c. **Accounts on the old documents** (W.C1 4 / W.C1 5/ W.C1 5F) New *First Medical Report (W.C1 4) and Progress / Final Medical Report (W.C1 5 / W.C1 5F) forms

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	RULES GOVERNING THE TARIFF • REëLS VAN TOEPASSING OP DIE TARIEF **PLEASE NOTE:** The interpretations/comments as published in the SAMA Doctors' Billing Manual (DBM) must also be adhered to when rendering health care services under the Compensation for Occupational Injuries and Diseases Act, 1993							
A.	**Consultations: Definitions • Konsultasies: Definisies** (a) **New and established patients:** A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receives additional remuneration • **Nuwe en bestaande pasiënte:** 'n Konsultasie/besoek verwys na 'n kliniese situasie waar 'n mediese praktisyn persoonlik 'n pasiënt se siektegeskiedenis afneem, 'n toepaslike kliniese ondersoek uitvoer en indien aangedui behandeling toedien of voorskryf, of die pasiënt van raad bedien. Hierdie dienste moet met die pasiënt persoonlik wees en sluit die tyd gebruik om spesiale ondersoeke uit te voer, waarvoor bykomende vergoeding geëis kan word, uit (b) **Subsequent visits:** Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling • **Opvolgbesoeke:** Verwys na 'n willekeurig geskeduleerde besoek wat binne vier (4) maande na 'n eerste konsultasie uitgevoer word. Dit kan die afneem van 'n siektegeskiedenis en/of kliniese ondersoek en /of die voorskryf of toedien van behandeling en/of raadgewing behels (c) **Hospital visits:** Where a procedure or operation was performed, 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 • **Hospitaalbesoeke:** In gevalle waar 'n prosedure of operasie deur 'n geneesheer uitgevoer is, word hospitaalbesoeke beskou as deel van die normale nasorg en mag geen gelde gehef word nie (behalwe waar anders aangedui). In gevalle waar daar nie 'n prosedure of operasie uitgevoer is nie, mag gelde volgens die toepaslike hospitaalopvolgbesoek item gehef word							
B.	**Emergency or unscheduled consultation** **Nood en ongekeduleer konsultasie**							
C.	**Comparable services:** The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees or in the SAMA guideline, shall be based on the fee in respect of a comparable service. For procedures/services not in this tariff of fees but in the SAMA guideline, item 6999 (unlisted procedure or service code), should be used with the SAMA code. Motivation for the use of a comparable item must be provided. Note: Rule C and item 6999 may not be used for comparable pathology services (sections 21, 22 and 23) •							

			Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
			U/E	R	U/E	R	U/E	R	T/M
	Vergelykbare dienste: Die bedrag wat gehef kan word ten opsigte van die lewering van 'n diens wat nie in hierdie tariefhandleiding of in die SAMA riglyn ingesluit is nie, moet gebaseer wees op die bedrag vir 'n vergelykbare diens. Vir prosedures en dienste nie in hierdie tarief maar wel in die SAMA riglyn, moet item 6999: (ongespesifiseerde procedure/diens), gebruik word saam met die SAMA item om hierdie diens aan te dui. Motivering vir die gebruik van 'n vergelykbare item moet verskaf word. Let Wel: Reël C en item 6999 is nie van toepassing op vergelykbare patologiese dienste (afdeling 21, 22 en 23) nie								
D.	**Cancellation of appointments:** Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee may be charged. In the case of an injured employee, the relevant consultation fee is payable by the employee.) In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be ●								
	Kansellasie van afsprake: Tensy stappe vroegtydig gedoen word om 'n afspraak vir 'n konsultasie te kanselleer, kan die betrokke konsultasiegelde gehef word. In geval van 'n beseerde werknemer, is die werknemer aanspreeklik vir die konsultasiegelde. In die geval van 'n algemene praktisyn beteken "vroegtydig" twee ure en in die geval van 'n spesialis 24 ure voor die afspraak. Elke geval word egter op meriete hanteer en, indien omstandighede dit regverdig, word geen gelde gehef nie. Indien 'n pasiënt nie opgedaag het vir 'n prosedure nie, is elke lid van die chirurgiese span geregtig om gelde te hef vir 'n besoek by of weg van die dokter se spreekkamers na gelang van die geval								
E.	**Pre-operative visits:** The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital, as that routine pre-operative visit is included in the global surgical fee for the procedure ● **Pre-operatiewe besoeke:** Die toepaslike gelde mag gehef word vir alle pre-operatiewe besoeke met die uitsondering van 'n roetine pre-operatiewe besoek by die hospitaal, aangesien daardie roetine pre-operatiewe besoek by die globale chirurgiesegelde vir die prosedure ingesluit is.								
F.	**Administering of injections and/or infusions:** Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself ● **Toediening van inspuitings en/of infusies:** Waar toepaslik, mag gelde vir die toediening van inspuitings en/of infusies alleenlik gehef word indien deur die praktisyn self toegedien								
G.	**Post-operative care ● Post-operatiewe sorg:** (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after care for a period not exceeding FOUR months (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed) ● Tensy anders vermeld, sluit die gelde ten opsigte van 'n operasie of prosedure normale nasorg in oor 'n tydperk wat nie VIER maande oorskry nie (nasorg is uitgesluit van suiwer diagnostiese prosedures waartydens geen terapeutiese prosedures uitgevoer is nie)								

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	(b) If the normal after-care is delegated to any other registered health professional and not completed by the surgeon it shall be his/her own responsibility to arrange for the service to be rendered without extra charge ● Indien die normale nasorg aan 'n ander geregistreerde gesondheidswerker gedelegeer word en nie deur die chirurg voltooi word nie, sal dit sy/haar verantwoordelikheid wees om te reël dat die diens gelewer word sonder enige bykomende betaling							
	(c) When the care of post-operative treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the Compensation Fund may be charged ● Wanneer na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard benodig word, mag gelde waaroor die chirurg en die Vergoedingsfonds ooreengekom het, gehef word							
	(d) Aftercare refers to all treatment in the post operative period not requiring any further surgical intervention ● Nasorg verwys na alle behandeling in die na-operatiewe periode wat nie verdere sjirurgiese ingrepe verg nie							
H.	**Removal of lesions:** Items involving removal of lesions include follow-up treatment for four months ● **Verwydering van letsels:** Waar 'n letsel verwyder word, sluit die vergoeding ook vier maande opvolg in							
I.	**Pathological investigations performed by clinicians:** Fees for all pathological investigations performed by members of other disciplines (where permissible) - refer to modifier 0097: Items that resort under Clinical and Anatomical Pathology: See section for Pathology ● **Patologiese ondersoeke uitgevoer deur klinici:** Gelde vir alle patologiese ondersoeke wat uitgevoer word deur lede van ander dissiplines (waar toelaatbaar) - verwys na wysiger 0097: Items wat onder Kliniese en Anatomiese Patologie resorteer: Raadpleeg afdeling Patologie							
J.	**Disproportionately low fees:** In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged ● **Buite verhouding lae gelde:** In buitengewone gevalle waar die gelde buite verhouding laag is in vergelyking met die werklike dienste deur 'n geneesheer gelewer, is hoër gelde onderhandelbaar. Aan die anderkant, as die gelde buite verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dié wat in die tariefkode aangegee word, gehef word							
K.	**Services of a specialist, upon referral:** Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending general practitioner. Medical practitioners referring cases to other medical practitioners shall, if known to them, indicate in the referral letter that the patient was injured in an "accident" and this shall also apply in respect of specimens sent to pathologists ● **Dienste van 'n spesialis, na verwysing:** Behalwe in buitengewone gevalle is die dienste van 'n spesialis beskikbaar slegs op aanbeveling van die algemene praktisyn wat die geval hanteer. Geneeshere wat pasiënte na ander geneeshere verwys, moet, indien hulle daarvan bewus is dat die pasiënt in 'n "ongeval" beseer is, dit in die verwysingsbrief meld en dieselfde geld ten opsigte van monsters wat na patoloë gestuur word							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
L.	**Procedures performed at time of visits:** If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged ● **Prosedures uitgevoer tydens besoeke:** Indien 'n prosedure uitgevoer word tydens 'n konsultasie/besoek, word die bedrag vir die besoek SOWEL as die bedrag vir die prosedure gehef							
M.	**Surgical procedure planned to be performed later:** In cases where, during a consultation/visit, a surgical procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion ● **Chirurgiese prosedure beplan om later uit te voer:** In gevalle waar 'n chirurgiese prosedure tydens 'n konsultasie/besoek beplan word om by 'n latere geleentheid uitgevoer te word, mag by sodanige latere uitvoering van die prosedure nie weer gelde gehef word vir 'n besoek nie							
N.	**Rendering of accounts for occupational injuries and diseases ● Lewering van rekeninge vir beroepsbeserings en siektes** (a) "Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention ● "Per konsultasie": Geen bykomende gelde kan vir dienste waarvoor die tarief aangedui word as "per konsultasie", gehef word nie. Sulke dienste word gereken as deel van die konsultasie/besoek waartydens die toestand onder die geneesheer se aandag gebring word (b) Where a fee for a service is prescribed in this guideline, the medical practitioner shall not be entitled to payment calculated on a basis of the number of visits or examinations made where such calculation would result in the prescribed fee being exceeded ● Waar gelde ten opsigte van enige diens in hierdie handleiding voorgeskryf is, is die geneesheer nie op betaling, bereken op die aantal besoeke afgelê of die aantal ondersoeke gedoen, geregtig as so 'n berekening die voorgeskrewe tarief oorskry nie							
	(c) The number of consultations/visits must be in direct relation to the seriousness of the injury and should more than 20 visits be necessary, the Compensation Fund must be furnished with a detailed motivation ● Die aantal konsultasies/besoeke moet in direkte verhouding staan tot die erns van die besering en indien meer as 20 besoeke benodig word, moet volledige motivering aan die Vergoedingsfonds voorgelê word							
	(d) A single fee for a consultation/visit shall be paid to a medical practitioner for the once-off treatment of an injured employee who thereafter passes into the permanent care of another medical practitioner, not a partner or assistant of the first. The responsibility of furnishing the First Medical Report in such a case rests with the second practitioner ● Gelde ten opsigte van een konsultasie/besoek word aan 'n geneesheer betaal vir die eenmalige behandeling van 'n beseerde werknemer wat daarna na die permanente sorg van 'n ander geneesheer wat nie 'n vennoot of assistent van eersgenoemde geneesheer is nie, oorgeplaas word. In so 'n geval berus die verantwoordelikheid om die Eerste Mediese Verslag te verstrek op die tweede praktisyn							
O.	**Costly or prolonged medical services or procedures ● Duur of landurige mediese dienste of prosedures** (a) An employee should be hospitalised only when and for the length of period that his condition justifies full time medical assistance ● Hospitalisasie van 'n werknemer moet slegs geskied indien en vir solank as wat sy toestand voltydse geneeskundige hulp vereis							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	(b) Occupational therapy/Physiotherapy: The same principals as set out in modifier 0077: Two areas treated simultaneously for totally different conditions, will apply when an employee is referred to a therapist • Arbeidsterapie/Fisioterapie: Indien 'n werknemer verwys word na 'n terapeut sal dieselfde beginsels geld soos in wysiger 0077: Twee afsonderlike areas wat tegelykertyd behandel word vir heeltemal verskillende toestande							
	(c) In case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain in writing from the Compensation Fund if liability is accepted for such treatment • In geval van duur of langdurige mediese dienste of prosedures, moet die geneesheer skriftelik vooraf by die Vergoedingsfonds vasstel of verantwoordelikheid vir die betaling aanvaar word vir die spesifieke behandeling							
P.	**Travelling fees • Reisgelde:** (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if the practitioner had to travel more than 16 kilometres in total • Waar 'n praktisyn in noodgevalle vanaf sy huis of kamers na 'n pasiënt se woning of 'n hospitaal uitgeroep word, kan reisgelde gehef word volgens die afdeling aangaande reiskoste (afdeling IV) indien die praktisyn meer as 16 kilometers in totaal moes aflê							
	(b) If more than one patient is attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients • Indien meer as een pasiënt tydens 'n reis aandag geniet, moet die volle reisgeld pro rata tussen die pasiënte verdeel word							
	(c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms • 'n Praktisyn is nie geregtig om gelde te hef vir enige reiskoste of reistyd na sy kamers nie							
	(d) Where a practitioner's residence is more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such a hospital, except in cases of emergency (services not voluntarily scheduled) • Waar 'n praktisyn se woning meer as 8 kilometer vanaf 'n hospitaal geleë is, mag geen reisgelde gehef word vir dienste gelewer in sodanige hospitaal nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste)							
	(e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled) • As 'n praktisyn 'n rondreisende praktyk bedryf, is hy nie geregtig om reisgelde te hef nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste)							
	INTENSIVE CARE • INTENSIEWE SORG **RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE • REëLS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEFKODE**							
Q.	**Intensive care/High care:** Units in respect of item codes 1204 to 1210 (Categories 1 to 3) EXCLUDE the following • **Intensiewe sorg/Hoë sorg:** Eenhede vir itemkodes 1204 tot 1210 (Kategorieë 1 tot 3) SLUIT die volgende UIT:							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	(a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit fee for the initial assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive care/high care unit ● Narkose en/of chirurgiesegelde vir enige toestand of prosedure, sowel as 'n eerste konsultasie/besoekgelde wat die eerste evaluasie van die pasiënt dek terwyl die intensiewe sorg/hoë sorg tarief die daaglikse sorg in die intensiewe sorgeenheid insluit							
	(b) Cost of any drugs and/or materials ● Koste van medisyne en /of materiaal							
	(c) Any other cost that may be incurred before, during or after the consultation/visit and/or the therapy ● Enige ander koste wat ontstaan voor, tydens of na die konsultasie/besoek en/of terapie							
	(d) Blood gases and chemistry tests, including arterial puncture to obtain specimens ● Bloedgasondersoeke of chemiese bloedtoetse, insluitend arteriële punksie om bloedmonsters te verkry							
	(e) Procedural item codes 1202 and 1212 to 1221 ● Prosedure itemkodes 1202 en 1212 tot 1221							
	but INCLUDE the following ● maar SLUIT die volgende IN:							
	(f) Performing and interpreting of a resting ECG ● Uitvoering en vertolking van 'n rustende EKG							
	(g) Interpretation of blood gases, chemistry tests and x-rays ● Vertolking van bloedgasse, biochemiese toetse en x-strale							
	(h) Intravenous treatment (item codes 0206 and 0207) ● Intraveneuse behandeling (itemkodes 0206 en 0207)							
R.	**Multiple organ failure:** Units for item codes 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include cardio-respiratory resuscitation (item 1211) ● **Veelvuldige orgaan versaking:** Eenhede vir itemkodes 1208, 1209 en 1210 (Kategorie 3: Gevalle met veelvuldige orgaan versaking) sluit kardio-respiratoriese resussitasie (item 1211) in							

			Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
			U/E	R	U/E	R	U/E	R	T/M
S.	**Ventilation:** Units for item codes 1212, 1213 and 1214 (ventilation) include the following ● **Ventilasie:** Eenhede vir itemkodes 1212, 1213 en 1214 (ventilasie) sluit die volgende in: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies ● Bepaling van minuutvolume, vitale kapasiteit, tyd- en vitale kapasiteitstudies (b) Testing and connecting the machine ● Toets en verbinding van masjien (c) Setting up and coupling patient to machine: setting machine, synchronising patient with machine ● Pasiënt aan die masjien verbind: stel van masjien en sinchronisasie van pasiënt met masjien (d) Instruction to nursing staff ● Opdragte aan verpleegpersoneel (e) All subsequent visits for the first 24 hours ● Alle daaropvolgende besoeke gedurende die eerste 24 uur								
T.	Ventilation (item codes 1212 to 1214) does not form part of normal post-operative care, but may not be added to item code 1204: Catogory 1: Cases requiring intensive monitoring ● Ventilasie (itemkodes 1212 tot 1214) maak nie deel uit van normale na-operatiewe sorg nie, maar mag nie by itemkode 1204: Kategorie 1: Gevalle wat intensiewe monitering vereis gevoeg word nie								
	RULES GOVERNING THE SECTION RADIOLOGY: MAGNETIC RESONANCE IMAGING ● REëLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE: MAGNETIESE RESONANSIE BEELDING								
W.	**Magnetic Resonance Imaging ● Magnetiese Resonansie Beelding** (a) Complete Annexure A and Annexure B, submit report of the investigation and an invoice. ● Voltooi Bylaag A en Bylaag B voorsien verslag van die ondersoek en 'n rekening (b) Item code 6270 - Proper motivation must be submitted upon which the Compensation Fund will consider approval for payment ● Itemkode 6270 - Mediese motivering moet voorgelê word waarna goedkeuring vir betaling deur die Vergoedingsfonds oorweeg sal word								
	RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY ● REëLS VAN TOEPASSING OP DIE AFDELING MEDIESE PSIGOTERAPIE **Note ● Opmerking:** (a) Prior approval must be obtained from the Compensation Fund before any treatment resorting under this section is carried out ● Enige behandeling ingevolge hierdie afdeling moet vooraf deur die Vergoedingsfonds goedgekeur word (b) Where approval has been obtained, treatment must be limited to 12 sessions only, after which the patient must be referred back to the referring doctor for an evaluation and report to the Compensation Fund ● Waar goedkeuring verleen is moet die behandeling beperk word tot 12 sessies waarna die pasient na die verwysende geneesheer terugverwys moet word vir evaluasie en verslag aan die Vergoedingsfonds								
Va.	**Electro-convulsive treatment:** Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure ● **Elektro-konvulsiewe behandeling:** Besoeke by 'n hospitaal of verpleeginrigting tydens 'n kursus elektro-konvulsiewe behandeling is geregverdig en gelde kan daarvoor gehef word, bo en behalwe die gelde vir die prosedure								

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
Vb.	When adding psychotherapy items to a first or follow-up consultation item, the clinician must ensure that the time stipulated in the psychotherapy items are adhered to (i.e. item 2957 - minimum 10 minutes, item 2974 - minimum 30 minutes, and item 2975 - minimum 50 minutes) ● Indien psigoterapie items by 'n eerste of opvolgkonsultasie gevoeg word, moet die klinikus verseker dat die tyd soos gestipuleer in die psigoterapie items toegepas word (i.e item 2957 - minimum 10 minute, item 2974 - minimum 30 minute en item 2975 - minimum 50 minute)							
	RULES GOVERNING THE SECTION RADIOLOGY ● REëLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE							
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used ● Behalwe waar anders aangedui, mag radioloë eis vir die koste van kontrasmateriaal wat gebruik is							
Z.	No fee to is subject to more than one reduction ● Geen gelde is onderworpe aan meer as een vermindering nie							
	RULE GOVERNING THE SUBSECTION ON DIAGNOSTIC PROCEDURES REQUIRING THE USE OF RADIO-ISOTOPES ● REëL VAN TOEPASSING OP DIAGNOSTIESE PROSEDURES WAT DIE GEBRUIK VAN RADIO-ISOTOPE VEREIS							
AA.	Procedures exclude the cost of isotope used ● Prosedures sluit die koste van die isotoop gebruik uit							
	RULE GOVERNING THE SECTION RADIATION ONCOLOGY ● REëL VAN TOEPASSING OP DIE AFDELING STRALINGSONKOLOGIE							
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes ● Die tariewe in hierdie afdeling (stralingsonkologie) sluit NIE die koste van radium of isotope in NIE							
	RULE GOVERNING ULTRASOUND EXAMINATIONS ● REëL VAN TOEPASSING OP ULTRASONIESE ONDERSOEKE							
EE.	(a) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner performing the scan. A copy of the letter of motivation must be attached to the first account rendered to the Compensation Fund by the radiologist ● In geval van 'n verwysing, moet die verwysende geneesheer 'n skriftelike motivering verskaf aan die radioloog of ander geneesheer wat die ondersoek doen. 'n Afskrif van die motivering moet aangeheg word aan die eerste rekening wat aan die Vergoedingsfonds voorgelê word deur die radioloog							
	(b) In case of a referral to a radiologist, no motivation is required from the radiologist himself ● In geval van 'n verwysing na 'n radioloog, word geen motivering van die radioloog self vereis nie							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	RULES GOVERNING THE SECTION URINARY SYSTEM • REëLS VAN TOEPASSING OP DIE AFDELING URIENSTELSEL							
FF.	(a) When a cystoscopy precedes a related operation, modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transuretral (T U R) prostatectomy • Wanneer 'n sistoskopie 'n verwante operasie voorafgaan, geld wysiger 0013: Endoskopiese ondersoek uitgevoer tydens 'n operasie, byvoorbeeld sistoskopie gevolg deur transuretrale prostatektomie							
	(b) When a cystoscopy preceeds an unrelated operation, modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair • Wanneer 'n sistoskopie 'n onverwante operasie voorafgaan, geld wysiger 0005: Meer as een procedure/operasie onder dieselfde narkose, byvoorbeeld sistoskopie vir urinêre infeksie gevolg deur liesbreukherstel							
	(c) No modifier applies to item code 1949: Cystoscopy, when performed together with any of item codes 1951 to 1973 • Geen wysiger is van toepassing op itemkode 1949: Sistoskopie, wanneer dit saam met enige van itemkodes 1951 tot 1973 uitgevoer word nie							
	RULE GOVERNING THE SECTION RADIOLOGY • REëL VAN TOEPASSING OP DIE AFDELING RADIOLOGIE							
GG.	**Capturing and recording of examinations:** Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years • **Vaslegging en rekordhouding van ondersoeke:** Beelde van alle radiologiese, ultraklank-, en magnetiese resonansiebeeldingprosedures moet tydens elke ondersoek vasgelê word en 'n permanente rekord moet deur middel van film, papier, of magnetiese media gegenereer word. 'n Skriftelike verslag van die ondersoek, insluitende die bevindings en diagnostiese kommentaar, moet opgestel en vir vyf jaar geberg word							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	MODIFIERS GOVERNING THE TARIFF CODES ● WYSIGERS VAN TOEPASSING OP DIE TARIEFKODES							
	MODIFIER GOVERNING THE RADIOLOGY AND RADIATION ONCOLOGY SECTIONS OF THE TARIFF CODES ● WYSIGER VAN TOEPASSING OP DIE RADIOLOGIE- EN STRALINGSONKOLOGIE-AFDELINGS VAN DIE TARIEFKODES							
0001	**Emergency or unscheduled radiological services:** For emergency or unscheduled radiological services (Refer to rule B) the additional fee shall be 50% of the fee for the particular service (section 19.12: Portable unit examinations excluded). Emergency and unscheduled MR scans, a maximum levy of 100.00 Radiological units is applicable	*100*	**1,637.00**					
	MODIFIER GOVERNING A RADIOLOGIST REQUESTED TO PROVIDE A REPORT ON X-RAYS ● WYSIGER VAN TOEPASSING OP 'N RADIOLOOG WAT VERSOEK IS OM 'N VERSLAG OOR X-STRALE TE VOORSIEN							
0002	**Written report on X-rays:** The lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere ● Geskrewe verslag oor X-strale: Die laagste vlak itemkode vir 'n nuwe pasiënt (spreekkamer) besoek, is van toepassing slegs wanneer 'n radioloog gevra word om 'n skriftelike verslag te voorsien aangaande X-strale wat elders geneem is en aan hom voorgelê word. Die bogemelde item en die laagste vlak itemkode vir 'n aanvanklike hospitaal besoek, moet nie gebruik word vir die roetine verslaggewing aangaande X-strale wat elders geneem is nie							
0005	**Multiple therapeutic procedures/operations under the same anaesthetic ● Meer as een terapeutiese procedure/operasie onder dieselfde narkose:** (a) Unless otherwise stated in the tariff code, when multiple procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identifiable and defined, the following rule shall prevail: 100% (full value) for the first or major procedure/operation, plus 50% (half of) the tariff fee in respect of each additional operation or procedure with a maximum of four additional operations or procedures ● Wanneer meer as een prosedure/operasie heelwat addisionele tyd en/of ingewikkeldheid meebring, en as elke prosedure/operasie duidelik identifiseerbaar en gedefinieer is, sal die volgende reël geld, behalwe waar anders gespesifiseer is in die tariefkode: 100% (volle tarief) vir die eerste of groter prosedure/operasie plus 50% (helfte van) tariefgelde ten opsigte van elke bykomende operasie of prosedure tot 'n maksimum van vier bykomende operasies of prosedures							
	(b) In case of multiple fractures and/or dislocations the above rule shall prevail ● In geval van meer as een fraktuur en/of ontwrigting sal die bostaande reël van toepassing wees							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
(c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedure are performed under the same general anaesthetic, modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for after-care. Specify the unrelated endoscopic procedures and provide a diagnosis to identify and indicate the diagnostic endoscopic procedure(s) unrelated to other therapeutic procedures performed under the same anaesthetic • Wanneer suiwer diagnostiese endoskopiese prosedures of diagnostiese endoskopiese prosedures onverwant aan enige terapeutiese prosedure onder dieselfde narkose uitgevoer word, is wysiger 0005 nie van toepassing op die gelde van sodanige diagnostiese endoskopiese prosedures nie aangesien die gelde vir endoskopiese prosedures nie nasorg insluit nie. Spesifiseer die onverwante endoskopiese prosedure en voorsien 'n diagnose om die diagnostiese endoskopiese prosedure(s) onverwant aan ander terapeutiese prosedures onder dieselfde narkose uitgevoer, te identifiseer en aan te dui.								
(d) Please note: When more than one small procedure are performed and the tariff code provides for item codes for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) modifier 0005 is not applicable as the fee is already a reduced fee • Neem asseblief kennis: Wanneer meer as een klein prosedure uitgevoer word en die tariefkode voorsiening maak vir items vir "daaropvolgende" of "maksimum vir veelvuldige bykomende prosedures" (raadpleeg Afdeling 2. Huidstelsel) is wysiger 0005 nie van toepassing nie, aangesien die tarief reeds verminder is.								
(e) Plus ("+") means that this item code is used in addition to another definitive procedure and is therefore not subject to reduction according to modifier 0005 (see also modifier 0082) • Plus ("+") beteken dat hierdie itemkode bykomend tot 'n ander bepalende prosedure itemkode gebruik word en daarom nie aan vermindering onderworpe is volgens wysiger 0005 nie (raadpleeg ook wysiger 0082)								
APPLICATION OF MODIFIER 0005 IN CASES WHERE BONE GRAFT PROCEDURES AND INSTRUMENTATION ARE PERFORMED IN COMBINATION WITH ARTHRODESIS (FUSION) • TOEPASSING VAN WYSIGER 0005 IN GEVALLE WAAR BEENOORPLANTINGS-PROSEDURES EN INSTRUMENTASIE IN KOMBINASIE MET ARTRODESE (FUSIE) UITGEVOER WORD								
(f) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together • Wysiger 0005 (veelvuldige prosedures/operasies onder dieselfde narkose), is nie van toepassing wanneer die volgende prosedures saam uitgevoer word nie:								
1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis • Beenoorplantings-prosedures en instrumentasie word bykomend tot artrodese gehef								
2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for additionally • Indien vertebrale prosedures uitgevoer word deur artodese, mag beenoorplantings en instrumentasie addisioneel voor gehef word								
(g) Modifier 0005 (Multiple procedures/operations under the same anaesthetic) would be applicable when an arthrodesis is performed in addition to another procedure, e.g. osteotomy or laminectomy • Wysiger 0005 (veelvuldige prosedures onder dieselfde narkose), sal van toepassing wees waar 'n artrodese saam met 'n ander prosedure bv. osteotomie of laminektomie uitgevoer word								

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0006	A 25% reduction in the fee for a subsequent operation for the same condition within one month shall be applicable if the operations are performed by the same surgeon (an operation subsequent to a diagnostic procedure is excluded). After a period of one month the full fee is applicable • 'n 25% vermindering in die gelde van 'n daaropvolgende operasie, binne een maand, vir dieselfde siektetoestand, is van toepassing indien die operasies deur dieselfde chirurg uitgevoer word ('n operasie wat volg op 'n diagnostiese prosedure is uitgesluit). Indien 'n daaropvolgende operasie na meer as een maand uitgevoer word, is die volle gelde betaalbaar							
0007	(a) **Use of own monitoring equipment in the rooms:** Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation – 15.00 clinical procedure units irrespective of the number of items of equipment provided • **Gebruik van eie monitering toerusting in die kamers:** Vergoeding vir die gebruik van enige tipe eie monitering toerusting in kamers vir prosedures wat onder intraveneuse sedasie uitgevoer word – 15.00 kliniese prosedure eenhede, ongeag die aantal items van toerusting wat voorsien word	15	**234.75**	15	**234.75**			
	(b) **Use of own equipment in hospital or unattached theatre unit:** Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15.00 clinical procedure units irrespective of the number of items of equipment provided • **Gebruik van eie toerusting in hospitaalteater or losstaande teatereenheid:** Vergoeding vir die gebruik van enige tipe eie toerusting vir prosedures wat in 'n hospitaalteater of losstaande teatereenheid uitgevoer word, indien sodanige toerusting nie deur die hospitaal verskaf word nie – 15.00 kliniese prosedure eenhede, ongeag die aantal items van toerusting wat voorsien word							
0008	**Specialist surgeon assistant:** Where a procedure requires a registered specialist surgeon assistant, the tariff is 33,33% (1/3) of the fee for the specialist surgeon • **Spesialis chirurgiese assistent:** Waar 'n prosedure 'n geregistreerde spesialis chirurgiese assistent vereis, is die tarief 33,33% (1/3) van die spesialis chirurg se gelde							
0009	**Assistant:** The fee for an assistant is 20% of the fee for a specialist surgeon, with a minimum of 36.00 clinical procedure units - the minimum fee payable may not be less than 36,00 clinical procedures units • **Assistent:** Die gelde vir 'n assistent is 20% van 'n spesialis chirurg se gelde met 'n minimum van 36.00 kliniese prosedure eenhede - die minimum gelde betaalbaar mag nie minder as 36,00 kliniese prosedure eenhede beloop nie.			36	**563.40**			
0010	**Local anaesthesic • Lokale verdowing:** (a) A fee for a local anaesthetic administered by the practitioner may only be charged for (1) an operation or a procedure with a value of greater than 30.00 clinical procedure units (i.e. 31.00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value of greater than 50.00 clinical procedure units • Gelde mag gehef word vir plaaslike verdowing toegedien deur die praktisyn wat die operasie uitvoer, slegs vir 'n operasie of prosedure met 'n waarde van meer as 30.00 kliniese prosedure eenhede (d.i. 31.00 of meer kliniese prosedure eenhede) toegeken aan 'n enkele item) of (2) waar meer as een operasie of prosedure wat terselfder tyd uitgevoer word, 'n gekombineerde waarde van meer as 50.00 kliniese prosedure eenhede dra	31	**485.15**	31	**485.15**			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	(b) The fee for a local anaesthetic administered shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per modifier 0035: Anaesthetic administered by an anaesthesiologist/anaesthetist, shall be applicable in such a case • Die gelde vir plaaslike verdowing toegedien word bereken volgens die basiese narkose-eenhede van die spesifieke operasie, met weglating van die narkose tydsfaktor, maar die minimum tarief soos per wysiger 0035: Narkose toegedien deur 'n anestesioloog/narkotiseur, sal van toepassing wees in sodanige geval	50	**782.50**	50	**782.50**	-		
	(c) The fee for a local anaesthetic administered is not applicable to radiological procedures such as angiography and myelography • Die gelde vir plaaslike verdowing toegedien is nie van toepassing op radiologiese prosedures soos angiografie en miëlografie nie							
	(d) No fee may be levied for the topical application of local anaesthetic • Geen gelde mag gehef word vir die topikale aanwending van lokale verdowing nie							
	(e) Please note: Modifier 0010: Local anaesthetic administered by the operator may not be added onto the surgeon's account for procedures that were performed under general anaesthetic • Let wel: Wysiger 0010: Plaaslike verdowing toegedien deur die praktisyn wat die operasie uitvoer, mag nie saam met prosedures wat onder algemene narkose uitgevoer is op die chirurg se rekening gehef word nie							
0011	**Theatre procedures for emergency surgery:** Any bona fide, justifiable emergency procedure, only applicable during after-hour periods – **see general rule B,** undertaken in an operating theatre, will justify the charging of an additional 12.00 clinical procedure units per half-hour or part thereof, of the operating time for all members of the surgical team. Modifier 0011 does not apply to patients on scheduled lists (PLEASE INDICATE TIME IN MINUTES) • **Teaterprosedures vir noodchirurgie:** Vir enige bona fide, regverdigbare noodprosedure - slegs van toepassing gedurende na-ure periodes (vergelyk **algemene reël B**) - wat in 'n operasieteater uitgevoer word, kan 'n bykomende 12.00 kliniese prosedure eenhede gehef word per halfuur of deel daarvan wat die operasie duur, deur alle lede van die chirurgiese span. Wysiger 0011 is nie van toepassing op pasiënte op geskeduleerde lyste nie. (DUI ASSEBLIEF DIE TYDSDUUR IN MINUTE AAN)	12	**187.80**	12	**187.80**			
0013	**Endoscopic examinations done at operations**: Where a related endoscopic examination is performed at an operation by the surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged • **Endoskopiese ondersoeke tydens prosedures**: Waar 'n verwante endoskopiese ondersoek uitgevoer word by 'n operasie deur die chirurg of die anestesioloog, mag slegs 50% van die gelde vir die endoskopiese ondersoek gehef word							
0014	**Operations previously performed by other surgeons • Operasies voorheen uitgevoer deur ander chirurge**: (a) Use modifier 0014(a) for information only as an indicator that the operation was previously performed by another surgeon • Wysiger 0014(a) is slegs vir inligtingsdoeleindes en dui aan dat die prosedure voorheen deur 'n ander chirurg uitgevoer is.							
	(b) Where an operation is performed which has previously been performed by another surgeon, e.g. a revision or repeat operation, the fee maybe calculated according to the tariff for the full operation plus an additional fee to be negotiated under general rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff • Wanneer 'n operasie uitgevoer word wat vantevore deur 'n ander chirurg uitgevoer is, byvoorbeeld 'n hersteloperasie of herhaling van 'n operasie, kan die gelde bereken word volgens die volle operasietarief plus addisionele gelde onderhandelbaar ingevolge algemene reël J: In buitengewone gevalle waar die gelde buite verhouding laag is in vergelyking met die werklike dienste gelewer, behalwe in gevalle waar dit alreeds gespesifiseer is in die tarief							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	INJECTIONS, INFUSIONS AND INHALATION SEDATION • INSPUITINGS, INFUSIES EN INHALASIE SEDASIE **MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE • WYSIGERS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEFKODE**							
0015	**Intravenous infusions**: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after an operation, no extra fees shall be charged as the after-treatment is included in the global fee for the procedure. Should the practitioner performing the operation prefer to request another practitioner to perform post-operative intravenous infusions, the practitioner himself (and not the Compensation Fund) shall be responsible for remunerating such practitioner for the infusions • **Binne-aarse infusies**: Waar binne-aarse infusie (bloed en bloedselprodukte ingesluit) as deel van die nabehandeling van 'n operasie toegedien word, word geen ekstra gelde daarvoor gehef nie, omdat die nabehandeling by die globale operasiegelde ingesluit is. Indien die geneesheer wat die operasie hanteer, verkies om 'n ander geneesheer te vra om binne-aarse infusie na die operasie toe te dien, is hyself (en nie die Vergoedingsfonds nie) teenoor sodanige geneesheer vir die vergoeding vir die infusies verantwoordelik.							
0017	**Injections administered by practitioners:** When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged according to item 0131 (not chargeable together with a consultation item) • **Inspuitings deur praktisyns toegedien:** Wanneer desensitiserings-, binne-aarse, binnespierse of onderhuidse inspuitings deur die praktisyn self aan pasiënte toegedien word wat die spreekkamers besoek, vorm toediening van 'n eerste inspuiting deel van die konsultasie/besoek en slegs vir alle daaropvolgende inspuitings vir dieselfde toestand word gelde volgens item 0131 gehef (nie hefbaar saam met 'n konsultasie kode nie)							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	MODIFIER GOVERNING SURGERY ON PERSONS WITH A BODY MASS INDEX (BMI) OF MORE THAN 35 I WYSIGER VAN TOEPASSING OP CHIRURGIE OP PERSONE MET 'N LIGGAAMSMASSAINDEKS (LMI) VAN MEER AS 35							
0018	Surgical modifier for persons with a BMI of higher than 35 (calculated according to kg/m2 = weight in kilograms divided by height in metres squared): Fee for the procedure +50% of the fee for surgeons; 50% increase in anaesthetic time units for anaesthesiologists I Chirurgiese wysiger vir persone met 'n LMI van meer as 35 (bereken volgens kg/m2): Gelde vir die prosedure +50% van die gelde vir chirurge; verhoging van 50% in narkose tydseenhede vir anestesioloë.							
	MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHESIA FOR ALL THE PROCEDURES AND OPERATIONS INCLUDED IN THIS GUIDE TO TARIFFS ● WYSIGERS VAN TOEPASSING OP DIE TOEDIENING VAN NARKOSE VIR ALLE PROSEDURES EN OPERASIES WAT IN HIERDIE TARIEF HANDLEIDING OPGENEEM IS							
0021	**Determination of anaesthetic fees:** Anaesthetic fees are determined by adding the basic anaesthetic units (allocated to each procedure that can be performed under anaesthesia indicated in the anaesthetic column) and the time units (calculated according to the formula in modifier 0023) and the appropriate modifers (see modifiers 0037-0044). In case of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures or dislocations, add units as laid down by modifiers 5441 to 5448 ● **Bepaling van narkosegelde:** Narkosegelde word bereken deur die som te verkry van die basiese narkose-eenhede (toegeken aan elke prosedure wat onder narkose uitgevoer kan word en aangedui in die narkose kolom) en die tydeenhede (bereken volgens die formule in wysiger 0023) en die toepaslike wysigers (verwys na wysigers 0037-0044). In geval van operatiewe prosedures aan die spier-skeletstelsel, oop frakture en oop reduksie van frakture en ontwrigtings, tel eenhede by soos uitgelê in wysigers 5441 tot 5448							
0023	The basic anaesthetic units are laid down in the guide to tariffs and are reflected in the anaesthetic column. These basic anaesthetic units reflect the anaesthetic risk, the technical skill required of the anaesthesiologist/anaesthetist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis ● Die basiese narkose-eenhede word in die riglyn tot tariewe voorgeskryf en word in die narkose kolom aangedui. Hierdie basiese narkose-eenhede is 'n weergawe van die narkoserisiko, die tegniese vaardigheid benodig deur die anestesioloog/narkotiseur en die omvang van die chirurgiese prosedure, maar sluit nie die waarde van die tyd in wat deur die toediening van narkose in beslag geneem word nie. Tydeenhede (aangedui deur "T") sal in alle gevalle by die voorgeskrewe basiese narkose-eenhede gevoeg word, en wel op die volgende wyse:							
	Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthesia, at 2.00 anaesthetic units is (R146.30) per 15 minute period or part thereof for the first hour. Should the duration of the anaesthesia be longer than one (1) hour the number of units shall be increased to 3.00 anaesthetic units (R219.45) per 15 minute period or part thereof after the first hour ● **Narkosetyd:** Vergoeding vir narkosetyd word bepaal per 15-minuutperiode of deel daarvan, bereken vanaf die aanvang van die narkose teen 2.00 narkose-eenhede is (R146.30) per 15-minuutperiode of deel daarvan vir die eerste uur. Indien die narkose langer as een (1) uur duur word die aantal eenhede verhoog na 3.00 narkose-eenhede (R219.45) per 15 minute of deel daarvan na die eerste uur		2	**146.30**	2	**146.30**		

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		3	**219.45**	3	**219.45**			
0024	**Pre-operative assessment not followed by a procedure:** If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, the assessment will be regarded as a consultation at a hospital or nursing home and the appropriate hospital consultation fee should be charged ● **Voor-narkose evaluasie wat nie deur 'n operasie gevolg word nie:** Indien 'n voor-narkose evaluasie van 'n pasiënt deur die anestesioloog/narkotiseur nie gevolg word deur 'n operasie nie, word die evaluasie as 'n besoek by die hospitaal of verpleeginrigting beskou en die toepaslike hospitaalbesoek gelde behoort gehef te word							
0025	**Calculation of anaesthesia time:** Anaesthesia time is calculated from the time that the anaesthesiologist/ anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist/anaesthetist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative nursing supervision. Where prolonged personal professional attention is necessary for the well-being and safety of a patient, the additional time spent can be charged for at the same rate as indicated above for anaesthesia time. The anaesthesiologist/anaesthetist must record the exact anaesthesia time and the additional time spent supervising the patient on the account submitted ●							
	Berekening van narkosetyd: Narkosetyd word bereken vanaf die tydstip waarop die anestesioloog/narkotiseur die pasiënt begin voorberei vir die induksie van narkose in die operasieteater of in 'n soortgelyke area en eindig wanneer die persoonlike professionele aandag van die anestesioloog/narkotiseur nie meer deur die pasiënt benodig word nie; wanneer die pasiënt binne redelike perke van veiligheid aan die gewone na-operatiewe verpleegsorg toevertrou kan word. Waar persoonlike, professionele aandag vir die beswil en veiligheid van die pasiënt vir 'n langer tydperk benodig word, word die gelde daarvoor bereken op dieselfde wyse soos hierbo uiteengesit ten opsigte van narkosetyd. Die anestesioloog/narkotiseur moet op die rekening die presiese narkosetyd asook die bykomende versorgingstyd wat die pasiënt benodig het aandui							
0027	**More than one procedure under the same anaesthesia:** Where more than one operation is performed under the same anaesthesia, the basic anaesthetic units will be that of the operation with the highest number of units ● **Meer as een operasie onder dieselfde narkose:** Wanneer meer as een operasie onder dieselfde narkose uitgevoer word, sal die basiese narkose-eenhede gelykstaan aan dié van die operasie wat die hoogste aantal eenhede dra							
0029	**Assistant anaesthesiologists:** When rendered necessary by the scope of the anaesthesia, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case of a general practitioner administering the anaesthesia ● **Assistant anestesioloë:** Wanneer die omvang van 'n narkose dit vereis, kan gebruik gemaak word van die dienste van 'n assistant anestesioloog. Die assistant anestesioloog se vergoeding sal op dieselfde basis bereken word as in die geval van 'n algemene praktisyn wat narkose toedien							
0031	**Intravenous infusion and transfusions:** Administering intravenous infusions and transfusions are considered to be a normal part of administering anaesthesia. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time ● **Intraveneuse infusies en transfusies:** Intraveneuse infusies en transfusies word beskou as deel van die normale toediening van 'n narkose. Geen bykomende gelde mag vir sodanige dienste gehef word wanneer dit voor, of gedurende werklike teater- of operasietyd gelewer word nie							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0032	**Patients in the prone position:** Anaesthesia administered to patients in the prone position shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one additional anaesthetic unit (R73.15) should be added. If the basic anaesthetic units for the procedure are 4.00 or more (R292.60), no additional units should be added • **Pasiënte in buikliggende posisie:** Narkose toegedien aan pasiënte in die buikliggende posisie sal 'n minimum van 4.00 basiese narkose-eenhede dra. Wanneer die basiese narkose-eenhede vir 'n prosedure 3.00 is, word een addisionele narkose-eenheid (R73.15) bygevoeg. Indien die basiese narkose-eenhede wat toegeken is aan die prosedure 4.00 of meer beloop (R292.60), word geen bykomende eenhede bygevoeg nie	1	73.15	1	73.15			
0033	**Participating in the general care of patients**: When an anaesthesiologist/anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthesia, such services may be remunerated at full anaesthetic rate, subject to the provisions of modifier 0035: Anaesthetic administered by a specialist anaesthesiologist/ anaesthetist and modifier 0036: Anaesthetic administered by a general practitioner • **Deelname aan die algemene sorg van pasiënte**: Wanneer dit van 'n anestesioloog/narkotiseur verlang word om deel te hê aan die algemene sorg van 'n pasiënt gedurende 'n chirurgiese prosedure, maar hy dien nie die narkose toe nie, mag sodanige dienste vergoed word teen die volle narkose tarief, onderworpe aan die bepalings van wysiger 0035: Narkose toegedien deur 'n spesialis-anestesioloog/narkotiseur en wysiger 0036: Narkose toegedien deur 'n algemene praktisyn	4	292.60	4	292.60			
0034	**Head and neck procedures:** All anaesthesia administered for diagnostic, surgical or X-ray procedures on the head and neck shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one extra anaesthetic unit (R73.15) should be added. If the basic anaesthetic units for the procedure are 4.00 or more (R292.60), no extra units should be added • **Kop- en nekprosedures:** Alle narkose wat toegedien word vir diagnostiese, chirurgiese of X-straal prosedures aan die kop en nek, sal 'n minimum van 4.00 basiese narkose eenhede dra. Wanneer die basiese narkose eenhede vir die prosedure 3.00 is, word een addisionele narkose eenheid (R73.15) bygevoeg. Indien die basiese narkose eenhede wat toegeken is aan die prosedure 4.00 of meer beloop (R292.60), word geen bykomende eenhede bygevoeg nie	1	73.15	1	73.15			
		4	292.60	4	292.60			
0035	**Anaesthesia administered by an anaesthesiologist/ anaesthetist:** No anaesthesia administered by an anaesthesiologist/anaesthetist shall carry a total value of less than 7.00 anaesthetic units (R512.05) comprising basic units, time units and the appropriate modifiers • **Narkose toegedien deur 'n anestesioloog/narkotiseur:** Geen narkose toegedien deur 'n anestesioloog/narkotiseur sal 'n totale waarde van minder as 7.00 narkose eenhede (R512.05) beloop nie insluitend basiese eenhede, tydseenhede en toepaslike wysigers	7	512.05	7	512.05			

			Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
			U/E	R	U/E	R	U/E	R	T/M
0036	**Anaesthesia administered by general practitioners:** The anaesthetic units (basic units plus time units plus the appropriate modifiers) used to calculate the fee for anaesthesia administered by a general practitioner lasting one hour or less shall be the same as that for an anaesthesiologist. For anaesthesia lasting more than one hour, the units used to calculate the fee for anaesthesia administered by a general practitioner will be 4/5 (80%) of that applicable to a specialist anaesthesiologist, provided that no anaesthesia lasting longer than one hour shall carry a total value of less than 7.00 anaesthetic units (R512.05). Please note that the 4/5 (80%) principle will be applied to all anaesthesia administered by general practitioners with the provision that no anaesthesia totalling more than 11.00 units would be reduced to less than 11.00 units in total. The monetary value of the unit is the same for both anaesthesiologists/anaesthetists ●		7	512.05	7	512.05			
	Narkose toegedien deur algemene praktisyns: Gelde vir narkose deur 'n algemene praktisyn toegedien wat een uur of korter duur sal bereken word op dieselfde wyse (basiese eenhede plus tyd eenhede plus die toepaslike wysigers) as van toepassing op die anestesioloog. Vir narkose wat langer as een uur duur sal die gelde van die algemene praktisyn bereken word teen 4/5 (80%) van die totale tarief van toepassing op die anestesioloog met die voorbehoud dat geen narkose wat langer as een uur duur 'n totale waarde van minder as 7.00 narkose-eenhede (R512.05) sal beloop nie. Let asseblief op dat die 4/5 (80%) beginsel toegepas sal word op alle narkose toegedien deur algemene praktisyns met die voorwaarde dat geen narkose met 'n totale waarde van meer as 11.00 eenhede verlaag sal word na minder as 11.00 eenhede in totaal nie. Die geldwaarde van 'n eenheid bly dieselfde vir beide anestesioloë/narkotiseurs								

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
	Note: Modifying units may be added to the basic anaesthetic unit value according to the following modifiers (0037-0044, 5441-5448) **Opmerking:** Wysigerseenhede mag tot die basiese narkose-eenhede bygevoeg word volgens die volgende wysigers (0037-0044, 5441-5448)						
0037	**Body hypothermia:** Utilisation of total body hypothermia: Add 3.00 anaesthetic units ● **Liggaamshipotermie:** Aanwending van totale liggaams-hipotermie: Voeg 3.00 narkose-eenhede by					3	219.45
0038	Peri-operative blood salvage: Add 4.00 anaesthetic units for intra-operative blood salvage and 4.00 anaesthetic units for post-operative blood salvage ● **Peri-operatiewe bloedherwinning:** Voeg 4.00 narkose-eenhede by vir intra-operatiewe bloedherwinning en 4.00 narkose-eenhede vir post-operatiewe bloedherwinning					4	292.60
0039	Deliberate control of blood pressure: All cases up to one hour: Add 3.00 anaesthetic units, thereafter add 1 (one) additional anaesthetic unit (R73.15) per quarter hour or part thereof (PLEASE INDICATE THE TIME IN MINUTES) ● **Doelbewuste beheer van bloeddruk:** Alle gevalle tot en met een uur: Voeg 3.00 narkose-eenhede by, daarna word 1(een) bykomende narkose-eenheid (R60.50) bygevoeg per kwartier of gedeelte daarvan.(DUI ASSEBLIEF DIE TYD IN MINUTE AAN)					3	219.45
0041	**Hyperbaric pressurisation:** Utilisation of hyperbaric pressurisation: Add 3.00 anaesthetic units ● **Hiperbariese druk:** Gebruik van hiperbariese druk: Voeg 3.00 narkose-eenhede by					3	219.45
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3.00 anaesthetic units I Buiteliggaamlike sirkulasie: Gebruik van buiteliggaamlike sirkulasie: Voeg 3.00 narkose-eenhede by					3	219.45
	MUSCULO-SKELETAL SYSTEM ● SPIER-SKELET STELSEL **MODIFIERS GOVERNING ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS ● WYSIGERS VAN TOEPASSING OP NARKOSEGELDE VIR ORTOPEDIESE OPERASIES** **Modifiers 5441 to 5448 ● Wysigers 5441 tot 5448** Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items) ● Wysiging van die narkosetarief in gevalle van operatiewe prosedures op die spier-skeletstelsel, oop frakture en oop reduksie van frakture en ontwrigtings word gereël deur die byvoeging van eenhede soos deur wysigers 5441 tot 5448 aangedui. (Die letter "M" is aangeteken by die eenhede van die toepaslike items, ten einde identifikasie van die betrokke items te vergemaklik)						
5441	Add one (1.00) anaesthetic unit, except where the procedure refers to the skeletal bones named in modifiers 5442 to 5448 ● Voeg een (1.00) narkose-eenheid by, behalwe waar die prosedure betrekking het op die skeletbene wat genoem word in wysigers 5442 tot 5448					1	73.15
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 ● Skouer, skapula, klavikula, humerus, elmbooggewrig, boonste 1/3 van tibia, kniegewrig, patella, mandibula en tempero-mandibulêre gewrig: Voeg twee (2.00) narkose-eenhede by					2	146.30
5443	Maxillary and orbital bones: Add three (3.00) anaesthetic units ● Maksillêre en orbitale bene: Voeg drie (3.00) narkose-eenhede by					3	219.45
5444	Shaft of femur: Add four (4.00) anaesthetic units ● Skag van femur: Voeg vier (4.00) narkose-eenhede by					4	292.60
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5.00) anaesthetic units ● Werwelkolom (behalwe koksieks), pelvis, heup, nek van femur: Voeg vyf (5.00) narkose-eenhede by.					5	365.75
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8.00) anaesthetic units ● Sternum en/of ribbe en spier-skeletprosedures wat 'n intra-torakale toegang behels: Voeg agt (8.00) narkose-eenhede by					8	585.20

			Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
			U/E	R	U/E	R	U/E	R	T/M
0045	**Post-operative alleviation of pain • Na-operatiewe pynverligting**								
	(a) When a regional or nerve block is performed in theatre for post-operative pain relief, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique • Wanneer 'n streeksblok of senuweeblok in die teater uitgevoer word vir post-operatiewe pynverligting, kan die toepaslike itemkode (items 2799-2804) gehef word, solank genoemde blok nie die primêre narkosetegniek is nie								
	(b) When a regional or nerve block procedure is performed in the ward or nursing facility, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique • Wanneer 'n streeksblok of senuweeblok in die saal of verpleeginrigting uitgevoer word vir post-operatiewe pynverligting, kan die toepaslike itemkode (items 2799-2804) gehef word, solank genoemde blok nie die primêre narkosetegniek is nie								
	(c) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain in the ward or nursing facility, it will be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility • Wanneer 'n tweede mediese praktisyn die streeksblok of senuweeblok vir na-operatiewe pynverligting in die saal of verpleeginrigting toedien, sal gelde gehef word volgens die betrokke prosedure vir die toedien van die terapie. Herbesoeke word volgens die toepaslike opvolgbesoek vir 'n pasiënt by 'n saal of verpleeginrigting gehef								
	(d) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID's (non-steroidal anti-inflammatory drugs) • Geeneen van die bogemelde is van toepassing op roetine na-operatiewe behandeling vir pyn, bv. binnespierse, binneaarse of subkutane toediening van opiate, of NSAIDS (non-steroïd anti-inflammatoriese middels) nie								

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST UTILISING AN INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM) ● WYSIGER VAN TOEPASSING OP GELDE VIR 'N ANESTESIOLOOG WAT GEBRUIK MAAK VAN 'N INTRA-AORTIESE BALLONPOMP (KARDIO-VASKULêRESTELSEL)							
0100	**Intra-aortic balloon pump:** Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75.00 clinical procedure units is applicable ● **Intra-aortiese ballonpomp:** Waar 'n anestesioloog verantwoordelik is vir die beheer van 'n intra-aortiese ballonpomp is 'n tarief van 75.00 kliniese prosedure eenhede van toepassing					75	1,173.75	
	MUSCULO-SKELETAL SYSTEM ● SPIER-SKELETSTELSEL MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF ● WYSIGERS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEF							
0046	Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed **within one month** by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, the full fee for the initial treatment is applicable ● Waar gedurende die behandeling van 'n spesifieke fraktuur of ontwrigting (oop of geslote) 'n aanvanklike prosedure **binne een maand** gevolg word deur 'n oop reduksie of interne fiksasie, buite-skeletfiksasie of beenoorplanting aan dieselfde been, word die gelde vir die aanvanklike behandeling van die spesifieke fraktuur of ontwrigting met 50% verminder. Let wel: Hierdie vermindering sluit nie die assistentsgelde in waar van toepassing nie. Na verloop van 'n maand is die volle gelde vir die aanvanklike behandeling betaalbaar							
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis PROVIDED that the cumulative amount does NOT exceed the fee for a reduction ● Vir 'n fraktuur wat NIE reduksie vereis nie word 'n bedrag bereken volgens die gelde per diens gelewer MITS die kumulatiewe bedrag NIE die gelde vir 'n reduksie oorskry nie							
0048	Where in the treatment of a fracture or dislocation an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27.00 clinical procedure units (not including after-care) ● Indien die aanvanklike geslote behandeling van 'n fraktuur of ontwrigting binne een maand opgevolg word deur verdere geslote reduksies onder algemene narkose, sal die gelde vir sodanige reduksies 27.00 kliniese prosedure eenhede beloop (nasorg nie ingesluit nie)	27	**422.55**	27	**422.55**			
0049	Except where otherwise specified, in cases of compound [open] fractures, 77.00 clinical procedure units (specialists and general practitioners) are to be added to the units for the fractures including debridement [a fee for the debridement may not be charged for separately] ● In gevalle van oop frakture word 77.00 kliniese prosedure eenhede (R906.30) (spesialiste en algemene praktisyns) bygetel by die eenhede vir die fraktuur, behalwe waar elders anders gespesifiseer, debridement ingesluit [gelde vir die debridement mag nie addisioneel voor gehef word nie]	77	**1,205.05**	77	**1,205.05**			
0050	In cases of a compound [open] fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either modifier 0049: Cases of compound [open] fractures, or modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either modifier 0049: Cases of compound [open] fractures or modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable) ●							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	In geval van 'n oop fraktuur waar 'n debridement gevolg word deur interne fiksasie (uitgesluit fiksasie met Kirschner drade, sowel as frakture van hande en voete), mag die volle bedrag volgens wysiger 0049: Gevalle van oop frakture, of wysiger 0051: Frakture wat oop reduksie, interne fiksasie, buite-skeletfiksasie en/of beenoorplanting vereis, by die gelde vir die betrokke prosedure gevoeg word, plus die helfte van die bedrag volgens die tweede wysiger (óf wysiger 0049: Gevalle van oop frakture, óf wysiger 0051: Frakture wat oop reduksie, interne fiksasie, buite-skeletfiksasie en/of beenoorplanting vereis, soos toepaslik)	105	**1,643.25**	105	**1,643.25**			
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists and general practitioners add 77.00 clinical procedure units ● Frakture wat oop reduksie, interne fiksasie, buite-skeletfiksasie en/of beenoorplanting vereis: Spesialiste en algemene praktisyns voeg 77.00 kliniese prosedure eenhede by	77	**1,205.05**	77	**1,205.05**			
0053	Fractures requiring percutaneous internal fixation [insertion and removal of fixatives (wires) into of fingersand toes]: Specialists and general practitioners add 32.00 clinical procedure units ● Frakture wat perkutane interne fiksasie vereis [inplasing en verwydering van fikseermiddels (drade) ten opsigte van vingers en tone]: Spesialiste en algemene praktisyns voeg by 32.00 kliniese prosedure eenhede	32	**500.80**	32	**500.80**			
0055	Dislocation requiring open reduction: Units for the specific joint plus 77.00 clinical procedure units for specialists and general practitioners ● Ontwrigting wat oop reduksie vereis: Eenhede vir die spesifieke gewrig plus 77.00 kliniese prosedure eenhede vir spesialiste en algemene praktisyns	77	**1,205.05**	77	**1,205.05**			
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total by 50% and add to the total for the first foot ● Veelvuldige prosedures op voete: Met veelvuldige prosedures op voete word die gelde vir die eerste voet volgens wysiger 0005: Meer as een procedure/operasie onder dieselfde narkose uitgewerk. Gelde vir die tweede voet word op dieselfde manier uitgewerk, die tweede totaal word na 50% verminder en by die totaal vir die eerste voet getel							
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100% of the fee ● Hersieningsoperasie vir totale gewrigsvervanging en onmiddellike herinplasing (met of sonder infeksie): gelde soos vir totale gewrigsvervanging + 100% van die gelde							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	MODIFIER GOVERNING COMBINED PROCEDURES ON THE SPINE • WYSIGER VAN TOEPASSING OP GEKOMBINEERDE PROSEDURES OP DIE WERWELKOLOM							
0061	**Combined procedures on the spine:** In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed • **Gekombineerde prosedures op die werwelkolom:** In gevalle van gekombineerde prosedures op die werwelkolom, is beide die ortopediese chirurg en die neurochirurg geregtig op die volle gelde vir die deel van die operasie deur elkeen verrig							
	MODIFIERS GOVERNING THE SUBSECTION REPLANTATION SURGEY • WYSIGERS VAN TOEPASSING OP DIE ONDERAFDELING REPLANTASIE CHIRURGIE							
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure • Indien twee spesialiste saam aan 'n replantasie prosedure werk, is elkeen geregtig op twee derdes van die gelde vir die prosedure							
0064	Where a replantation procedure (or toe to thumb transfer) is unsuccessful no further surgical fee is payable for amputation of the non-viable parts • Indien 'n replantasie prosedure (of toon na duim verplanting) onsuksesvol is, is geen verdere gelde betaabaar vir amputasie van die nie-lewensvatbare dele nie							
	MODIFIER GOVERNING THE SECTION LARYNX • WYSIGER VAN TOEPASSING OP DIE AFDELING LARINKS							
0067	Microsurgery of the larynx: Add 25% to the fee for the procedure performed. (For other operations requiring the use of an operation microscope, the fee shall include the use of the microscope, except where otherwise specified in the Tariff Guide) • Mikrochirurgie aan die larinks: Die bedrag soos vir die prosedure uitgevoer plus 25 % van die gelde (Die gelde vir ander operasies waar 'n operasiemikroskoop gebruik moet word, sluit die gebruik van 'n operasiemikroskoop in behalwe waar anders in die Tariefriglyn gespesifiseer)							
	MODIFIERS GOVERNING NASAL SURGERY • WYSIGERS VAN TOEPASSING OP CHIRURGIE VAN DIE NEUS							
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee for the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083 • Wanneer endoskopiese instrumente tydens intranasale chirurgie gebruik word: Voeg 10% van die gelde vir die prosedure wat uitgevoer is by. Slegs van toepassing op items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 en 1083							
	MODIFIER GOVERNING OPEN PROCEDURE(S) WHEN PERFORMED THROUGH THORACOSCOPE • WYSIGER VAN TOEPASSING OP OOP PROSEDURE(S) WANNEER TORAKOSKOPIES UITGEVOER WORD							
0070	Add 45.00 clinical procedure units to procedure(s) performed through a thoracoscope • Voeg 45.00 kliniese prosedure-eenhede by oop prosedure(s) wat torakoskopies uitgevoer word	45	**704.25**	45	**704.25**			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	MODIFIER GOVERNING GASTROENTEROLOGY PROCEDURES • WYSIGER VAN TOEPASSING OP GASTROENTEROLOGIESE PROSEDURES							
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33,33% (1/3) of that fee (plus ("+") codes excluded) will apply where endoscopic procedures are performed with own equipment • Die basiese gelde vir die prosedure plus 33,33% (1/3)van die gelde (plus ("+") kodes uitgesluit) sal van toepassing wees op alle endoskopiesee prosedures wat met eie toerusting uitgevoer word							
	MODIFIER GOVERNING FEES FOR ENDOSCOPIC PROCEDURES • WYSIGER VAN TOEPASSING OP GELDE VIR ENDOSKOPIESE PROSEDURES							
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in own procedure rooms. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff guide • Die gelde, plus 21.00 kliniese prosedure eenhede, sal van toepassing wees waar endoskopiese prosedures in eie prosedure kamers uitgevoer word. Let wel: Wysiger 0075 is nie van toepassing op enige items vir diagnostiese prosedures in die otorinolaringologie-afdelings van die tariefriglyn nie	21	**328.65**	21	**328.65**			
	MODIFIER GOVERNING THE SECTION ON PHYSICAL TREATMENT • WYSIGER VAN TOEPASSING OP DIE AFDELING FISIESE BEHANDELING							
0077	(a) When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatment modalities for which separate fees may be charged (Only applicable if services are provided by a specialist in physical medicine) • Wanneer twee afsonderlike areas tegelykertyd vir heeltemal verskillende toestande behandel word, word sodanige behandeling beskou as twee behandelingmodaliteite waarvoor afsonderlike gelde gehef kan word (Slegs van toepassing indien dienste deur 'n spesialis in fisiese geneeskunde gelewer word)							
	(b) The number of treatment sessions for a patient for which the Commissioner shall accept responsibility is limited to 20. If further treatment sessions are necessary liability for payment must be arranged in advance with the Compensation Fund • Die aantal behandelingsessies vir 'n pasient waarvoor die Vergoedingsfonds aanspreeklikheid aanvaar word tot 20 beperk. Indien verdere behandelingsessies benodig is, moet aanspreeklikheid vir betaling daarvoor vooraf met die Vergoedingsfonds onderhandel word							
	Note: Physiotherapy administered by a non-specialist medical practitioner who is already in charge of the general treatment of the employee concerned, or by any partner, assistant or employee of such practitioner, or any other practitioner or radiologist should be embarked upon only with the express approval of the Commissioner. Such approval should be requested in advance							
	Opmerking: Fisioterapie wat toegedien word deur 'n geneesheer wat nie 'n spesialis is nie en wat reeds vir die algemene behandeling van die betrokke werknemer verantwoordelik is, of wat toegedien word deur 'n vennoot, assistent of werknemer van so 'n geneesheer of enige ander algemene praktisyn of radioloog behoort slegs te geskied met die uitdruklike goedkeuring van die Vergoedingsfonds. Daar behoort vooraf goedkeuring gedoen te word							
	MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY • WYSIGER VAN TOEPASSING OP DIE AFDELING MEDIESE PSIGOTERAPIE							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (Items 2957, 2974 or 2975): Individual psychotherapy (specify type) ● Indien 'n eerste konsultasie/besoek onmiddellik gevolg word deur, of oorgaan in 'n mediese psigoterapeutiese prosedure, sal die gelde vir die prosedure bereken word volgens die toepaslike indivduele psigoterapie kode (Items 2957, 2974 of 2975)							
	MODIFIERS GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY ● WYSIGERS VAN TOEPASSING OP DIE AFDELING DIAGNOSTIESE RADIOLOGIE							
0001	**Emergency or unscheduled radiological services:** For emergency or unscheduled radiological services (Refer to rule B) the additional fee shall be 50% of the fee for the particular service (section 19.12: Portable unit examinations excluded). Emergency and unscheduled MR scans, a maximum levy of 100.00 Radiological units is applicable	*100*	**1,637.00**					
0002	**Written report on X-rays:** The lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere ● **Geskrewe verslag oor X-strale:** Die laagste vlak itemkode vir 'n nuwe pasiënt (spreekkamer) besoek, is van toepassing slegs wanneer 'n radioloog gevra word om 'n skriftelike verslag te voorsien aangaande X-strale wat elders geneem is en aan hom voorgelê word. Die bogemelde item en die laagste vlak itemkode vir 'n aanvanklike hospitaal besoek, moet nie gebruik word vir die roetine verslaggewing aangaande X-strale wat elders geneem is nie							
0080	Multiple examinations: Full Fee ● Veelvuldige ondersoeke: Volle tarief							
0081	Repeat examinations: No reduction ● Her-ondersoeke: Geen vermindering							
0082	Plus ("+") means that this item code is complementary to a preceding item code and is therefore not subject to reduction. The amount for plus ("+") procedures must not be added to the amount for the definitive item and must appear on a separate line on the account ● Plus ("+") beteken dat hierdie itemkode saam met 'n vorige itemkode gebruik word en daarom nie aan vermindering onderworpe is nie. Hierdie plus ("+") item word nie ingereken in die gelde vir die prosedure nie en moet op 'n aparte reël op die rekening aangedui word.							
0083	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used ● 'n Vermindering van 33,33% (1/3) van die gelde sal van toepassing wees op radiologiese ondersoeke, soos aangedui in afdeling 19: Radiologie wat met hospitaaltoerusting uitgevoer word							
	Note in respect of fees payable when X-rays are taken by general practitioners ● Opmerking met betrekking tot betaling van gelde waar X-strale deur algemene praktisyns geneem word:							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
If the services of a radiologist were normally available, it is expected that these should be utilised. Should circumstances be unfavourable for obtaining such services at the time of the first consultation, the general practitioner may take the initial X-ray photograph himself provided he submitted a report to the effect that it was in the best interest of the employee for him to have done so. Subsequent X-ray photographs of the same injury, however, must be taken by a radiologist who has to submit the relevant reports in the normal manner ● As die dienste van 'n radioloog normaalweg beskikbaar is word verwag dat daarvan gebruik gemaak sal word. As omstandighede ten tyde van die eerste konsultasie ongunstig is om sodanige dienste te bekom, kan die algemene praktisyn self die eerste X-straalfoto's neem mits hy 'n verslag indien te dien effekte dat dit in die beste belang van die werknemer was dat die foto's deur hom geneem is. Daaropvolgende X-straalfoto's van dieselfde besering moet egter deur 'n radioloog geneem word wat die toepaslike verslae op die gebruiklike wyse moet indien								
1. When a general practitioner takes X-ray photographs with his own equipment, if the services of a specialist radiologist were not available, he may claim at the prescribed fee ● Indien 'n algemene praktisyn X-straalfoto's met sy eie apparaat neem waar die dienste van 'n spesialis radioloog onverkrygbaar is, mag hy die voorgeskrewe gelde vir die neem van die foto's eis								
2. (i) If a general practitioner ordered an X-ray examination at a provincial hospital where the services of a specialist radiologist are available, it is expected that the radiologist shall read the photographs for which he is entitled to one third of the prescribed fee ● Indien 'n algemene praktisyn 'n X-straalonderscek by 'n provinsiale hospitaal aanvra waar die dienste van 'n spesialis radioloog beskikbaar is word verwag dat die radioloog die X-straalfoto's sal lees waarvoor hy een derde van die voorgeskrewe gelde mag eis								
(ii) If the radiographer of the hospital was not available and the general practitioner had to take the X-ray photographs himself, he may claim 50% of the prescribed fee for the service. In that case, however, he should get written confirmation of his X-ray findings from the radiologist as soon as possible. The radiologist may then claim one third of the prescribed fee for such service ● Indien die hospitaal se radiografis nie beskikbaar is nie en die algemene praktisyn moet self die X-straalfoto's neem, kan hy 50% van die voorgeskrewe tarief vir daardie diens eis. In so 'n geval egter moet die radioloog so gou doenlik die algemene praktisyn se X-straalbevindings in 'n geskrewe verslag bevestig waarvoor die radioloog dan een derde van die voorgeskrewe tarief mag eis								
3. If a general practitioner ordered an X-ray examination at a provincial hospital where no specialist radiological services are available, the general practitioner will not be paid for reading the X-ray photographs as such a service is considered to be an integral part of routine diagnosis, but if he was requested by the Compensation Fund to submit a written report on the X-ray findings, he may claim two thirds of the prescribed fee in respect thereof ● Indien die algemene praktisyn 'n X-straalondersoek by 'n provinsiale hospitaal aanvra waar daar geen dienste deur 'n spesialis radioloog gelewer word nie sal hy nie vir die lees van die foto's vergoed word nie aangesien dit as 'n integrale deel van die diagnose beskou word, maar indien hy deur die Vergoedingsfonds versoek word om 'n skriftelike verslag oor die X-straal bevindinge in te dien, kan hy twee derdes van die voorgeskrewe tarief daarvoor eis								
4. If a general practitioner had to take and read X-ray photographs at a provincial hospital where the services of a radiographer and a specialist radiologist are not available he/she may claim 50% of the prescribed fee for such service ● Indien 'n algemene praktisyn self X-straalfoto's moet neem en lees by 'n provinsiale hospitaal waar die dienste van 'n radiografis en 'n spesialis radioloog nie beskikbaar is nie kan hy/sy 50% van die voorgeskrewe tarief vir daardie diens eis								

			Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
			U/E	R	U/E	R	U/E	R	T/M
0084	**Charging for films and thermal paper by non-radiologists:** In the case of radiological services rendered by non-radiologists where film, thermal paper or magnetic media are used, these media is charged for according to the film price of 2002, as compiled by the Radiological Society of South Africa (This list is available on request at coding@samedical.org) ● **Verhaling van films en ultraklankpapier koste deur nie-radioloë:** In geval van radiologiese dienste wat deur nie-radioloë gelewer word en waar van film, ultraklankpapier of magnetiese band gebruik gemaak word, word die filmkoste verhaal volgens die 2002 filmpryslys. soos saamgestel deur die Radiologiese Vereniging van SA. (Hierdie inligting is verkrygbaar op versoek van coding@samedical.org)								
0085	**Left side:** Add to items 6500-6519 as appropriate when the left side is examined. The absence of the modifier indicates that the right side is examined ● **Linkerkant:** Voeg by items 6500-6519 soos toepaslik wanneer die linkerkant ondersoek is. Afwesigheid van die wysiger dui aan dat die regterkant ondersoek is								

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	MODIFIER GOVERNING VASCULAR STUDIES ● WYSIGER VAN TOEPASSING OP VASKULêRE STUDIES							
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to an increase in terms of modifier 0080: Multiple examinations ● Vaskulêre groepe: "Filmreeks" en "Inplaas van Kontrasmedia" vul mekaar aan en vorm saam 'n enkele ondersoek: die gelde betaalbaar vir hierdie items is gevolglik nie onderworpe aan verhoging ooreenkomstig die bepalings van wysiger 0080: Veelvuldige ondersoeke, nie							
	PLEASE NOTE: Modifier 0083 is not applicable to Section 19.8 of the tariff							
	LET WEL: Wysiger 0083 is nie van toepassing op Afdeling 19.8 van die tarief nie							
	Rules applicable to vascular studies ● Reëls van toepassing op vaskulêre studies							
	(a) The machine fee (items 3536 to 3550) includes the cost of the following ● Die gelde vir toerusting gebruik (items 3536 tot 3550) sluit die koste van die volgende in:							
	All runs (runs may not be billed for separately) ● Alle lopies (daar mag nie afsonderlik vir lopies gelde gehef word nie)							
	All film costs (modifier 0084 is not applicable) ● Alle filmkoste (wysger 0084 is nie van toepassing nie)							
	All fluoroscopies (item 3601 does not apply) ● Alle fluoroskopieë (item 3601 is nie van toepassing nie)							
	All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, anti-embolic agents, drugs and contrast media) ● Alle minor wegdoenbare materiaal (gedefinieer as enige item anders as kateters, gidsdrade, inplasingstoestelle, gespesialiseerde kateters, ballonkateters, stente, anti-emboliese middels, verdowingsmiddels en kontrasmedia)							
	(b) The machine fee (item codes 3536 to 3550) may only be charged for once per case per day by the owner of the equipment and is only applicable to radiology practices ● Die toerustingstarief (itemkodes 3536 tot 3550) mag slegs een keer per geval per dag deur die eienaar van die apparaat gehef word en is slegs van toepassing vir radiologiese praktyke							
	(c) If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the theam should charge at their respective full rates as per modifiers and the applicable codes ● Indien 'n prosedure deur 'n nie-radioloog en 'n radioloog as 'n span uitgevoer is in 'n fasiliteit wat deur die radioloog besit word, kan elke spanlid die respektiewe volle gelde hef volgens wysigers en die toepaslike kodes							
	(d) If a procedure is performed by a non-radiologist and a radiologist as a team, in a facility not owned by the radiologist, modifier 6301 and modifier 6302 applies ● Indien 'n prosedure uitgevoer word deur 'n nie-radioloog en 'n radioloog as 'n span in 'n fasiliteit wat nie deur die radioloog besit word nie, is wysiger 6301 en wysiger 6302 van toepassing							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	MODIFIERS GOVERNING VASCULAR STUDIES AND INTERVENTIONAL RADIOLOGY PROCEDURES • WYSIGERS VAN TOEPASSING OP VASKULêRE STUDIES EN INTERVENSIONELE RADIOLOGIE PROSEDURES							
6300	If a procedure lasts less than 30 minutes only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account) • Indien 'n prosedure minder as 30 minute duur word slegs 50% van die toerusting gelde vir items 3536-3550 toegelaat (spesifiseer duur van prosedure op rekening)							
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged) • Indien 'n prosedure uitgevoer word deur 'n radioloog in 'n fasiliteit wat nie deur hom/haar besit word nie, word gelde met 40% verminder (d.w.s. 60% van die tarief word gehef)							
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged) • Wanneer 'n prosedure deur 'n nie-radioloog uitgevoer word, word die gelde met 40% verminder (d.w.s. 60% van die tarief word gehef)							
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure • Wanneer 'n prosedure in sy geheel deur 'n nie-radioloog uitgevoer word in 'n fasiliteit wat deur 'n radioloog besit word, hef die radioloog wat die fasiliteit besit 55% van die prosedure eenhede wat gebruik word. Wysiger 6302 is van toepassing op die nie-radioloog wat die prosedure uitvoer							
6305	When multiple catheterisation procedures are performed (item codes 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20.00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value • Wanneer veelvuldige kateterisasie prosedures uitgevoer word (itemkodes 3557, 3559, 3560, 3562) en 'n angiogramondersoek op elke vlak gedoen word, word die aantal eenhede van elke sodanige prosedure met 20.00 radiologiese eenhede verminder na die aanvanklike kateterisasie. Die volle gelde (100%) word vir die eerste kateterisasie gehef							
	MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS • WYSIGERS VAN TOEPASSING OP DIE AFDELING ULTRAKLANK ONDERSOEKE							
0160	Aspiration of biopsy procedure performed under direct ultrasonic control by an ultrasonic aspiration biopsy transducer (Static Real time): Fee for body part examined plus 30% of the units • Aspirasie van biopsie prosedure uitgevoer onder direkte ultrasoniese kontrole d.m.v. 'n ultrasoniese aspirasie biopsie klankkop (Statiese Reële tyd): Gelde vir die liggaamsdeel wat ondersoek word plus 30% van die eenhede							
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units • Gebruik van kontras gedurende ultraklank studie: voeg 6.00 ultraklankeenhede by	6	**92.76**					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES • WYSIGER VAN TOEPASSING OP INTERVENSIONELE RADIOLOGIESE PROSEDURES							
0090	**Radiologist's fee for participation in a team:** 30.00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is personally involved, and not for interpretation of images only) • **Radioloog se gelde vir deelname in 'n span:** 30.00 radiologiese eenhede per ½ uur of gedeelte daarvan vir alle intervensionele radiologiese prosedures. Voor- of na-operatiewe angiografie, kateterisasie, rekenaartomografie, ultraklank- of x-straalondersoeke is uitgesluit. (Mag slegs gehef word indien die radioloog persoonlik deelneem, en kan nie gehef word slegs vir die vertolking van beelde alleen nie)	30	**491.10**	30	**491.10**			
	MODIFIERS GOVERNING MAGNETIC RESONANCE IMAGING • WYSIGERS VAN TOEPASSING OP MAGNETIESE RESONANSIE BEELDING							
6100	In order to charge the full fee (600.00 magnetic resonance units for an examination of a specific single anatomical region, the investigation should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes • Om die volle gelde (600.00 magnetiese resonansie-eenhede vir 'n ondersoek van 'n bepaalde enkele anatomiese liggaamsdeel te hef, moet die ondersoek uitgevoer word met die toepaslike radiofrekwensielus wat T1 en T2 opnames insluit op ten minste twee vlakke	600	**9,822.00**					
6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged - also applicable to all radiotherapy planning studies, per region • Waar 'n beperkte reeks van 'n spesifieke anatomiese liggaamsdeel uitgevoer word (been tumor uitgesluit) bv. vir 'n okkulte stres fraktuur, mag nie meer as twee-derdes (2/3) van die gelde gehef word nie - ook van toepassing op alle radioterapie beplanningstudies, per streek							
6102	All post-contrast studies (except bone tumour) including perfusion studies should be charged at 50% of the fee • Alle na-kontras studies (behalwe been tumor) perfusiestudies ingesluit moet teen 50% van die tarief gehef word							
	Note: In cases where a **Magnetic Resonance Imaging of any anatomical region** is deemed necessary, written motivation must be submitted by the practitioner who requested the examination and attached to the account upon which the Compensation Fund will consider approval of payment **Opmerking:** Indien **'n Magnetiese Resonansie Beelding van enige liggaamsdeel** aangevra word, moet skriftelike motivering deur die praktisyn wat die ondersoek aangevra het saam met die rekening voorgelê word waarna goedkeuring vir betaling deur die Verfgoedingsfonds oorweeg sal word							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	MODIFIERS GOVERNING THE SECTION RADIATION ONCOLOGY • WYSIGERS VAN TOEPASSING OP DIE AFDELING BESTRALINGSONKOLOGIE							
0093	The fees for radiation oncology shall apply only where a specialist in radiation oncology uses his own apparatus I Die gelde vir bestralingsonkologie geld net waar die spesialis in bestralingsonkologie sy eie apparaat gebruik							
	MODIFIERS GOVERNING THE SECTION PATHOLOGY • WYSIGERS VAN TOEPASSING OP DIE AFDELING PATOLOGIE							
0097	**Pathology tests performed by non-pathologists:** Where item codes resorting under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee should be charged at two-thirds of the pathologists tariff • **Patologiese toetse uitgevoer deur nie-patoloë:** Wanneer itemkodes wat onder Kliniese Patologie (afdeling 21) en Anatomiese Patologie (afdeling 22) resorteer, ook deur ander spesialiste of algemene praktisyns uitgevoer word, moet die gelde teen twee derdes van die patoloog se tarief gehef word							
0099	**Stat basis tests:** For tests performed on a stat basis, an additional fee of 50% of the fee for the particular pathology service shall apply, with the following provisos • **Statbasistoetse:** Vir toetse uitgevoer op 'n stat basis, sal 'n bykomende gelde van 50% van die tarief vir die betrokke patologiese diens van toepassing wees, met die volgende voorwaardes:							
	Stat tests may only be requested by the referring practitioner and not by the pathologist • Versoeke vir toetse op 'n stat basis mag slegs deur die verwysende praktisyn gerig word en nie deur die patoloog nie							
	Specimens must be collected on a stat basis where applicable • Monsters moet, waar van toepassing, op 'n stat basis bekom word							
	Test must be performed on a stat basis • Toetse moet op 'n stat basis uitgevoer word							
	Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained • Dokumentasie (of 'n kopie daarvan) met betrekking tot die versoek van die verwysende praktisyn, moet bewaar word							
	This modifier will only apply during normal working hours and will never be used in combination with item code 4547: After-hours service • Hierdie wysiger sal slegs van toepassing wees gedurende normale werkure en sal nooit saam met itemkode 4547: Diens buite normale werkure, gebruik word nie.							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
I. CONSULTATIONS ● KONSULTASIES								
	The amounts in this section are calculated according to the **Consultation Services** unit values, except for items 0181, 0186 and 0151 ● Die bedrae in hierdie afdeling word volgens die **Konsultasiedienste** eenheidswaardes bereken, behalwe items 0181, 0186 en 0151							
GENERAL PRACTITIONERS AND ALL SPECIALISTS ● ALGEMENE PRAKTISYNS EN ALLE SPESIALISTE								
	a. Only one of items 0181-0186 as appropriate may be charged for a single service and not combinations thereof ● Slegs een van items 0181-0186 wat toepaslik is mag gehef word vir 'n diens en nie kombinasies daarvan nie							
	b. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration ● Hierdie dienste moet met die pasiënt persoonlik wees en sluit die tyd gebruik om spesiale ondersoeke uit te voer, waarvoor bykomende vergoeding geëis kan word, uit.							
	c. Only item 0146 may be charged as appropriate thereof ● Slegs items 0146 soos toepaslik mag gehef word.							
	d. A subsequent visit refers to a voluntarily scheduled visit performed for the same condition within four (4) months after the first visit (although the symptoms or complains may differ from those presented during the first visit ● 'n Opvolgbesoek verwys na 'n willekeurig geskeduleerde besoek wat binne vier (4) maande na 'n eerste besoek in verband met dieselfde siektetoestand uitgevoer word							
	e. Items 0181 and 0186 include renumeration for the completion of the first, progress and final medical reports. Item 0186 may be charged for a visit to complete a final medical report ● Items 0181 en 0186 sluit vergoeding in vir die voltooiing van die eerste, vorderings en finale mediese verslae. Item 0186 mag geëis word vir 'n besoek om 'n finale mediese verslag te voltooi.							
	NEW PATIENT● NUWE PASIëNT							
0181	Visit for a new problem / new patient with problem focused history, examination and management up **20 minutes●** Besoek vir 'n nuwe probleem / nuwe pasiënt met probleem-gefokusde geskiedenis, ondersoek en hantering.	*15*	**239.25**	*15*	**239.25**			
0182	Visit for a new problem / new patient with problem focused history, examination and management up **30 minutes●** Besoek vir 'n nuwe probleem / nuwe pasiënt met probleem-gefokusde geskiedenis, ondersoek en hantering.	*30*	**478.50**	*30*	**478.50**			
0183	Visit for a new problem / new patient with problem focused history, examination and management up **45 minutes.** Besoek vir 'n nuwe probleem / nuwe pasiënt met probleem-gefokusde geskiedenis, ondersoek en hantering.	*33*	**526.35**	*33*	**526.35**			
	FOLLOW-UP VISIT ● OPVOLGBESOEK							
0184	Follow-up visit for the evaluation and management of a patient ● Opvolgbesoek vir die evaluering en hantering van'n pasiënt.	*15*	**239.25**	*15*	**239.25**			
	FINAL VISIT ● FINAALBESOEK							
0186	Follow-up visit for the evaluation and management of a patient with a Final Medical Report I Opvolgbesoek vir die evaluering en hantering van'n pasiënt met 'n Finaal mediese verslag	*30*	**478.50**	*30*	**478.50**			
CONSULTATIONS: SPECIALISTS AND GENERAL PRACTITIONERS ● KONSULTASIES: SPESIALISTE EN ALGEMENE PRAKTISYNS								
0146	Emergency or unscheduled consultation/visit at the doctors home or rooms: ADD to items 0181or 0182 and 0183 as appropriate. **(General Rule B refers)** ● Vir 'n na-ure noodgeval of ongeskeduleerde konsultasie/besoek by die dokter se huis of kamers: VOEG BY items 0181 of 0182 en 0183 soos toepaslik (Algemene Reël B verwys)	+ *8*	**125.20**	*8*	**125.20**			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
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, 0146 or ICU items 1204-1214) ● Opvolgbesoek aan pasiënt by hospitaal of verpleeginrigting - Verwys na Algemene reël G(a) vir na-operatiewe sorg) (mag slegs eenmaal per dag gehef word (nie vir gebruik saam met items 0111, 0146 of intensiewe sorg items 1204-1214)	*15*	**234.75**	*15*	**234.75**			
	PRE-ANAESTHETIC ASSESSMENT ● VOORNARKOSE EVALUERING							
	a. Pre-anaesthetic consultations for all major vascular, cardio-thoracic and orthopaedic cases will attract a unit value of at least 32.00 units ● Vir voornarkose konsultasies van alle groot vaskulêre, kardiotorokale en ortopediese gevalle sal ten minste 'n eenheidswaarde van 15,00 eenhede gehef word							
	b. Only item 0146 may be charged ● Slegs items 0146 mag gehef word.							
0151	Pre-anaesthetic assessment of patient(all hours). Problem focused history, clinical examination and decision making ● Voor-narkose evaluering van pasiënt (alle ure). Probleemtoegespitste pasiëntgeskiedenis, kliniese ondersoek en besluitneming	*32*	**510.40**	*32*	**510.40**			
	GENERAL ● ALGEMEEN							
0136	Special medical examination requested by the Compensation Commissioner ● Spesiale mediese ondersoek versoek deur die Vergoedingskommissaris:							
	- Amount applicable from 2003/03/03 until 2005/01/27 (VAT inclusive) ● Bedrag van toepassing vir ondersoeke vanaf 2003/3/3 tot 2005/01/27 (BTW Ingesluit)		**1,330.01**					
	- Amount applicable from 2005/01/28 until further notice (VAT inclusive) ● Bedrag van toepassing vir ondersoeke vanaf 2005/01/28 tot verdere kennisgewing (BTW Ingesluit)		**2,248.92**					
2918	Non-operative supervision of head/brain injuries, spinal injuries (including paraplegics) or burns for all disciplines, except urologists ● Nie-operatiewe toesig van kop/brein beserings, spinale beserings (paraplieë ingesluit) of brandwonde vir alle dissiplines, behalwe uroloë.	*244*	**3,818.60**	*195.2*	**3,054.88**			
2058	Urologist: Non-surgical supervision of head/brain injuries, spinal injuries (including paraplegics) or burns. All urodynamic studies excluded and charged for separately under items 1979, 1981, 1991 and 1992 of the Tariff ● Uroloë: Nie-operatiewe toesig van kop/brein beserings, spinale beserings (insluitend peraplieë) of brandwonde. Alle urodinamiese ondersoeke uitgesluit en kan afsonderlik voor gevra word onder items 1979, 1981, 1991 en 1992 in Tarief	*117*	**1,831.05**	*93.6*	**1,464.84**			
	Note: these codes are applicable to non-operational supervision of head/brain injuries, spinal injuries or burns for all disciplines if patient is in a hospital or step-down facility. This code must be claimed where the occurance of code 0109 exceeds 20 within a period of 4 calendar months. (General Rule G and N(c) refers) ● **Neem Kennis:** hierdie kodes is van toepassing by nie operatiewe toesig van kop/brein beserings, spinale beserings of brandwonde as die patient in 'n hospitaal "step-down" fasiliteit is. Die kode word ge-eis waar die gebruik van kode 0109 meer as 20 is binne 'n periode van 4 kalender maande. (Algemene Reël G en N(c) verwys)							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
II. MEDICINE, MATERIAL, AND SUPPLIES I MEDIKASIE, MATERIAAL EN VOORRAAD								
0196	Chronic medicine and/or material indicator: Use this item to indicate medicine and/or material that are dispensed for chronic conditions ● Kroniese medikasie en/of materiaal indikator: Gebruik hierdie item om kroniese medikasie en/of materiaal verskaf vir kroniese toestande aan te dui							
0200	Cost of prostheses and/or internal fixation cost price + 20% with a maximum markup of R6006.41 ● Koste van prosteses en/of interne fikasie apparaat. Kosprys + 20% met 'n maksimum winsgrens van R2567.80							
0201	(a) Cost of material: This item provides for a charge for material and special medicine used in treatment. Material to be charged for at cost price plus 35%. Charges for medicine used in treatment not to exceed the retail Ethical Price List ● Koste van materiaal: Hierdie item maak voorsiening vir die hef van gelde vir materiaal en spesiale medisyne wat gedurende behandeling gebruik word. Kosprys plus 35% kan gehef word vir materiaal. Heffings vir medisyne gebruik by behandeling mag nie die Etiese Pryslys se kleinhandelsprys oorskry nie.							
	(b) External fixation apparatus (disposable): An amount equivalent to 25% of the purchase price of the apparatus may be charged where such apparatus is used ● Eksterne fiksasie-apparaat (wegdoenbaar): 'n Bedrag gelyk aan 25% van die aankoopprys van die apparaat kan gehef word waar sulke apparaat gebruik word.							
	(c) External fixation apparatus (non-disposable): An amount equivalent to 20% of the purchase price of the apparatus may be charged where such apparatus is used ● Eksterne fiksasie apparaat (nie-wegdoenbaar): 'n Bedrag gelyk aan 20% van die aankoopprys van die apparaat kan gehef word waar sulke apparaat gebruik word.							
	(d) In case of minor injuries requiring additional material (e.g. suturing material) payment shall be considered provided the claim is motivated ● In gevalle van geringe beserings wat bykomstige materiaal (bv. hegtingsmateriaal) benodig sal betaling oorweeg word mits die eis van 'n motivering vergesel word.							
	(e) Medicine, bandages and other essential material for home-use by the patient must be obtained from a chemist on prescription or, if a chemist is not readily available, the practitioner may supply it from his own stock provided a relevant prescription is attached to his account. Charges for medicine used in treatment not to exceed the retail Ethical Price List ● Medisyne, verbande en noodsaaklike materiaal vir tuisgebruik deur die pasiënt, word op voorskrif van 'n apteek bekom en as 'n apteek nie geredelik beskikbaar is nie, kan die geneesheer dit uit sy eie voorraad voorsien, mits hy 'n toepaslike voorskrif vir die medisyne aan sy rekening heg. Heffings vir medisyne gebruik by behandeling mag nie die Etiese Pryslys se kleinhandelsprys oorskry nie.							
0202	Setting of sterile tray: A fee of 10,00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201 ● Stel van 'n steriele blad: 'n Tarief van 10,00 kliniese prosedure eenhede kan gehef word vir die stel van 'n steriele blad waar 'n steriele prosedure in die spreekkamers uitgevoer word. Koste van hegtingsmateriaal, indien van toepassing, word volgens item 0201 gehef	*10*	**156.50**	*10*	**156.50**			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
III.	**PROCEDURES ● PROSEDURES** The amounts in this section are calculated according to the **Clinical Procedure** unit values ● Die bedrae in hierdie afdeling word volgens die **Kliniese Prosedure** eenheidswaardes bereken							
	UNLISTED PROCEDURE/SERVICE ● ONGESPESIFISEERDE PROSEDURE/DIENS							
6999	Unlisted procedure/service code: A procedure/service may be provided that is not listed in the Compensation Fund tariffs.Please quote the correct SAMA code with item 6999 ● Ongespesifiseerde prosedure/diens item: 'n Prosedure/diens mag gelewer word wat nie in die Vergoedingsfonds tarief gelys word nie. Dui asseblief die korrekte SAMA kode aan saam met item 6999							
1.	**INTRAVENOUS TREATMENT ● BINNEAARSE-BEHANDELING**							
0206	Intravenous infusions (push-in) Insertion of cannula - chargeable once per 24 hour ● Intraveneuse infuus (instoot) Inplaas van kannule - fooie hefbaar vir een uitvoering per 24 uur	*6*	**93.90**	*6*	**93.90**			
0207	Intravenous infusions (cut-down): Cut-down and insertion of cannula - chargeable once per 24 hours ● Intraveneuse infuus (Insnyding): Insny en inplaas van kannule - fooie hefbaar vir een uitvoering per 24 uur	*8*	**125.20**	*8*	**125.20**			
0208	Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations) ● Terapeutiese veneseksie (Kan nie gebruik word wanneer bloed getrek word met die oog op laboratorium ondersoeke nie)	*6*	**93.90**	*6*	**93.90**			
	Note: How to charge for intravenous infusions Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours) For managing the infusion as such e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultation							
	Opmerking: Hoe om gelde te hef vir intraveneuse infusies Praktisyns is geregtig om gelde volgens die toepaslike item te hef elke keer wanneer hulle persoonlik die kannule inplaas (maar mag nie meer dikwels as een maal per 24 uur vir hierdie diens hef nie. Geen gelde mag gehef word vir slegs die instandhouding van die infuus nie, byvoorbeeld kontrolering van die vloei of voorskryf van die inhoud, aangesien dit gereken word as deel van die dienste wat tydens konsultasies gelewer word							
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists) ● Verkryging van bloed monster(s) deur mediese praktisyn vir patologie-ondersoek, per veniseksie (uitgesluit patoloë)	3.25	**50.86**	3.25	**50.86**			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
2.	**INTEGUMENTARY SYSTEM ● HUIDSTELSEL**						
2.1	**Allergy ● Allergie**						
0217	Allergy: Patch tests: First patch ● Allergie: Plaktoetse: Eerste plaktoets	*4*	**62.60**	*4*	**62.60**		
0219	Allergy: Patch tests: Each additional patch ● Allergie: Plaktoetse: Elke bykomende toets	*2*	**31.30**	*2*	**31.30**		
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs ● Allergie: Velpriktoetse: Velpriktoetsing: Insekgif, latex en geneesmiddels	*2.8*	**43.82**	*2.8*	**43.82**		
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergens ● Allergie: Velpriktoetse: Velpriktoetsing: Onmiddelike hipersensitiwiteitstoesig (Tipe 1 reaksie): per antigeen, inaseming en voedsel allergene	*1.9*	**29.74**	*1.9*	**29.74**		
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): per antigen ● Allergie: Velpriktoetse: Velpriktoetsing: Vertraagde hipersensitiwiteitstoetsing (Tipe IV reaksie): per antigeen	*2.8*	**43.82**	*2.8*	**43.82**		
2.2	**Skin (general) ● Vel (algemeen)**						
0255	Drainage of subcutaneous abscess, onychia, paronychia, pulp space or avulsion of nail ● Dreinering van onderhuidse abses, onikie, paronikie of avulsie van nael	*20*	**313.00**	*20*	**313.00**	3	**219.45** +T
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 ● Dreinering van groot hand- of voetinfeksies; dreinering van groot abses met nekrose van weefsel, wat diep fascia betrek of wat debridement benodig; algehele uitsnyding van pilonidale sist of sinus	*87*	**1,361.55**	*87*	**1,361.55**	3	**219.45** +T
0259	Removal of foreign body superficial to deep fascia (except hands) ● Verwydering van vreemde voorwerp oppervlakkig tot diep-fascia (buiten hande)	*20*	**313.00**	*20*	**313.00**	3	**219.45** +T
0261	Removal of foreign body deep to deep fascia (except hands). ● Verwydering van vreemde voorwerp diep-tot-diep-fascia (buiten hande) **Note:** See item 0922 and 0923 for removal of foreign bodies in hands ● **Let wel:** Sien item 0922 en 0923 vir verwydering van vreemde voorwerpe uit hand	*31*	**485.15**	*31*	**485.15**	3	**219.45** +T
2.3	**Major plastic repair ● Groot plastiese herstel** **Note:** The tariff does not cover elective or cosmetic operations, since these procedures may not have the effect of reducing the percentage of permanent disablement as laid down in the Second Schedule to the Act. It is incumbent upon the treating doctor to obtain the prior consent of the Commissioner before embarking upon such treatment **Opmerking:** Hierdie tarieflys voorsien nie vir elektiewe of kosmetiese operasies nie aangesien sodanige prosedures nie altyd 'n vermindering in die graad van blywende arbeidsongeskiktheid, soos in die Tweede Bylae tot die Wet beoog, tot gevolg mag hê nie. Die geneesheer is verplig om vooraf die Kommissaris se goedkeuring te verkry, alvorens met sulke behandeling begin word						
0289	Large skin graft, composite skin graft, large full thickness free skin graft ● Groot veltransplantaat, saamgestelde vel-transplantaat, groot volle dikte vry veltransplantaat	*234*	**3,662.10**	*187.2*	**2,929.68**	4	**292.60** +T
0290	Reconstructive procedures (including all stages) and skingraft by myo-cutaneous or fascio-cutaneous flap ● Rekonstruktiewe prosedures (alle stadiums ingesluit) en veloorplanting met behulp van miokutane- of fassiokutane flap	*410*	**6,416.50**	*328*	**5,133.20**	4	**292.60** +T
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis ● Rekonstruktiewe prosedures (insluitende alle stadiums) weefseloordraging met behulp van mikrovaskulêre heranastomoses	*800*	**12,520.00**	*640*	**10,016.00**	4	**292.60** +T
0292	Distant flaps: First stage ● Velflappe uit afgeleë posisie: Eerste stadium	*206*	**3,223.90**	*164.8*	**2,579.12**	4	**292.60** +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0293	Contour grafts (excluding cost of material) ● Kontoertransplantasie (uitgesonderd koste van materiaal)	*206*	**3,223.90**	*164.8*	**2,579.12**	4	**292.60**	+T
0294	Vascularised bone graft with or without soft tissue with one or more sets micro-vascular anastomoses ● Gevaskulariseerde beenoordrag met of sonder sagteweefsel met een of meer stelle mikro-vaskulêre anastomoses	*1200*	**18,780.00**	*960*	**15,024.00**	6	**438.90**	+T
0295	Local skin flaps (large, complicated) ● Plaaslike velflappe (groot, gekompliseerd)	*206*	**3,223.90**	*164.8*	**2,579.12**	4	**292.60**	+T
0296	Other procedures of major technical nature ● Ander groot tegniese prosedures	*206*	**3,223.90**	*164.8*	**2,579.12**	4	**292.60**	+T
0297	Subsequent major procedures for repair of same lesion (Modifier 0006 not applicable) ● Daaropvolgende groot prosedures vir herstel van dieselfde letsel (Wysiger 0006 nie van toepassing nie)	*104*	**1,627.60**	*104*	**1,627.60**	4	**292.60**	+T
2.4	**Lacerations, scars, cysts and other skin lesions ● Laserasies, littekens, siste en ander velletsels**							
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care ● Hegting van sagteweefselbeserings: Hegting van wond (met of sonder lokale verdowing): Normale nasorg ingesluit.	*14*	**219.10**	*14*	**219.10**	3	**219.45**	+T
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each) ● Hegting van sagteweefselbeserings: Bykomende wonde geheg tydens dieselfde geleentheid (elk).	*7*	**109.55**	*7*	**109.55**	3	**219.45**	+T
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage ● Hegting van sagteweefsel-beserings: Diep laserasie met beperkte spierskade.	*64*	**1,001.60**	*64*	**1,001.60**	4	**292.60**	+T
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage ● Hegting van sagteweefsel-beserings: Diep laserasie met uitgebreide spierskade.	*128*	**2,003.20**	*120*	**1,878.00**	4	**292.60**	+T
0304	Major debridement of wound, sloughectomy or secondary suture ● Uitgebreide debridement van wond, nekrotektomie of sekondêre hegting	*50*	**782.50**	*50*	**782.50**	3	**219.45**	+T
0305	Needle biopsy - soft tissue I Naaldbiopsie - sagte weefsel	*25*	**391.25**	*25*	**391.25**	3	**219.45**	+T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude ● Uitsnyding en herstel deur middel van direkte hegting; eksisie naelvou of ander kleiner prosedures van dieselfde omvang	*27*	**422.55**	*27*	**422.55**	3	**219.45**	+T
0308	Each additional small procedure done at the same time ● Elke bykomende klein prosedure wat gelyktydig gedoen word	*14*	**219.10**	*14*	**219.10**	3	**219.45**	+T
0310	Radical excision of nailbed ● Radikale verwydering van naelbed	*38*	**594.70**	*38*	**594.70**	3	**219.45**	+T
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude ● Waar herstel deur middel van groot veltransplantaat of groot plaaslike velflap benodig word, of ander prosedures van soortgelyke omvang	*104*	**1,627.60**	*104*	**1,627.60**	4	**292.60**	+T
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude ● Waar herstel deur middel van klein veltransplantaat of klein plaaslike velflap benodig word, of ander prosedures van soortgelyke omvang	*55*	**860.75**	*55*	**860.75**	3	**219.45**	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
2.6	**Burns ● Brandwonde**						
0345	Minor burns ● Klein brandwonde						
0347	Moderate burns ● Matige brandwonde						
0351	Major burns: Resuscitation (including supervision and intravenous therapy - first 48 hours) ● Ernstige brandwonde: Resussitasie (met inbegrip van toesig en binne-aarse terapie - eerste 48 uur)	*276*	**4,319.40**	*220.8*	**3,455.52**	5	**365.75** +T
0353	Tangential excision and grafting: Small ● Tangensiale eksisie en oorplanting: Klein	*100*	**1,565.00**	*100*	**1,565.00**	5	**365.75** +T
0354	Tangential excision and grafting: Large ● Tangensiale eksisie en oorplanting: Groot	*200*	**3,130.00**	*160*	**2,504.00**	5	**365.75** +T
2.7	**Hands (skin) ● Hande (vel)**						
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler ● Velflap in akute handbeserings waar die flap geneem word van 'n liggaamsdeel verwyderd van die beseerde vinger of in gevalle van verplasingvelflap bv. Cutler	*147.40*	**2,306.81**	*120*	**1,878.00**	4	**292.60** +T
0357	Small skin graft in acute hand injury ● Klein veloorplanting by akute handbesering	*45*	**704.25**	*45*	**704.25**	3	**219.45** +T
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing ● Losmaak van groot velkontraktuur en/of uitsnyding van littekenweefsel met bedekking deur veloorplanting	*192*	**3,004.80**	*153.6*	**2,403.84**	3	**219.45** +T
0361	Z-plasty ● Z-plastie	*220.1*	**3,444.57**	*176.08*	**2,755.65**	3	**219.45** +T
0363	Local flap and skin graft ● Lokale flap en veloorplanting	*150*	**2,347.50**	*120*	**1,878.00**	3	**219.45** +T
0365	Cross finger flap (all stages) ● Kruisvingerflap (alle stadia)	*192*	**3,004.80**	*153.6*	**2,403.84**	3	**219.45** +T
0367	Palmarflap (all stages) ● Palmareflap (alle stadia)	*192*	**3,004.80**	*153.6*	**2,403.84**	3	**219.45** +T
0369	Distant flap: First stage ● Afgeleë flap: Eerste stadium	*158*	**2,472.70**	*126.4*	**1,978.16**	3	**219.45** +T
0371	Distant flap: Subsequent stage (not subject to General Modifier 0006) ● Afgeleë flap: Opvolgende stadia (nie onderhewig aan Algemene Wysiger 0006 nie)	*77*	**1,205.05**	*77*	**1,205.05**	3	**219.45** +T
0373	Transfer neurovascular island flap ● Verplasing van neuro-vaskulêre eilandflap	*230.5*	**3,607.33**	*184.4*	**2,885.86**	3	**219.45** +T
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft) ● Sindaktilie: Losmaak van, insluitende veltransplantasie vir een web (met velflap en verplanting)	*242.4*	**3,793.56**	*193.92*	**3,034.85**	3	**219.45** +T
0375	Dupuytren's contracture: Fasciotomy ● Dupuytren se kontraktuur: Fassiotomie	*51*	**798.15**	*51*	**798.15**	3	**219.45** +T
0376	Dupuytren's contracture: Fasciectomy ● Dupuytren se kontraktuur: Fassiëktomie	*218*	**3,411.70**	*174.4*	**2,729.36**	3	**219.45** +T
3. MUSCULO-SKELETAL SYSTEM ● SPIER-SKELETSTELSEL							
3.1	**Bones ● Bene**						
3.1.1	**Fractures ● Frakture**						
0383	Fracture (reduction under general anaesthetic): Scapula ● Fraktuur (reduksie onder algemene narkose): Skapula					3	**219.45** +T+M
0387	Fracture (reduction under general anaesthetic): Clavicle ● Fraktuur (reduksie onder algemene narkose): Klavikel	*77*	**1,205.05**	*77*	**1,205.05**	3	**219.45** +T+M
0388	Percutaneous pinning supracondylar fracture elbow - stand alone procedure ● Perkutane fiksering van suprakondulere fraktuur - elmboog - alleenstaande prosedure	*175.70*	**2,749.71**	*140.56*	**2,199.76**	3	**219.45** +T+M
0389	Fracture (reduction under general anaesthetic): Humerus ● Fraktuur (reduksie onder algemene narkose): Humerus	*111.60*	**1,746.54**	*111.60*	**1,746.54**	3	**219.45** +T+M
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna ● Fraktuur (reduksie onder algemene narkose): Radius en/of Ulna	*77*	**1,205.05**	*77*	**1,205.05**	3	**219.45** +T+M
0392	Open reduction of both radius and ulna (Modifier 0051 not applicable) ● Oop reduksie beide radius en ulna (Wysiger 0051 nie van toepassing nie)	*210*	**3,286.50**	*168*	**2,629.20**	3	**219.45** +T+M
0402	Fracture (reduction under general anaesthetic): Carpal bone ● Fraktuur (reduksie onder algemene narkose): Karpale been	*64*	**1,001.60**	*64*	**1,001.60**	3	**219.45** +T+M
0403	Bennett's fracture-dislocation ● Bennett se fraktuur-ontwrigting	*51*	**798.15**	*51*	**798.15**	3	**219.45** +T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0405	Fracture reduction under general anaesthetic: Open treatment of Metacarpal:Simple ● Fraktuur reduksie onder algemene narkose: Oop behandeling van Metakarpaal: Eenvoudig	*118.3*	**1,851.40**	*118.3*	**1,851.40**	3	**219.45**	+T+M
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Eenvoudig					3	**219.45**	+T+M
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound (open) ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Oop	*52*	**813.80**	*52*	**813.80**	3	**219.45**	+T+M
0413	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Simple ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Eenvoudig	*48*	**751.20**	*48*	**751.20**	3	**219.45**	+T
0415	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Compound (open) ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Oop	*102*	**1,596.30**	*102*	**1,596.30**	3	**219.45**	+T+M
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed (modifier 0051 is applicable) ● Fraktuur (reduksie onder algemene narkose): Pelvis fraktuur: Geslote (wysiger 0051 is van toepassing)					3	**219.45**	+T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation ● Fraktuur (reduksie onder algemene narkose): Pelvis: Operatiewe reduksie en fiksasie	*320*	**5,008.00**	*256*	**4,006.40**	3	**219.45**	+T+M
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft ● Fraktuur (reduksie onder algemene narkose): Femur: Nek of Skag	*237*	**3,709.05**	*189.6*	**2,967.24**	3	**219.45**	+T+M
0425	Fracture (reduction under general anaesthetic Patella ● Fraktuur (reduksie onder algemene narkose): Patella	*51*	**798.15**	*51*	**798.15**	3	**219.45**	+T+M
0429	Fracture (reduction under general anaesthetic Tibia with or without Fibula ● Fraktuur (reduksie onder algemene narkose): Tibia met of sonder Fibula	*128*	**2,003.20**	*120*	**1,878.00**	3	**219.45**	+T+M
0433	Fracture (reduction under general anaesthetic Fibula shaft ● Fibulaskag					3	**219.45**	+T+M
0435	Fracture (reduction under general anaesthetic: Malleolus of ankle ● Fraktuur (reduksie onder algemene narkose): Malleolus van enkelgewrig	*58*	**907.70**	*58*	**907.70**	3	**219.45**	+T+M
0437	Fracture-dislocation of ankle ● Fraktuurontwrigting van enkelgewrig	*128*	**2,003.20**	*120*	**1,878.00**	3	**219.45**	+T+M
0438	Open reduction Talus fracture (Modifier 0051 not applicable) ● Oop reduksie Talus fraktuur (Wysiger 0051 nie van toepassing nie)	*198.7*	**3,109.66**	*158.96*	**2,487.72**	3	**219.45**	+T+M
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus) ● Fraktuur (reduksie onder algemene narkose): Tarsale bene (uitgesluit talus en kalkaneum	*64*	**1,001.60**	*64*	**1,001.60**	3	**219.45**	+T+M
0440	Open reduction Calcaneus fracture (Modifier 0051 not appicable) ● Oop reduksie Kalkanius fraktuur (Wysiger 0051 nie van toepassing nie)	*403.50*	**6,314.78**	*322.5*	**5,047.13**	3	**219.45**	+T+M
0441	Fracture (reduction under general anaesthetic: Metatarsal ● Fraktuur (reduksie onder algemene narkose): Metatarsaal	*41.8*	**654.17**	*41.8*	**654.17**	3	**219.45**	+T+M
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal: Simple ● Fraktuur (reduksie onder algemene narkose): Toonfalanks: Distaal: Eenvoudig					3	**219.45**	+T
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound ● Fraktuur (reduksie onder algemene narkose): Toonfalanks: Oop	*32*	**500.80**	*32*	**500.80**	3	**219.45**	+T+M
0447	Fracture (reduction under general anaesthetic): Other: Simple ● Fraktuur (reduksie onder algemene narkose): Ander: Eenvoudig	*26*	**406.90**	*26*	**406.90**	3	**219.45**	+T
0449	Fracture (reduction under general anaesthetic): Other: Compound ● Fraktuur (reduksie onder algemene narkose): Ander: Oop	*52*	**813.80**	*52*	**813.80**	3	**219.45**	+T+M
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed ● Fraktuur (reduksie onder algemene narkose): Sternum en/of ribbes: Geslote					3	**219.45**	+T