

**DEPARTMENT OF LABOUR
NOTICE 215 OF 2018**

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

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

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICE PROVIDERS.

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


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MN OLIPHANT, MP

MINISTER OF LABOUR

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

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

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

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

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

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

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

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

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

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

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

DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

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

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

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

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

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

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

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

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

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

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

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

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

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

BILLING PROCEDURE • EISE PROSEDURE

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

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

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

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

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

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

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GELEWER

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

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

	Specialist Spesialis		General practitioner er Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>RULES GOVERNING THE TARIFF REÛLS VAN TOEPASSING OP DIE TARIEF</p> <p>PLEASE NOTE: The interpretations/comments as published in the SAMA Medical Doctors' Coding Manual (MDCM) must also be adhered to when rendering health care services under the Compensation for Occupational Injuries and Diseases Act, 1993. Neem asb kennis: Die interpretasie en algemene inligting soos gepubliseer in die Medical Doctors' Coding Manual (MDCM) moet ook nagekom word indien gesondheidsdienste verskaf word aan pasiënte gedek deur die Compensation for Occupational and Diseases Act, 1993</p> <p>A. Consultations: Definitione Konsultasies: Definiesies</p> <p>(a) New and established patients: A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receives additional remuneration. Nuwe en bestaande pasiënte: 'n Konsultasie/besoek verwys na 'n kliniese situasie waar 'n mediese praktisyn persoonlik 'n pasiënt se siektegeskiedenis afneem, 'n toepaslike kliniese ondersoek uitvoer en indien aangedui behandeling toedien of voorskryf, of die pasiënt van raad bedien. Hierdie dienste moet met die pasiënt persoonlik wees en sluit die tyd gebruik om spesiale ondersoeke uit te voer, waarvoor bykomende vergoeding geë kan word, uit</p> <p>(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 raadgeving behels</p> <p>(c) Hospital visits: Where a procedure or operation was performed, hospital visits are regarded as part of the normal aftercare and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code. 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</p>							

	Specialist Spesialis		General practitioner or Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>B. Normal hours and after hours:Normal working hours comprise the periods 08:00 to 17:00 on Mondays to Fridays, 08:00 to 13:00 on Saturdays, and all other periods voluntarily scheduled (even when for the convenience of the patient) by a medical practitioner for the rendering of services. All other periods are regarded as after hours. Public holidays are not regarded as normal working days and work performed on these days is regarded as after-hours work. Services are scheduled involuntarily for a specific time, if for medical reasons the doctor should not render the service at an earlier or later opportunity. Please note: Items 0146 and 0147 (emergency consultations) as well as modifier 0011 (emergency theatre procedures) are only applicable in the after hours period)●</p>							
<p>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)●</p> <p>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</p>							
<p>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 rooms as the case may be ●</p> <p>Kansellering van afspraak: Tensy stappe vroegtydig gedoen word om 'n afspraak vir 'n konsultasie te kanselleer, kan die betrokke konsultasiegelde gehef word. In geval van 'n beseerde werknemer, is die werknemer aanspreeklik vir die konsultasiegelde. In die geval van 'n algemene praktisyn beteken "vroegtydig" twee ure en in die geval van spesialis 24 ure voor die afspraak. Elke geval word egter op meriete hanteer en, indien omstandighede dit regverdig, word geen gelde gehef. 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</p>							

	Specialist Spesialis		General practitioner or Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
E.	<p>Pre-operative visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital, as that routine pre-operative visit is included in the global surgical fee for the procedure. Pre-operatiewe besoeke: Die toepaslike gelde mag gehef word vir alle pre-operatiewe besoeke met die uitsondering van 'n roetine pre-operatiewe besoek by die hospitaal, aangesien daardie roetine pre-operatiewe besoek by die globale chirurgiese gelde vir die prosedure ingesluit is.</p>						
F.	<p>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</p>						
G.	<p>Post-operative care • Post-operatiewe sorg:</p> <p>(a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal aftercare for a period not exceeding FOUR months (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed). Tensy anders vermeld, sluit die gelde ten opsigte van 'n operasie of prosedure normale nasorg in oor 'n tydperk wat nie VIER maande oorskry nie (nasorg is uitgesluit van suiwer diagnostiese prosedures waartydens geen terapeutiese prosedures uitgevoer is nie)</p> <p>(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</p> <p>(c) When the care of post-operative treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the Compensation Fund may be charge. • Wanneer na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard benodig word, mag gelde waaroor die chirurg en die Vergoedingsfonds ooreengekom het, gehef word</p> <p>(d) Normal aftercare refers to uncomplicated post-operative period not requiring any further surgical incision. • Normale nasorg verwys na ongekompliceerde na-operatiewe periode waar verdere insnydings nie nodig is nie.</p> <p>(e) Abnormal aftercare refers to post-operative complications and treatment not requiring any further incisions and will be considered for payment • Nie-normale nasorg verwys na na-operatiewe komplikasies en behandeling wat nie verdere insnydings verg nie. Hierdie dienste sal oorweeg word vir betaling</p>						
H.	<p>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</p>						

	Specialist Spesialis		General practitioner or Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
I.	<p>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</p>						
J.	<p>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</p>						
K.	<p>Services of a specialist, upon referral: Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending general practitioner. Medical practitioners referring cases to other medical practitioners shall, if known to them, indicate in the referral letter that the patient was injured in an "accident" and this shall also apply in respect of specimens sent to pathologists Dienste van 'n spesialis, na verwysing: Behalwe in buitengewone gevalle is die dienste van 'n spesialis beskikbaar slegs op aanbeveling van die algemene praktisyn wat die geval hanteer. Geneesheer wat pasiënte na ander geneesheer verwys, moet, indien hulle daarvan bewus is dat die pasiënt in 'n "ongeval" beseer is, dit in die verwysingsbrief meld en dieselfde geld ten opsigte van monsters wat na patoloog gestuur word</p>						
L.	<p>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</p>						
M.	<p>Surgical procedure planned to be performed later: In cases where, during a consultation/visit, a surgical procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion Chirurgiese prosedure beplan om later uit te voer: In gevalle waar 'n chirurgiese prosedure tydens 'n konsultasie/ besoek beplan word om by 'n latere geleentheid uitgevoer word, mag by sodanige latere uitvoering van die prosedure nie weer gelde gehef word vir 'n besoek nie</p>						
N.	<p>Rendering of accounts for occupational injuries and diseases Lewering van rekeninge vir beroepsbeserings en -siektes</p>						

	Specialist Spesiale		General practitioner er Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>(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</p> <p>(b) Where a fee for a service is prescribed in this guideline, the medical practitioner shall not be entitled to payment calculated on a basis of the number of visits or examinations made where such calculation would result in the prescribed fee being exceeded. Waar gelde ten opsigte van enige diens in hierdie handleiding voorgeskryf is, is die geneesheer nie op betaling, bereken op die aantal besoeke afgeleë of die aantal ondersoek gedoen, geregtig as so 'n berekening die voorgeskrewe tarief oorskry nie</p> <p>(c) The number of consultations/visits must be in direct relation to the seriousness of the injury and should more than 20 visits be necessary, the Compensation Fund must be furnished with a detailed motivation. Die aantal konsultasies/besoeke moet in direkte verhouding staan tot die ernst van die beseering en indien meer as 20 besoeke benodig word, moet volledige motivering aan die Vergoedingsfonds voorgelê word</p> <p>(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 die 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</p>							
<p>O. Costly or prolonged medical services or procedures ● Duur of langdurige mediese dienste of prosedures</p> <p>(a) An employee should be hospitalised only when and for the length of period that his condition justifies fulltime medical assistance ● Hospitalisasie van 'n werknemer moet slegs geskied indien en vir so lank as wat sy toestand voltydse geneeskundige hulp vereis</p> <p>(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</p> <p>(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>							

	Specialist Spesialis		General practitioner er Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>P. Travelling fees ● Reisgelde:</p> <p>(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</p> <p>(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</p> <p>(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</p> <p>(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)</p> <p>(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)</p> <p>INTENSIVE CARE ● INTENSIEWE SORG</p> <p>RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE ● REÛLS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEFKODE</p>							
<p>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:</p> <p>(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 sorgenheid insluit</p> <p>(b) Cost of any drugs and/or materials ● Koste van medisyne en/of materiaal</p> <p>(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</p> <p>(d) Blood gases and chemistry tests, including arterial puncture to obtain specimens ● Bloedgasondersoeke of chemiese bloettoetse, insluitend arteriële punksie om bloedmonsters te verkry</p>							

	Specialist Spesialis		General practitioner Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>(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:</p> <p>(f) Performing and interpreting of a resting ECG • Uitvoering en vertolking van 'n rustende EKG</p> <p>(g) Interpretation of blood gases, chemistry tests and x-rays • Vertolking van bloedgasse, biochemiese toetse en x-strale</p> <p>(h) Intravenous treatment (item codes 0206 and 0207) • Intraveneuse behandeling (itemkodes 0206 en 0207)</p> <p>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</p> <p>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:</p> <p>(a) Measurement of minute volume, vital capacity, time- and vital capacity studies • Bepaling van minuutvolume, vitale kapasiteit, tyd- en vitale kapasiteitstudies</p> <p>(b) Testing and connecting the machine • Toets en verbinding van masjien</p> <p>(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</p> <p>(d) Instruction to nursing staff • Opdragte aan verpleegpersoneel</p> <p>(e) All subsequent visits for the first 24 hours • Alle daaropvolgende besoeke gedurende die eerste 24 uur</p> <p>T. Ventilation (item codes 1212 to 1214) does not form part of normal post operative care, but may not be added to item code 1204: Category 1: Cases requiring intensive monitoring • Ventilasie (itemkodes 1212 tot 1214) maak nie deel uit van normale na-operatiewe sorg nie, maar kan nie by itemkode 1204: Kategorie 1: Gevalle wat intensiewe monitering vereis gevoeg word nie</p> <p>RULES GOVERNING THE SECTION RADIOLOGY: MAGNETIC RESONANCE IMAGING • REÛLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE: MAGNETIESE RESONANSIE BEELDING</p> <p>NOTE In the event of Complex medical cases (Poly-trauma, Traumatic Brain injury, Spinal injuries, etc.), the first Radiological investigations (e.g MR CT scan, Ultrasound and Angiography), Authorisation will not be required provided there was a valid indication.</p> <p>All second and Subsequent specialised Radiological investigations for Complex medical cases, will need a pre-authorisation.</p> <p>Non-Complex medical cases/elective cases will need pre-authorisation for all specialised radiological investigations.</p> <p>W. (a) Complete Annexure A and Annexure B, submit report of the investigation and an invoice • Voltooi Bylaag A en Bylaag B voorsien verslag van die ondersoek en 'n rekening</p>							

	Specialist Spesialis		General practitioner or Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>(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</p> <p>RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY ● REËLS VAN TOEPASSING OP DIE AFDELING MEDIESE PSIGOTERAPIE</p> <p>Note ● Opmerking:</p> <p>(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</p> <p>(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</p>							
<p>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</p>							
<p>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)</p>							
<p>RULES GOVERNING THE SECTION RADIOLOGY ● REËLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE</p> <p>Y. Except where otherwise indicated, radiologists are entitled to charge for contrast material used ● Behalwe waar anders aangedui, mag radioloë eis vir die koste van kontras materiaal wat gebruik is</p>							
<p>Z. No fee to be subject to more than one reduction ● Geen gelde is onderworpe aan meer as een vermindering nie</p>							
<p>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</p>							
<p>AA. Procedures exclude the cost of isotope used ● Prosedures sluit die koste van die isotoop gebruik uit</p>							
<p>RULE GOVERNING THE SECTION RADIATION ONCOLOGY ● REËL VAN TOEPASSING OP DIE AFDELING STRALINGS ONKOLOGIE</p>							

	Specialist Spesialis		General practitioner or Algemene		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>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</p> <p>RULE GOVERNING ULTRASOUND EXAMINATIONS • REËL VAN TOEPASSING OP ULTRASONIESE ONDERSOEKE</p>							
<p>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</p> <p>(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</p> <p>RULES GOVERNING THE SECTION URINARY SYSTEM • REËLS VAN TOEPASSING OP DIE AFDELING URIENSTELSE</p>							
<p>FF. (a) When a cystoscopy precedes a related operation, modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (T U R) prostatectomy. Wanneer 'n sistoskopiese ondersoek uitgevoer tydens 'n operasie, byvoorbeeld sistoskopiese gevolg deur transurethrale prostatektomie</p> <p>(b) When a cystoscopy precedes an unrelated operation, modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. Wanneer 'n sistoskopiese 'n onverwante operasie voorafgaan, geld wysiger 0005: Meer as een procedure/operasie onder dieselfde narkose, byvoorbeeld sistoskopiese vir urinêre infeksie gevolg deur liesbreukherstel</p> <p>(c) No modifier applies to item code 1949: Cystoscopy, when performed together with any of item codes 1951 to 1973. Geen wysiger is van toepassing op itemkode 1949: Sistoskopiese, wanneer dit saam met enige van itemkodes 1951 tot 1973 uitgevoer word nie</p> <p>RULE GOVERNING THE SECTION RADIOLOGY • REËL VAN TOEPASSING OP DIE AFDELING RADIOLOGIE</p>							
<p>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.</p>							

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

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
<p>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</p> <p>(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:</p> <p>1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis ● Beenoorplantingsprosedures en instrumentasie word bykomend tot artrodese gehef</p> <p>2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for additionally ● Indien vertebrale prosedures uitgevoer word deur artrodese, mag beenoorplantings en instrumentasie adisioneel voor gehef word</p> <p>(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</p>							
0006	<p>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 siektoestand, 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</p>						
0007	15	359.10	15	359.10			
<p>(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 intravenese sedasie uitgevoer word – 15.00 kliniese prosedure eenhede, ongeag die aantal items van toerusting wat voorsien word</p> <p>(b) Use of own equipment in hospital or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15.00 clinical procedure units irrespective of the number of items of equipment provided ● Gebruik van eie toerusting in hospitaalteater of losstaande teaterseenheid: Vergoeding vir die gebruik van enige tipe eie toerusting vir prosedures wat in 'n hospitaalteater of losstaande teaterseenheid uitgevoer word, indien sodanige toerusting nie deur die hospitaal verskaf word nie – 15.00 kliniese prosedure eenhede, ongeag die aantal items van toerusting wat voorsien word</p> <p>(c) Use of own equipment by <u>Audiologists</u> in the rooms: Basic sound booth. - Used once per claim for compensation purposes. - To be added to the consultation fee, with a descriptor.</p>	4.76	113.95	4.76	113.95			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
0008	<p>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</p>						
0009	36	861.84	36	861.84			
0010	<p>Local anaesthetic ● Lokale verdowing: (a) A fee for a local anaesthetic administered by the practitioner may only be charged for (1) an operation or a procedure with a value of greater than 30.00 clinical procedure units (i.e. 31.00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value of greater than 50.00 clinical procedure units ● Gelde mag gehief 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</p>						
	31	742.14	31	742.14			
	50	1 197.00	50	1 197.00			
	<p>(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 anesthesioloog/narkotiseur, sal van toepassing wees in sodanige geval</p>						
	<p>(c) The fee for a local anaesthetic administered is not applicable to radiological procedures such as angiography and myelography ● Die gelde vir plaaslike verdowing toegedien is nie van toepassing op radiologiese prosedures soos angiografie en mielografie nie</p>						
	<p>(d) No fee may be levied for the topical application of local anaesthetic ● Geen gelde mag gehief word vir die topikale aanwending van lokale verdowing nie</p>						
	<p>(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 gehief word nie</p>						

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
0011	12	287.28	12	287.28			
<p>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)</p> <p>● Teaterprosedures vir noodchirurgie: Vir enige bona fide, regverdigbare noodprosedure – slegs van toepassing gedurende na-ure periodes (vergelyk algemene reël B) – wat in 'n operasietheater uitgevoer word, kan 'n bykomende 12.00 kliniese prosedure eenhede gehef word per halfuur of deel daarvan wat die operasie duur, deur alle lede van die chirurgiese span. Wysiger 0011 is nie van toepassing op pasiënte op geskeduleerde lysie nie. (DUI ASSEBLIEF DIE TYDSDUUR IN MINUTE AAN)</p>							
0013							
<p>Endoscopic examinations done at operations : Where a related endoscopic examination is performed at an operation by the surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged ● Endoskopiese ondersoek tydens prosedures : Waar 'n verwante endoskopiese ondersoek uitgevoer word by 'n operasie deur die chirurg of die anesthesioloog, mag slegs 50% van die gelde vir die endoskopiese ondersoek gehef word</p>							
0014							
<p>Operations previously performed by other surgeons ● Operasies voorheen uitgevoer deur ander chirurgie</p> <p>(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.</p> <p>(b) Where an operation is performed which has previously been performed by another surgeon, e.g. a revision or repeat operation, the fee may be 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</p> <p>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</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
0015	<p>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 operasiegeelde ingesluit is. Indien die geneesheer wat die operasie hanteer, verkies om 'n ander geneesheer te vra om binne-aarse infusie na die operasie toe te dien, is hyself (en nie die Vergoedingsfonds nie) teenoor sodanige geneesheer vir die vergoeding vir die infusies verantwoordelik.</p>						
0017	<p>Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged according to item 0131 (not chargeable together with a consultation item) ● Inspuitings deur praktisyns toegedien: Wanneer desensitiserings-, binne-aarse, binnespiërse of onderhuidse inspuitings deur die praktisyn self aan pasiënte toegedien word wat die spreekkamers besoek, vorm toediening van 'n eerste inspuiting deel van die konsultasie/ besoek en slegs vir alle daaropvolgende inspuitings vir dieselfde toestand word gelde volgens item 0131 gehef (nie hefbaar saam met 'n konsultasie kode nie)</p>						
0018	<p>MODIFIER GOVERNING SURGERY ON PERSONS WITH A BODY MASS INDEX (BMI) OF MORE THAN 35 ● WYSIGER VAN TOEPASSING OP CHIRURGIE OP PERSONE MET 'N LIGGAAMSMASSAINDEKS (LMI) VAN MEER AS 35</p> <p>Surgical modifier for persons with a BMI of higher than 35 (calculated according to $kg/m^2 = \text{weight in kilograms divided by height in metres squared}$): Fee for the procedure +50% of the fee for surgeons; 50% increase in anaesthetic time units for anaesthesiologists ● Chirurgiese wysiger vir persone met 'n LMI van meer as 35 (berekend volgens kg/m^2): Gelde vir die prosedure +50% van die gelde vir chirurgie; verhoging van 50% in narkose tydseenhede vir anesthesioloog.</p> <p>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</p>						

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
0021	<p>Determination of anaesthetic fees: Anaesthetic fees are determined by adding the basic anaesthetic units (allocated to each procedure that can be performed under anaesthesia indicated in the anaesthetic column) and the time units (calculated according to the formula in modifier 0023) and the appropriate modifiers (see modifiers 0037-0044). In case of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures or dislocations, add units as laid down by modifiers 5441 to 5448. ● Bepaling van narkosegeelde: Narkosegeelde 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 uitgelé in wysigers 5441 tot 5448.</p>						
0023	<p>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 anesthesioloog/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 voorgeskrywe basiese narkose-eenhede gevoeg word, en wel op die volgende wyse:</p> <p>Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthesia, at 2.00 anaesthetic units is per 15 minute period or part thereof for the first hour. Should the duration of the anaesthesia be longer than one (1) hour the number of units shall be increased to 3.00 anaesthetic units per 15 minute period or part thereof after the first hour ● Narkosetyd: Vergoeding vir narkosetyd word bepaal per 15-minuutperiode of deel daarvan, bereken vanaf die aanvang van die narkose teen 2.00 narkose-eenhede is per 15-minuutperiode of deel daarvan vir die eerste uur. Indien die narkose langer as een (1) uur duur word die aantal eenhede verhoog na 3.00 narkose-eenhede per 15 minute of deel daarvan na die eerste uur</p>						
	2	223.72	2	223.72			
0024	<p>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 anesthesioloog/narkotiseur nie gevolg word deur 'n operasie nie, word die evaluasie as 'n besoek by die hospitaal of verpleeginrigting beskou en die toepaslike hospitaalbesoek geelde behoort gehef te word</p>						
	3	335.58	3	335.58			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>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 ●</p> <p>Berekening van narkosetyd: Narkosetyd word bereken vanaf die tydstop waarop die anesthesioloog/narkotiseur die pasiënt begin voorberei vir die induksie van narkose in die operasietheater of in 'n soortgelyke area en eindig wanneer die persoonlike professionele aandag van die anesthesioloog/narkotiseur nie meer deur die pasiënt benodig word nie; wanneer die pasiënt binne redelike perke van veiligheid aan die gewone na-operatiewe verpleegsorg toevertrou kan word. Waar persoonlike, professionele aandag vir die beswil en veiligheid van die pasiënt vir 'n langer tydperk benodig word, word die gelde daarvoor bereken op dieselfde wyse soos hierbo uiteengesit ten opsigte van narkosetyd. Die anesthesioloog/narkotiseur moet op die rekening die presiese narkosetyd asook die bykomende versorgingstyd wat die pasiënt benodig het aandui</p>							
<p>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</p>							
<p>0029 Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthesia, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case of a general practitioner administering the anaesthesia ● Assistent anesthesioloog: Wanneer die omvang van 'n narkose vereis, kan gebruik gemaak word van die dienste van 'n assistent anesthesioloog. Die assistent anesthesioloog se vergoeding sal op dieselfde basis bereken word as in die geval van 'n algemene praktisyn wat narkose toedien</p>							
<p>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</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
0032	<p>Patients in the prone position: Anaesthesia administered to patients in the prone position shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one additional anaesthetic unit should be added. If the basic anaesthetic units for the procedure are 4.00 or more, no additional units should be added ● Pasiënte in buikliggende posisie: Narkose toegedien aan pasiënte in die buikliggende posisie sal 'n minimum van 4.00 basiese narkose-eenhede dra. Wanneer die basiese narkose-eenhede vir 'n prosedure 3.00 is, word een addisionele narkose-eenheid bygevoeg. Indien die basiese narkose-eenhede wat toegeken is aan die prosedure 4.00 of meer beloop, word geen bykomende eenhede bygevoeg nie</p>						
	4	447.44	4	447.44			
0033	<p>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 anesthesioloog/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-anesthesioloog/narkotiseur en wysiger 0036: Narkose toegedien deur 'n algemene praktisyn</p>						
0034	<p>Head and neck procedures: All anaesthesia administered for diagnostic, surgical or X-ray procedures on the head and neck shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure are 4.00 or more, no extra units should be added ● Kop- en nekprosedures: Alle narkose wat toegedien word vir diagnostiese, chirurgiese of X-straal prosedures aan die kop en nek, sal 'n minimum van 4.00 basiese narkose eenhede dra. Wanneer die basiese narkose eenhede vir die prosedure 3.00 is, word een addisionele narkose eenheid bygevoeg. Indien die basiese narkose eenhede wat toegeken is aan die prosedure 4.00 of meer beloop, word geen bykomende eenhede bygevoeg nie</p>						
	1	111.86	1	111.86			
0035	<p>Anaesthesia administered by an anaesthesiologist/ anaesthetist: No anaesthesia administered by an anaesthesiologist/anaesthetist shall carry a total value of less than 7.00 anaesthetic units comprising basic units, time units and the appropriate modifiers ● Narkose toegedien deur 'n anesthesioloog/narkotiseur: Geen narkose toegedien deur 'n anesthesioloog/narkotiseur sal 'n totale waarde van minder as 7.00 narkose eenhede beloop nie insluitend basiese eenhede, tydseenhede en toepaslike wysigers</p>						
	4	447.44	4	447.44			
	7	783.02	7	783.02			

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

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		T/M
	U/E	R	U/E	R	U/E	R	
MUSCULO-SKELETAL SYSTEM ● SPIER-SKELET STELSEL							
MODIFIERS GOVERNING ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS ● WYSIGERS VAN TOEPASSING OP NARKOSEGEDELDE VIR ORTOPEDIËSE 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					1	111.86	
	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						
5442					2	223.72	
	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add two (2.00) anaesthetic units ● Skouer, skapula, klavikula, humerus, elmbooggewrig, boonste 1/3 van tibia, kniegewrig, patella, mandibula en temporo- mandibulêre gewrig: Voeg twee (2.00) narkose-eenhede by						
5443					3	335.58	
	Maxillary and orbital bones: Add three (3.00) anaesthetic units ● Maksillêre en orbitale bene: Voeg drie (3.00) narkose-eenhede by						
5444					4	447.44	
	Shaft of femur: Add four (4.00) anaesthetic units ● Skag van femur: Voeg vier (4.00) narkose-eenhede by						
5445					5	559.30	
	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5.00) anaesthetic units ● Wenwielkolom (behalwe koksieks), pelvis, heup, nek van femur: Voeg vyf (5.00) narkose-eenhede by						
5448					8	894.88	
	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						
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 streksblok 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 streksblok of senuweeblok in die saal of verpleeginrigting uitgevoer word vir post-operatiewe pynverligting, kan die toepaslike itemkode (items 2799-2804) gehef word, solank genoemde blok nie die primêre narkosetegniek is nie						

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>(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 toediën, sal gelde gehef word volgens die betrokke prosedure vir die toediën van die terapie. Herbesoeke word volgens die toepaslike opvolgbesoek vir 'n pasiënt by 'n saal of verpleeginrigting gehef</p> <p>(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. binnespiero, binnearsse of subkutane toediening van opiate, of NSAIDS (non-steroid anti-inflammatoriese middels) nie</p> <p>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-VASKULÛRESTESEL)</p>							
<p>0100 Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75.00 clinical procedure units is applicable ● Intra-aortiese ballonpomp: Waar 'n anestesiooloog verantwoordelik is vir die beheer van 'n intra-aortiese ballonpomp is 'n tarief van 75.00 kliniese prosedure eenhede van toepassing</p>					75	795.50	
<p>MUSCULO-SKELETAL SYSTEM ● SPIER-SKELETSTESEL</p> <p>MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF ● WYSIGERS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEF</p>							
<p>0046 Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, the full fee for the initial treatment is applicable ● Waar gedurende die behandeling van 'n spesifieke fraktuur of ontwrigting (oop of geslote) 'n aanvanklike prosedure binne een maand gevolg word deur 'n oop reduksie of interne fiksasie, buite-skeletfiksasie of beenoorplanting aan dieselfde been, word die gelde vir die aanvanklike behandeling van die spesifieke fraktuur of ontwrigting met 50% verminder. Let wel: Hierdie vermindering sluit nie die assistentse gelde in waar van toepassing nie. Na verloop van 'n maand is die volle gelde vir die aanvanklike behandeling betaalbaar</p>							
<p>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</p>							

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

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

	Specialist Spesials		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
0069							
<p>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</p>							
<p>MODIFIER GOVERNING OPEN PROCEDURE(S) WHEN PERFORMED THROUGH THORACOSCOPE ● WYSIGER VAN TOEPASSING OP OOP PROSEDURE(S) WANNEER TORAKOSKOPIES UITGEVOER WORD</p>							
0070	45	1 077.30	45	1 077.30			
<p>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</p>							
<p>MODIFIER GOVERNING FEES FOR ENDOSCOPIC PROCEDURES ● WYSIGER VAN TOEPASSING OP GELDE VIR ENDOSKOPIESE PROSEDURES</p>							
0074							
<p>Endoscopic procedures performed with own equipment: The basic procedure fee plus 33,33% (1/3) of that fee (plus ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment ● Die basiese gelde vir die prosedure plus 33,33% (1/3) van die gelde (plus ("+" kodes uitgesluit) sal van toepassing wees op alle endoskopiese prosedures wat met eie toerusting uitgevoer word</p>							
0075	21	502.74	21	502.74			
<p>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 otorhinolaryngologie-afdelings van die tariefreglyn nie</p>							
<p>MODIFIER GOVERNING THE SECTION ON PHYSICAL TREATMENT ● WYSIGER VAN TOEPASSING OP DIE AFDELING FISIESE BEHANDELING</p>							
0077							
<p>(a) When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatment modalities for which separate fees may be charged (Only applicable if services are provided by a specialist in physical medicine) ● Wanneer twee afsonderlike areas tegelykertyd vir heeltemal verskillende toestande behandel word, word sodanige behandeling beskou as twee behandelingsmodaliteite waarvoor afsonderlike gelde gehef kan word (Slegs van toepassing indien dienste deur 'n spesialis in fisiese geneeskunde gelewer word)</p>							
<p>(b) The number of treatment sessions for a patient for which the Commissioner shall accept responsibility is limited to 20. If further treatment sessions are necessary liability for payment must be arranged in advance with the Compensation Fund ● Die aantal behandelingsessies vir 'n pasiënt waarvoor die Vergoedingsfonds aanspreeklikheid aanvaar word tot 20 beperk. Indien verdere behandelingsessies benodig is, moet aanspreeklikheid vir betaling daarvoor vooraf met die Vergoedingsfonds onderhandel word</p>							

	Specialist Specials		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
<p>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 ●</p> <p>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</p> <p>MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY ● WYSIGER VAN TOEPASSING OP DIE AFDELING MEDIESE PSIGOTERAPIE</p> <p>0079 When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate Individual psychotherapy code (Items 2957, 2974 or 2975): Individual psychotherapy (specify type) ● Indien 'n eerste konsultasie/besoek onmiddellik gevolg word deur, of oorgaan in 'n mediese psigoterapeutiese prosedure, sal die gelde vir die prosedure bereken word volgens die toepaslike Individuele psigoterapie kode (Items 2957, 2974 of 2975)</p> <p>MODIFIERS GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY ● WYSIGERS VAN TOEPASSING OP DIE AFDELING DIAGNOSTIESE RADIOLOGIE</p> <p>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 ●</p> <p>0002 Written report on X-rays: The lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere ● Geskrewe verslag oor X-strale: Die laagste vlak itemkode vir 'n nuwe pasiënt (spreekkamer) besoek, is van toepassing slegs wanneer 'n radioloog gevra word om 'n skriftelike verslag te voorsien aangaande X-strale wat elders geneem is en aan hom voorgelê word. Die bogenelde item en die laagste vlak itemkode vir 'n aanvanklike hospitaal besoek, moet nie gebruik word vir die roetine verslaggewing aangaande X-strale wat elders geneem is nie</p> <p>0080 Multiple examinations: Full Fee ● Veelvuldige ondersoek: Volle tarief</p> <p>0081 Repeat examinations: No reduction ● Her-onderoek: Geen vermindering</p> <p>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.</p>							
			100	2 504.00			

	Specialist Spesials		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
0083	<p>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</p> <p>Note in respect of fees payable when X-rays are taken by general practitioners ● Opmerking met betrekking tot betaling van gelde waar X-stale deur algemene praktisyns geneem word:</p> <p>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 beserling moet egter deur 'n radioloog geneem word wat die toepaslike verslae op die gebruiklike wyse moet indien</p> <p>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</p> <p>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-straalondersoek 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</p> <p>(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</p>						

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
<p>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</p> <p>4. If a general practitioner had to take and read X-ray photographs at a provincial hospital where the services of a radiographer and a specialist radiologist are not available he/she may claim 50% of the prescribed fee for such service ● Indien 'n algemene praktisyn self X-straalfoto's moet neem en lees by 'n provinsiale hospitaal waar die dienste van 'n radiografe en 'n spesialis radioloog nie beskikbaar is nie kan hy/sy 50% van die voorgeskrewe tarief vir daardie diens eis</p>							
<p>0084 Charging for films and thermal paper by non-radiologists: In the case of radiological services rendered by non-radiologists where films, thermal paper or magnetic media are used, these media is charged for according to the film price of 2007, as compiled by the Radiological Society of South Africa (this list is available on request at radsoc@iafrica.com) ● Filmkoste: In die geval van radiologiese items waar van films gebruik gemaak word, moet praktisyne die gelde opwaarts of afwaarts regstel in ooreenstemming met veranderinge in die prys van films in vergelyking met November 1979: die berekening moet gedoen word op die basis dat 10% van die geldwaarde van die eenhede uit filmkoste bestaan (Hierdie inligting is verkrygbaar van die Radiologiese Vereniging van SA)</p>							
<p>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</p>							
<p>0086 MODIFIER GOVERNING VASCULAR STUDIES ● WYSIGER VAN TOEPASSING OP VASKULÊRE STUDIES</p> <p>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 "Inplaaas van Kontrasmedia" vul mekaar aan en vorm saam 'n enkele ondersoek: die gelde betaalbaar vir hierdie items is gevolglik nie onderworpe aan verhoging ooreenkomstig die bepallings van wysiger 0080: Veelvuldige ondersoeke, nie</p> <p>PLEASE NOTE Modifier 0083 is not applicable to Section 19.8 of the tariff ●</p> <p>LET WEL: Wysiger 0083 is nie van toepassing op Afdeling 19.8 van die tarief nie</p> <p>Rules applicable to vascular studies ● Reëls van toepassing op vaskulêre studies</p> <p>(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:</p> <p>All runs (runs may not be billed for separately) ● Alle lopies (daar mag nie afsonderlik vir lopies gelde gehef word nie)</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
<p>All film costs (modifier 0084 is not applicable) ● Alle filmkoste (wysiger 0084 is nie van toepassing nie)</p> <p>All fluoroscopies (item 3601 does not apply) ● Alle fluoroskopieë (item 3601 is nie van toepassing nie)</p> <p>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)</p> <p>(b) The machine fee (item codes 3536 to 3550) may only be charged for once per case per day by the owner of the equipment and is only applicable to radiology practices ● Die toerustingstarief (itemkodes 3536 tot 3550) mag slegs een keer per geval per dag deur die eiensar van die apparaat gehê word en is slegs van toepassing vir radiologiese praktyke</p> <p>(c) If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team should charge at their respective full rates as per modifiers and the applicable codes ● Indien 'n prosedure deur 'n nie-radioloog en 'n radioloog as 'n span uitgevoer is in 'n fasiliteit wat deur die radioloog besit word, kan elke spanlid die respektiewe volle gelde hef volgens wysigers en die toepaslike kodes</p> <p>(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</p> <p>MODIFIERS GOVERNING VASCULAR STUDIES AND INTERVENTIONAL RADIOLOGY PROCEDURES ● WYSIGERS VAN TOEPASSING OP VASKULÊRE STUDIES EN INTERVENSIONELE RADIOLOGIE PROSEDURES</p> <p>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)</p> <p>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 gehê)</p> <p>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 gehê)</p> <p>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</p>							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
6305	When multiple catheterisation procedures are performed (item codes 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20.00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value ● Wanneer veelvuldige kateterisasie prosedures uitgevoer word (itemkodes 3557, 3559, 3560, 3562) en 'n angiogramondersoek op elke vlak gedoen word, word die aantal eenhede van elke sodanige prosedure met 20.00 radiologiese eenhede verminder na die aanvanklike kateterisasie. Die volle gelde (100%) word vir die eerste kateterisasie gehef						
	MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS ● WYSIGERS VAN TOEPASSING OP DIE AFDELING ULTRAKLANK ONDERSOEKE						
0160	Aspiration of biopsy procedure performed under direct ultrasonic control by an ultrasonic aspiration biopsy transducer (Static Real time): Fee for body part examined plus 30% of the units ● Aspirasie van biopsie prosedure uitgevoer onder direkte ultrasoniese kontrole d.m.v. 'n ultrasoniese aspirasie biopsie klankkop (Statiese Reële tyd): Gelde vir die liggaamsdeel wat ondersoek word plus 30% van die eenhede						
0165	6	141.90					
	MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES ● WYSIGER VAN TOEPASSING OP INTERVENSIENELE RADIOLOGIESE PROSEDURES						
0090	30	751.20	30	751.20			
	MODIFIERS GOVERNING MAGNETIC RESONANCE IMAGING ● WYSIGERS VAN TOEPASSING OP MAGNETIESE RESONANSIE BEELDING						
6100	600	15 024.00					

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
6101							
6102							
0093							
0097							
0099							

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

All post-contrast studies (except bone tumour) including perfusion studies should be charged at 50% of the fee ● Alle na-kontras studies (behalwe been-tumor) perfusiestudies ingesluit moet teen 50% van die tarief gehef word

Note: In cases where a Magnetic Resonance imaging of any anatomical region is deemed necessary, written motivation must be submitted by the practitioner who requested the examination and attached to the account upon which the Compensation Fund will consider approval of payment ●

Opmerking: Indien 'n Magnetiese Resonansie Beelding van enige liggaamsdeel aangevra word, moet skriftelike motivering deur die praktisyn wat die ondersoek aangevra het saam met die rekening voorgelê word waarna goedkeuring vir betaling deur die Vergoedingsfonds oorweeg sal word

MODIFIERS GOVERNING THE SECTION RADIATION ONCOLOGY ● WYSIGERS VAN TOEPASSING OP DIE AFDELING BESTRALINGSONKOLOGIE

The fees for radiation oncology shall apply only where a specialist in radiation oncology uses his own apparatus ● Die gelde vir bestralingsonkologie geld net waar die spesialis in bestralingsonkologie sy eie apparaat gebruik

MODIFIERS GOVERNING THE SECTION PATHOLOGY ● WYSIGERS VAN TOEPASSING OP DIE AFDELING PATOLOGIE

Pathology tests performed by non-pathologists: Where item codes resorting under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee should be charged at two-thirds of the pathologists tariff ● Patologiese toetse uitgevoer deur nie-patoloë: Wanneer itemkodes wat onder Kliniese Patologie (afdeling 21) en Anatomiese Patologie (afdeling 22) ressorteer, ook deur ander spesialiste of algemene praktisyns uitgevoer word, moet die gelde teen twee derdes van die patoloog se tarief gehef word

Stat basis tests: For tests performed on a stat basis, an additional fee of 50% of the fee for the particular pathology service shall apply, with the following provisos ● Statbasistoetse: Vir toetse uitgevoer op 'n stat basis, sal 'n bykomende gelde van 50% van die tarief vir die betrokke patologiese diens van toepassing wees, met die volgende voorwaardes:

(a) Stat tests may only be requested by the referring practitioner and not by the pathologist ● Versoeke vir toetse op 'n stat basis mag slegs deur die verwysende praktisyn gerig word en nie deur die patoloog nie

(b) Specimens must be collected on a stat basis where applicable ● Monsters moet, waar van toepassing, op 'n stat basis bekom word

(c) Test must be performed on a stat basis ● Toetse moet op 'n stat basis uitgevoer word

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

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

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

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

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
<p>III. PROCEDURES • PROSEDURES</p> <p>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</p> <p>UNLISTED PROCEDURE/SERVICE • ONGESPESIFISEERDE PROSEDURE/DIENS</p> <p>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</p>							
<p>1. INTRAVENOUS TREATMENT • BINNEAARSE-BEHANDELING</p>							
<p>0206 Intravenous Infusions (push-in) Insertion of cannula - chargeable once per 24 hours • Intravenese Infuus (instoot) Inplaa van kannelule - foole hefbaar vir een uitvoering per 24 uur</p>	0	143.64	0	143.64			
<p>0207 Intravenous Infusions (cut-down): Cut-down and insertion of cannula - chargeable once per 24 hours • Intravenese Infuus (insnyding): Inaan en Inplaa van kannelule - foole hefbaar vir een uitvoering per 24 uur</p>	0	191.52	0	191.52			
<p>0208 Therapeutic Venesection (Not to be used when blood is drawn for the purpose of laboratory investigations) • Terapeutiese veneseksie (Kan nie gebruik word wanneer bloed getrek word met die oog op laboratorium ondersoek nie)</p> <p>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 as 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</p> <p>Opmerking: Hoe om gelde te hef vir Intravenese infusies Praktisyns is geregtig om gelde volgens die toepasselike item te hef elke keer wanneer hulle persoonlik die kannelule inplaa (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 diens wat tydens konsultasie gelewer word</p>	0	143.64	0	143.64			
<p>0210 Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists) • Versameling van bloed monster(s) deur mediese praktisyn vir patologiese ondersoek, per veneseksie (uitgesluit patoloog)</p>	3.25	77.81	3.25	77.81			

	Specialist Spesials		General Practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/N
2. INTEGUMENTARY SYSTEM ● HUIDSTELSEL							
2.1 Allergy ● Allergie							
0217 Allergy: Patch tests: First patch ● Allergie: Plaktoets: Eerste plaktoets	4	95.76	4	95.76			
0219 Allergy: Patch tests: Each additional patch ● Allergie: Plaktoets: Elke bykomende toets	2	47.88	2	47.88			
0218 Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs ● Allergie: Velpriktoets: Velpriktoetsing: Insekif, latex en geneesmiddels	2.8	67.03	2.8	67.03			
0220 Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergen ● Allergie: Velpriktoets: Velpriktoetsing: Onmiddellike hipersensiwiteitstoetsing (Type I reaksie): per antigeen, inasering en voedsel allergene	1.9	45.49	1.9	45.49			
0221 Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): per antigen ● Allergie: Velpriktoets: Velpriktoetsing: Vertraagde hipersensiwiteitstoetsing (Type IV reaksie): per antigeen	2.8	67.03	2.8	67.03			
2.2 Skin (general) ● Vel (algemeen)							
0255 Drainage of subcutaneous abscess, onychia, paronychia, pulp space or avulsion of nail ● Drainering van onderhuidse abses, onklike, paronklike avulsie van nael	20	478.80	20	478.80	3	335.58	+7
0257 Drainage of major hand or foot infection; drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of pilonidal cyst or sinus ● Drainering van groot hand- of voetinfeksie; drainering van groot absee met nekrose van weefsel, wat diep fascia betrek of wat debridement benodig; algehele uitsnyding van pilonidiale sist of sinus	87	2 082.78	87	2 082.78	3	335.58	+T
0259 Removal of foreign body superficial to deep fascia (except hands) ● Verwydering van vreemde voorwerp oppervlakkig tot diep-fascia (buiten hande)	20	478.80	20	478.80	3	335.58	+T
0261 Removal of foreign body deep to deep fascia (except hands) ● Verwydering van vreemde voorwerp diep-tot-diep-fascia (buiten hande)	31	742.14	31	742.14	3	335.58	+T
Note: See item 0922 and 0923 for removal of foreign bodies in hands. Let wel: Sien item 0922 en 0923 vir verwydering van vreemde voorwerpe uit hand							
2.3 Major plastic repair ● Groot plastiese herstel							
Note: The tariff does not cover elective or cosmetic operations, since these procedures may not have the effect of reducing the percentage of permanent disablement as laid down in the Second Schedule to the Act. It is incumbent upon the treating doctor to obtain the prior consent of the Commissioner before embarking upon such treatment.							
Opmerking: Hierdie tarifflys voorsien nie vir elektiewe of kosmetiese operasies nie aangezien sodanige prosedures nie altyd 'n vermindering in die graad van blywende arbeidsongeskiktheid, soos in die Tweede Bylae tot die Wet beoog, tot gevolg mag hê nie. Die geneesheer is verplig om vooraf die Kommissaris se goedkeuring te verkry, alvorens met sulke behandeling begin word.							
0289 Large skin graft, composite skin graft, large full thickness free skin graft ● Groot veltransplantaat, saamgestelde vel-transplantaat, groot volle dikte vry veltransplantaat	234	5 001.96	187.2	4 481.57	4	447.44	+T
0290 Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap ● Rekonstruktiewe prosedures (alle stadiums ingesluit) en veloerplanting met behulp van miokutane- of fassiokutane flap	410	9 815.40	328	7 852.32	4	447.44	+T
0291 Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis ● Rekonstruktiewe prosedures (inluitende alle stadiums) weefseloordraging met behulp van mikrovaskulêre heraanstomoses	800	19 152.00	640	15 321.80	4	447.44	+T
0292 Distant flaps: First stage ● Velflappe uit afgeleë posisie: Eerste stadium	206	4 931.64	164.8	3 945.31	4	447.44	+T
0293 Contour grafts (excluding cost of material) ● Kontoertransplantasie (uitgesonderd koste van materiaal)	206	4 931.64	164.8	3 945.31	4	447.44	+T
0294 Vascularised bone graft with or without soft tissue with one or more sets micro-vascular anastomoses ● Gevaskulariseerde beenoordrag met of sonder sagteweefsel met een of meer stelle mikro-vaskulêre anastomoses	1200	26 728.00	960	22 982.40	6	671.16	+T
0295 Local skin flaps (large, complicated) ● Plaaslike velflappe (groot, gekompliseerd)	206	4 931.64	164.8	3 945.31	4	447.44	+T
0296 Other procedures of major technical nature ● Ander groot tegniese prosedures	206	4 931.64	164.8	3 945.31	4	447.44	+T
0297 Subsequent major procedures for repair of same lesion (Modifier 0006 not applicable) ● Daaropvolgende groot prosedures vir herstel van dieselfde letsel (Wysiger 0006 nie van toepassing nie)	104	2 489.76	104	2 489.76	4	447.44	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
4862	136.50	3 267.91	120.00	2 872.80	5	559.30	+T
4863	25.00	612.86	25.00	612.86	5	559.30	+T
4864	140.30	3 368.78	120.00	2 872.80	5	559.30	+T
4865	23.00	550.62	23.00	550.62	5	559.30	+T
4866	163.40	3 911.80	130	3 112.20	5	559.30	+T
4867	36.20	866.63	36.20	866.63	5	559.30	+T
4868	183.50	4 392.99	146.80	3 514.38	5	559.30	+T
4869	43.10	1 031.81	43.10	1 031.81	5	559.30	+T
2.4	Lacerations, scars, cysts and other skin lesions @ Laserleses, littekens, eiste en ander valletate						
0300	14	335.16	14	335.16	3	335.58	+T
0301	7	167.58	7	167.58	3	335.58	+T
0302	64	1 532.16	64	1 532.16	4	447.44	+T
0303	128	3 064.32	120	2 872.80	4	447.44	+T
0304	50	1 197.00	50	1 197.00	3	335.58	+T
4830	13.0	332.77	13.0	332.77	3	335.58	+T
4831	5.3	126.88	5.3	126.88	3	335.58	+T
4832	36	861.84	36	861.84	6	659.30	+T
4833	11.2	268.13	11.2	268.13	5	559.30	+T
4834	62.5	1 496.25	62.5	1 496.25	6	671.16	+T+M

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R T/M	
4835	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue muscle and/or fascia; ADD for every additional 20 square cm or part thereof	19.5	466.83	19.5	466.83	0	871.16 +T-M
	Voeg by vir elke addisionele 20 cm ² of gedeelte daarvan						
0305	Needle biopsy - soft tissue	25	598.50	25	598.50	3	335.58 +T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	27	646.38	27	646.38	3	335.58 +T
	Uitsnyding en herstel deur middel van direkte hegting; eksisie naelvou of ander kleiner prosedures van dieselfde omvang						
0308	Each additional small procedure done at the same time	14	335.16	14	335.16	3	335.58 +T
	Elke bykomende klein prosedure wat gelyktydig gedoen word						
0310	Radical excision of nailbed	38	909.72	38	909.72	3	335.58 +T
	Radikale verwydering van nagelbed						
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	104	2 489.76	104	2 489.76	4	447.44 +T
	Waar herstel deur middel van groot veltransplantaat of groot plaaslike vel flap benodig word, of ander prosedures van soortgelyke omvang						
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	55	1 316.70	55	1 316.70	3	335.58 +T
	Waar herstel deur middel van klein veltransplantaat of klein plaaslike vel flap benodig word, of ander prosedures van soortgelyke omvang						
4856	Split thickness autograft of the trunk, arms and/or legs <=100 ² cm	153.0	3 677.18	122.88	2 941.75	5	559.30 +T
	Split dikte autotransplantaat van die toraks, arms en/of bene <=100 ² cm						
4857	Split thickness autograft of the trunk, arms and/or legs; each additional 100 ² cm or part thereof (modifier 0005 not applicable)	31.5	754.11	31.5	754.11	5	559.30 +T
	Split dikte autotransplantaat van die toraks, arms en/of bene: elke addisionele 100 ² cm (wysiger 0005 nie van toepassing nie)						
4858	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands feet and/or multiple digits <=100 ² cm (1% of body area for infants and children)	172	4 117.88	137.0	3 294.14	5	559.30 +T
	Split dikte autotransplantaat van die gesig, kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone <=100 ² cm (1% Liggaamsarea vir babas en kinders)						
4859	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands feet and/or multiple digits; each additional 100 ² cm or part thereof (1% body area for infants and children) (modifier 0005 not applicable)	51.0	1 235.30	51.0	1 235.30	5	559.30 +T
	Split dikte autotransplantaat van die gesig, kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone: Elke addisionele 100 ² cm (1% Liggaamsarea vir babas en kinders) (wysiger 0005 nie van toepassing nie)						
4872	Acellular dermal allograft of the trunk, arms and/or legs <=100 ² cm (1% of body area for infants and children)	66.3	1 587.22	66.3	1 587.22	5	559.30 +T
	Aseellulêre veltransplantaat van die toraks, arms en/of bene <=100 ² cm (1% Liggaamsarea vir babas en kinders)						
4873	Acellular dermal allograft of the trunk, arms and/or legs; each additional 100 ² cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable)	15.3	366.28	15.3	366.28	5	559.30 +T
	Aseellulêre veltransplantaat van die toraks, arms en/of bene: elke addisionele 100 ² cm (1% Liggaamsarea vir babas en kinders) (wysiger 0005 nie van toepassing nie)						
4874	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands feet and/or multiple digits <=100 ² cm	74	1 771.56	74	1 771.56	5	559.30 +T
	Aseellulêre veltransplantaat van die gesig, kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone: Elke addisionele 100 ² cm (wysiger 0005 nie van toepassing nie)						
4875	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands feet and/or multiple digits; each additional 100 ² cm or part thereof (modifier 0005 not applicable)	21.8	521.89	21.8	521.89	5	559.30 +T
	Aseellulêre veltransplantaat van die gesig, kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone: Elke addisionele 100 ² cm (wysiger 0005 nie van toepassing nie)						
2.6	Burns						
0345	Minor burns						
0347	Moderate burns						
0351	Major burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	270	6 607.44	220.8	5 285.95	5	559.30 +T
	Ernstige brandwonde: Resusitasie (met inbegrip van toesig en binne-aarse terapie - eerste 48 uur)						
0353	Tangential excision and grafting: Small	100	2 394.00	100	2 394.00	5	559.30 +T
	Klein Tangensiale eksisie en oorsplanting						
0354	Tangential excision and grafting: Large	200	4 788.00	180	3 830.40	5	559.30 +T
	Groot Tangensiale eksisie en oorsplanting						
2.7	Hands (skin)						
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Culler	147.40	3 528.78	120	2 872.80	4	447.44 +T
	Vel flap in akute handbeserings waar die flap geneem word van 'n liggaamsdeel verwyderd van die besaerde vinger of in gevalle van verplasingvel flap bv. Culler						

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0357	Small skin graft in acute hand injury Klein veloorplanting by akute handbesering	45	1 077.30	45	1 077.30	3		335.58 +T
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing • Loemaak van groot velkontraaktuur en/of uitsnyding van littekenweefsel met bedekking deur veloorplanting	102	4 596.48	153.0	3 677.18	3		335.58 +T
0361	Z-plasty • Z-plastie	220.1	5 269.19	176.08	4 215.36	3		335.58 +T
0363	Local flap and skin graft Lokale flap en veloorplanting	150	3 591.90	120	2 872.80	3		335.58 +T
0365	Cross finger flap (all stages) • Kruisvingerflap (alle stadia)	102	4 596.48	153.0	3 677.18	3		335.58 +T
0367	Palmar flap (all stages) • Palmareflap (alle stadia)	102	4 596.48	153.0	3 677.18	3		335.58 +T
0369	Distant flap: First stage • Afgeleë flap: Eerste stadium	158	3 782.62	126.4	3 026.02	3		335.58 +T
0371	Distant flap: Subsequent stage (not subject to General Modifier 0000) • Afgeleë flap: Opvolgende stadia (nie onderwerp aan Algemene Wysiger 0000 nie)	77	1 643.38	77	1 643.38	3		335.58 +T
0373	Transfer neurovascular island flap • Verplasing van neuro-vaskulêre eilandflap	230.5	5 518.17	184.4	4 414.54	3		335.58 +T
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft) • Sindaktilie: Losmaak van, insluitende veltransplantasi vir een web (met velflap en verplanting)	242.4	5 603.06	193.02	4 642.44	3		335.58 +T
0375	Dupuytren's contracture: Fasciotomy • Dupuytren se kontraaktuur: Fasiotomie	51	1 220.94	51	1 220.94	3		335.58 +T
0376	Dupuytren's contracture: Fasciectomy • Dupuytren se kontraaktuur: Fasiëktomie	218	5 218.92	174.4	4 175.14	3		335.58 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3. MUSCULO-SKELETAL SYSTEM* SPIER-SKELETSTELSEL								
3.1	Bones * Bane							
3.1.1	Fractures * Frakture							
0383	Fracture (reduction under general anaesthetic): Scapula* Fraktuur (reduksie onder algemene narkose): Skapula		*	*		3	335.58	+T+M
0384	Fracture: Scapula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Skapula: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	284.2	6 803.75	227.36	5 443.00	3	335.58	+T+M
0388	Fracture: Clavicle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Skouerbeen: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	208.4	5 013.04	167.52	4 010.43	3	335.58	+T+M
0387	Fracture (reduction under general anaesthetic): Clavicle* Fraktuur (reduksie onder algemene narkose): Klavikel	77	1 843.38	77	1 843.38	3	335.58	+T+M
0388	Percutaneous pinning supracondylar fracture elbow - stand alone procedure * Perkutane fiksaasie van supracondylare fraktuur - elmboog alleenstaande prosedure	176.70	4 206.26	140.50	3 365.01	3	335.58	+T+M
0388	Fracture (reduction under general anaesthetic): Humerus* Fraktuur (reduksie onder algemene narkose): Humerus	111.00	2 671.70	111.00	2 671.70	3	335.58	+T+M
0390	Fracture: Humerus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Humerus: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	255.3	6 111.88	204.24	4 889.51	3	335.58	+T+M
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna* Fraktuur (reduksie onder algemene narkose): Radius en/of Ulna	77	1 843.38	77	1 843.38	3	335.58	+T+M
0392	Open reduction of both radius and ulna (Modifier 0051 not applicable) Oop reduksie beide radius en ulna (Wysiger 0051 nie van toepassing nie)	210	5 027.40	168	4 021.92	3	335.58	+T+M
0401	Fracture: Carpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Karpale bene: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	208.7	4 986.28	168.96	3 987.02	3	335.58	+T+M
0402	Fracture (reduction under general anaesthetic): Carpal bone* Fraktuur (reduksie onder algemene narkose): Karpale been	84	1 632.18	84	1 632.18	3	335.58	+T+M
0403	Bennett's fracture-dislocation* Bennett se fraktuur-ontwrigting	51	1 220.94	51	1 220.94	3	335.58	+T+M
0405	Fracture reduction under general anaesthetic: Open treatment of Metacarpal: Simple* Fraktuur reduksie onder algemene narkose: Oop behandeling van Metakarpaal: Eenvoudig	118.3	2 832.18	118.3	2 832.18	3	335.58	+T+M
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple* Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Eenvoudig		5	5		3	335.58	+T+M
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound (open)* Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Oop	52	1 244.88	52	1 244.88	3	335.58	+T+M
0413	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Simple* Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Eenvoudig	48	1 149.12	48	1 149.12	3	335.58	+T
0415	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Compound (open)* Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Oop	102	2 441.88	102	2 441.88	3	335.58	+T+M
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed (modifier 0051 is applicable)* Fraktuur (reduksie onder algemene narkose): Pelvis fraktuur: Geslote (wysiger 0051 is van toepassing)		5	5		3	335.58	+T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation* Fraktuur (reduksie onder algemene narkose): Pelvis: Operatiewe reduksie en fiksaasie	320	7 680.80	256	6 428.64	3	335.58	+T+M
0420	Fracture: Acetabulum: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Acetabulum: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	580	13 406.40	448	10 725.12	3	335.58	+T+M
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft* Fraktuur (reduksie onder algemene narkose): Femur: Nek of Skag	237	5 673.78	189.6	4 539.02	3	335.58	+T+M
0422	Fracture: Femur neck or shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Femur nek of skag: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	392.3	9 381.66	313.84	7 613.33	3	335.58	+T+M
0425	Fracture (reduction under general anaesthetic) Patella* Fraktuur (reduksie onder algemene narkose): Patella	51	1 220.94	51	1 220.94	3	335.58	+T+M
0426	Fracture: Patella: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Patella: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	210.5	5 254.83	175.0	4 203.86	3	335.58	+T+M
0429	Fracture (reduction under general anaesthetic) Tibia with or without Fibula* Fraktuur (reduksie onder algemene narkose): Tibia met of sonder Fibula	128	3 064.32	120	2 872.80	3	335.58	+T+M
0430	Fracture: Tibia, with or without fibula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)* Fraktuur: Tibia, met of sonder fibula: Oop reduksie en interne fiksaasie (wysigers 0051, 0052 is nie toepaslik nie)	283.2	7 019.21	234.56	5 616.37	3	335.58	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0433	Fracture (reduction under general anaesthetic) Fibula shaft; Fraktuur; Fibulaeskag (reduksie onder algemene narkose)		β		β	3		335.58 +T+M
0434	Fracture: Fibula shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable); Fraktuur: Fibulaeskag: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	207	4 955.58	165.6	3 984.46	3		335.58 +T+M
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle; Fraktuur (reduksie onder algemene narkose): Malleolus van enkelgewrig	58	1 388.52	58	1 388.52	3		335.58 +T+M
0436	Fracture: Ankle malleolus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable); Fraktuur: Malleolus, enkel: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	207.1	4 957.97	165.68	3 986.38	3		335.58 +T+M
0437	Fracture-dislocation of ankle; Fraktuurontbinding van enkelgewrig	128	3 084.32	120	2 872.80	3		335.58 +T+M
0438	Open reduction Talus fracture (Modifier 0051 not applicable); Oop reduksie Talus fraktuur (Wysiger 0051 nie van toepassing nie)	188.7	4 766.88	158.08	3 805.50	3		335.58 +T+M
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus); Fraktuur (reduksie onder algemene narkose): Tarsale bene (uitgesluit talus en kalkaneum)	64	1 532.16	64	1 532.16	3		335.58 +T+M
0440	Open reduction Calcaneus fracture (Modifier 0051 not applicable); Oop reduksie Kalkaneus fraktuur (Wysiger 0051 nie van toepassing nie)	403.50	8 658.79	322.5	7 720.65	3		335.58 +T+M
0441	Fracture (reduction under general anaesthetic): Metatarsal; Fraktuur (reduksie onder algemene narkose): Metatarsaal	41.8	1 008.89	41.8	1 008.89	3		335.58 +T+M
0442	Fracture: Metatarsal bones: Open reduction with internal fixation (modifiers 0051, 0052 not applicable); Fraktuur: Metatarsale bene: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	154.7	3 703.82	123.76	2 982.84	3		335.58 +T+M
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal; Simple; Fraktuur (reduksie onder algemene narkose): Toonfalanks: Distaal: Eenvoudig		β		β	3		335.58 +T
0444	Fracture: Toe phalanx, distal: Open reduction with internal fixation (modifiers 0051, 0052 not applicable); Fraktuur: Toon, distale falanks: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	144.5	3 459.33	120	2 872.80	3		335.58 +T
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound; Fraktuur (reduksie onder algemene narkose): Toonfalanks: Oop	32	766.08	32	766.08	3		335.58 +T+M
0446	Fracture: Tarsal bones (excluding talus and calcaneus): Open reduction with internal fixation (modifiers 0051, 0052 not applicable); Fraktuur: Tarsale bene (talus en kalkaneus uitgesluit): Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	178.2	4 286.11	142.58	3 412.89	3		335.58 +T+M
0447	Fracture (reduction under general anaesthetic): Other: Simple; Fraktuur (reduksie onder algemene narkose): Ander: Eenvoudig	28	622.44	28	622.44	3		335.58 +T
0448	Fracture: Calcaneus (reduction under general anaesthetic); Fraktuur: Kalkaneus (reduksie onder algemene narkose)	103.3	2 473.00	103.3	2 473.00	3		335.58 +T+M
0449	Fracture (reduction under general anaesthetic): Other: Compound; Fraktuur (reduksie onder algemene narkose): Ander: Oop	52	1 244.88	52	1 244.88	3		335.58 +T+M
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed; Fraktuur (reduksie onder algemene narkose): Sternum en/of ribbes: Geslote		β		β	3		335.58 +T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
0452 Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for full chest Fraktuur (reduksie onder algemene narkose): Sternum en/of ribbes: Oop reduksie en fiksasie van veelvuldige ribfrakture vir vleëel borskas	230	5 506.20	184	4 404.96	3		335.58 +T+M
0455 Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical Fraktuur (reduksie onder algemene narkose): Wenwielkolom: Met of sonder verlamming: Nek		8		8	3		335.58 +T+M
0456 Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Thoracic Fraktuur (reduksie onder algemene narkose): Wenwielkolom: Met of sonder verlamming: Res		8		8	3		335.58 +T+M
0459 DELETED 2009: Open reduction and internal fixation for fracture and/or dislocation of spine GESKRAP 2009: Oop reduksie en interne fiksasie vir fraktuur en/of dislokasie van wenwielkolom							
0461 Fracture (reduction under general anaesthetic): Compression fracture: Cervical Fraktuur (reduksie onder algemene narkose): Kompressiefraktuur: Nek		*		*	3		335.58 +T+M
0462 Fracture (reduction under general anaesthetic): Compression fracture: Thoracic Fraktuur (reduksie onder algemene narkose): Kompressiefraktuur: Res		*		*	3		335.58 +T+M
0463 Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical Fraktuur (reduksie onder algemene narkose): Spinose of transverse prosesse: Nek		*		*	3		335.58 +T+M
0464 Fracture (reduction under general anaesthetic): Spinous or transverse processes: Thoracic Fraktuur (reduksie onder algemene narkose): Spinose of transverse prosesse: Res		*		*	3		335.58 +T+M
3.1.1.1 Operations for fractures Operasies vir frakture							
0465 Fractures involving large joints (includes the item for the relative bone) This item may not be used as a modifier Frakture wat groot gewigte aantrek (sluit die item vir die betrokke been in). Hierdie item mag nie as wysiger gebruik word nie	288	6 894.72	230.4	6 515.78	3		335.58 +T+M
0473 Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pin (Not subject to rule G) (Modifier 0005 not applicable) Perkutane inplanting en daaropvolgende verwydering van Kirschner draad of Steinmann penne (Nie onderhevig aan reël G nie) (Wysiger 0005 nie van toepassing)	43	1 029.42	43	1 029.42	3		335.58 +T
0475 Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia Humerus, Radius and Ulna Beenoorplanting of interne fiksasie vir wanhegting of nie-hegting: Femur, Tibia, Humerus, Radius en Ulna	262	6 751.08	225.0	6 408.86	3		335.58 +T+M
0479 Bonegrafting or internal fixation for malunion or non-union: Other bones (not applicable to fingers and toes) Beenoorplanting of interne fiksasie vir wanhegting of nie-hegting: Ander bene (nie van toepassing op vingers en tone nie)	154	3 686.76	123.2	2 949.41	3		335.58 +T+M

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3.1.2	Bony operations • Benige operasies						
3.1.2.1	Bone grafting • Beenoorplanting						
0497	202	6 751.00	225.6	5 400.00	3	335.50	+T+M
0498	340	8 139.00	272	6 511.00	3	335.50	+T+M
0499	102	4 598.40	153.0	3 677.10	3	335.50	+T+M
0501	128	3 064.32	120	2 872.00	3	335.50	+T+M
0503	206	4 931.64	104.8	3 045.31	3	335.50	+T+M
0505	147	3 519.18	120	2 872.00	3	335.50	+T+M
0506	01.1	2 180.93	01.1	2 180.93	0	671.16	+T
0507	50	1 197.00	50	1 197.00	3	335.50	+T+M
3.1.2.2	Acute/chronic osteomyelitis • Akute/kroniese osteomielitis						
0508							
0511							
0512	128	3 064.32	120	2 872.00	3	335.50	+T+M
3.1.2.3	Osteotomy • Osteotomie						
0514	330	7 900.20	204	6 320.16	3	335.50	+T+M
0515	330	7 900.20	204	6 320.16	3	335.50	+T+M
0516	320	7 800.00	256	6 128.64	3	335.50	+T+M
0521	320	7 600.00	256	6 128.64	3	335.50	+T+M
0527	320	7 600.00	256	6 128.64	3	335.50	+T+M
0530	115	2 753.10	115	2 753.10	3	335.50	+T+M
0530	120	2 872.00	120	2 872.00	3	335.50	+T+M
0531	270.00	6 676.87	223.72	5 341.49	3	335.50	+T+M
0532	160	3 630.40	120	3 064.32	3	335.50	+T+M
0533	00	1 436.40	00	1 436.40	3	335.50	+T+M
0534	150	3 591.00	120	2 872.00	3	335.50	+T+M

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3.1.2.4 Exostosis ● Eksostose							
0535 Exostosis: Excision: Readily accessible sites ● Eksostose: Ekseleie: Toeganklike areas	00	1 436.40	00	1 436.40	3	335.58	+T+M
0537 Exostosis: Excision: Less accessible sites ● Eksostose: Ekseleie: Minder toeganklike areas	00	2 298.24	00	2 298.24	3	335.58	+T+M
3.1.2.5 Biopsy ● Biopsie							
0538 Needle Biopsy: Spine (no after-care), Modifier 0005 not applicable ● Naaldbiopsie: Wenwefkolom (geen nasorg), Wysiger 0005 nie van toepassing nie	50	1 197.00	50	1 197.00	4	447.44	+T
0541 Needle Biopsy: Other sites (no after-care), Modifier 0005 not applicable ● Naaldbiopsie: Ander areas (geen na-sorg), Wysiger 0005 nie van toepassing nie	32	766.08	32	766.08	4	447.44	+T
0543 Biopsy: Open (modifier 0005 is not applicable); Readily accessible sites ● Biopsie: Oop (wysiger 0005 is nie van toepassing nie); Maklik bereikbaar	04	1 532.16	04	1 532.16			As per bone/ Soos per been
0545 Biopsy: Open (modifier 0005 is not applicable); Less accessible sites ● Biopsie: Oop (wysiger 0005 is nie van toepassing nie); Moelik bereikbaar	06	2 298.24	06	2 298.24			As per bone/ Soos per been
3.2 Joints ● Gewrigte							
3.2.1 Dislocations ● Ontwrigtings							
0547 Joint: Dislocation: Clavicle: either end ● Gewrig: Ontwrigting: Klavikel: enige punt	38	909.72	38	909.72	3	335.58	+T+M
0549 Joint: Dislocation: Shoulder ● Gewrig: Ontwrigting: Skouer	51	1 220.94	51	1 220.94	3	335.58	+T+M
0551 Joint: Dislocation: Elbow ● Gewrig: Ontwrigting: Elmboog	51	1 220.94	51	1 220.94	3	335.58	+T+M
0552 Joint: Dislocation: Wrist ● Gewrig: Ontwrigting: Pofegewrig	77	1 843.38	77	1 843.38	3	335.58	+T+M
0553 Joint: Dislocation: Perticular transscapoid fracture dislocation ● Gewrig: Ontwrigting: Periklunêre transkafoidê fraktuurontwrigting	130	3 112.28	120	2 872.80	3	335.58	+T+M
0555 Joint: Dislocation: Lunet ● Lunatum	77	1 843.38	77	1 843.38	3	335.58	+T+M
0556 Joint: Dislocation: Carpo-metacarpal dislocation ● Gewrig: Ontwrigting: Karpometakarpale ontwrigting	51	1 220.94	51	1 220.94	3	335.58	+T+M
0557 Joint: Dislocation: Metacarpophalangeal or interphalangeal joints (hand) ● Gewrig: Ontwrigting: Metakarpofalangeale of interfalangeale gewrigte (hand)	26	622.44	26	622.44	3	335.58	+T+M
0559 Joint: Dislocation: Hip ● Gewrig: Ontwrigting: Heup	100	2 609.46	100	2 609.46	3	335.58	+T+M
0561 Joint: Dislocation: Knee ● Gewrig: Ontwrigting: Knie	00	2 298.24	00	2 298.24	3	335.58	+T+M
0563 Joint: Dislocation: Patella ● Gewrig: Ontwrigting: Patella	32	766.08	32	766.08	3	335.58	+T+M
0565 Joint: Dislocation: Ankle ● Gewrig: Ontwrigting: Enkel	00	2 154.80	00	2 154.80	3	335.58	+T+M
0567 Joint: Dislocation: Sub-Talar dislocation ● Gewrig: Ontwrigting: Sub-Talêre ontwrigting	00	2 154.80	00	2 154.80	3	335.58	+T+M
0568 Joint: Dislocation: Interarsal or Tarsometatarsal or Mid-tarsal ● Gewrig: Ontwrigting: Interarsaal of Tarsometatarsaal of Midtarsaal	77	1 843.38	77	1 843.38	3	335.58	+T+M
0571 Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot) ● Metatarsofalangeale of interfalangeale gewrigte (voet)	14	335.16	14	335.16	3	335.58	+T+M
3.2.2 Operations for dislocations ● Operasies vir ontwrigtings							
0576 Recurrent dislocation of shoulder ● Herhalende skouer-ontwrigting	200	4 788.00	100	3 836.40	3	335.58	+T+M
0578 Recurrent dislocation of large joints ● Herhalende ontwrigting van groot gewrigte	101	3 854.34	120.8	3 083.47	3	335.58	+T+M

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3.2.3 Capsular operations ● Kapsulêre operasies							
0582 Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care) ● Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Klein gewrig (drie weke nasorg ingesluit)	51	1 220.94	51	1 220.94	3	335.58	+T+M
0583 Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care) ● Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Groot gewrig (drie weke nasorg ingesluit)	90	2 298.24	90	2 298.24	3	335.58	+T+M
0585 Capsulotomy or arthrotomy or biopsy or drainage of joint: Capsulectom digital joint ● Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Kapsulektomie digitale gewrig	04	1 532.16	04	1 532.16	3	335.58	+T+M
0586 Multiple percutaneous capsulotomies of metacarpo-phalangeal joints Veevuldlige perkutane kapsulotomieë van metakarpofalangeale gewrig	90	2 154.60	90	2 154.60	3	335.58	+T+M
0587 Release of digital joint contracture ● Loemaak van falgangeale-gewrigskontraktuur	128	3 064.32	120	2 872.80	3	335.58	+T+M
3.2.4 Synovectomy ● Sinovektomie							
0589 Synovectomy: Digital joint ● Sinovektomie: Digitale gewrig	77	1 843.38	77	1 843.38	3	335.58	+T+M
0590 Synovectomy: Large joint ● Sinovektomie: Grootgewrig	100	3 850.40	128	3 064.32	3	335.58	+T+M
0593 Tendon synovectomy ● Tendon sinovektomie	203.7	4 876.58	102.90	3 901.26	3	335.58	+T+M
3.2.5 Arthrodesis ● Artrodese							
0597 Arthrodesis: Shoulder ● Artrodese: Skouer	224	5 382.56	179.2	4 290.96	3	335.58	+T+M
0598 Arthrodesis: Elbow ● Artrodese: Elmboog	180	4 309.20	144	3 447.36	3	335.58	+T+M
0599 Arthrodesis: Wrist ● Artrodese: Polsgewrig	180	4 309.20	144	3 447.36	3	335.58	+T+M
0600 Arthrodesis: Digital joint ● Artrodese: Digitale gewrig	128	3 064.32	120	2 872.80	3	335.58	+T+M
0601 Arthrodesis: Hip ● Artrodese: Heup	320	7 860.80	256	6 128.64	3	335.58	+T+M
0602 Arthrodesis: Knee ● Artrodese: Knie	180	4 309.20	144	3 447.36	3	335.58	+T+M
0603 Arthrodesis: Ankle ● Artrodese: Enkel	180	4 309.20	144	3 447.36	3	335.58	+T+M
0604 Arthrodesis: Sub-talar ● Artrodese: Sub-talair	130	3 112.20	120	2 872.80	3	335.58	+T+M
0605 Arthrodesis: Stabilization of foot (triple-arthrodeses) ● Artrodese: Stabilisering van voet (drievoudige artrodese)	180	4 309.20	144	3 447.36	3	335.58	+T+M
0607 Arthrodesis: Mid-tarsal wedge resection ● Artrodese: Mid-tarsale wigresekisie	180	4 309.20	144	3 447.36	3	335.58	+T+M
3.2.6 Arthroplasty ● Artroplastie							
0614 Arthroplasty: Debridement large joint ● Artroplastie: Debridement groot gewrigte	100	3 830.40	128	3 064.32	3	335.58	+T+M
0615 Arthroplasty: Excision medial or lateral end of clavicle ● Artroplastie: Eksisie mediale of laterale punt van klavikula	116	2 777.04	116	2 777.04	3	335.58	+T+M
0617 Shoulder: Acromioplasty ● Skouer: Akromioplastie	192	4 596.48	153.0	3 877.16	3	335.58	+T+M
0619 Shoulder: Partial replacement ● Skouer: Gedeeltelike vervanging	277	6 631.38	221.0	5 306.10	5	569.30	+T+M
0620 Shoulder: Total replacement ● Skouer: Totale vervanging	416	9 956.04	332.8	7 967.23	5	569.30	+T+M
0621 Elbow: Excision head of radius ● Elmboog: Eksisie kop van radius	98	2 298.24	98	2 298.24	3	335.58	+T+M
0622 Elbow: Excision ● Elmboog: Eksisie	192	4 596.48	153.0	3 877.16	3	335.58	+T+M
0623 Elbow: Partial replacement ● Elmboog: Gedeeltelike vervanging	188	4 500.72	150.4	3 800.58	3	335.58	+T+M
0624 Elbow: Total replacement ● Elmboog: Totale vervanging	282	6 751.08	226.0	5 400.86	3	335.58	+T+M
0625 Wrist: Excision distal end of ulna ● Polsgewrig: Eksisie distale end van ulna	90	2 298.24	90	2 298.24	3	335.58	+T+M
0626 Wrist: Excision single bone ● Polsgewrig: Eksisie een beentjie	110	2 633.40	110	2 633.40	3	335.58	+T+M
0627 Wrist: Excision proximal row ● Polsgewrig: Eksisie proksimale ry	100	3 974.04	132.8	3 179.23	3	335.58	+T+M
0631 Wrist: Total replacement ● Polsgewrig: Totale vervanging	249	5 961.06	199.2	4 788.85	3	335.58	+T+M
0635 Digital joint: Total replacement ● Digitale gewrig: Totale vervanging	192	4 596.48	153.0	3 877.16	3	335.58	+T+M
0637 Hip: Total replacement ● Heup: Totale vervanging	416	9 956.04	332.8	7 967.23	3	335.58	+T+M
0641 Hip: Prosthetic replacement of femoral head ● Heup: Vervanging van kop van femur met proteese	288	6 894.72	230.4	5 615.78	3	335.58	+T+M
0643 Hip: Girdlestone ● Heup: Girdlestone	320	7 860.80	256	6 128.64	3	335.58	+T+M
0645 Knee: Partial replacement ● Knie: Gedeeltelike vervanging	277	6 631.38	221.0	5 305.10	3	335.58	+T+M
0646 Knee: Total replacement ● Knie: Totale vervanging	416	9 956.04	332.8	7 967.23	3	335.58	+T+M
0649 Ankle: Total replacement ● Enkel: Totale vervanging	200.4	6 952.18	232.32	5 581.74	3	335.58	+T+M
0650 Ankle: Astragalectomy ● Enkel: Astragalektomie	154	3 686.76	123.2	2 949.41	3	335.58	+T+M
3.2.7 Miscellaneous (Joints) ● Diverse (gewrigte)							
0661 Aspiration of joint or intra-articular injection (not subject to rule G) (Modifier 0005 not applicable) ● Aspirasie van gewrig of intra-artikulêre inspuiting (nie onderhewig aan reël G nie) (Wysiger 0005 nie van toepassing)	0	215.46	0	215.46	3	335.58	+T
0667 Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable ● Artroskopies (nasorg uitgesluit), wysigers 0005 en 0013 nie van toepassing nie	80	1 436.40	80	1 436.40	3	335.58	+T
0669 Manipulation large joint under general anaesthetic (not subject to rule G) (Modifier 0005 not applicable) ● Manipulasie van groot gewrig onder algemene narkose (nie onderhewig aan reël G nie) (Wysiger 0005 nie van toepassing)	14	335.16	14	335.16	4	447.44	Hip+T
					3	335.58	Knee / Shoulder + T
0670 Only the consultation fee should be charged when manipulation of a	0	0	0	0	4	447.44	Hip+T

	Specialist Spesialls		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
large joint is performed with or without local anaesthetic. Sleë konsultasiegelede mag geheel word wanneer 'n groot gewrig gemanipuleer word met of sonder lokale narkose					3	335.58	Knee / Shoulder + T
0673 Meniscectomy or operation for other internal derangement of knee Menisektomie of operasie vir ander interne verstoring van knie	100	2 609.46	100	2 609.46	3	335.58	+T+M
3.2.6 Joint ligament reconstruction or suture • Rekonstruksie of hegting van ligamente							
0675 Joint ligament reconstruction or suture: Ankle: Collateral Rekonstruksie of hegting van ligamente: Enkel: Kollateraal	180	3 830.40	128	3 064.32	3	335.58	+T+M
0677 Joint ligament reconstruction or suture: Knee: Collateral Rekonstruksie of hegting van ligamente: Knie: Kollateraal	180	3 830.40	128	3 064.32	3	335.58	+T+M
0678 Joint ligament reconstruction or suture: Knee: Crucial Rekonstruksie of hegting van ligamente: Knie: Kruisligament	100	3 830.40	128	3 064.32	3	335.58	+T+M
0679 Joint ligament reconstruction or suture: Ligament augmentation procedure of knee • Rekonstruksie of hegting van ligamente: Versterkte knie ligament herstel	280	6 703.20	224	5 382.56	3	335.58	+T+M
0680 Joint ligament reconstruction or suture: Digital joint ligament Rekonstruksie of hegting van ligamente: Digitale gewrig ligament	165	3 950.10	132	3 160.98	3	335.58	+T+M
3.3 Amputations • Amputasies							
3.3.1 Specific amputations • Spesifieke amputasies							
0681 Amputation: Humerus, includes primary closure Amputasie; Humerus, ingesluit die primêre hegting van die wond	211.6	5 065.70	168.28	4 052.56	4	447.44	+T+M
0682 Amputation: Fore-quarter amputation Amputasie; Voorkwartamputasie	204	7 038.36	235.2	5 830.68	0	1006.74	+T+M
0683 Amputation: Through shoulder Amputasie; Deur skouer	148	3 543.12	120	2 872.80	5	569.30	+T+M
0684 Amputation: Forearm Amputasie; Voortarm	213.5	5 111.19	170.48	4 081.29	3	335.58	+T+M
0685 DELETED 2015: Amputation: Upper arm or forearm GESKRAP 2015: Amputasie: Bo-arm of voortarm							
0686 Amputation: Ankle (eg., Syme, Pirogoff type) Amputasie: Enkel (bv. Syme, Pirogoff tipe)	204.1	4 886.15	163.28	3 988.92	4	447.44	+T+M
0687 Partial amputation of the hand: One ray Amputasie: Amputasie van gedeelte van hand: Een straal	102	2 441.88	102	2 441.88	3	335.58	+T+M
0688 Amputation: Foot, midtarsal (Chopart type) Amputasie: Voet, midtarsaal (Chopart tipe)	105.7	3 968.88	132	3 160.08	3	335.58	+T+M
0689 Amputation: Whole or part of finger (skin flap included) Amputasie: Gedeelte van, of totale vinger (skulflap in)	116.8	2 796.19	116.80	2 796.19	3	335.58	+T+M
0692 Scar revision/secondary closure: amputated thigh, through femur, any level Letsel heriening met sekondêre hegting: Bo-been amputasie, deur femur, enige vlak	150.7	3 697.76	120.56	2 889.21	3	335.58	+T+M
0693 Hindquarter amputation Agterkwart amputasie	420	10 054.80	336	8 043.84	6	671.16	+T+M
0694 Scar revision/secondary closure: amputated leg, through tibia and fibula any level	173.9	4 163.17	138.12	3 336.53	3	335.58	+T+M
0695 Amputation: Through hip joint reflow Amputasie: Deur heupgewigstreek	192	4 596.48	153.6	3 677.18	6	671.16	+T+M
0696 Re-amputation: Thigh, through femur, any level Her-amputasie: Bo-been deur die femur op enige vlak	217.3	5 202.18	173.84	4 161.73	3	335.58	+T+M
0697 Amputation: Through thigh Amputasie: Deur dybeen	205	4 907.70	164	3 926.16	8	671.16	+T+M
0698 Re-amputation: Leg, through tibia and fibula Her-amputasie: Onderbeen deur die tibia en fibula	190.2	4 744.91	158.56	3 795.93	3	335.58	+T+M
0699 Amputation: Below knee, through knee/Syme Amputasie: Onder knie, deur knie of Syme	164	4 644.36	155.2	3 716.49	5	569.30	+T+M
0701 Amputation: Trans-metatarsal or trans-tarsal Amputasie: Transmetatarsaal of transarsaal	142	3 389.48	120	2 872.80	3	335.58	+T+M
0703 DELETED 2015 Refer to item 0698 and item 0701: Amputation: Foot: Chopart • GESKRAP 2015 Verwys na item 0698 en 0701: Amputasie: Voet: Chopart							
0705 Amputation: Toe (skin flap included) Amputasie: Toon (veelflap ingesluit)	66	1 680.04	66	1 680.04	3	335.58	+T+M

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3.3.2 Post-amputation reconstruction ● Rekonstruksie na amputasie							
0706 Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler Rekonstruksie na amputasie: Weer velflap geneem word van 'n liggaamsdeel verwyder van die beseerde vinger of in gevalle van verplasingeflap bv. Cutler Note: If not performed on thumb or index finger it must be motivated Opmerking: Indien nie uitgevoer op duim of wysvinger nie moet dit gemotiveer word	75	1 795.50	75	1 795.50	3	335.58	+T+M
0709 DELETED 2015 :Post-amputation reconstruction: Metacarpal transfer GESKRAP 2015 :Rekonstruksie na amputasie: Meta-karpale verplanting							
0707 Post-amputation reconstruction: Krukenberg reconstruction Rekonstruksie na amputasie: Krukenbergrekonstruksie	206	4 931.64	164.8	3 945.31	3	335.58	+T+M
0711 Post-amputation reconstruction: Pollicization of the finger (Prior permission must be obtained from the Commissioner at all times) Rekonstruksie na amputasie: Polleisasie van vinger (Vooref goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	262	6 751.08	225.0	5 400.86	3	335.58	+T+M
0712 Post-amputation reconstruction: Toe to thumb transfer (Prior permission must be obtained from the Commissioner at all times) Rekonstruksie na amputasie: Toon na duim verplanting (Voorsf goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	600	19 162.00	640	15 321.60	3	335.58	+T+M
0700 Scar revision/secondary closure: Amputated shoulder Letseel herstelling met sekondêre hegting: Skouer amputasie	128.1	3 068.71	120	2 872.80	3	335.58	+T
0702 Scar revision/secondary closure: Amputated humerus Letseel herstelling met sekondêre hegting: Bo-arm amputasie, enige vlak	163.1	3 904.61	130.48	3 123.69	3	335.58	+T
0704 Scar revision/secondary closure: Amputated forearm Letseel herstelling met sekondêre hegting: Voorarm amputasie	184.1	4 407.35	147.28	3 525.86	3	335.58	+T
0708 Re-amputation: Humerus Her-amputasie: Humerus	223.1	5 341.04	178.48	4 272.81	6	671.16	+T+M
0710 Re-amputation: Through forearm Her-amputasie deur die voorarm	206	4 931.64	164.8	3 945.31	3	335.58	+T+M
3.4 Muscles, tendons and fasciae ● Spiere, tendons en fasciae							
3.4.1 Investigations ● Ondersoekte							
0713 Electromyography Elektromiografie	75	1 795.50	75	1 795.50	3	335.58	+T
0714 Electro-myographic neuro-muscular junctional study, including edrophonium respons (not to be used with item 2730) Elektromiografiese neuro-muskulêre verbindingstudie, ingeslote edrophonium respons (moet nie saam met item 2730 gebruik word nie)	57	1 364.68	57	1 364.58	3	335.58	+T
0716 Strength duration curve per session Kragduur-kromme per sessie	10.5	251.37	10.5	251.37	3	335.58	+T
0717 Electrical examination of single nerve or muscle Elektriese ondersoek van enkele senuwee of spier	0	215.46	0	215.46	3	335.58	+T
0721 Voltage integration during isometric contraction Stroomspanningsintegrasie tydens isometriese kontrakasie	12	287.28	12	287.28	3	335.58	+T
0723 Tonometry with edrophonium Tonometrie met edrophonium	8	191.52	8	191.52	3	335.58	+T
0725 Isometric tension studies with edrophonium Isometriese spanningstudies met edrophonium	10	239.40	10	239.40	3	335.58	+T
0727 Cranial reflex study (both early and late responses) supra-oculofacial, corneofacial or flabellofacial: Unilateral Kraniale refleksstudie (vroë en laat reaksies) supra-oculofasias, corneo-fasias of flabello-fasias: Unilateraal	8	191.52	8	191.52	3	335.58	+T
0728 Cranial reflex study (both early and late responses) supra-oculofacial, corneofacial or flabellofacial: Bilateral Kraniale refleksstudie (vroë en laat reaksies) supra-oculofasias, corneo-fasias of flabello-fasias: Bilateraal	14	335.16	14	335.16	3	335.58	+T
0729 Tendon reflex time Tendon refleks-tyd	7	167.58	7	167.58	3	335.58	+T
0730 Limb-brain somatosensory studies (per limb) Ledemaat-brein somatoensoriese studies (per ledemaat)	40	1 173.06	40	1 173.06	3	335.58	+T
0731 Vision and audiosensory studies Visuele en oudiosensoriese toetse	40	1 173.06	40	1 173.06			
0733 Motor nerve conduction studies (single nerve) Bestudering van geleiding deur motoriese senuwee (enkele senuwee)	20	622.44	20	622.44			
0735 Examinations of sensory nerve conduction by sweep averages (single nerve) Ondersoek van sensoriese senuwee-geleiding met golwingegemiddeldes (enkele senuwee)	31	742.14	31	742.14	3	335.58	+T
0737 Biopsy for motor nerve terminals and end plate Biopsie vir motorsenuwee eindpunte en eindplate	20	478.80	20	478.80	3	335.58	+T
0739 Combined muscle biopsy with end plates and nerve terminal biopsy Gekombineerde spierbiopsie met eindplate en senuwee-eindpunt biopsie	34	813.96	34	813.96	6	894.88	+T
0740 Muscle fatigue studies Spieruitputtingsondersoekte	20	478.80	20	478.80	3	335.58	+T
0741 Muscle biopsy Spierbiopsie	20	478.80	20	478.80	6	894.88	+T
0742 Global fee for all muscle studies, including histochemical studies Globale tarief vir alle spierstudies, histochemiese studies ingeslote	262	6 272.28					

		Spesiallet Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase Biochemiese toetse op spierbiopsie-monsters: Kreatien kinase	20.25	484.79					
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase Biochemiese toetse op spierbiopsie-monsters: Adenylate kinase	33.3	797.20					
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase Biochemiese toetse op spierbiopsie-monsters: Pirusate kinase	5.7	136.46					
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase Biochemiese toetse op spierbiopsie-monsters: Laktaat dehidrogenase	1.6	38.30					
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase Biochemiese toetse op spierbiopsie-monsters: Adenylate deaminase	9.0	237.04					
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase Biochemiese toetse op spierbiopsie-monsters: Fosfoglykerate kinase	13.7	327.98					
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase Biochemiese toetse op spierbiopsie-monsters: Fosfoglykerate mutase	25.9	629.83					
4715	Biochemical estimations on muscle biopsy specimens: Enolase Biochemiese toetse op spierbiopsie-monsters: Enolase	32.7	782.84					
4717	Biochemical estimations on muscle biopsy specimens: Phosphofruktokinase Biochemiese toetse op spierbiopsie-monsters: Fosfofruktookinase	37.7	902.54					
4719	Biochemical estimations on muscle biopsy specimens: Aldolase Biochemiese toetse op spierbiopsie-monsters: Aldolase	15.75	377.06					
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde Phosphate Dehydrogenase Biochemiese toetse op spierbiopsie-monsters: Glykeraldehide 3 Fosfaat Dehidrogenase	11.06	264.78					
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase Biochemiese toetse op spierbiopsie-monsters: Fosforilase	34.7	830.72					
4726	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase Biochemiese toetse op spierbiopsie-monsters: Fosfoglikomutase	40.3	964.78					
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose isomerase Biochemiese toetse op spierbiopsie-monsters: Fosfohexose isomerase	28.8	689.47					
3.4.2	Decompression Operations • Dekompressie Operasies							
0743	DELETED 2015 Refer to items 5550-5563: Major Compartmental Decompression GESKRAP 2015 :Verwys na item 5550 - 5563 :Ekstensiewe Kompartementale Dekompressie							
0744	DELETED 2015 Refer to items 5550-5563: Decompression operation: Fasciotomy only GESKRAP 2015 :Verwys na item 5550 - 5563 :Dekompressie operasie: Fasciotomie alleenlik							
5550	Decompression fasciotomy: Buttock compartment(s): Unilateral Dekompressie fasciotomie: Glutale area(s): Unilateraal	243	5 817.42	194.4	4 653.94	6	559.30	+T+M
5551	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). EXCLUDES debridement of nonviable muscle and/or nerve Dekompressie fasciotomie: Been: Anterior en/of laterale en posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	151.8	3 836.49	121.52	2 809.19	3	335.58	+T+M
5552	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). INCLUDES debridement of nonviable muscle and/or nerve Dekompressie fasciotomie: Been: Anterior en/of laterale en posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	253.1	6 069.21	202.48	4 847.37	3	335.58	+T+M
5553	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. EXCLUDES debridement of nonviable muscle and/or nerve Dekompressie fasciotomie: Been: Anterior en/of laterale kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	123.7	2 961.38	120	2 872.80	3	335.58	+T+M
5554	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. INCLUDES debridement of nonviable muscle and/or nerve Dekompressie fasciotomie: Been: Anterior en/of laterale kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	162.1	3 880.67	126.69	3 104.54	3	335.58	+T+M
5555	Decompression fasciotomy: Leg: Posterior compartment only. EXCLUDES debridement of nonviable muscle and/or nerve Dekompressie fasciotomie: Been: Posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	130.8	3 131.35	120	2 872.80	3	335.58	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		L/E	R	L/E	R	L/E	R	T/M
5566	Decompression fasciotomy: Leg: Posterior compartment only. INCLUDES debridement of nonviable muscle and/or nerve. Dekompressie fasciotomie: Been: Posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	171.5	4 105.71	137.2	3 284.57	3		336.58 +T+M
5567	Decompression fasciotomy: Fasciotomy/tenotomy, iliotibial. Dekompressie fasciotomie: Fasciotomie/tenotomie, iliotibiaal	137.3	3 286.86	120	2 872.80	4		447.44 +T+M
5568	Decompression fasciotomy: Fasciotomy: Foot and/or toe. Dekompressie fasciotomie: Voet en/of toe	86.6	2 073.20	86.6	2 073.20	3		335.58 +T+M
5569	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. EXCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor en ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	226.3	5 417.82	181.04	4 334.10	3		335.58 +T+M
5560	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. INCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor en ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	354.5	8 486.73	283.6	6 789.38	3		335.58 +T+M
5561	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. EXCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor of ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	166.8	3 993.19	133.44	3 184.55	3		335.58 +T+M
5562	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. INCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor of ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	321.1	7 687.13	258.88	6 149.71	3		336.58 +T+M
5563	Decompression fasciotomy: Fingers and/or hand. Dekompressie fasciotomie: Vingers en/of hand	165.6	3 984.46	132.48	3 171.57	3		335.58 +T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.4.3	Muscle and tendon repair • Spier- en pees-herstel							
0745	Muscle and tendon repair: Biceps humeri • Spier en tendon herstel: Biceps humeri	100	2 609.46	100	2 609.46	3	335.58	+T
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff • Spier en tendon herstel: Verwydering van verkalking in Rotatorkraag	98	2 298.24	98	2 298.24	3	335.58	+T+M
0747	Muscle and tendon repair: Rotator cuff • Spier en tendon herstel: Rotatorkraag	134	3 207.98	120	2 872.80	4	447.44	+T
0748	Muscle and tendon repair: Debridement rotator cuff • Spier en tendon herstel: Debridement rotatorkraag	139.7	3 344.42	120	2 872.80	4	447.44	+T
0749	Muscle and tendon repair: Scapulothoracic - stand alone procedure • Spier en tendon herstel: Skapulotopeksie - alleenstaande procedure	271.00	6 806.28	217.62	5 207.43	4	447.44	+T
0755	Muscle and tendon repair: Infrapatellar or quadriceps tendon • Spier en tendon herstel: Infrapatellêre of kwadrisepe pees	128	3 064.32	120	2 872.80	3	335.58	+T
0757	Muscle and tendon repair: Achilles tendon repair • Spier en tendon herstel: Achilles pees herstel	187.0	4 730.54	168.08	3 784.44	4	447.44	+T
0760	Muscle and tendon repair: Other ankle tendon • Spier en tendon herstel: Ander enkele pees	77	1 843.38	77	1 843.38	3	335.58	+T
0767	Muscle and tendon repair: Tendon or ligament injection • Spier en tendon herstel: Pees- of ligamentinopsutting	128	3 064.32	120	2 872.80	3	335.58	+T
0760	Hand: Flexor tendon suture: Primary, zone 1 (each) (modifier 0005 applicable) • Hand: Fleksor pees hegting: Primêr, zone 1 (elk) (wysiger 0005 toepaslik)	220.3	5 273.98	176.24	4 219.19	3	335.58	+T
0761	Hand: Flexor tendon repair: Primary, zone 2 (no man's land) (each) (modifier 0005 applicable) • Hand: Fleksor pees hegting: Primêr, zone 2 (no man's land) (elk) (wysiger 0005 toepaslik)	249.0	6 075.42	199.08	4 789.34	3	335.58	+T
0769	Hand: Flexor tendon suture: Primary, zone 3 and 4 (wrist and forearm) (each) (modifier 0005 applicable) • Hand: Fleksor pees herstel: Primêr, zone 3 en 4 (polis en voorarm) (elk) (wysiger 0005 toepaslik)	180	3 830.40	128	3 064.32	3	335.58	+T
0764	Hand: Flexor tendon repair: Secondary, zone 1 (each) (modifier 0005 applicable) • Hand: Fleksor pees herstel: Sekondêr, zone 1 (elk) (wysiger 0005 toepaslik)	243.0	5 838.97	195.12	4 671.17	3	335.58	+T
0765	Hand: Flexor tendon repair: Secondary, zone 2 (no man's land) (each) (modifier 0005 applicable) • Hand: Fleksor pees herstel: Sekondêr, zone 2 (no man's land) (elk) (wysiger 0005 toepaslik)	249.0	5 975.42	199.08	4 789.34	3	335.58	+T
0766	Hand: Flexor tendon repair: Secondary, zone 3 and 4 (wrist and forearm) • Hand: Fleksor pees hegting: Sekondêr, zone 3 en 4 (polis en voorarm) (elk) (wysiger 0005 toepaslik)	190.0	4 662.96	152.48	3 650.37	3	335.58	+T
0768	Repair: Intrinsic muscles of hand (each) (modifier 0005 applicable) • Herstel: Intrinsicke spier van hand (elk) (wysiger 0005 toepaslik)	125.3	2 999.68	100.24	2 399.75	3	335.58	+T
0771	Extensor tendon suture: Primary (per tendon, Modifier 0005 not applicable) • Ekstensor-tendon hegting: Primêr (per pees, Wysiger 0005 nie van toepassing)	129.7	3 105.02	120	2 872.80	3	335.58	+T
0773	Extensor tendon suture: Secondary (per tendon, Modifier 0005 not applicable) • Ekstensor-tendon hegting: Sekondêr (per pees, Wysiger 0005 nie van toepassing)	80	1 915.20	80	1 915.20	3	335.58	+T
0774	Repair of Boutonnière deformity or Mallet Finger with graft • Herstel van Boutonnière-deformiteit of Mallet-vinger met peesverplanting	163.7	4 397.78	148.98	3 518.22	3	335.58	+T
3.4.4	Tendon graft • Pees oorplanting							
0775	Free tendon graft • Vrye peesoorplanting	180	3 830.40	128	3 064.32	3	335.58	+T
0776	Reconstruction of pulley for flexor tendon • Rekonstruksie van katrol van 'n fleksorpees	50	1 197.00	50	1 197.00	3	335.58	+T
0777	Tendon graft: Finger: Flexor • Tendon-oorplanting: Vinger: Fleksor	102	4 596.48	153.6	3 677.18	3	335.58	+T
0779	Tendon graft: Finger: Extensor • Tendon-oorplanting: Vinger: Ekstensor	122	2 920.88	120	2 872.80	3	335.58	+T
0780	Two stage flexor tendon graft using elastic rod • Fleksor pees oorplanting elastiese stafies in twee stadia	240	5 745.60	192	4 696.48	3	335.58	+T
3.4.6	Tenolysis • Tenolise							
0781	Tendon freeing operation, except where specified elsewhere • Tenolise indien nie elders gespesifiseer nie	84	1 532.16	84	1 532.16	3	335.58	+T
0782	Carpal tunnel syndrome • Karpale tonnel-sindroom	98.7	2 362.88	98.7	2 362.88	3	335.58	+T
0783	Tenolysis: De Quervain • Tenolise: De Quervain	38	909.72	38	909.72	3	335.58	+T
0784	Trigger finger • Snellervinger	38	909.72	38	909.72	3	335.58	+T
0785	Flexor tendon freeing operation following free tendon graft or suture • Fleksorpees bevryding na vrye pees oorplanting of hegting	188.8	4 471.99	148.44	3 677.59	3	335.58	+T
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm • Loslating van ekstansorpees na oorplanting of hegting in vinger, hand of voorarm	180.9	4 330.75	144.72	3 484.80	3	335.58	+T
0788	Intrinsic tendon release per finger • Intrinsicke tenolise per vinger	84	1 532.16	84	1 532.16	3	335.58	+T
0789	Central tendon tenotomy for Boutonnière deformity • Sentrale tendon tenotomie vir Boutonnière doormiteit	84	1 532.16	84	1 532.16	3	335.58	+T
3.4.8	Tenodesis • Tenodesse							
0790	Tenodesis: Digital joint • Tenodesse: Digitale gewrig	90	2 154.80	90	2 154.80	3	335.58	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.4.7	Muscle, tendon and fascia transfer • Spier-, pees- en fascia-verplanting							
0791	Single tendon transfer • Enkele peesverplanting	00	2 298.24	00	2 298.24	3		335.58 +T
0792	Multiple tendon transfer • Veelvuldige peesverplanting	128	3 064.32	120	2 872.80	3		335.58 +T
0793	Hamstring to quadriceps transfer • Hampees na kwadrisepe-verplanting	141	3 375.54	120	2 872.80	3		335.58 +T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon • Pektoralis major of Latissimus dorsi verplanting na biespeendon	320	7 660.80	256	6 128.64	5		559.30 +T
0795	Tendon transfer at elbow • Peesverplanting by elmboog	116	2 777.04	110	2 777.04	3		335.58 +T
0803	Hand tendons: Single tendon transfer • Hand tendons: Een peesverplanting	00	2 298.24	00	2 298.24	3		335.58 +T
0809	Hand tendons: Substitution for intrinsic paralysis of hand • Hand tendons: Vervanging vir intrinsieke spierverlamming van hand	224	5 362.56	179.2	4 290.05	3		335.58 +T
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft) • Hand tendons: Opponens tendonverplanting (sluit verkryging van verplanting in)	220.6	5 281.16	176.40	4 224.93	3		335.58 +T
3.4.8	Muscle slide operations and tendon lengthening • Spierstropingsoperasies en peesverlenging							
0812	Percutaneous Tenotomy: All sites • Perkutane Tenotomie: Alle areas	38	900.72	38	900.72	3		335.58 +T
0813	Torticollis • Tortikollis	00	2 298.24	00	2 298.24	5		559.30 +T
0815	Scalenotomy • Skalenotomie	132	3 160.86	120	2 872.80	5		559.30 +T
0817	Scalenotomy with excision of first rib • Skalenotomie met eksisie van eerste rib	190	4 546.80	152	3 638.88	3		335.58 +T+M
0822	Open release elbow (Mittale) - stand alone procedure • Elmboog loslaten - oop prosedure (Mittale) - alleenstaande prosedure	278.20	6 660.11	222.60	5 328.09	3		335.58 +T+M
0823	Excision or slide for Volkmann's contracture • Eksisie of prosedure vir Volkmann se Kontraktuur	192	4 596.48	153.6	3 677.18	3		335.58 +T
0825	Hip: Open muscle release • Heup: Ope spierloslating	116	2 777.04	110	2 777.04	7		783.02 +T
0829	Knee: Quadriceps plasty • Knie: Kwadrisepeplastiek	100	3 830.40	128	3 064.32	3		335.58 +T
0831	Knee: Open tenotomy • Knie: Oop tenotomie	141	3 375.54	120	2 872.80	3		335.58 +T
0835	Calf • Kuit	00	2 298.24	00	2 298.24	4		447.44 +T
0837	Open Elongation Tendon Achilles • Ope Verlenging Achillespees	00	2 298.24	00	2 298.24	4		447.44 +T
0838	Percutaneous "Hoke" elongation tendoschilles - stand alone procedure • Perkutane verlenging tendo achilles ("Hoke") - alleenstaande prosedure	70.30	1 898.44	70.30	1 898.44	4		447.44 +T
0845	Foot: Plantar fasciotomy • Voet: Plantare fasciotomie	70	1 675.80	70	1 675.80	3		335.58 +T
3.5	Bursae and ganglia • Bursae en ganglione							
0847	Excision: Semi-membranosus • Uitsnyding: Semi-membranosus	00	2 154.80	00	2 154.80	4		447.44 +T
0849	Excision: Prepatellar • Uitsnyding: Prepatellêr	45	1 077.30	45	1 077.30	3		335.58 +T
0851	Excision: Olecranon • Uitsnyding: Olekranon	81.8	1 958.29	81.8	1 958.29	3		335.58 +T
0853	Excision: Small bursa or ganglion • Uitsnyding: Klein bursa of ganglion	80.0	1 836.75	80.0	1 836.75	3		335.58 +T
0855	Excision: Compound palmar ganglion or synovectomy • Uitsnyding: Saamgestelde ganglion in handpalm of sinovektomie	128	3 064.32	120	2 872.80	3		335.58 +T
0857	Bursae and ganglia: Aspiration or injection (not subject to rule G) (Modifier 0005 not applicable) • Bursae en ganglione: Aspirasie of inspuiting (nie onderwerp aan reël G) (Wysiger 0005 nie van toepassing)	0	215.46	0	215.46	3		335.58 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.6	Musculo-skeletal system: Miscellaneous • Spier-skeletstelsel: Diverse							
3.6.1 0881	Leg lengthening • Beenverlenging Leg lengtheninge Beenverlenging	410	9 959.04	332.8	7 987.23	3	335.58	+T+M
3.6.2 0883	Removal of internal fixatives or prostheses • Verwydering van Readily accessible • Maklik bekombaar	36.6	876.20	36.6	876.20		As per bone specify	
0884	Less accessible • Moeilik bekombaar	75.5	1 807.47	75.5	1 807.47		+ M	
0885	Removal of prosthesis for infection soon after operation • Verwydering van protese vir infeksie kort na operasie	128	3 064.32	120	2 872.80		Scos per been +M	
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the item for total joint replacement of the specific joints Laat verwydering van geïnfekteerde of nie-geïnfekteerde totale gewrigprotese (insluitende ses weke nasorg): VOEG BY Gekke vir totale vervanging van betrokke gewrig	64	1 532.16	64	1 532.16	6	671.16	+T+M
3.7	Plasters (not subject to rule G) • Gips (nie onderwerp aan reël G) Note: The initial application of a plaster cast is included in the schedule fee • Opmerking: Die eerste aanwending van gips is by die oorspronklike gelede ingesluit Note: The Commissioner will only consider payment i.r.o. splinting material (Socotchcast, Dynacast, etc.) in the following cases (not applicable when Plaster of Paris is used): Where extremity splints are applied for at least five weeks: A maximum of one application for an upper extremity injury A maximum of two applications for a lower extremity injury Opmerking: Die Kommissaris sal slegs betaling oorweeg t.o.v. spalkingsmateriaal (Socotchcast, Dynacast, ens) in die volgende gevalle (nie van toepassing wanneer gips gebruik word nie): Waar ledemaalgips vir ten minste 5 weke aanby: Maksimum van een aanwending vir boonste ledemaatbesering 'n Maksimum van twee aanwendings vir 'n onderste ledemaatbesering							
0887	Long limb cast (excluding after-care) (modifier 0005 not applicable) Lang ledemaat gips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)	13	311.22	13	311.22	3	335.58	+T
0888	Short limb cast (excluding after-care) (modifier 0005 not applicable) Kort ledemaat gips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)	6.6	158.00	6.6	158.00	3	335.58	+T
0889	Spica, plaster jacket or hinged cast brace (excluding aftercare) Spika, gipsbaadjie of geskamelde stut (nasorg uitgesluit)	32	766.08	32	766.08	4	447.44	+T
3.8	Specific areas • Spesifieke areas							
3.8.1	Foot and ankle • Voet en enkel							
0900	Excision tarsal coalition - stand alone procedure • Verwydering van tarsale koëlsie - alleenstaande prosedure	141.5	3 387.51	120.00	2 872.80	3	335.58	+T+M
0901	Tenotomy single tendon • Tenotomie een pees	63.3	1 615.40	62.3	1 615.40	3	335.58	+T+M
0903	Hammer toe • Hamerton: een teen	99.5	2 382.03	99.5	2 382.03	3	335.58	+T+M
0905	Flit of toe or Ruiz-Mora procedure • Toonontbening of Ruiz-Mora prosedure	99.5	2 382.03	99.5	2 382.03	3	335.58	+T+M
0906	Arthrodesis Hallux • Artrodese Hallux	148	3 843.12	120	2 872.80	3	335.58	+T+M
0909	Excision arthroplasty • Ekisie artroplastie	145.2	3 476.09	120	2 872.80	3	335.58	+T+M
0910	Chellectomy or metatarsophangeal implant Hallux • Chellectomie of metatarsa-falangiale vervang Hallux	183	4 381.02	145.4	3 504.82	3	335.58	+T+M
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure • Metatarsale osteotomie of Lapidus of dergelyke prosedure Chevron - alleenstaande prosedure	189.2	4 529.46	151.36	3 623.56	3	335.58	+T+M
5730	Hallux valgus double osteotomy • Hallux valgus dubbele osteotomie ens.	162.60	4 371.44	140.08	3 487.16	3	335.58	+T+M
5731	Distal soft tissue procedure for Hallux Valgus • Distale sagteweefsel prosedure vir Hallux Valgus	173.6	4 155.88	138.88	3 324.79	3	335.58	+T+M
5732	Aikin procedure or similar • Aikin operasie of dergelyke ingreep	168.8	3 993.19	133.44	3 194.55	3	335.58	+T+M
5734	Removal bony prominence foot (bunionette not applicable to C/OID) Verwyder bony prominensie aan voet (bunionette nie van toepassing op C/OID)	91	2 178.54	91	2 178.54	3	335.58	+T+M
5735	Repair angular deformity toe (lasser toes) • Herstel wanbelyning teen (kleiner teen)	97.2	2 326.97	97.2	2 326.97	3	335.58	+T+M
5736	Sesamoidectomy • Ekisie sesamoid been	97.8	2 341.33	97.8	2 341.33	3	335.58	+T+M
5737	Repair major foot tendons e.g. Tib Post • Heg groot pees in voet b.v. Tib post	147.30	3 526.38	120	2 872.80	3	335.58	+T
5738	Repair of dislocating peroneal tendon • Herstel ontwrigling peronius pees	173.2	4 146.41	138.56	3 317.13	3	335.58	+T
5740	Steindler strip - plantar fascia • Steindler stropping - plantare fascia	97.2	2 326.97	97.2	2 326.97	3	335.58	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
5742	Tendon transfer foot • Pees verplanting voet	172	4 117.68	137.0	3 294.14	3	335.58	+T
6743	Capsulotomy metatarsophalangeal joints – voet Kapsulotomie metatarsofalangeale gewigte – voet	86.8	2 077.99	86.8	2 077.99	3	335.58	+T
3.3.3	Replantation • Herimplantings							
0912	Replantation of amputated upper limb proximal to wrist joint Replantasie van geamputeerde boonste ledemaat proximaal tot polsgewrig	730	17 476.20	584	13 980.96	3	335.58	+T-M
0913	Replantation of thumb • Replantasie van duim	670	16 039.60	536	12 631.84	3	335.58	+T-M
0914	Replantation of a single digit (to be motivated), for multiple digits, modification 0005 applicable • Replantasie van 'n enkel vinger (moet gemotiveer word), vir veelvuldige vingers is wysiger 0005 toepaslik	580	13 885.20	464	11 108.16	3	335.58	+T-M
0915	Replantation operation through the palm • Replantasie-operasie deur die handpalm	1270	30 403.80	1016	24 323.04	3	335.58	+T-M
3.3.4	Hands: (Note: Skin; See Integumentary system) • Hande: (Let wel: Vel; Sien Huiddeleel)							
0919	Tumours: Epidermoid cysts • Tumore: Epidermoïde siste	35	837.90	35	837.90	3	335.58	+T-M
0922	Removal of foreign bodies requiring incision: Under local anaesthetic • Verwydering van vreemde liggaampies wat in snyding vereis: Onder lokale verdoving	19	454.86	19	454.86	3	335.58	+T-M
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic • Verwydering van vreemde liggaampies wat in snyding vereis: Onder algemene of streeknarkose	32	786.08	32	786.08	3	335.58	+T-M
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (including scapel) • Vergruiede handbeserings: Eerste ekstensiewe sagteweefsel toilet onder algemene narkose (gryskaal)	37 to/tof 110	885.78 2 633.40	37 to/tof 110	885.78 2 633.40	3	335.58	+T-M
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic • Vergruiede handbeserings: Daaropvolgende verbandhuwings onder algemene narkose	16	383.04	16	383.04	3	335.58	+T-M
0926	Initial treatment of fractures, tendons, nerves, loss of skin and blood vessels, including removal of dead tissue under general anaesthesia and six weeks after-care • Aanvanklike behandeling van frakture, pees senuwees, velerfies en bloedvate, insluitende verwydering van doele weefsel onder algemene narkose en ses weke se sorg	269	6 439.86	215.2	5 151.89	3	335.58	+T-M
3.3.5	Spine • Wenwelkolom							
0927	Excision of one vertebral body, for a lesion within the body (no decompression) • Eksisie van een wenwelggaam vir 'n letsel in die wenwel (geen dekompressie nie)	207	4 955.58	165.6	3 964.48	3	335.58	+T-M
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression) • Vir elke bykomende wenwel vir 'n letsel in die wenwel (geen dekompressie nie)	+ 42	1 005.48	42	1 005.48	3	335.58	+T-M
0929	Manipulation of spine with anaesthetic (no after-care), modifier 0005 not applicable • Manipulasie van wenwelkolom met narkose (narsorg uitgesluit) wysiger 0005 nie van toepassing nie	14	335.16	14	335.16	3	569.30	+T-M
0930	Posterior osteotomy of spine: One vertebral segment • Posterior spinale osteotomie: Een vertebrale segment	339	8 115.66	271.2	6 492.63	3	335.58	+T-M
0931	Posterior spinal fusion: One level • Posterior spinale fusie: Een vlak	385	9 216.90	308	7 373.52	3	335.58	+T-M
0932	Posterior osteotomy of spine: Each additional vertebral segment • Posterior spinale osteotomie: Elke bykomende segment	+ 103	2 465.82	103	2 465.82	3	335.58	+T-M
0933	Anterior spinal osteotomy with disc removal: One vertebral segment • Anterior spinale osteotomie met diskus verwydering: Een bewegings segment	315	7 541.10	252	6 032.88	3	335.58	+T-M
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment • Anterior spinale osteotomie met diskus verwydering: Elke bykomende bewegings segment	+ +103	2 465.82	+103	2 465.82	3	335.58	+T-M
0938	Anterior fusion base of skull to C2 • Anterior fusie skedelbasis tot C2	449	10 749.06	359.2	8 599.25	3	447.44	+T-M
0939	Trans-abdominal anterior exposure of the spine for spinal-fusion only if done by a second surgeon • Transabdominale anterior blootlegging van die wenwelkolom vir spinale fusie slegs indien dit deur 'n tweede chirurg gedoen word	160	3 830.40	128	3 064.32	3	335.58	+T-M
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon • Trans-torakale anterior blootlegging van die wenwelkolom indien dit deur 'n tweede chirurg gedoen word	160	3 830.40	128	3 064.32	3	335.58	+T-M
0941	Anterior interbody fusion: One level • Anterior tussenwenwel fusie: Een vlak	360	8 818.40	288	6 894.72	3	335.58	+T-M
0942	Anterior interbody fusion: Each additional level • Anterior tussenwenwelfusie: Elke bykomende vlak	+ +102	2 441.88	+102	2 441.88	3	335.58	+T-M
0943	Laminectomy with decompression of nerve roots and disc removal: One level • Laminektomie met dekompressie van senuweewortels of diskus verwydering: Een vlak	240	5 745.80	192	4 596.48	3	335.58	+T-M
0944	Posterior fusion: Occiput to C2 • Posterior fusie: Occiput tot C2	390	9 336.60	312	7 409.28	3	447.44	+T-M
0946	Posterior spinal fusion: Each additional level • Posterior spinale fusie: Elke bykomende vlak	+ +111	2 657.34	+111	2 657.34	3	335.58	+T-M
0948	Posterior interbody lumbar fusion: One level • Posterior tussen wenwel lumbale fusie: Een vlak	364	8 714.16	291.2	6 971.33	3	335.58	+T-M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0950	Posterior interbody lumbar fusion: Each additional interspace Een werwel lumbale fusie: Elke bykomende interspasie	+ 95	2 274.30	+ 95	2 274.30	3	335.58	+T+M
0959	Excision of coccyx Uitsnyding van koksika	96	2 298.24	96	2 298.24	3	335.58	+T+M
0960	Posterior non-segmental instrumentation Posterior non-segment instrumentasie	167	3 087.88	133.6	3 188.38	5	559.30	+T+M
0981	Costo-transversectomy Kosto-transversektomie	198	4 740.12	158.4	3 792.18	3	335.58	+T+M
0982	Posterior segmental instrumentation: 2 to 6 vertebrae Posterior segmentale instrumentasie: 2 tot 6 werwels	176	4 213.44	140.8	3 378.75	5	559.30	+T+M
0983	Antero-lateral decompression of spinal cord or anterior debridement Antero-laterale dekompressie van rugmurg of anterior debridement	326	7 804.44	260.8	6 243.55	3	335.58	+T+M
0984	Posterior segmental instrumentation: 7 to 12 vertebrae Posterior segmentale instrumentasie: 7 tot 12 werwels	201	4 811.84	161.8	3 849.65	5	559.30	+T+M
0986	Posterior segmental instrumentation: 13 or more vertebrae Posterior segmentale instrumentasie: 13 of meer werwels	245	5 885.30	198	4 682.24	5	559.30	+T+M
0988	Anterior instrumentation: 2 to 3 vertebrae Anterior instrumentasie: 2 to 3 werwels	150	3 808.48	127.2	3 045.17	5	559.30	+T+M
0989	Skull or skull-femoral traction including two weeks after-care Skedel of skedeffemorale traksie plus twee weke nasorg	84	1 532.16	84	1 532.16	~		
0970	Anterior instrumentation: 4 to 7 vertebrae Anterior instrumentasie: 4 to 7 werwels	185	4 428.80	148	3 543.12	5	559.30	+T+M
0972	Anterior instrumentation: 8 or more vertebrae Anterior instrumentasie: 8 of meer werwels	208	4 931.04	166.8	3 945.31	5	559.30	+T+M
0974	Additional pelvic fixation of instrumentation other than sacrum Bykomende pelviese fiksasie, sakrum uitgesluit	108	2 585.52	108	2 585.52	5	559.30	+T+M
5760	Reinsertion of instrumentation Herposisionering van instrumentasie	278	6 607.44	220.8	5 285.95	6	671.18	+T+M
5751	Removal of posterior non-segmental instrumentation Verwydering van posterior non-segmentale instrumentasie	173	4 141.82	138.4	3 313.30	6	671.18	+T+M
5752	Removal of posterior segmental instrumentation Verwydering van posterior segmentale instrumentasie	175	4 189.50	140	3 351.80	6	671.18	+T+M
5753	Removal of anterior instrumentation Verwydering van anterior instrumentasie	204	4 883.78	163.2	3 907.81	6	671.18	+T+M
5755	Laminectomy for spinal stenosis (exclude discectomy, foraminotomy or spondylolisthesis): One or two levels Laminektomie vir spinale stenose (uitgesluit diskektomie, foraminotomie en spondylolistese): Een of twee vlakke	295	7 062.30	238	5 648.84	3	335.58	+T+M
5766	Laminectomy with full decompression for spondylolisthesis (Gill procedure) Laminektomie met volle dekompressie vir spondylolistese (Gill prosedure)	304	7 277.76	243.2	5 822.21	3	335.58	+T+M
5757	Laminectomy for decompression without foraminotomy or discectomy more than two levels Laminektomie vir dekompressie sonder foraminotomie of diskektomie meer as twee vlakke	321	7 684.74	258.8	6 147.79	3	335.58	+T+M
5768	Laminectomy with decompression of nerve roots and disc removal: Each additional level Laminektomie met dekompressie van senuweewortels en diskus verwydering: Elke bykomende vlak	83	1 508.22	83	1 508.22	3	335.58	+T+M
5769	Laminectomy for decompression discectomy etc., revision operation Laminektomie vir dekompressie diskektomie ens., herhalingoperasie	352	8 428.88	281.8	6 741.50	4	447.44	+T+M
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level Laminektomie, fasetektomie, dekompressie van laterale reses stenose plus spinale stenose: Een vlak	301	7 205.84	240.8	5 764.75	3	335.58	+T+M
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level Laminektomie, fasetektomie, dekompressie van laterale reses stenose plus spinale stenose: Elke bykomende vlak	88	1 827.92	88	1 827.92	3	335.58	+T+M
5763	Anterior disc removal and spinal decompression cervical: One level Anterior diskus verwydering en spinale dekompressie servikaal: Een vlak	344	8 235.36	275.2	6 588.29	3	335.58	+T+M
5764	Anterior disc removal and spinal decompression cervical: Each additional level Anterior diskus verwydering en spinale dekompressie servikaal: Elke bykomende vlak	81	1 839.14	81	1 839.14	3	335.58	+T+M
5765	Vertebral corpectomy for spinal decompression: One level Vertebrale korpektomie vir spinale dekompressie: Een vlak	408	11 156.04	372.8	8 824.83	3	335.58	+T+M
5766	Vertebral corpectomy for spinal decompression: Each additional level Vertebrale korpektomie vir spinale dekompressie: Elke bykomende vlak	88	2 106.72	88	2 106.72	3	335.58	+T+M
5770	Use of microscope in spinal and intercranial procedures (modifier 0005 not applicable) Gebruik van mikroskoop vir spinale of interkraniale prosedures (wysiger 0005 is nie toepaslik nie)	71	1 699.74	71	1 699.74			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3.0 Facial bone procedures • Gesigsgewenprosedures Please note: Modifiers 0046 to 0058 are not applicable to section 3.0 of the tariff • Let wel: Wysigers 0046 tot 0058 is nie van toepassing op afdeling 3.0 van die tarief nie							
0987 Repair of orbital floor (blowout fracture) • Herstel van orbitale vloer (uitbars fraktuur)	184.0	4 419.32	147.00	3 535.46	4	447.44	+T+M
0988 Genioplasty • Genioplastie	263	6 296.22	210.4	5 036.98	4	447.44	+T+M
0989 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort I	202.2	4 840.67	161.76	3 872.53	4	447.44	+T-M
0990 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort II	302	7 228.88	241.6	5 783.90	4	447.44	+T+M
0991 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort III	433	10 366.02	346.4	8 292.82	4	447.44	+T+M
0992 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort I Osteotomie	070	23 221.80	776	18 577.44	4	447.44	+T+M
0993 Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Verhemelte Osteotomie	302	7 228.88	241.6	5 783.90	4	447.44	+T+M
0994 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee) • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort II Osteotomie (gelde vir span)	1103	26 405.82	882.4	21 124.66	4	447.44	+T+M
0995 Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee) • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Le Fort III Osteotomie (gelde vir span)	1054	39 596.76	1323.2	31 677.41	4	447.44	+T+M
0996 Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement • Oop reduksie en fikseering van fraktuur van sentrale middel-derde van gesig: Fraktuur van maksilla sonder verplasing		0		0			
0997 Mandible: Fractured nose and zygoma: Open reduction and fixation • Mandibula: Frakture van neus en algoom: Oop reduksie en fikseering	302	7 229.88	241.6	5 783.90	3	335.58	+T+M
0998 Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation • Mandibula: Frakture van neus en algoom: Geslote reduksie d.m.v. intermaksillere fikseering	184	4 404.96	147.2	3 523.97	3	335.58	+T+M
1001 Temporo-mandibular joint: Reconstruction for dysfunction • Temporo-mandibulêre gewrig: Rekonstruksie weens abnormale funksie	206	4 931.84	164.8	3 945.31	4	447.44	+T+M
1003 Manipulation: Immobilisation and follow-up of fractured nose • Manipulasie: Immobilisering en nabehandeling van gebreekte neus	35	837.90	35	837.90	3	335.58	+T+M
1005 Nasal fracture without manipulation • Neusfraktuur sonder manipulasie		0		0			
1006 Fracture: Nose and septum, open reduction	177.4	4 246.96	141.92	3 397.56	5	559.30	+T+M
1007 Mandibulectomy • Mandibulektomie	320	7 680.80	256	6 128.64	5	559.30	+T+M
1009 Maxillectomy • Maksillektomie	382.5	9 157.05	300	7 325.64	4	447.44	+T+M
1011 Bone graft to mandible • Beeninplantasie aan onderkaak	206	4 931.84	164.8	3 945.31	4	447.44	+T+M
1012 Adjustment of occlusion by ramisection • Regtel van afskilling d.m.v. ramiseksie	227	5 434.38	181.6	4 347.50	4	447.44	+T+M
1013 Fracture of arch of zygoma without displacement • Fraktuur van sigoma sonder verplasing							
1015 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; recent fractures (within four weeks) • Ontfangse fraktuur van sigoma (binne vier weke) met verplasing wat operatiewe manipulasie benodig, gepaardgaande fraktuur uitgesluit	131	3 136.14	120	2 872.80	3	335.58	+T+M
1017 Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures) (after four weeks) • Fraktuur van sigoma met verplasing wat operatiewe manipulasie benodig (gepaardgaande frakture uitgesluit) (na vier weke)	262	6 272.28	200.6	5 017.82	3	335.58	+T+M
4. RESPIRATORY SYSTEM • ASEMHALINGSTELSEL							
4.1 Nose and sinuses • Neus en sinusse							
1018 Flexible nasopharyngolaryngoscope examination • Nasofaringale en larink ondersoek met buigbare teleskoop	51.94	1 243.44					
1019 ENT endoscopy in rooms with rigid endoscope • ONK endoskopies in kamers met onbuigbare endoskoop	12	287.28					
1020 Repair of perforated septum: Any method • Herstel van septum perforasie: enige metode	141.0	3 397.09	120	2 872.80	4	447.44	+T
1022 Functional reconstruction of nasal septum • Funksionele rekonstruksie van neuseptum	121.2	2 991.63	120	2 872.80	4	447.44	+T
1023 Harvesting of graft: Cartilage graft of nasal septum • Herwinning van oopplantings weefsel: Kraakbeen oopplanting, neuseptum	124.0	2 987.71	120	2 872.80	5	559.30	+T
1024 Insertion of alastic obturator into nasal septum perforation (excluding material) • Inplant van 'n silastiese obturator in 'n perforasie van die neuseptum (materiaal uitgesluit)	30	718.20	30	718.20	4	447.44	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1025	Intranasal endostomy (modifier 0005 to apply to opposite side of nose) Intranasale endostomie (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	04.0	1 548.52	04.0	1 545.52	4	447.44	+T
1027	Decrocytosthinostomy Dekrosistofnostomie	210	5 027.40	100	4 021.92	5	559.30	+T
1029	Turbineotomy (modifier 0005 to apply to opposite side of nose) Turbinektomie (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	02.0	1 498.84	02.0	1 488.84	4	447.44	+T
1030	Endoscopic turbineotomy: laser or microdebrider Endoskopiese turbinektomie: laser of mikrodebrider	00	2 154.60	00	2 154.60	5	559.30	+T
1034	Autogenous nasal bone transplant: Bone removal included Outogene beentransplantasie van die neus: Verwydering van been ingeslote	100	2 394.00	100	2 394.00	4	447.44	+T
1035	Unilateral functional endoscopic sinus surgery (unilateral) Funksionele endoskopiese sinus chirurgie (unilateraal)	140	3 351.60	120	2 872.80	4	447.44	+T
1036	Bilateral functional endoscopic sinus surgery Bilaterale funksionele endoskopiese sinus chirurgie	245	5 865.30	190	4 692.24	4	447.44	+T
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic Diatermie van neus of farinks, konsultasiegeelde uitgesluit, uni- of bilateraal: Met plaaslike verdoving	0	191.52	0	191.52			
1038	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic Diatermie van neus of farinks, konsultasiegeelde uitgesluit, uni- of bilateraal: Met algemene verdoving	35	837.90	35	837.90	4	447.44	+T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging (unilateral) Erge epistaksie kontrole wat hospitalisasie vereis: Anterior tamponade (unilateraal)	40	957.60	40	957.60	0	671.16	+T
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging (unilateral) Erge epistaksie kontrole wat hospitalisasie vereis: Anterior en posterior tamponade (unilateraal)	80	1 436.40	00	1 436.40	0	671.16	+T
1045	Ligation anterior ethmoidal artery Afbind van anterior etmoidale arterie	135.4	3 241.48	120	2 872.80	0	671.16	+T
1047	Caldwell-Luc operation (unilateral) Caldwell-Luc operasie (unilateraal)	137.3	3 286.96	120	2 872.80	4	447.44	+T
1049	Ligation internal maxillary artery Afbind van interne maksillêre arterie	100	4 692.24	150.0	3 753.70	0	671.16	+T
1050	Vidian neurectomy (transnasal or transnasal) Neurektomie van nervus vidii (transnasaal of transnasaal)	113	2 705.22	113	2 705.22	4	447.44	+T
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose) Antroskopies deur die caninus fossa (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	37.3	892.96	-	-	-		
1055	External frontal ethmoidectomy Eksterne fronto-etmoidektomie	100.7	4 565.36	152.50	3 652.29	4	447.44	+T
1057	External ethmoidectomy and/or sphenoidectomy (unilateral) Eksterne etmoidektomie en/of sfenoidektomie (unilateraal)	100.4	4 773.64	150.52	3 818.91	4	447.44	+T
1059	Frontal osteomyelitis Frontale osteomielitis	104	4 844.36	155.2	3 715.49	4	447.44	+T
1061	Lateral rhinotomy Laterale rhinotomie	104	3 926.16	137.2	3 140.93	4	447.44	+T
1063	Removal of foreign bodies from nose at room Verwydering van vreemde voorwerpe uit neus by spreekkamer	10	239.40	10	239.40			
1065	Removal of foreign body from nose under general anaesthetic Verwydering van vreemde voorwerp uit die neus onder algemene narkose	38.0	924.08	38.0	924.08	4	447.44	+T
1067	Proof puncture, unilateral at room Sinuspunsië, unilateraal by spreekkamer	10	239.40	10	239.40	4	447.44	+T
1069	Proof puncture, uni- or bilateral under general anaesthetic Sinuspunsië, uni- of bilateraal onder algemene narkose	35	837.90	35	837.90	4	447.44	+T
1075	Multiple intranasal procedures: Not to exceed (see Modifier 0005) Veelvuldige intranasale prosedures: Maksimum bedrag (sien Wysiger 0005)	104	4 644.36	155.2	3 715.49	4	447.44	+T
1077	Septum abscess, at room, including after-care Septumabses, by spreekkamer, nabehandeling ingesluit	0	191.52	0	191.52			
1079	Septum abscess, under general anaesthetic Septumabses, onder algemene verdoving	35	837.90	35	837.90	4	447.44	+T
1081	Oro-antral fistula (without Caldwell-Luc) Oro-antrale fistel (sonder Caldwell-Luc)	111.8	2 676.49	111.8	2 676.49	4	447.44	+T
1083	Choanal atresia: Intranasal approach Atriesie van agterste neusopening: Intranasale metode	113	2 705.22	113	2 705.22	5	559.30	+T
1084	Choanal atresia: Transpalatal approach Atriesie van agterste neusopening: Transpalatien metode	104	4 644.36	155.2	3 715.49	7	783.02	+T
1085	Total reconstruction of the nose: including reconstruction of nasal septum (septoplasty) nasal pyramid (osteotomy) and nasal tip Rekonstruksie van die neus: insluitende rekonstruksie van die septum (septoplasty), die piramide (osteotomie) en neuspunt	350	8 379.00	280	6 703.20	5	559.30	+T
1087	Subtotal reconstruction consisting of any two of the following: Septoplasty, osteotomy, nasal tip reconstruction Subtotale rekonstruksie, bestaande uit enige twee van die volgende: Septoplastie, osteotomie, neuspunt-rekonstruksie	210	5 027.40	168	4 021.92	5	559.30	+T
1089	Forehead rhinoplasty (all stages): Total Voorhoof-rinoplastie (alle stadiums): Volledig	552	13 214.88	441.6	10 571.90	5	559.30	+T
1091	Forehead rhinoplasty (all stages): Partial Voorhoof-rinoplastie (alle stadiums): Gedeeltelik	414	9 011.16	331.2	7 926.93	5	559.30	+T
4.3	Larynx Larinks							
1117	Laryngeal intubation Laringeale intubasie	10	239.40	10	239.40			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
1118	Laryngeal stroboscopy with video capture Laringeale stroboskopies met video vastlegging.	30	933.66	30	933.66	0	671.16 +T
1119	Laryngectomy without block dissection of the neck Laringektomie sonder blokdisseksie van die nek	430	10 294.20	344	8 235.36	7	783.02 +T
1127	Tracheostomy Trageostomie	90	2 154.60	90	2 154.60	0	1006.74 +T
1129	External laryngeal operation, e.g. laryngeal stenosis, laryngocoele, abductor, paralysis, laryngofissure Eksterne laringeale operasie, bv. vir laringeale stenose, laringeocoele, abduktor-paraliese, laringo-fissuur	204.4	7 047.94	235.52	5 838.36	8	894.88 +T
1130	Diagnostic laryngoscopy including biopsy Diagnostiese laringoskopies insluitende biopsie	41.4	991.12	41.4	991.12	0	671.16 +T
1131	Direct laryngoscopy plus foreign body removal Direkte laringoskopies plus vreemde voorwerp verwydering	64.6	1 546.52	64.6	1 546.52	0	671.16 +T
4.4	Bronchial procedure Bronchiale prosedure						
1132	Bronchoscopy: Diagnostic bronchoscopy without removal of foreign object Bronkoskopie: Diagnostiese bronkoskopie sonder verwydering van vreemde voorwerp	65	1 556.10	65	1 556.10	0	671.16 +T
1133	Bronchoscopy: With removal of foreign body Bronkoskopie: Met verwydering van vreemde voorwerp	80	1 915.20	80	1 915.20	8	894.88 +T
1134	Bronchoscopy: Bronchoscopy with laser Bronkoskopie: Bronkoskopie met laser	75	1 795.50	—	—	8	894.88 +T
1136	Nebulisation (In rooms) Nebulisering (In kamers)	12	287.28	12	287.28		Fees as for

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
1137	--		--		8	894.88	+T
1138	350	8 378.00	280	6 703.20	12	1342.32	+T
4.5							
1139	50	1 197.00	50	1 197.00	3	335.58	+T
1141	50	1 197.00	50	1 197.00	6	671.16	+T
1143	8	191.52	8	191.52	3	335.58	+T
1145	13	311.22	13	311.22	3	335.58	+T
1147	25	598.50	25	598.50			
1148	250	5 985.00	200	4 788.00	11	1230.46	+T
1151	350	8 378.00	280	6 703.20	11	1230.46	+T
1153	56	1 316.70	55	1 316.70	3	335.58	+T
4.6							
4.6.1							
1155	32	786.08	32	786.08	5	558.30	+T
1157	350	8 378.00	280	6 703.20	11	1230.46	+T
1159	380.5	9 324.83	311.6	7 459.70	11	1230.46	+T
1161	365	8 738.10	292	6 900.48	11	1230.46	+T
1163	375	8 677.50	300	7 182.00	8	894.88	+T
1164	350	8 378.00	280	6 703.20	12	1342.32	+T
1171	170	4 069.80	136	3 255.84	11	1230.46	+T
1173	170	4 069.80	136	3 255.84	11	1230.46	+T
1175	115	2 753.10	115	2 753.10	11	1230.46	+T
1177	215	5 147.10	172	4 117.68	11	1230.46	+T
1179	80	2 130.66	80	2 130.66	11	1230.46	+T
4.6.2							
1188	30	718.20	30	718.20			Fees as for specialist/Gelde
1188	50	1 197.00	50	1 197.00			Fees as for specialist/Gelde soos vir spesialis
1189	10	239.40	10	239.40			
1191	10	239.40	10	239.40			
1197	24	574.56	24	574.56			Fees as for specialist/Gelde
1198	55.80	1 338.61	55.80	1 338.61			
1199	60.5	2 310.21	60.5	2 310.21			
1201	5	119.70	5	119.70			Fees as for specialist/Gelde

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Pulmonologists and Practitioners accredited to SATS Pulmonoloë en praktisyens geakrediteer deur SATS		Other Specialists and General practitioner Ander Spesialiste en Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1193	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method Funksionele residuële kapasiteit of residuële volume: helium, stikstof opabaan of ander metode	37.76	903.97					
1195	Thoracic gas volume Intra torakale gas volume	37.03	908.04					
1196	Determination of resistance to airflow, oscillatory or plethysmographic methods Bepaling van lugweg weerstand osillasië of met plethysmograaf	45.31	1 084.72					
1200	Carbon monoxide diffusing capacity, any method Kool monoksied diffusie, enige metode	38.06	911.16					
		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4.7	Intensive care (in intensive care or high care unit): Respiratory, cardiac, general Intensiewe sorg (in Intensiewe of hoë sorgseenheid): Respiratories, kardiaal, algemeen.							
4.7.1	Tariff items for intensive care Tarief items vir intensiewe sorg Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated, e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc). Please note that item 120 may not be charged by the responsible surgeon for monitoring a patient post-operatively in ICU or in the high-care unit since post-operative monitoring is included in the fee for the procedure. Kategorie 1: Gevalle wat intensiewe monitoring vereis (sluit spesifieke gevalle in waar fisiologiese onstabielheid vermoed word, bv. diabetiese pre-koma, asma, gastro-intestinale bloeding, ens). Let asseblief daarna op dat item 120 nie deur die verantwoordelike chirurg gehef mag word vir monitoring van die pasiënt na-operatief in die intensiewe sorgseenheid of in die hoë sorg aangesien na-operatiewe monitoring ingesluit is in die gelde vir die prosedure.							
1204	Category 1: Per day Kategorie 1: Per dag Category 2: Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction; diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc.) Ventilation may or may not be part of the active system support Kategorie 2: Gevalle wat aktiewe sisteem bystand vereis (waar aktiewe gespesialiseerde intervensie vereis word, byvoorbeeld akute miokardiale infarkate, diabetiese koma, hoofbesering, ernstige asma, akute pankreatitis, eklampsie, veel borskas, ens.) Ventilasië mag deel uitmaak of nie deel uitmaak van die aktiewe sisteem bystand nie	30	718.20	30	718.20			Fees as for specialist/Gelde soos vir spesiëls
1205	Category 2: First day Kategorie 2: Eerste dag	100	2 394.00	100	2 394.00			Fees as for specialist/Gelde
1206	Category 2: Subsequent days, per day Kategorie 2: Daaropvolgende dae, per dag	50	1 197.00	50	1 197.00			Fees as for specialist/Gelde
1207	Category 2: After two weeks, per day Kategorie 2: Na twee weke, per dag Category 3: Cases with multiple organ failure or Category 2 patients that may require multidisciplinary intervention Kategorie 3: Gevalle met veelvuldige orgaan ineenstorting of Kategorie 2 pasiënte wat multidisiplinêre intervensie mag vereis	30	718.20	30	718.20			Fees as for specialist/Gelde
1208	Category 3: First day (principal practitioner) Kategorie 3: Eerste dag (hoof praktisyn)	137	3 279.78	120	2 872.80			Fees as for specialist/Gelde
1209	Category 3: First day (per involved practitioner) Kategorie 3: Eerste dag (per betrokke praktisyn)	58	1 388.52	58	1 388.52			Fees as for specialist/Gelde
1210	Category 3: Subsequent days (per involved practitioner) Kategorie 3: Opvolgende dae (per betrokke praktisyn)	50	1 197.00	50	1 197.00			Fees as for specialist/Gelde

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

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
1218	Insertion of central venous line via subclavian or jugular veins Inplasing van sentrale venouse lyn via subklaviese of jugulêre venas	25	698.50	25	598.50		Fees as for specialist/Gelde soos vir spesialis
1219	Hyperalimentation (daily fee) Hiperalimentasie (dagtarief)	15	359.10	15	359.10		Fees as for
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient) Pasiënt-beheerde verdovingspomp: Verhuuringsgelede: Per 24 uur (Gelde vir Kasset word gehêf volgens item 0201 per pasiënt)	30	718.20	30	718.20		Fees as for specialist/Gelde soos vir spesialis
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charge appropriate hospital follow-up consultation) Professionele gelede vir bestuur van pasiënt-beheerde verdovingspomp: Eerste 24 uur (vir daaropvolgende dae word hospitaal opvolgkonsultasie gehêf)	30	718.20	30	718.20		Fees as for specialist/Gelde soos vir spesialis
4.8	Hyperbaric Oxygen Treatment • Hiperbariese Suurstofbehandeling						
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): low pressure table (1.5-1.8 ATA x 45-60 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): Lae druk tabel (1,5-1,8 ATA x 45-60 min): PROFESSIONELE KOMPONENT	30	718.20	30	718.20		
4820	Low pressure table (1.5-1.8 ATA x 45-60 min): TECHNICAL COMPONENT Lae druk tabel (1,5-1,8 ATA x 45-60 min): TEGNIESE KOMPONENT	101.13	2 421.05	101.13	2 421.05		
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): Routine HBO table (2-2.5 ATA x 90-120 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): Roetine HST tabel (2-2.5 ATA x 90-120 min) PROFESSIONELE KOMPONENT	60	1 436.40	60	1 436.40		
4821	Routine HBO table (2-2.5 ATA x 90-120 min): TECHNICAL COMPONENT • Routine HST tabel (2-2,5 ATA x 90-120 min): TEGNIESE KOMPONENT	131.26	3 142.36	131.26	3 142.36		
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment monitoring during treatment and post treatment evaluation): Emergency HBO table (2.5-3 ATA x 90-120 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): Nood HST tabel (2,5-3 ATA x 90-120 min) PROFESSIONELE KOMPONENT	60	1 915.20	60	1 915.20		
4822	Emergency HBO table (2.5-3 ATA x 90-120 min): TECHNICAL COMPONENT • Nood HST tabel (2,5-3 ATA x 90-120 min): TEGNIESE KOMPONENT	131.26	3 142.36	131.26	3 142.36		
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT5 (2.8 ATA x 135 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): USN TT5 (2,8 ATA x 135 min) PROFESSIONELE KOMPONENT	90	2 154.60	90	2 154.60		
4825	USN TT5 (2.8 ATA x 135 min): TECHNICAL COMPONENT • USN TT5 (2,8 ATA x 135 min): TEGNIESE KOMPONENT	214.18	5 127.47	214.18	5 127.47		

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose			
	U/E	R	U/E	R	U/E	R	T/M	
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation); USN TT6 (2.8 ATA x 285 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in); USN TT6 (2.8 ATA x 285 min) PROFESSIONELE KOMPONENT	790	4 548.00	790	4 548.00			
4826	USN TT6 (2.8 ATA x 285 min); TECHNICAL COMPONENT USN TT6 (2.8 ATA x 285 min); TEGNIESE KOMPONENT	386.42	9 250.89	386.42	9 250.89			
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation); USN TT6ext/6A or Cx 30 (2.8 ATA x 305-490 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in); USN TT6ext/6A or Cx 30 (2.8-6 ATA x 305-490 min) PROFESSIONELE KOMPONENT	327	7 828.38	327	7 828.38			
4827	USN TT6ext (2.8-6 ATA x 305-490 min); TECHNICAL COMPONENT USN TT6ext (2.8-6 ATA x 305-490 min); TEGNIESE KOMPONENT	680.85	16 299.55	680.85	16 299.55			
4828	USN 6A (2.8-6 ATA x 305-490 min); TECHNICAL COMPONENT USN 6A (2.8-6 ATA x 305-490 min); TEGNIESE KOMPONENT	678.28	16 238.02	678.28	16 238.02			
4829	USN Cx 30 (2.8-6 ATA x 305-490 min); TECHNICAL COMPONENT USN Cx 30 (2.8-6 ATA x 305-490 min); TEGNIESE KOMPONENT	671.85	16 084.09	671.85	16 084.09			
4815	Prolonged attendance inside a hyperbaric chamber: 40 clinical procedure units per half hour or part thereof for the first hour. Thereafter 20 clinical procedure units per half hour; minimum 40 clinical procedure units; maximum 320 clinical procedure units (Please indicate time in minutes and not per half hour) Verlengde bystand binne 'n hiperbariese kamer: 40 kliniese prosedure eenhede per halfuur of gedeelte daarvan vir die eerste uur. Daarna 20 kliniese prosedure eenhede per half uur; minimum 40 kliniese prosedure eenhede; maksimum 320 kliniese prosedure eenhede (dul asseblief tyd aan in minute en nie per halfuur)							
5.	MEDIASTINAL PROCEDURES MEDIASTINALE PROSEDURES							
1223	Mediastinoscopy Mediaastinoskople	95	2 274.30	95	2 274.30	5	559.30	+T
6.	CARDIOVASCULAR SYSTEM KARDIO-VASKULÊRE SISTEEM							
	MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM) WYSIGER VAN TOEPASSING OP GELDE VIR 'N ANESTESIOLOG VIR BEHEER VAN INTRA-AORTIESE BALLONP (KARDIO-VASKULÊRE SISTEEM)							
0100	Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units is applicable Waar 'n anestesiooloog verantwoordelik is vir beheer van 'n intra-aortiese ballonpomp is 'n tarief van 75,00 kliniese prosedure eenhede van toepassing					75	1 795.60	

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

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6.3	Cardiac surgery ● Hartchirurgie							
1311	Pericardial drainage ● Dreinerings van perikardium	140	3 351.00	120	2 872.80	13	1454.18	+T
6.3.1	Open heart surgery ● Opehart-chirurgie							
1322	Attendance at other operations for monitoring at bedside, by physician heart block, etc.: Per house ● Bystand by ander operasies, en toesighouding by siekbed deur Internis by vir 'n hartblok, ens.: Per uur	20	478.60					
6.4	Peripheral vascular system ● Perifere vasculêre sisteem							
6.4.2	Arterio-venous-abnormalities ● Arterio-veneuse-afwykings							
1369	Fistula or aneurysm (as for grafting of various arteries) ● Fistel of aneurisme (soos vir transplantasie van arterie)							
6.4.3	Arteries ● Arteries							
6.4.3.1	Aorta-iliac and major branches ● Aorta-iliac en groot takke							
1373	Abdominal aorta and iliac artery: Rupture ● Abdominale aorta en arterie iliaca: Geruptuur	600	14 364.00	480	11 491.20	15	1677.90	+T
6.4.3.2	Iliac artery ● Arteria iliaca							
1379	Prosthetic grafting and/or Thrombo-endarterectomy ● Inplanting van protese en/of Trombo-endarterektomie	300	7 182.00	240	5 746.80	13	1464.18	+T
6.4.3.3	Peripheral ● Perifeer							
1385	Prosthetic grafting ● Inplanting van protese	255	6 104.70	204	4 893.76	5	559.30	+T
1387	Vein grafting proximal to knee joint ● Vena transplantasie bokant kniegewrig	300	7 182.00	240	5 745.80	5	559.30	+T
1388	Vein grafting distal to knee joint ● Vena transplantasie onderkant kniegewrig	444	10 629.36	355.2	8 503.48	5	559.30	+T
1389	Endarterectomy when not part of another specified procedure ● Endarterektomie wanneer nie 'n deel van 'n ander gespesifiseerde prosedure nie	204	6 320.16	211.2	5 056.13	5	559.30	+T
1393	Embolectomy: Peripheral embolectomy transfemoral ● Embolektomie: Perifere transfemorale embolektomie	168	4 021.92	134.4	3 217.54	5	559.30	+T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma ● Diverse arteriële prosedures: Hegting van arterie: Trauma	125	2 992.50	100	2 364.00	5	559.30	+T
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessel are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure) ● Hegting van groot bloedvat (arterie of vena) - trauma (groot bloedate word omskryf as aorte innominate arterie, karoti arterie, en vertebrale arterie subklaviese arterie, axillêre arterie, ilaka arterie, gewone femorale en popliteale arterie. Die femorale en popliteale arterie word ingesluit as gevolg van die onbereikbaarheid van die arterie en moeilike chirurgiese blootlegging).	264	6 320.16	211.2	5 056.13	15	1677.90	+T
1397	Profundoplasty ● Profundoplastie	210	5 027.40	168	4 021.92	5	559.30	+T
1399	Distal tibial (ankle region) ● Tibiaal distaal (naby enkel)	450	10 916.64	304.8	6 733.31	5	559.30	+T
1401	Femoro-femorale ● Femoro-femorale	254	6 080.76	203.2	4 864.61	5	559.30	+T
1402	Carotid-subclavian ● Carotis-subklavies	288	6 894.72	230.4	5 515.78	8	894.88	+T
1403	Axillo-femoral (Bifemoral + 50% of the fee) ● Aksillo-femorale (Bifemorale + 50% van die fooi)	288	6 894.72	230.4	5 515.78	8	894.88	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
6.4.4 Veins • Venas							
1407 Ligation of saphenous veins Afbinding van vene saphena	50	1 197.00	50	1 197.00	3	335.58	+T
1408 Placement of Hickman catheter or similar Implasing van Hickman katode of soortgelyk	81	2 178.54	81	2 178.54	4	447.44	+T
1410 Ligation of inferior vena cava: Abdominal Afbinding van vena cava inferior: Abdominaal	180	4 309.20	144	3 447.36	8	894.88	+T
1412 Umbrella operation on inferior vena cava: Abdominal Sambroeloperasie op vena cava inferior: Abdominaal	100	2 394.00	100	2 394.00	8	894.88	+T
1413 Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral Gekombineerde prosedure vir spatate: Afbinding van vene saphenous stropping, veelvuldige afbinding van perforerende venas soos aangedui: Afbinding van vena cava inferior: Unilateraal	141	3 375.54	120	2 872.80	3	335.58	+T
1415 Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral Gekombineerde prosedure vir spatate: Afbinding van vene saphenous stropping, veelvuldige afbinding van perforerende venas soos aangedui: Afbinding van vena cava inferior: Bilateraal	247	5 913.18	197.6	4 736.54	3	335.58	+T
1417 Extensive sub-fascial ligation of perforating veins Uitgebreide sub-fasiële afbinding van perforerende venas	125	2 992.50	120	2 872.80	3	335.58	+T
1419 Lesser varicose vein procedure Klein spatate prosedures	31	742.14	31	742.14	3	335.58	+T
1421 Compression sclerotherapy of varicose veins: Per injection to a maximum of nine injections per leg (excluding cost of material) Skleriserende inspuiting met kompresie vir spatate: Per inspuiting tot maksimum van nege inspuitings per been (koste van materiaal uitgesluit)	0	215.46	0	215.46			
1425 Thrombectomy: Inferior vena cava (Trans-abdominal) Trombektomie: Vena cava inferior (Transabdominaal)	240	5 745.60	192	4 696.48	11	1230.48	+T
1427 Thrombectomy: ilio-femoral Trombektomie: Ilio-femorale	175	4 189.50	140	3 351.00	6	671.16	+T
7. LYMPHO RETICULAR SYSTEM • LIMFO RETIKULÊRE STELSEL							
7.1 Spleen • Milt							
1435 Splenectomy (trauma) Splenektomie (trauma)	221.3	5 297.92	177.04	4 238.34	9	1006.74	+T
1457 Bone marrow biopsy: By trephine Beenmurg biopsie: Deur middel van trefien	13	311.22	13	311.22	3	335.58	+T
1458 Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula • Beenmurg biopsie: Eenvoudige aspirasie van murg in 'n trokar of kannaal	8	191.52	8	191.52			
8. DIGESTIVE SYSTEM • SPYŠVERTERINGSTELSEL							
8.1 Oral cavity • Mondholte							
1467 Drainage of intra-oral abscess Dreinerings van abees in die mondholte	31	742.14	31	742.14	4	447.44	+T
1483 Alveolar periosteal or other flaps for arch closure Alveolêre periosteale of ander flappe vir boog sluiting	138	3 303.72	120	2 872.80	4	447.44	+T
8.2 Lips • Lippe							
1485 Local excision of benign lesion of lip Lokale uitsnyding van goedaardige letsel van lip	27	646.38	27	646.38	4	447.44	+T
1499 Lip reconstruction following an injury: Directed repair Liprekonstruksie na besering: Direkte herstel	105.6	2 528.06	105.6	2 528.06	4	447.44	+T
1501 Lip reconstruction following an injury only: Flap repair Liprekonstruksie slegs na besering: Flap herstel	208	4 931.84	164.8	3 945.31	4	447.44	+T
1503 Lip reconstruction following an injury only: Total reconstruction (first stage) • Liprekonstruksie slegs na besering: Totale rekonstruksie (eerste stadium)	208	4 931.84	164.8	3 945.31	4	447.44	+T
1504 Lip reconstruction following an injury only: Subsequent stages (see item 0297) • Liprekonstruksie slegs na besering: Daarnopvolgende stadiums (Sien item 0297)	104	2 489.76	104	2 489.76	4	447.44	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose			
		U/E	R	U/E	R	U/E	R	T/M	
8.3	Tongue • Tong								
1505	Partial glossectomy • Gedeeltelike glossektomie	225	5 386.50	180	4 309.20	0	671.16	+T	
1507	Local excision of lesion of tongue • Lokale uitsnyding van lesiel van tong	27	646.38	27	646.38	4	447.44	+T	
8.4	Palate, uvula and salivary gland • Verhemelte, uvula en speekselklier								
1526	Total parotidectomy with preservation of facial nerve • Totale verwydering van parotis met behoud van fasiale senuwee	358.5	8 582.49	288.8	6 865.99	5	559.30	+T	
1531	Drainage of parotid abscess • Dreinerings van parotisaabses	25	598.50	25	598.50	4	447.44	+T	
8.5	Oesophagus • Oesofagus								
1545	Oesophagoscopy with rigid instrument: First and subsequent • Oesofagoskopie met onbuigbare instrument: Eerste en herhaal	47	1 125.18	47	1 125.18	4	447.44	+T	
1550	Oesophagoscopy with removal of foreign body • Oesofagoskopie met verwydering van vreemde voorwerp	70	1 675.80	70	1 675.80	4	447.44	+T	
1583	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure • Hiatusbreuk en diafragmaatiese breukherstel: Met anti-refluksprosedu	300	7 182.00	240	5 745.60	11	1 230.46	+T	
1585	Hiatus hernia and diaphragmatic hernia repair: With Collin's Nissen oesophageal lengthening procedure • Hiatusbreuk en diafragmaatiese breukherstel: Met Collin's Nissen oesofagusverlenging	350	8 379.00	280	6 703.20	11	1 230.46	+T	
8.6	Stomach • Maag								
1587	Upper gastro-intestinal endoscopy: Using hospital equipment • Boonste gastro-intestinale endoskopies: Hospitaaltoerusting	48.75	1 167.08	48.75	1 167.08	4	447.44	+T	
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictor and/or sclerotic (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653) • Endoskopiese beheer van gastro-intestinale bloeding van boonste gastro-intestinale weg, derms, of dikderm d.m.v. inspuiting van vatvernouers en/of sklerose (endoskopiese hemostase); voeg by gastroskopies (item 1587) of kolonoskopies (item 1653)	+	34	813.96	34	813.96	0	671.16	+T
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (item 1587) • Plus verwydering van vreemde voorwerpe (maag): VOEG BY gastro-intestinale endoskopies (item 1587)	+	+25	598.50	+25	598.50	4	447.44	+T
1597	Gastrotomy or Gastrostomy • Gastrotomie of Gastrotomie	147.5	3 531.15	120	2 872.80	0	671.16	+T	
1615	Suture of perforated gastric or duodenal ulcer or wound or injury • Hegting van geperforeerde maag- of duodenale ulkus of van wond of besering	200	4 788.00	160	3 830.40	7	783.02	+T	
1617	Partial gastrectomy • Gedeeltelike gastrektomie	328.3	7 658.50	262.64	6 287.60	7	783.02	+T	
1619	Total gastrectomy • Totale gastrektomie	384.43	9 203.25	307.54	7 362.51	7	783.02	+T	
8.7	Duodenum • Duodenum								
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy) • Endoskopiese ondersoek van die dunderm verder as die duodenojejonale fleksuur met biopsie met of sonder stopsetting van bloeding (enteroskopies)	120	2 872.80	120	2 872.80	0	671.16	+T	
1627	Duodenal intubation (under X-ray screening) • Duodenale intubasie (met X-straal deurligting)	8	191.62						

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
8.8	Intestines • Dermkanaal							
1634	Enterotomy or Enterostomy • Enterotomie of Enterostomie	202.6	4 850.24	182.08	3 880.20	6		671.16 +T
1637	Operation for relief of Intestinal obstruction • Operasie vir verligting van Intestinale obstruksie	240	5 745.90	192	4 696.48	7		789.02 +T
1639	Resection of small bowel with enterostomy or anastomosis • Reseksie van dunderm met enterostomie of anastomose	244.0	5 862.91	195.92	4 690.32	6		671.16 +T
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (Item 0201 applicable for video capsule - disposable single patient use) - (Please note: All patients should have had a normal gastroscopy and colonoscopy) • Spysverteringskanaal beelding, intraluminaal (bv. video kapsule endoskopie); verhuur van apparaat (Item 0201 vir videokapsule - wegdoenbaar) - (Neem asb kennis dat die pasiënt moet presenteer met 'n normale gastrokopiese kolonoskopiese ondersoek	150	3 591.00	120	2 872.80			
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report • Spysverteringskanaal beelding, intraluminaal (bv. video kapsule endoskopie), oesofagus deur tot ileum: Interpretasie en verslag deur di geneesheer wat die prosedure uitgevoer het.	90	2 154.60	90	2 154.60			
1646	Suture of (neefline (small or large): Wound or injury) • Hegting van derm (dun of dik): Wond of besering	185.2	4 433.69	148.16	3 546.95	8		671.16 +T
1647	Closure of intestinal fistula • Sluiting van intestinale fistel	258	6 176.52	208.4	4 941.22	6		671.16 +T
1657	Right or left hemicolectomy or segmental colectomy • Regter of linker-hemi-kolektomie of segmentale kolektomie	325	7 780.50	280	6 224.40	6		671.16 +T
1661	Colectomy: Including removal of foreign body • Kolotomie: Verwydering van vreemde voorwerp Ingeholte	205.7	4 924.46	164.56	3 938.67	6		671.16 +T
1663	Total colectomy • Totale kolektomie	390	9 336.60	312	7 469.28	6		671.16 +T
1665	Colectomy or ileostomy isolated procedure • Kolostomie of ileostomie losstaande prosedure	233.8	5 597.17	187.04	4 477.74	6		671.16 +T
1667	Colectomy: Closure • Kolostomie: Sluiting	179.1	4 287.65	143.28	3 430.12	5		569.30 +T
1668	Revision of ileostomy pouch • Herstelling van ileostomie sak	375	8 977.50	300	7 182.00	6		671.16 +T
8.10	Rectum and anus • Rektum en anus							
1677	Sigmoidoscopy: First and subsequent, with or without biopsy • Sigmoidoskopies: Eerste en daaropvolgende met of sonder biopsie	13	311.22	13	311.22	3		335.58 +T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colectomy • Totale mesorektale uitsnyding met kolonale anastomose en enterostomie of kolostomie.	445	10 653.30	350	8 522.64	8		894.88 +T
1705	Incision and drainage of submucous abscess • Insnyding en dreinerig van perianale abees	40	957.60	40	957.60	3		335.58 +T
1707	Drainage of submucous abscess • Dreinerig van sub-mukusale abees	40	957.60	40	957.60	3		335.58 +T
1737	Dilatation of ano-rectal structure • Dilatasie van ano-rektale struktuur	12.5	299.25	12.5	299.25	3		335.58 +T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor • Bio-terugvoeropleiding vir fekale inkontinensie gedurende anorektale manometrië uitgevoer deur dokter	27	646.38					
8.11	Liver • Lewer							
1743	Needle biopsy of liver • Naaldbiopsie van lewer	30.3	725.38	30.3	725.38	3		335.58 +T
1745	Biopsy of liver by laparotomy • Biopsie van lewer deur laparotomie	125	2 992.50	120	2 872.80	4		447.44 +T
1747	Drainage of liver abscess • Dreinerig van lewerabses	179.1	4 287.65	143.28	3 430.12	7		789.02 +T
1748	Body composition measured by bio-electrical impedance • Liggaamsamestelling gemeet deur middel van bio-elektriese impedans	3	71.82	3	71.82			
1749	Hemi-hepatectomy: Right • Hemi-hepatektomie: Regs	504	13 582.18	451.2	10 801.73	9		1006.74 +T
1751	Hemi-hepatectomy: Left • Hemi-hepatektomie: Links	521.1	12 475.13	410.68	9 980.11	9		1006.74 +T
1752	Extended right or left hepatectomy • Uitgebreide linker of regter hepatektomie	570.0	13 967.35	450.72	10 933.88	9		1006.74 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1753	Partial or segmental hepatectomy Gedeeltelike of segmentale hepatektomie	378	8 049.32	302.4	7 238.46	9		1006.74 +T
1757	Suture of liver wound or injury Hegting van lewerwond of besering	214.2	5 127.95	171.36	4 102.36	0		1006.74 +T
8.12	Biliary tract Galwê							
1763	With exploration of common bile duct Met eksplorasie van choledochus	204.5	6 332.13	211.6	5 065.70	6		671.16 +T
1765	Exploration of common bile duct; Secondary operation Eksplorasie van choledochus; Sekondêre operasie	327.7	7 845.14	262.16	6 276.11	6		671.16 +T
1767	Reconstruction of common bile duct Rekonstruksie van choledochus	371.7	8 898.60	297.36	7 118.80	8		671.16 +T
8.13	Pancreas Pankreas							
1776	Endoscopic Retrograde Cholangiopancreatography (ERCP); Endoscop + Catheterisation of pancreas duct or choledochus Endoskopiese Retrograde Cholangiopancreatografie (ERCP); Endoskopiese + kateterisasie van pankreasbuis of choledochus	105.9	2 535.25	105.9	2 535.25	4		447.44 +T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (Item 1776) Endoskopiese retrograde verwydering van steen soos vir galbuis en/of pankreatiese buis. Voeg by ERCP (Item 1776)	15.82	378.73	15.82	378.73	4		447.44 +T
1781	Local, partial or subtotal pancreatectomy Lokale, gedeeltelike of subtotale pankreatektomie	351.3	8 410.12	281.04	6 728.10	8		894.88 +T
1783	Distal pancreatectomy with internal drainage Distale pankreatektomie met interne dreinering	377.4	9 034.96	301.02	7 227.96	8		894.88 +T
8.14	Peritoneal cavity Peritoneale holte							
1797	Pneumo-peritoneum: First Pneumoperitoneum: Eerste	13	311.22	13	311.22	4		447.44 +T
1799	Pneumo-peritoneum: Repeat Pneumoperitoneum: Daaropvolgende	6	143.64	6	143.64	4		447.44 +T
1800	Peritoneal lavage Peritoneale uitspoeling	20	478.80	20	478.80			
1801	Diagnostic paracentesis: Abdomen Diagnostiese parasentese: Bulk	8	191.52	8	191.52			
1803	Therapeutic paracentesis: Abdomen Terapeutiese parasentese: Bulk	13	311.22	13	311.22			
1807	Add to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027) Voeg by oop prosedure wanneer 'n prosedure deur 'n laparoskoop uitgevoer word (vir narkose verwys na wysiger 0027)	45	1 077.30	45	1 077.30	5		559.30 +T
1809	Laparotomy Laparotomie	100	4 682.24	156.8	3 753.79	4		447.44 +T
1811	Suture of burst abdomen Hegting van gebarste abdomen	188.3	4 507.90	150.64	3 808.32	7		783.02 +T
1812	Laparotomy for control of surgical haemorrhage Laparotomie vir beheer van chirurgiese bloeding	105	2 513.70	105	2 513.70	0		1006.74 +T
1813	Drainage of sub-phrenic abscess Dreinerings van sub-franiese abses	180	4 309.20	144	3 447.36	7		783.02 +T
1815	Drainage of other Intra-peritoneal abscess (excluding appendix abscess); Transabdominale Dreinerings van ander Intra-peritoneale abses (appendiksabses uitgesluit); Transabdominaal	248.4	5 946.70	199.72	4 757.36	5		559.30 +T
1817	Transrectal drainage of pelvic abscess Transrektale dreinerings van bekkenabses	75	1 795.50	75	1 795.50	4		447.44 +T
9.	HERNIAE BREUKE							
1819	Inguinal or femoral hernia Inguinale of femorale breuk (trauma)	125	2 982.50	120	2 872.80	4		447.44 +T
1825	Recurrent inguinal or femoral hernia Herhalende inguinale of femorale breuk	155	3 710.70	124	2 968.56	4		447.44 +T
1827	Strangulated hernia or femoral hernia Gestranguleerde breuk of femorale breuk	238	5 697.72	160.4	4 568.18	7		783.02 +T
1831	Umbilical hernia Naelbreuk	140	3 351.60	120	2 872.80	4		447.44 +T
1835	Incisional hernia Snitbreuk	166.8	3 993.19	133.44	3 194.55	4		447.44 +T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
1836							
Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair) • Inplaa van wordgaas (mesh) of ander prothese vir snit of ventrale breuk herstel (Hef saam met die toepaslike procedure kod vir snit- of ventrale breuk herstel)	77	1 843.38	77	1 843.38	4	447.44	+T
10. URINARY SYSTEM • URINEWES							
10.1 Kidney • Nier							
1839 Renal biopsy, per kidney, open • Nierbiopsie, per nier, oop	71	1 699.74	71	1 699.74	5	559.30	+T
1841 Renal biopsy (needle) • Nierbiopsie (naald)	30	718.20	30	718.20	3	335.58	+T
1843 Peritoneal dialysis: First day • Peritoneale dialise: Eerste dag	33	790.02	33	790.02			
1845 Peritoneal dialysis: Every subsequent day • Peritoneale dialise: Elke daaropvolgende dag	33	790.02	33	790.02			
1847 Haemodialysis: Per hour or part thereof • Hemodialise: Per uur of gedeelte daarvan	21	502.74	21	502.74			
1849 Haemodialysis: Maximum: Eight hours • Hemodialise: Maksimum: Agt uur	188	4 021.92	134.4	3 217.54			
1851 Haemodialysis: Thereafter per week • Hemodialise: Daarna per week	55	1 316.70	55	1 316.70			
1852 Continuous haemodiafiltration per day in intensive or high care unit • Volgehoue haemodiafiltrasie per dag in intensiewe of hoë sorgseenheid	33	790.02	33	790.02			
1853 Primary nephrectomy • Primêre nefrektomie	225	5 386.50	180	4 309.20	5	559.30	+T
1855 Secondary nephrectomy • Sekondêre nefrektomie	267	6 391.88	213.6	5 113.58	5	559.30	+T
1863 Nephro-ureterectomy • Nefro-ureterektomie	305	7 301.70	244	6 841.36	5	559.30	+T
1865 Nephrotomy with drainage nephrostomy • Nefrotomie met dreineringsnefrostomie	189	4 524.86	151.2	3 819.73	6	671.16	+T
1873 Suture renal laceration (renorrhaphy) • Hegting renalelaserasie (renorrhafie)	193	4 620.42	154.4	3 686.34	6	671.16	+T
1879 Closure of renal fistula • Sluiting van nierfistel	189	4 524.86	151.2	3 819.73	5	559.30	+T
1881 Pyeloplasty • Piëloplastie	252	6 032.88	201.6	4 826.30	5	559.30	+T
1885 Pyelolithotomy • Piëliolitomie	189	4 524.86	151.2	3 819.73	5	559.30	+T
1891 Perinephric abscess or renal abscess: Drainage • Perinefritiese abes of nierabes: Drainasie	200	4 788.00	160	3 830.40	7	783.02	+T
10.2 Ureter • Ureter							
1897 Uretorraphy: Suture of ureter • Uretorrhafie: Hegting van ureter	147	3 519.18	120	2 872.80	5	559.30	+T
1898 Uretorraphy: Lumbar approach • Uretorrhafie: Deur middel van lende-snit	189	4 624.88	151.2	3 819.73	5	559.30	+T
1899 Uretoroplasty • Uretoroplastie	181	4 333.14	144.8	3 466.51	5	559.30	+T
1903 Ureterectomy only • Ureterektomie alleenlik	137	3 279.78	120	2 872.80	5	559.30	+T
1919 Closure of ureteric fistula • Sluiting van fistula van ureter	147	3 519.18	120	2 872.80	5	559.30	+T
1921 Immediate deligation of ureter • Onmiddellike losmaak van afbinding om ureter (delgaaie)	147	3 519.18	120	2 872.80	5	559.30	+T
10.3 Bladder • Blaas							
1945 Installation of radio-opaque material for cystography or urethro-cystography • Instellering van radio-opaak materiaal vir sistografie of uretrasistografie	5	119.70	5	119.70	3	335.58	+T
1949 Cystoscopy: Hospital equipment • Sietoskopie: Hospitaal toerusting	44	1 053.36	44	1 053.36	3	335.58	+T
1951 Ant retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral • En retrograde pielografie of retrograde kateterisasie van ureter: Unilateraal of bilateraal	10	239.40	10	239.40	3	335.58	+T
1952 J J Stent catheter • J J Stent kateter	44	1 053.36	44	1 053.36	3	335.58	+T
1954 Ureteroscopy • Ureteroskopie	35	837.90	3	335.58	3	335.58	+T
1959 With manipulation of ureteral calculus • Met manipulasie van uretersteen	20	478.80	20	478.80	3	335.58	+T
1981 With removal of foreign body or calculus from urethra or bladder • Met verwydering van vreemde voorwerp of kalkulus van uretra of blaas	20	478.80	20	478.80	3	335.58	+T
1984 Ant control of haemorrhage and blood clot evacuation • En kontrolering van bloeding en bloedklont evakuasie	15	359.10	15	359.10	3	335.58	+T
1976 Optic urethrotomy • Optiese urelotomie	80	1 915.20	80	1 915.20	3	335.58	+T
1979 Internal urethrotomy: Female • Interne uretotomie: Vroulik	50	1 197.00	50	1 197.00	3	335.58	+T
1981 Internal urethrotomy: Male • Interne uretotomie: Manlik	78.2	1 824.23	78.2	1 824.23	3	335.58	+T
1985 Transurethral resection of bladder neck: Female • Transureterale reseksie van blaasnek: Vroulik	105	2 513.70	105	2 513.70	5	559.30	+T
1986 Transurethral resection of bladder neck: Male • Transureterale reseksie van blaasnek: Manlik	125	2 992.50	120	2 872.80	5	559.30	+T
1987 Litholapaxy • Litolapaksie	80	1 915.20	80	1 915.20	3	335.58	+T
1989 Cystometrogram • Sistometrogram	25	598.50	25	598.50	3	335.58	+T
1991 Fluorimetric bladder studies with videocystography • Fluorimetrieë blaasstudies met videosistografie	40	957.60	40	957.60	3	335.58	+T
1992 Without videocystography • Sonder videosistografie	25	598.50	25	598.50	3	335.58	+T
1993 Voiding cysto-urethrogram • Uinerings sisto-uretrogram	21	502.74	21	502.74	3	335.58	+T
1995 Percutaneous aspiration of bladder • Perkutane aspirasie van blaas	10	239.40	10	239.40	3	335.58	+T
1996 Bladder catheterisation - male (not at operation) • Blaas kateterisasie - manlik (nie tydens operasie)	6	143.64	6	143.64	3	335.58	+T
1997 Bladder catheterisation - female (not at operation) • Blaas kateterisasie - vroulik (nie tydens operasie)	3	71.82	3	71.82			
1999 Percutaneous cystostomy • Perkutane sistostomie	24	574.56	24	574.56	3	335.58	+T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
2013	137	3 279.78	120	2 872.80	5	559.30	+T
Diverticulectomy (independent procedure): Multiple or single Divertikulektomie (onafhanklike prosedure): Veelvoudig of enkelvoudig							
2015	87	1 603.98	87	1 603.98	5	569.30	+T
Suprapubic cystostomy: Suprapubiese sistostomie							
2035	118	2 824.92	118	2 824.92	5	569.30	+T
Cutaneous vesicostomy: Kutane vesikostomie							
2039	137	3 279.78	120	2 872.80	6	671.16	+T
Operation for ruptured bladder: Operasie vir ruptuur van blaas							
2047	105	2 513.70	105	2 513.70	5	559.30	+T
Drainage of perivesical or prevesical abscess: Dreinerings van peri- vesikale of prevesikale absee							
2049	132.10	3 162.47	120	2 872.80	3	335.58	+T
Evacuation of clots from bladder: Other than post-operative Verwydering van bloedklonte uit blaas: Post-operatief uitgesluit							
2050					4	447.44	+T
Evacuation of clots from bladder: Post-operative Verwydering van bloedklonte uit blaas: Post-operatief							
2051	12	287.28	12	287.28	3	335.58	+T
Simple bladder lavage: Including catheterisation Eenvoudige blaaspoeling: Kateterisasie ingesluit							
2068							
(code moved to consultation section/kode geskuif na konsultasie afdeling)							
10.4							
Urethra : Uretra							
2063	20	478.80	20	478.80	3	335.58	+T
Dilatation of urethra stricture: By passage sound: Initial (male) Dilatasie van striktuur van uretra: Eerste (manlik)							
2065	10	239.40	10	239.40	3	335.58	+T
Dilatation of urethra stricture: By passage sound: Subsequent (male) Dilatasie van striktuur van uretra: Opvolg (manlik)							
2067	20	478.80	20	478.80	3	335.58	+T
Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male) : Dilatasie van striktuur van uretra: D.m.v. 'n filiform en opvolger (manlik)							
2071	130	3 327.66	120	2 872.80	4	447.44	+T
Urethrorraphy: Suture of urethral wound or injury Urethrorrae: Hegting van wond of besering van uretra							
2075	71	1 699.74	71	1 699.74	4	447.44	+T
Urethraplasty: Pendulous urethra: First stage Uretraplastie: Pendulose uretra: Eerste stadium							
2077	145	3 471.30	120	2 872.80	4	447.44	+T
Urethraplasty: Pendulous urethra: Second stage Uretraplastie: Pendulose uretra: Tweede stadium							
2081	261.8	6 262.70	206.28	5 010.16	4	447.44	+T
Reconstruction or repair of male anterior urethra (one stage) Rekonstruksie of herstel van anterior manlike uretra (een stadium)							
2083	168	4 021.92	134.4	3 217.54	6	671.16	+T
Reconstruction or repair of prostatic or membranous urethra: First stage Rekonstruksie of herstel van prostatiese of membraanuse uretra: Eerste stadium							
2085	168	4 021.92	134.4	3 217.54	6	671.16	+T
Reconstruction or repair of prostatic or membranous urethra: Second stage Rekonstruksie of herstel van prostatiese of membraanuse uretra: Tweede stadium							
2086	294	7 038.36	235.2	5 630.69	6	671.16	+T
Reconstruction or repair of prostatic or membranous urethra: If done in one stage : Rekonstruksie of herstel van prostatiese of membraanuse uretra: Indien dit 'n een stadium operasie is							
2088	128.8	3 083.47	120	2 872.80	5	569.30	+T
Drainage of simple localised perineal urinary extravasation Dreinerings van eenvoudige gelokaliseerde perineale urinêre ekstrasasie							
2087	137	3 279.78	120	2 872.80	5	559.30	+T
Drainage of extensive perineal and/or abdominal urinary extravasation Dreinerings van uitgebreide perineale en/of abdominale urinêre ekstrasasie							
2103	28.3	629.62	28.3	629.62	3	335.58	+T
Simple urethral meatotomy Eenvoudige urotrale meatotomie							
2105	123.1	2 947.01	120	2 872.80	3	335.58	+T
Incision of deep peri-urethral abscess: Female Insnyding van diep peri-urethrale absee: Vroulik							
2107	123.1	2 947.01	120	2 872.80	3	335.58	+T
Incision of deep peri-urethral abscess: Male Insnyding van diep peri-urethrale absee: Manlik							
2109	181	4 333.14	144.8	3 406.61	5	559.30	+T
Badenoch pull-through for intractable stricture or incontinence Badenoch deurtrek operasie vir moeilike striktuur of inkontinensie							
2111	108	2 585.52	108	2 585.52	5	569.30	+T
External sphincterotomy Eksterne sfinkterotomie							
2115	168	4 021.92	134.4	3 217.54	5	559.30	+T
Operation for correction of male urinary incontinence with or without introduction of prosthesis (excluding cost of prosthesis) Operasie vir regstel van manlike urinêre inkontinensie met of sonder die aanbring van prothese (sonder koste van prothese)							
2116	101.5	2 429.91	101.50	2 429.91	3	335.58	+T
Urethral meatoplasty Urethrale meatoplastiek							
2117	150.3	3 598.18	120.24	2 878.55	3	335.58	+T
Closure of urethrostomy or urethrocutaneous fistula (independent procedure) : Sluiting van uretrotomie of uretrokutane fistel (onafhanklike prosedure)							
11. MALE GENITAL SYSTEM : MANLIKE GESLAGSTELSEL							
11.1							
Penis : Penis							
2141	101	2 417.94	101	2 417.94	3	335.58	+T
Reconstructive operation for insertion of prosthesis Rekonstruksiewe operasie vir implas van prothese							
2147	168	4 021.92	134.4	3 217.54	3	335.58	+T
Reconstructive operation of penis: for injury: Including fracture of penis and skin graft if required Rekonstruksiewe operasie op penis: vir 'n besering: Insluitende fraktuur van penis en veloorplanting indien nodig							
11.2							
Testis and epididymis : Testis en epididimis							
2191	98	2 346.12	98	2 346.12	3	335.58	+T
Orchiectomy (total or subcapsular): Unilateral Orgidektomie (totaal of subkapsulêr): Unilateraal							
2193	147	3 519.18	120	2 872.80	3	335.58	+T
Orchiectomy (total or subcapsular): Bilateral Orgidektomie (totaal of subkapsulêr): Bilateraal							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
2213	110.3	2 640.88	110.3	2 640.88	4		447.44 +T
2215	90	2 154.60	90	2 154.60	4		447.44 +T
2227	42.7	1 022.24	42.7	1 022.24	3		336.58 +T
11.3							
2246	252	6 032.88	201.6	4 826.30	6		671.16 +T
14. NERVOUS SYSTEM • SENUWEESTELSEL							
14.1							
2709	140	3 351.60					
2711	30.10	864.23	30.10	864.23			
2712	24	574.56	24	574.56			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	TAM
2713	18.4	440.50	18.4	440.50			
Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications. Spinaal (lumbale) punksie. Vir diagnose, of dreinasië van spinale vloeistof of vir terapeutiese indikasies							
2714	15	359.10	15	359.10			
Cisternal puncture and/or intrathecal injection. Sistemale punksie en/of intratekale inspuitings							
2717	75	1 795.50	75	1 795.50			
Electromyography: First. Elektromiografie: Eerste							
2718	75	1 795.50	75	1 795.50			
Electromyography: Subsequent. Elektromiografie: Opvolg							
2725	25	598.50	25	598.50	4		447.44 +T
Angiography carotis: Unilateral. Angiografie karotis: Unilateraal							
2726	44	1 053.36	44	1 053.36	4		447.44 +T
Angiography carotis: Bilateral. Angiografie karotis: Bilateraal							
2727	50	1 197.00	50	1 197.00	4		447.44 +T
Vertebral artery: Direct needle. Vertebrale arterie: Direkte benaalding							
2729	50	1 197.00	50	1 197.00	4		447.44 +T
Vertebral catheterisation. Vertebrale kateterisasie							
2731	14.6	347.13			4		447.44 +T
Air encephalography and posterior fossa tomography: Injection of air (independent procedure). Lugensefalografie en posterior fossa tomografie: Insuif van lug (alleenstaande prosedure)							
2737	7	167.58	7	167.58			
Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen. Lugensefalografie en posterior fossa tomografie: Gezigsveldbepaling d.m.v. Bjerrum se skerm							
2739	10	383.04	10	383.04	4		447.44 +T
Ventricular needle without burring: Tapping only. Ventrikelpunksie, sonder boorgate: Slegs aftapping							
2741	43	1 029.42	43	1 029.42	4		447.44 +T
Ventricular needle without burring: Plus introduction of air and/or contrast dye for ventriculography. Ventrikelpunksie, sonder boorgate: Plus inspising van lug en/of kontraamiddel vir ventrikulografie							
2743	15	359.10	15	359.10	4		447.44 +T
Subdural tapping: First sitting. Subdurale aftapping: Eerste keer							
2745	10	239.40	10	239.40	4		447.44 +T
Subdural tapping: Subsequent. Subdurale aftapping: Daaropvolgende keer							
14.2							
Introduction of burr holes for. Boorgate vir							
2747	150	3 591.00	120	2 872.80	8		894.88 +T
Ventriculography. Ventrikulografie							
2749	160	3 591.00	120	2 872.80	8		894.88 +T
Catheterisation for ventriculography and/or drainage. Kateterisering vir ventrikulografie en/of dreinerings							
2753	150	3 591.00	120	2 872.80	8		894.88 +T
Subdural haematoma. Subdurale hematoom							
2755	150	3 591.00	120	2 872.80	8		894.88 +T
Subdural empyema. Subdurale empiem							
2757	150	3 591.00	120	2 872.80	8		894.88 +T
Brain abscess. Breinabses							
14.3							
Nerve procedures. Senuwee prosedures							
2765	26	822.44	26	822.44	4		447.44 +T
Nerve conduction studies (see items 0733 and 3285). Senuweegeleidingstudies (sien items 0733 en 3285)							
14.3.1							
Nerve repair of suture. Senuwee herstel van hegting							
2767	300	7 182.00	240	5 745.60	6		671.16 +T
Suture Brachial Plexus (see also items 2837 and 2839). Hegting Brachiale Plexus (sien items 2837 en 2839)							
2769	134	3 207.86	120	2 872.80	5		559.30 +T
Suture: Large nerve: Primary. Hegting: Groot senuwee: Primêr							
2771	202	4 835.88	161.00	3 868.70	5		559.30 +T
Suture: Large nerve: Secondary. Hegting: Groot senuwee: Sekondêr							
2773	65	1 656.10	65	1 556.10	3		335.58 +T
Suture: Digital nerve: Primary. Hegting: Digitale senuwee: Primêr							
2775	96	2 298.24	96	2 298.24	3		395.58 +T
Suture: Digital nerve: Secondary. Hegting: Digitale senuwee: Sekondêr							
2777	202	4 835.88	161.0	3 868.70	4		447.44 +T
Nerve graft: Simple. Senuwee-transplantaat: Eenvoudig							
2779	202	4 835.88	161.0	3 868.70	4		447.44 +T
Fascicular: First fasciculus. Fassikulêr: Eerste fassikulêr							
2781	50	1 197.00	50	1 197.00	4		447.44 +T
Fascicular: Each additional fasciculus. Fassikulêr: Elke bykomende fassikulêr							
2783	224	5 362.56	170.2	4 290.05	4		447.44 +T
Fascicular: Nerve flap: To include all stages. Fassikulêr: Senuweeflap: Alle stadia ingesluit							
2787	215	5 147.10	172	4 117.88	5		559.30 +T
Fascicular: Grafting of facial nerve. Fassikulêr: Oorplanting van n. facialis							
14.3.2							
Neurectomy. Neurektomie							
2795	45.4	1 086.88	45.4	1 086.88	5		559.30 +T
Procedures for pain relief: Paravertebral facet joint nerve: Destruction of neurolytic agent, lumbar spine/sacral, one level (unilateral or bilateral)							
2796	16.3	390.22	16.3	390.22	5		559.30 +T
Procedures for pain relief: Paravertebral facet joint nerve: Destruction of neurolytic agent, lumbar spine/sacral, each additional level each additional level (unilateral or bilateral)							
2797	44	1 053.36	44	1 053.36	5		559.30 +T
Procedures for pain relief: Paravertebral facet joint nerve: Destruction of neurolytic agent, cervical/thoracic, one level (unilateral or bilateral)							
2798	15	359.10	15	359.10	5		559.30 +T
Procedures for pain relief: Paravertebral facet joint nerve: Destruction of neurolytic agent, cervical/thoracic, each additional level (unilateral or bilateral)							
2799	36	861.84	36	861.84	4		447.44 +T
Intrathecal injections for pain. Intratekale inspuitings vir pyn							
2800	36	861.84	36	861.84			Fees as for specialist/Gelde soos vir spesialis
Plexus nerve block - as part of treatment for annular tear on the back of this gazette (motivation to be supplied by treating doctor). Ploksus senuweeblok - as deel van behandeling (motivering moet verskaf word deur verwyssende dokter)							

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
2801 Epidural injection, plexus nerve block or peripheral nerve block for pain refer to annexure c on the back of this gazette, motivation to be supplied by treating doctor (see modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic) Epidurale inspuiting, pleksus senuweeblok of perifere senuweeblok vir pyn (sien wysiger 0045 vir post-operatiewe pynverligting) (verwys na wysiger 0021 vir epidurale narkose)	36	861.84	36	861.84			Fees as for specialist/Geldes soos vir spesialis
2802 Peripheral nerve block - as part of treatment (motivation to be supplied) Perifere senuweeblok - as deel van behandeling (motivering moet verskaf word)	25	598.50	25	598.50			Fees as for specialist/Geldes soos vir spesialis
2803 Alcohol injection in peripheral nerves for pain: Unilateral Alkohool inspuiting in perifere senuwees vir pyn: Unilateraal	20	478.80	20	478.80	3		335.58 +T
2804 Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique) To be used only with items 2799, 2800, 2801 or 2802 Implasing van inblywende senuwee kateter (sluit verwydering van kateter in) (nie vir bolus tegniek) Slegs vir gebruik saam met items 2799, 2800, 2801 of 2802	10	239.40	10	239.40			Fees as for specialist/Geldes soos vir spesialis
2805 Alcohol injection in peripheral nerves for pain: Bilateral Alkohool inspuiting in perifere senuwees vir pyn: Bilateraal	35	837.90	35	837.90	3		335.58 +T
2809 Peripheral nerve section for pain: Perifere senuwee-deursnyding vir pyn	45	1 077.30	45	1 077.30	3		335.58 +T
2815 Excision Interdigital neuroma - Morton Eksisie Interdigitale neuroom - Morton	82.3	1 970.28	82.3	1 970.28	3		335.58 +T
2825 Excision: Neuroma: Perifere Eksisie; Neuroom: Perifere 14.3.3 Other nerve procedures Ander senuwee prosedures	109.5	2 621.43	109.5	2 621.43	3		335.58 +T
2827 Transposition of ulnar nerve Transposisionering van nervus ulnaris	100	2 394.00	100	2 394.00	3		335.58 +T
2828 Neurolysis: Minor Neurolyse: Klein	51	1 220.94	51	1 220.94	3		335.58 +T
2831 Neurolysis: Major Neurolyse: Groot	132	3 160.08	120	2 872.80	3		335.58 +T
2833 Neurolysis: Digital Neurolyse: Digitaal	98	2 298.24	98	2 298.24	3		335.58 +T
2835 Scalenotomy Skalotomie	132	3 160.08	120	2 872.80	6		671.16 +T
2837 Brachial plexus, suture or neurolysis (item 2767) Brachiaal pleksus, hegting of neurolyse (item 2767)	300	7 162.00	240	5 745.80	6		671.16 +T
2839 Total brachial plexus exposure with graft, neurolysis and transplantation Totale brachiaal pleksus blootlegging met oopplanting, neurolyse en transplantaat	805.2	21 431.09	710.16	17 144.87	6		671.16 +T
2841 Carpal Tunnel Karpaaltunnel	84	1 932.16	84	1 932.16	3		335.58 +T
2843 Lumbar sympathectomy: Unilateral Lumbale simpatiektonie: Unilateraal	153	3 862.82	122.4	2 930.26	4		447.44 +T
2845 Lumbar sympathectomy: Bilateral Lumbale simpatiektonie: Bilateraal	268	6 415.92	214.4	5 132.74	6		671.16 +T
2849 Sympathetic block: Other levels: Unilateral Simpatiese senuweeblok: Ander vlakke: Unilateraal	20	478.80	20	478.80	3		335.58 +T
2851 Sympathetic block: Other levels: Bilateral Simpatiese senuweeblok: Ander vlakke: Bilateraal	35	837.90	35	837.90	3		335.58 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
14.4	Skull procedures ● Skedelprosedures							
2859	Repair of depressed fracture of skull: Without brain laceration: Major Herstel van ingedrewe skedelfraktuur: Sonder skeuring van hersings: Groot	200	4 788.00	100	3 830.40	8	894.88	+T
2860	Repair of depressed fracture of skull: Without brain laceration: Small Herstel van ingedrewe skedelfraktuur: Sonder skeuring van hersings: Klein	170	4 009.80	130	3 255.84	8	804.88	+T
2861	Repair of depressed fracture of skull: With brain lacerations: Small Herstel van ingedrewe skedelfraktuur: Met skeuring van hersings: Klein	200	4 788.00	100	3 830.40	8	894.88	+T
2862	Repair of depressed fracture of skull: With brain lacerations: Major Herstel van ingedrewe skedelfraktuur: Met skeuring van hersings: Groo	375	8 977.50	300	7 182.00	8	894.88	+T
2863	Cranioplasty ● Kranioplastie	280	6 703.20	224	5 362.56	8	894.88	+T
2875	Theco-peritoneal C.S.F. shunt ● Teko-peritoneale S.S.V. kortsluiting	280	6 703.20	224	5 362.56	8	894.88	+T
14.6	Aneurysm repair ● Aneurisme herstel							
2876	Repair of aneurysm or arterio-venous anomalies (intracranial) Herstel van aneurisme of arterio-venouse anomalies (intrakraniaal)	700	16 758.00	560	13 406.40	15	1877.90	+T
14.7	Posterior fossa surgery ● Posterior fossa chirurgie							
2879	Glossopharyngeal nerve ● Glosso-faringeale senuwee	480	11 491.20	384	9 192.96	8	871.16	+T
2881	Eighth nerve: Intracranial ● Agtste kopsenuwee: Intrakraniaal	480	11 491.20	384	9 192.96	8	894.88	+T
2887	Eighth nerve: Vestibular nerve ● Agtste kopsenuwee: Vestibulêre senuwee	480	11 491.20	384	9 192.96	8	1008.74	+T
14.7.1	Supratentorial procedures ● Supratentoriale prosedures							
2889	Cranectomy for extra-dural haematoma or empyema Kraniëktomie weens ekstradurale hematoom of empiëem	375	8 977.50	300	7 182.00	11	1230.46	+T
14.8	Craniotomy for ● Kraniotomie vir							
2900	Extra-dural orbital decompression ● Ekstradurale orbitale dekompresie	700	16 758.00	560	13 406.40	11	1230.46	+T
2903	Abscess, glioma ● Abses, glioom	450	10 773.00	360	8 618.40	11	1230.46	+T
2904	Haematoma, foreign body: Cerebral or cerebellar Hematoom, vreemde voorwerp: Serebraal of serebellêr	450	10 773.00	360	8 618.40	11	1230.46	+T
2905	Focal epilepsy: Excision of cortical scar ● Fokale epilepsie: Uitsnyding van kortikele litteken	450	10 773.00	360	8 618.40	11	1230.46	+T
2906	With anterior fossa meningocoele and repair of bony skull defect Met herstel anterior fossa meningocoele en sluiting van bony skedeldefek	375	8 977.50	300	7 182.00	11	1230.46	+T
2909	CSF-leak ● SSV-lekkaal	450	10 773.00	360	8 618.40	11	1230.46	+T
14.8.1	Stereo-tactic cerebral and spinal cord procedures ● Stereo- taktiese serebrale en rugmurg prosedures							
2916	(code moved to consultation section/kode geskuif na konsultasie afdeling)							
14.9	Spinal operations ● Spinale operasies							
2923	Chordotomy: Unilateral ● Chordotomie: Unilateraal	178	4 261.32	142.4	3 408.06	3	336.68	+T+M
2925	Chordotomy: Open ● Chordotomie: Oop	350	8 378.00	280	6 703.20	3	336.68	+T+M
2927	Rhizotomy: Extradural, but intraspinal ● Risotomie: Extraduraal, maar intraspinaal	320	7 680.80	256	6 128.64	3	336.68	+T+M
2928	Rhizotomy: Intradural ● Risotomie: Intraduraal	350	8 378.00	280	6 703.20	3	336.68	+T+M
2940	Lumbar osteophyte removal ● Lumbale osteofiet verwydering	187	4 476.78	149.6	3 581.42	3	336.68	+T+M
2941	Cervical or thoracic osteophyte removal ● Servikale of torakale osteofiet verwydering	285	6 822.90	228	5 468.32	3	336.68	+T+M
14.10	Arterial ligations ● Arteriële afbinding							
2951	Carotid: Trauma ● Karotis: Trauma	120	2 872.80	120	2 872.80	8	894.88	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Psychiatrist Psiglater		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
14.11	Medical Psychotherapy • Mediese Psigoterapie							
2957	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per short session (20 minutes) Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode per kort sessie (20 minute)	20	478.50	18	383.04			
2974	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per intermediate session (40 minutes) Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) per intermediaire sessie (40 minute)	40	957.00	32	766.08			
2975	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per extended session (60 minutes or longer) • Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) - per verlengde sessie (60 minute of langer)	60	1 436.40	48	1 149.12			
2958	DELETED 2009: Psychoanalytic therapy - per 60-minute session GESKRAP 2009: Psigoanalitiese terapie - per 60-minute sessie							
14.12	Physical treatment methods • Fisiese behandelingsmetodes							
2970	Electro-convulsive treatment (ECT) - each time (see rule V) Elektrokonvulsiewe behandeling (EKB) - per keer (raadpleeg reël Va)	17	406.98	17	406.98	3	335.58	*T
2971	Intravenous anti-depressive medication through Infusion - per push in (maximum 1 push in per 24 hours) Binnevense anti-depressiewe medikasie deur infuus - per instoot (maksimum 1 instoot per 24 uur)	6	143.64					
14.13	Psychiatric examination methods • Psigiatrisse ondersoekmetodes							
2972	Narco-analysis (maximum of 3 sessions per treatment) - per sessie Narkoanalise (maksimum van 3 sessies per behandeling) - per sessie	24	574.56					
2973	Psychometry by Psychiatrist (specify examination) - per session (maximum of 3 sessions per examination) Psigometrië deur Psiglater (spesifiseer ondersoek) - per sessie (maksimum van 3 sessies per ondersoek)	24	574.56					

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

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3033	Interpretation of item 3031 referred by other clinician Interpretasie van item 3031 verwys deur ander geneesheer	15	359.10	15	359.10			
3034	Determination of lens Implant power per eye Bepaling van lensimplantstuk sterkte per oog	15	359.10	15	359.10			
3036	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged Wanneer 'n klein prosedure wat gewoonlik in die spreekkamer uitgevoer word 'n algemene narkose of die gebruik van 'n teater vereis, kan bykomende gelde gehof word	22	626.68	22	526.66			As per procedure/Soos per prosedure
3036	Corneal topography: For pathological corneas only on special motivation For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes) Kornea topografie: alleenlik vir patologiese korneas met spesiale motivering. Vir refraktêre chirurgie: mag een maal pre-operatief en een maal post-operatief gehe word per sitting (vir een of beide oë)	38	861.84	38	861.84			
16.2	Retina Retina							
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy Chirurgiese behandeling van retinaosletting insluitende vervanging van vitreous uitsluitende vitrektomie	306.9	7 347.19	245.52	5 877.75	6		671.16 +T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye Profylakse en behandeling van retina en choroid met kriot terapie en/of diatermie en/of fotokoagulasie en/of laser per oog	105	2 513.70	105	2 513.70	6		671.16 +T
3041	Pan retinal photocoagulation (per eye), done in one sitting Panretinale fotokoagulasie (per oog), in een sitting (Subsequent sittings: Modifier 0005) (Daaropvolgende sittings: Wysiger 0005)	150	3 691.00	120	2 672.80	6		671.16 +T
3044	Removal of encircling band and/or buckling material Verwydering van omsirkelende bande en/of indruk-materiaal	105	2 513.70	105	2 513.70	6		671.16 +T
16.3	Cataract Katarak							
3045	Intra-capsular extraction Intra-kapsulêre ekstraksie	210	5 027.40	188	4 021.92	7		783.02 +T
3047	Extra-capsular (including capsulotomy) Ekstra-kapsulêr (kapsulotomie ingesluit)	210	5 027.40	188	4 021.92	7		783.02 +T
3048	Insertion of lenticulus in addition to 3046 or 3047 (cost of lens excluded Modifier 0005 not applicable) Inplasing van lentikulus addisioneel tot 3046 of 3047 (koste van lens uitgesluit) (Wysiger 0005 nie van toepassing nie)	57	1 384.58	57	1 364.58	7		783.02 +T
3050	Repositioning of intra ocular lens Herposisionering van Intra okulêre lens	171.10	4 096.13	136.88	3 276.91	7		783.02 +T
3051	Needling or capsulotomy Benaalding of kapsulotomie	130	3 112.20	120	2 872.80	4		447.44 +T
3052	Laser capsulotomy Laser kapsulotomie	105	2 513.70	105	2 513.70	4		447.44 +T
3057	Removal of lenticulus Verwydering van lentikulus	210	5 027.40	188	4 021.92	7		783.02 +T
3058	Exchange of intra ocular lens Vervanging van Intra okulêre lens	236	5 649.84	188.8	4 519.87	7		783.02 +T
3059	Insertion of lenticulus when 3045 or 3047 was not executed (cost of lens excluded) Inplasing van lentikulus wanneer 3045 of 3047 nie uitgevoer is nie (koste van lens uitgesluit)	210	5 027.40	188	4 021.92	7		783.02 +T
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only) Gebruik van eie chirurgiese mikroskoop vir chirurgie of ondersoek (nie vir spleetlamp mikroskoop nie) (slegs vir gebruik deur oftalmoloë)	4	95.76					
16.4	Glaucoma Glaukoom							
3061	Drainage operation Dreineringsoperasie	247.6	5 927.64	198.08	4 742.04	6		671.16 +T
3063	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061) Implanting van voorkamerdeksel/seton in glaukoom (Addisioneel tot item 3061)	60	1 436.40	60	1 436.40	6		671.16 +T
3063	Cyclotherapy or cyclo diathermy Sikloterapie of siklodiatemie	105	2 513.70	105	2 513.70	6		671.16 +T
3064	Laser trabeculoplasty Laser trabekuloplastie	105	2 513.70	105	2 513.70	6		671.16 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3065	Removal of blood anterior chamber Verwydering van bloed van voorste kamer	105	2 513.70	105	2 513.70	4		447.44 +T
3067	Goniotomy Goniotomie	210	5 027.40	168	4 021.92	7		783.02 +T
16.5	Intra-ocular foreign body Vreemde voorwerp in oog							
3071	Intra-ocular foreign body: Anterior to iris Anterior tot die iris	127	3 040.38	120	2 872.80	4		447.44 +T
3073	Intra-ocular foreign body: Posterior to iris (including prophylactic thermal treatment to retina) Vreemde voorwerp in oog: Posterior tot die iris (profiaktiese hittebehandeling van retina ingesluit)	210	5 027.40	168	4 021.92	6		671.16 +T
16.6	Strabismus Strabismus							
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles Strabismus (hetey operasie uitgevoer op een of albei oë): Operasie op een of twee spiere	175.6	4 203.86	140.48	3 363.09	5		599.30 +T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles Strabismus (hetey operasie uitgevoer op een of albei oë): Operasie op drie of vier spiere	200	4 786.00	160	3 836.40	5		559.30 +T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles Strabismus (hetey operasie uitgevoer op een of albei oë): Daaropvolgende operasie een of twee spiere	120	2 872.80	120	2 872.80	5		599.30 +T
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles Strabismus (hetey operasie uitgevoer op een of albei oë): Daaropvolgende operasie op drie of vier spiere	150	3 591.00	120	2 872.80	5		599.30 +T
16.7	Globe Oogbol							
3080	Examination of eyes under general anaesthetic where no surgery is done Onderzoek van oë onder algemene narkose waar 'n operasie nie gedoen word nie	80	1 915.20	80	1 915.20	4		447.44 +T
3081	Treatment of minor perforating injury Behandeling van minor perforasie besering.	161.6	3 868.70	128.28	3 094.96	6		671.16 +T
3083	Treatment of major perforating injury Behandeling van major perforasie besering.	207.5	6 403.95	214	5 123.16	6		671.16 +T
3085	Enucleation or Evisceration Enukleasie of Eviserasie	105	2 513.70	105	2 513.70	5		599.30 +T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis Enukleasie of Eviserasie met beweglike implantatuk: Koste van implantatuk en protese uitgesluit	160	3 830.40	128	3 064.32	5		568.30 +T
3088	Hydroxyapatite insertion (Additional to item 3087) Hidroksiapetite implasie (Addisionele tot item 3087)	40	957.60	40	957.60	5		599.30 +T
3089	Subconjunctival injection if not done at time of operation Subkonjunktywale inspuiting indien nie tydens operasie gedoen nie	10	239.40	10	239.40	5		599.30 +T
3091	Retrolubar injection (if not done at time of operation) Retrobulbêre inspuiting (indien nie gedoen tydens operasie)	16	383.04	16	383.04	4		447.44 +T
3092	External laser treatment for superficial lesion Eksteme laser behandeling vir oppervlakkige letsels	53	1 268.82	53	1 268.82			
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy Byvoeging van lug of gas in vitreous as 'n na-operatiewe prosedure of pneumoretinopeksie	130	3 112.20	120	2 872.80	7		783.02 +T
3097	Anterior vitrectomy Anterior vitrektomie	280	8 703.20	224	5 362.56	6		671.16 +T
3098	Removal of silicon from globe Verwydering van silikon uit oogbol	280	8 703.20	224	5 362.56	6		671.16 +T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement Posterior vitrektomie insluitende anterior vitrektomie omsirkeling van oogbol en vervanging van vitreus	419	10 030.85	335.2	8 024.69	6		671.16 +T
3100	Lensectomy done at time of posterior vitrectomy Lensektomie gedoen saam met posterior vitrektomie	30	718.20	30	718.20	7		783.02 +T

		Specialist Specialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
16.8	Orbit • Oogkas							
3101	Drainage of orbital abscesses Dreinerig van orbitale abees	105	2 513.70	105	2 513.70	5	559.30	+T
3104	Removal orbital prosthesis Verwydering orbitale prostese	212.7	6 082.04	170.16	4 073.63	5	559.30	+T
3105	Exenteration Eksenterasie	275	6 583.50	220	5 268.80	5	559.30	+T
3107	Orbitotomy requiring bone flap Orbitotomie met beenflap vereis	303	9 408.42	314.40	7 526.74	5	559.30	+T
3108	Eye socket reconstruction Oogkasrekonstruksie	200	4 931.64	164.8	3 945.31	5	559.30	+T
3100	Hydroxyapatite Implantation in eye cavity when enucleation or enucleation was done previously Hidroksiapetita Inplanting wanneer wissersaak of enukleasie reeds voorheen gedoen is	300	7 182.00	240	5 745.60	5	559.30	+T
3110	Second stage hydroxyapatite implantation Tweede stadium hidroksiapetita inplanting	110	2 633.40	110	2 633.40	5	559.30	+T
16.9	Cornea • Kornea							
3111	Contact lenses: Assessment involving preliminary fittings and tolerance • Kontaklensbepaling: Aanvanklike passings en toleransie	*		*				
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fittings of the contact lenses and further post-fitting visits for one year • Passing van kontaklense en instruksie aan die pasient: Oog-onderzoek, eerste aanpas van kontaklense en opvolgbesoeke vir een jaar ingeslot	200	4 788.00	160	3 830.40			
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included • Passing van slegs een kontaklense en instruksie aan die pasient: Oog-onderzoek, eerste pas van kontaklense en opvolgbesoeke vir een jaar ingeslot	160	3 974.04	132.8	3 179.23			
3116	Astigmatic correction with T cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty • Astigmatiese korreksie met T snitte of wig reseksie in patologiese korneale astigmatisme na trauma. Intraokulêre chirurgie of korneale oorplanting.	135.2	3 236.69	120	2 872.80	0	671.16	+T
3117	Removal of foreign body: On the basis of fee per consultation • Verwydering van vreemde voorwerp op die basis van gelde per konsultasie					4	447.44	+T
3118	Curettage of cornea after removal of foreign body (aftercare excluded) • Kuretasie van kornea na verwydering van vreemde voorwerp (nasorg uitgesluit)	10	239.40	10	239.40			
3119	Tattooing • Tattoeëring	26	622.44	26	622.44	4	447.44	+T
3121	Corneal graft (Lamellar or full thickness) • Korneale oorplanting (Lamellêr volle dikte)	280	6 918.66	231.2	5 534.93	0	671.16	+T
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery • Inplaa van Intra-korneale of Intra-sklêre prostese vir refraktiewe chirurgie	254	6 050.76	203.2	4 884.61	0	671.16	+T
3126	Keratotomy • Keratektomie	127	3 040.38	120	2 872.80	0	671.16	+T
3127	Cauterization of Cornea (by chemical, thermal or cryotherapy methods) • Kouterisasie van Kornea (deur chemiese, termale of krioterapie metodes)	10	239.40	10	239.40	4	447.44	+T
3130	Pterygium or conjunctival cyst. No conjunctival flap or graft used • Pterigium of konjunktivale kiste. Geen konjunktivale flap of oorplanting	96.9	2 319.79	96.9	2 319.79	4	447.44	+T
3131	Paracentesis • Parasentese	53	1 268.82	53	1 268.82	4	447.44	+T
3136	Conjunctival flap or graft. Not for use with pterygium surgery • Konjunktivale flap of oorplanting. Nie vir gebruik tydens pterigium chirurgie nie.	95.7	2 291.06	95.7	2 291.06	0	671.16	+T
16.10	Ducts • Buise							
3133	Probing and/or syringing, per ducte • Sondering en/of deusposiing per buis	10	239.40	10	239.40	4	447.44	+T
3135	Insert polythene tube/stent: Unilateral: Additional Inplasing van politeenbuis of stent: Unilateraal: Addisioneel	51.8	1 240.09	51.8	1 240.09	4	447.44	+T
3137	Excision of lacrimal sac: Unilateral • Uitsnyding van traansak: Unilateraal	132	3 160.08	120	2 872.80	4	447.44	+T
3139	Dacryocystorhinostomy (single) with or without polythene tube • Dakriosistorhinostomie (enkel) met of sonder politeenbuis	210	5 027.40	188	4 021.92	5	559.30	+T
3141	Sealing Punctum surgical/cautery per eye • Toemaak van punktum chirurgies of met kouterisasie. Per oog.	24.9	596.11	24.9	596.11	4	447.44	+T
3142	Sealing Punctum with plugs. Per eye • Toemaak van punktum met proppe. Per oog	20	478.80	20	478.80	4	447.44	+T
3143	Three-rip operation • Driensnit-operasie	10	239.40	10	239.40	4	447.44	+T
3145	Repair of canaliculus: Primary procedure • Herstel van kanalikulus: Primêre prosedure	132	3 160.08	120	2 872.80	4	447.44	+T
3147	Repair of canaliculus: Secondary procedure • Herstel van kanalikulus: Sekondêre prosedure	175	4 189.50	140	3 351.60	4	447.44	+T
16.11	Iris • Iris							
3148	Iridectomy or iridotomy by open operation as isolated procedure • Iridektomie of iridotomie met oop operasie as geïsoleerde prosedure	132	3 160.08	120	2 872.80	4	447.44	+T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure) • Iridektomie of iridotomie met las of fotokoagulasie as geïsoleerde prosedure (maksimum een prosedure)	105	2 513.70	105	2 513.70	4	447.44	+T

	Specialist Spesialis		General practitioner Algemens Praktisyn		Anaesthetic Narkose			
	U/E	R	U/E	R	U/E	R	T/M	
3157	Division of anterior synechiae as isolated procedure	Verdeling van anterior sinigleë as geïsoleerde prosedure	132	3 180.08	120	2 872.80	4	447.44 +T
3158	Repair iris as in dialysis. Anterior chamber reconstruction	Herstel van iris soos in dialise. Anterior segment rekonstruksie	142.4	3 408.06	120	2 872.80	4	447.44 +T
16.12	Lids	Ooglede						
3161	Tarsorrhaphy	Tarsorraffie	47	1 125.18	47	1 125.18	4	447.44 +T
3165	Repair of skin laceration of the lid. Simple	Herstel van veilaserasie van die ooglid. Eenvoudig.	27.3	653.56	27.3	653.56	4	447.44 +T
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	Ooglidoperasie vir faciale sensoriewerlamming, tarsorraffie ingesluit maar koste van materiaal uitgesluit	187	4 476.78	149.6	3 581.42	4	447.44 +T
16.12.1	Entropion or ectropion by	Entropion of ektropion d.m.v.						
3177	Entropion or ectropion by cautery	Entropion of ektropion d.m.v. kouterisasie	10	239.40	10	239.40	4	447.44 +T
3179	Entropion or ectropion by suture	Entropion of ektropion d.m.v. hegting	49.4	1 182.84	49.4	1 182.84	4	447.44 +T
3181	Entropion or ectropion by open operation	Entropion of ektropion d.m.v. oop operasie	111.5	2 669.31	111.5	2 669.31	4	447.44 +T
3183	Entropion or ectropion by free skin, mucosal grafting or flap	Entropion of ektropion d.m.v. vry vel, slymvlies oorpanting of flap	122.0	2 935.04	120	2 872.80	4	447.44 +T
16.12.2	Reconstruction of eyelid	Rekonstruksie van ooglid						
3185	Staged procedure for partial or total loss of eyelid: First stage	Prosedure vir gedeeltelike of volledige verlies van ooglid: Eerste stadium	250	6 200.48	207.2	4 960.37	4	447.44 +T
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	Prosedure vir gedeeltelike of volledige verlies van ooglid: Daaropvolgende stadium	206	4 931.64	104.8	3 945.31	4	447.44 +T
3189	Full thickness eyelid laceration for injury: Direct repair	Volle dikte ooglid laserasie as gevolg van basering: Direkte herstel	130.5	3 287.61	120	2 872.80	4	447.44 +T
3172	Blepharoplasty lower eyelid plus fat pad	Blefaroplastie onderste ooglid met vet kussinkie	125.00	3 011.65	120	2 872.80	4	447.44 +T
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	Blefaroplastie: Boonste ooglid om funksie te verbeter (unilateraal)	150.2	3 595.78	120.18	2 876.63	4	447.44 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
16.12.3	Ptosis ● Ptose							
3193	Repair by superior rectus, levator or frontalis muscle operation ● Herstel deur middel van superior rektus, ligespier of frontalespier operasie	190	4 548.60	152	3 638.88	4		447.44 +T
3195	Ptosis: By laser procedure, e.g. sling operation: Unilateral Ptose d.m.v. enige kleiner operasie, bv. draagbandoperasie: Unilateraal	137.0	3 284.14	120	2 872.80	4		447.44 +T
3197	Ptosis: By laser procedure, e.g. sling operation: Bilateral Ptose d.m.v. enige kleiner operasie, bv. draagbandoperasie: Bilateraal	166	3 974.04	132.0	3 179.23	4		447.44 +T
16.13	Conjunctiva ● Konjunktiva							
3199	Repair of conjunctiva by grafting ● Herstel van konjunktiva deur oorplanting	132	3 160.88	120	2 872.80	4		447.44 +T
3200	Repair of lacerated conjunctiva ● Herstel van laserasie van konjunktiva	47	1 125.18	47	1 125.18	4		447.44 +T
16.14	General ● Algemeen							
3196	Diamond knife: Use of own diamond knife during intraocular surgery ● Diamantmes: Gebruik van eie diamantmes gedurende Intraokulêre chirurgie	12	287.28					
3198	Excimer laser: Hire fee ● Eksimer laser: Verhuringgelde	284.13	6 802.07					
3201	Laser apparatus (ophthalmic): hire fee for one or both eyes treated in one sitting (not to be used with IOL master) ● Laser apparaat (optalmies): verhuringgelde vir een of beide oë in een sitting behandel (Nie vir gebruik met IOL Master)	109	2 609.46					
3202	PHAKO emulsification apparatus (hire fee) ● FAKO emulsifiseringsapparaat (verhuringgelde)	100	2 609.46					
3203	Vitrectomy apparatus (hire fee) ● Vitrekтомie apparaat (verhuringgelde)	120	2 872.80					
17.	EAR ● OOR							
17.1	External Ear (Pinna) ● Eksterne Oor (Oorekulp)							
3271	Partial or total reconstruction for traumatic absence or following tumour excision of external ear (fee according to arrangement) ● Gedeeltelike of algehele rekonstruksie van uitwendige oor vir traumatiese afwesigheid (foel volgens ooreenkoms)							
17.2	External ear canal ● Uitwendige gehoorgang							
3204	Removal of foreign body at rooms with the use of a microscope (excludes loupe) - not to be used combined with item 3206 ● Verwydering van vreemde voorwerp in spreekkamer met die gebruik van 'n mikroskoop (vergrootglas uitgesluit) - moet nie saam met item 3206 gebruik word nie	21.58	516.63					
3205	External ear canal: Removal of foreign body: Under general anaesthetic ● Uitwendige gehoorkanaal: Verwydering van vreemde voorwerp: Onder algemene narkose	21	502.74	21	502.74	4		447.44 +T
3215	Meatus atresia: Repair of stenosis of cartilaginous portion ● Meatus-atresie: Herstel van stenose van kraakbeenige deel	104	3 926.16	131.2	3 140.93	4		447.44 +T
3219	Meatus atresia: Removal of osteoma from meatus: Solitary ● Meatus-atresie: Verwyder van enkele meatale osteoom	77	1 843.38	77	1 843.38	4		447.44 +T
3220	Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with item 3206 ● Debridement van mastoidektomie holte met die gebruik van 'n mikroskoop (vergrootglas uitgesluit) - moet nie saam met item 3206 gebruik word nie	23.14	553.97	23.14	553.97			
3221	Removal of osteoma from meatus: Multiple ● Verwydering van veelvuldige meatale osteome	215	5 147.10	172	4 117.68	4		447.44 +T
17.3	Middle ear ● Middeloor							
3209	Bilateral myringotomy ● Bilaterale miringotomie	46	1 101.24	46	1 101.24	4		447.44 +T
3211	Unilateral myringotomy with insertion ventilation tube ● Unilaterale miringotomie met inplaa van ventilasie buis	38	909.72	38	909.72	4		447.44 +T
3212	Bilateral myringotomy with insertion ventilation tube ● Bilaterale miringotomie met inplaa van ventilasiebuis	57	1 364.58	57	1 364.58	4		447.44 +T

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3214	Reconstruction of middle ear ossicles (ossiculoplasty) Rekonstruksie van middeoor ossikels (ossikulêre rekonstruksie)	255	6 104.70	204	4 883.76	5	559.30 +T
3237	Exploratory tympanotomy Eksploratiewe timpanotomie	158.0	3 804.07	127.12	3 043.25	5	559.30 +T
3243	Myringoplasty Miringoplastie	138	3 303.72	120	2 872.80	5	559.30 +T
3245	Functional reconstruction of tympanic membrane Funksionele rekonstruksie van timpaniese membraan	277	6 831.38	221.0	5 305.10	5	559.30 +T
3264	Tympanomastoidectomy Timpanomastoidektomie	375	8 977.50	300	7 182.00	5	559.30 +T
3265	Reconstruction of posterior canal wall, following radical mastoidectomy Rekonstruksie van posterior wand van die kanaal, na radikale mastoidektomie	320	7 860.89	258	6 128.64	5	559.30 +T
17.4	Facial nerve Fasielieseenuwee						
17.4.1	Facial nerve tests Fasielieseenuweetoets						
3223	Percutaneous stimulation of the facial nerve Perkutane stimulasie van die fasielieseenuwee	9	215.46	9	215.46	4	447.44 +T
3224	Electroneurography (ENOG) Elektroneurografie (ENOG)	75	1 795.50	75	1 795.50	4	447.44 +T
17.4.2	Facial nerve surgery Fasielieseenuwee chirurgie						
3227	Exploration of facial nerve: Exploration of tympano mastoid segment Blootlegging van nervus facialis: Blootlegging van die timpanomastoid segment	287	7 110.18	237.0	5 686.14	5	559.30 +T
3228	Exploration of facial nerve: Grafting of the tympano mastoid segment (including item 3227) Blootlegging van nervus facialis: Oorplanting van die timpanomastoid segment (insluitende item 3227)	436	10 437.84	348.8	8 350.27	5	559.30 +T
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve Blootlegging van nervus facialis: Ekstratemporale oorplanting van die fasielieseenuwee	436	10 437.84	348.8	8 350.27	5	559.30 +T
3232	Exploration of facial nerve: Facio-auricular or facio-hypoglossal anastomosis Blootlegging van nervus facialis: Fasio-aksessoriese of fasio-hypoglossale anastomose	124	2 968.55	120	2 872.80	6	671.16 +T
17.5	Inner ear Binne-oor						
17.5.1	Audiometry Oudiometrie						
3273	Pure tone audiometry (air conduction) Suiver toon oudiometrie (luggeleiding)	6.5	155.61	6.5	155.61		
3274	Pure tone audiometry (bone conduction with masking) Suiver toon oudiometrie (beengeleiding met maskering)	6.5	155.61	6.5	155.61		
3275	Impedance audiometry (tympanometry) Impedansie oudiometrie (tympanometrie)	6.5	166.61	6.5	166.61		
3277	Speech audiometry: Free Includes speech audiogram, speech reception threshold, discrimination scores Spraak oudiometrie: Gelde sluit in spraak audiogram, spraak ontvangsdrampel, diskrimineringsstelling	10	239.40	10	239.40		
17.5.2	Balance tests Balanstoeets						
3260	Computerized static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems Gerekenniseerde statiese bewegingsondersoek met 'n pasiënt in 'n staande posisie op 'n Piezo-elektriese platform wat die vestibulêre en proprioseptiewe stelsels toets	71.48	1 711.23	71.48	1 711.23		
3251	Minimal caloric test (excluding consultation fee) Minimale kalorietoets (konsultasie uitgesluit)	10	239.40	10	239.40		
3253	Electro-nystagmography for spontaneous and positional nystagmus Elektro-nistagmografiese ondersoek vir spontane en posisie nistagmus	25	698.50	25	598.50		
3255	Caloric test done with electro-nystagmography Kaloriese toets met elektro-nistagmografie	70	1 675.80	70	1 675.80		
3256	Video nystagmoscopy (binocular) Videonistagmoskopie (binokulêr)	50	1 197.00	50	1 197.00		
3258	Otolith repositioning manoeuvre Otoliet herposisionering manewer	14	335.16	14	335.16	4	447.44 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
17.6	Microsurgery of the skull base • Mikrochirurgie van die skeelbasse							
17.6.1	Middle fossa approach (i.e. transtemporal or supralabyrinthine) • Middelfosstoegang (d.i. transtemporale of supralabirintiese)							
3229	Facial nerve: Exploration of the labyrinthine segment • Fasielieseenuwee: Eksporasie van die labirintiese segment	420	10 054.80	336	8 043.84	5	550.30	+T
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included) • Fasielieseenuwee: Oorplanting van die labirintiese segment (verwydering van oorplantingeweefsel en eksporasie van die labirintiese segment ingesluit)	510	12 209.40	408	9 767.52	11	1230.46	+T
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included) • Fasielieseenuwee-chirurgie binne die inwendige gehoorgang (indien oorplanting benodig word, is die oorplanting en weefselverwydering ingesluit)	620	14 642.80	408	11 674.24	11	1230.46	+T
17.6.2	Translabrynthine approach • Translabirintiese toegang							
5226	Facial nerve surgery in the internal auditory canal, translabrynthine (if grafting is required, the grafting and harvesting are included) • Chirurgie van die fasielieseenuwee in die inwendige gehoorgang, translabirintiese toegang (indien oorplanting benodig word is die weefselverwydering en oorplanting ingesluit)	660	15 606.40	528	12 640.32	11	1230.46	+T
17.6.7	Subtotal petrossectomy • Subtotale petrossektomie							
5247	Subtotal petrossectomy for CSF leak and/or for total obliteration of the meatal cavity • Subtotale petrossektomie vir SSV-lek en/of obliterasie van die mastoïdholte	480	11 491.20	384	9 162.88	11	1230.46	+T
		Confined to specialist in Physical Medicine Bepoort tot spesialiste in Fisiese Geneeskunde		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
18.	PHYSICAL TREATMENT • FISIÛSE BEHANDELING							
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient) • Domiciliêre of Verpleeginstellings behandeling (alleenlik van toepassing waar dit vir die pasiënt fisies onmoontlik is om na die spreekkamer te kom, en die apparaat na die pasiënt vervoer moet word)	0.75	17.86					
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment) • Konsultasie-eenhede vir spesialiste in fisiese geneeskunde wanneer behandelings gegee word (per behandeling)	13.5	323.18					
3281	Ultrasonic therapy • Ultraoneiese terapie	10	239.40					
3282	Shortwave diathermy • Kortgolfdialemie	10	239.40					
3284	Sensory nerve conduction studies • Bestudering van geleiding deur sensoriese senuwees	31	742.14					
3285	Motor nerve conduction studies • Motoriese senuwee studies	26	622.44					
3287	Spinal joint and ligament injections • Spinale gewrigs- en ligament inspuiting	20	478.80	20	478.80			
3288	Epidural injections • Epidurale inspuiting	36	861.84					
3289	Multiple injections - First joint • Veelvuldige inspuitings - eerste gewrig	7.5	179.55					
3290	Each additional joint • Elke daaropvolgende gewrig	4.5	107.73					
3291	Tendon or ligament injections • Pees of ligament inspuiting	9	215.46					
3292	Aspiration of joint or interarticular injections • Aspirasie van gewrig of intra artikulêre inspuiting	9	215.46					
3293	Aspiration or injection of bursa or ganglion • Aspirasie of inspuiting in die bursa of ganglion	9	215.46					
3294	Paracervical (neck) nerve block • Paraservikale (nek) senuweeblok	20	478.80	20	478.80			
3295	Paravertebral root block - unilateral • Paravertebrale wortelblok - unilateraal	20	478.80					
3296	Paravertebral root block - bilateral • Paravertebrale wortelblok - bilateraal	30	718.20					
3297	Manipulation of spine performed by a specialist in Physical Medicine • Manipulasie van die spinale kolom deur spesialiste in Fisiese Medisyne	14	335.16					
3298	Spinal traction • Traksie van die spinale kolom	6	143.84					
3299	Manipulation large joint under general anaesthetic (not subject to rule G (Modifier 0005 not applicable) • Manipulasie van groot gewrig onder algemene narkose (nie onderwerp aan reël G nie) (Wysiger 0005 nie van toepassing)	14	335.16	14	335.16	4	447.44	Hip+T 335.58 Knee / Shoulder + T
3300	Manipulation of large joints without anaesthetic • Manipulasie van die groot gewigte sonder narkose							
3301	Muscle fatigue studies • Spier uitputting studies	20	478.80					

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
3302 Strength duration curve per session Kragduur-kromme per sessie	10.6	264.37					
3303 Electromyography Elektromiografie	75	1 795.50					
3304 All other physical treatments carried out: Complete physical treatment: Specify treatment (for subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only is applicable: See rules L and M) Alle ander fisiese behandeling uitgevoer; Bedrag vir behandeling in sy geheel: Spesifisee behandeling (Vir opvolgbehandelings deur 'n algemene praktisyn vir dieselfde toestand binne 4 maande na inisiele behandeling: Slege geld vir die behandeling is van toepassing: Sien reëls L en M)	10	239.40	10	239.40			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
19. RADIOLOGY ● RADIOLOGIE	The amounts in this section are calculated according to the radiology unit values (unless otherwise specified) ● Die bedrae in hierdie afdeling word volgens die Radiologie eenheidswaardes bereken (tensy anders gespesifiseer)						
19.1 Skeleton ● Skelet							
19.1.1 Limbs ● Ledemate							
3305	Finger, toe ● Vinger, toon			6.3	157.75		
6500	Hand ● Hand			7.7	192.81		
6501	Wrist (specify region) ● Polsgewrig (spesifiseer streek)			7.7	192.81		
6503	Scaphoid ● Skafoïed			7.7	192.81		
6504	Radius and Ulna ● Radius en ulna			7.7	192.81		
6505	Elbow ● Elmboog			7.7	192.81		
6506	Humerus ● Humerus			7.7	192.81		
6507	Shoulder ● Skouer			7.7	192.81		
6508	Acromio-Clavicular joint ● Akromio-klavikulêre gewrig			7.7	192.81		
6509	Clavicle ● Clavikel			7.7	192.81		
6510	Scapula ● Skapula			7.7	192.81		
6511	Foot ● Voet			7.7	192.81		
6512	Ankle ● Enkel			7.7	192.81		
6513	Calcaneus ● Kalkaneus			7.7	192.81		
6514	Tibia and fibula ● Tibia en fibula			7.7	192.81		
6515	Knee ● Knie			7.7	192.81		
6516	Patella ● Patella			7.7	192.81		
6517	Femur ● Femur			7.7	192.81		
6518	Hip ● Heup			7.7	192.81		
6519	Sesamoid Bone ● Sesamoïedbeen			7.7	192.81		
3309	Smith-Petersen or equivalent controls, in theatre ● Smith Petersen of ekwivalente kontrole, in teater			38.7	969.05		
3311	Stress studies, e.g. joint ● Spanningsopnames, bv. gewrig			7.7	192.81		
3313	Full length study, both legs ● Vollengte opnames, beide bene			15.6	388.12		
3317	Skeletal survey ● Skeletopname			28	701.12		
3319	Arthrography per joint ● Artografie per gewrig			15.4	385.62		
3320	Introduction of contrast medium or air: Add ● Insit van kontrasmedium + of lug: Voeg by			13.8	345.55		
19.1.2 Spinal column ● Werwelkolom							
3321	Per region, cervical, sacral, coccygeal, one region thoracic ● Per streek, bv. nek, sakrum, koksiks, een streek torakaal			11	275.44		
3325	Stress studies ● Spanningsopname			11	275.44		
3331	Pelvis (Sacro-iliac or hip joints to be added where an extra set of views is required) ● Bekken (ilio-sakrale gewrigte of heupe word slegs bygetel wanneer 'n aparte stel opnames van die addisionele gebied vereis word)			11	275.44		
3333	Myelography: Lumbar ● Miëlografie: Lumbaal			28.9	723.66	4	447.44 +T
3334	Myelography: Thoracic ● Miëlografie: Torakaal			22.2	555.89	4	447.44 +T
3335	Myelography: Cervical ● Miëlografie: Servikaal			35.5	888.92	4	447.44 +T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium) ● Veelvuldig (lumbaal, torakaal en servikaal): Dieselfde gelde as vir eerste segment (geen bykomende insit van kontrasmedium					4	447.44 +T
3344	Introduction of contrast medium ● Insit van kontrasmedium +			18.7	468.25		
3345	Discography ● Diskografie			34.6	866.38	4	447.44 +T
3347	Introduction of contrast medium per disc level: Add ● Insit van kontrasmedium per diskus vlak: Voeg by +			28.2	706.13		
19.1.3 Skull ● Skedel							
3349	Skull studies ● Skedelstudies			15.7	393.13		
3351	Paranasal sinuses ● Paranasale sinusse			11	275.44		
3353	Facial bones and/or orbits ● Aangesigsbene en/of oogholtes			12.6	315.50		
3355	Mandible ● Mandibula			9.4	235.38		
3357	Nasal bone ● Nasale been			7.8	195.31		
3359	Mastoid: Bilateral ● Mastoïed: Bilateraal			18	450.72		
3361	Teeth: One quadrant ● Tande: Een kwadrant			3.7	92.65		

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		U/E	R	U/E	R	U/E	R	T/M
3363	Teeth: Two quadrants ● Tande: Twee kwadrante			6.3	157.75			
3365	Teeth: Full mouth ● Tande: Volle mond			11	275.44			
3366	Teeth: Rotation tomography of the teeth and jaws ● Tande: Rotasietomografie van die kaak en tande			13.3	333.03			
3367	Teeth:Temporo-mandibular joints: Per side ● Tande:Temporo-mandibulêre gewigte: Per kant			11	275.44			
3369	Teeth:Tomography: Per side ● Tande: Tomografie: Per kant			11	275.44			
3371	Localisation of foreign body in the eye ● Lokalisering van vreemde voorwerp in die oog			15.7	393.13			
3381	Ventriculography ● Ventrikulografie			27.3	663.59	4		447.44 +T
3385	Post-nasal studies: Lateral neck ● Post-nasale studies: Laterale nek			6.3	157.75			
3387	Maxillo-facial cephalometry ● Maksillofasiale kefalometrie			8.8	220.35			
3389	Dacrocystography ● Dakrosistografie			11	275.44	4		447.44 +T
3391	For Introduction of contrast medium add ● Vir insit van kontrasmedium voeg by	+		11	275.44			
19.2	Alimentary tract ● Spysverteringskanaal							
3393	Bowel washout: Add ● Dermspoeling: Voeg by	+		4.8	120.19			
3395	Sialography (plus 80% for each additional gland) ● Sialografie (plus 80% vir elke bykomende klier)			12.7	318.01	4		447.44 +T
3397	Introduction of contrast medium (plus 80% for each additional gland - add) ● Insit van kontrasmedium (plus 80% vir elke bykomende klier - voeg by)	+		11	275.44			
3399	Pharynx and oesophagus ● Farinks en oesofagus			12.7	318.01			
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through ● Oesofagus, maag en duodenum (Oorsigfoto van die buik ingesluit) en beperkte deurvolging			20	500.80			
3405	Double contrast: Add ● Dubbel kontras: Voeg by	+		7.3	182.79			
3406	Small bowel meal (control film of abdomen included except when part of item 3408) ● Dundermaal (Oorsigfoto van die buik ingesluit tensy deel van item 3408)			20	500.80			
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon) ● Barium maal en toegewyde gastroïntestinale kanaal deurvolging (insluitend kontrole film van die buik, oesofagus, maag, duodenum en kolon)			28.9	723.66			
3409	Barium enema (control film of abdomen included) ● Barium kliesma (oorsigfoto van die buik ingesluit)			18.3	458.23			
3411	Air contrast study (add) ● Lug-kontrasstudie (voeg by)	+		19.3	483.27			
3416	Pancreas: ERCP hospital equipment: Choleodogram and/ or pancreatography screening included ● Pankreas: ERCP hospitaal toerusting: Choleodogram en/of pancreatografie deurligting ingesluit			15.5	388.12	4		447.44 +T
	Note: For items 3415 and 3416: Endoscopy (See item 1778) ● Opmerking: Vir items 3415 en 3416: Endoskopies (sien item 1778)							
3417	Gastric/oesophageal/duodenal intubation control ● Gastriese/esofageale/duodenale intubasie-kontrole			5.9	147.74			
3419	Gastric/oesophageal intubation insertion of tube (add) ● Gastriese/esofageale intubasie insit van buis (voeg by)	+		5.6	140.22			
3421	Duodenal intubation: Insertion of tube (add) ● Duodenale intubasie: Insit van buis (voeg by)	+		11	275.44			
3423	Hypotonic duodenography (3403 and 3405 included) (add) ● Hipotoniese duodenografie (3403 en 3405 ingesluit) (voeg by)	+		29.3	733.67			
19.3	Biliary tract ● Galweë							
3427	Cholangiography: Intravenous ● Cholangiografie: Intraveneus			22	550.88			
3431	Operative Cholangiography: First series: Add item 3607 only when the Radiologist attends personally in the theatre ● Operatiewe Cholangiografie: Eerste reeks: Voeg item 3607 slegs by as die Radioloog self in die teater teenwoordig is			21	525.84			
3433	Post-operative: T-Tube ● Post-operatiewe: T-Buis			16.7	418.17			

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

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

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

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

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

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

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

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

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

Code Structure Framework

a. The tariff code consists of 5 digits

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

- 0 = General (non specific)
- 1 = Head
- 2 = Neck
- 3 = Thorax
- 4 = Abdomen and Pelvis (soft tissue)
- 5 = Spine, Pelvis and Hips
- 6 = Upper limbs
- 7 = Lower limbs
- 8 = Interventional
- 9 = Soft tissue regions (nuclear medicine)
- eg "Head" = 1xxxx

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

"Head / Skull and Brain" = 10xxx

iii. 3rd digit indicates modality

- 1 = General (Black and White) x-rays
- 2 = Ultrasound
- 3 = Computed Tomography
- 4 = Magnetic Resonance Imaging
- 5 = Angiography
- 6 = Interventional radiology
- 9 = Nuclear Medicine (Isotopes)

eg:

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

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

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

Guidelines for use of coding structure

- The vast majority of the codes describe complete procedures / examination and their use for the appropriate studies is self-explanatory.
- Some codes may have multiple applications and their use is described in notes associated with each code
- Codes 00510 to 00560 (Angiography machine codes) may only be used by owners of the equipment and who have registered such equipment with the Board of Healthcare Funders / RSSA.
- The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be added to 60540, 60550, 70530, 70535 (Antegrade Venography, upper and lower limbs)
- Where public sector hospital equipment is used for a procedure, the units will be reduced by 33.33%.

Consumables

- Prior to the implementation of Act 90, contrast will be billed according to the official 2004 RSSA reimbursement price list, without mark up.
- After the implementation of Act 90, contrast medium will be billed according to the suppliers' list price, without mark up.
- Angiography catheters, angioplasty balloons, stents, coils and other embolisation materials, guide wires and drains are

General Comments on Procedural Codes

- All x-ray tomography codes are stand alone studies and may be used as a unique study or in combination with the appropriate regional study if done simultaneously. May not be added to 20130, 42110, 42115.
- Setting of sterile tray is included in all appropriate procedure codes.
- Where introduction of contrast is necessary eg. sialography, arthrography, angiography, etc, the codes used for the procedures are comprehensive and include the introduction of contrast or isotopes.
- The use of Doppler or Colour Doppler as an adjunct to a study (eg small parts thyroid) is included in the code for that study.
- CT Angiography (10330, 20330, 32300, 32310, 44300, 44310, 44320, 44330, 60310, 70310, 70320) are stand alone studies and may not be added to the regional contrasted studies (see 10335, 20340, 20350, 44325 for combined studies).
- Angiography and interventional procedures include selective and super selective catheterization of vessels as are necessary to perform the procedures.
- Codes 00230 (Ultrasound guidance), 00320 (CT guidance) and 00430 (MR guidance) are stand alone procedures that include the regional study and may not be added to any of the ultrasound, CT or MR regional studies

General Codes

Modifiers

- | | |
|-------|------------------------------------------------------------------------------------------------------------|
| 00091 | Radiology and nuclear medicine services rendered to hospital inpatients |
| 00092 | Radiology and nuclear medicine services rendered to outpatients |
| 00093 | A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment it used |

Equipment / Diagnostic

- | | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 00090 | Consumables used in radiology procedures: cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above). |
| | Appropriate code to be provided. See separate codes for contrast and isotopes |
| 00110 | X-ray skeletal survey under five years |

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

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

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

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

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

	Other specialist / General Practitioner		Specialist / Spesialis	
	U/E	R	U/E	
Code 14110 (orthopantomogram) may be combined with 14100 (mandible) if two separate studies are performed. Code 14110 (orthopantomogram) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed. Code 14160 (tomography) may be combined with 14130 or 14140 or 14150 (teeth). Code 14160 (tomography) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed. Code 14330 and 14340 (Dental implants) may be combined if mandible and maxilla are examined at the same visit.				
14100	X-ray of the mandible	-	3.66	587.60
14110	X-ray orthopantomogram of the jaws and teeth	-	4.06	662.92
14120	X-ray maxillofacial cephalometry	-	2.77	452.29
14130	X-ray of the teeth single quadrant	-	2.00	326.56
14140	X-ray of the teeth more than one quadrant	-	2.53	413.10
14150	X-ray of the teeth full mouth	-	3.62	591.07
14160	X-ray tomography of the teeth per side	-	3.23	527.39
14300	CT of the mandible	-	22.28	3 637.88
14310	CT of the mandible, pre and post contrast	-	41.26	6 736.93
14320	CT mandible with 3D reconstructions	-	30.40	4 963.71
14330	CT for dental implants in the mandible	-	27.45	4 482.04
14340	CT for dental implants in the maxilla	-	27.45	4 482.04
14400	MR of the mandible/maxilla	-	63.80	10 417.26
14410	MR of the mandible/maxilla, pre and post contrast	-	98.64	16 105.94
TM Joints				
Code 15100 (TM joint) and 15120 (tomography) may be combined. Code 15110 (TM joint) and 15130 (tomography) may be combined. Code 15140 (arthrography) and 15120 (tomography) may be combined. Code 15150 (arthrography) and 15130 (tomography) may be combined. Codes 15320 (CT arthrogram) and 15420 (MR arthrogram) include introduction of contrast (00140 may not be added).				
15100	X-ray temporo-mandibular joint, left	-	3.56	581.28
15110	X-ray temporo-mandibular joint, right	-	3.56	581.28
15120	X-ray tomography temporo-mandibular joint, left	-	4.30	702.10
15130	X-ray tomography temporo-mandibular joint, right	-	4.30	702.10
15140	X-ray arthrography of the temporo-mandibular joint, left	-	15.41	2 516.14
15150	X-ray arthrography of the temporo-mandibular joint, right	-	15.41	2 516.14
15200	Ultrasound temporo-mandibular joints, one or both sides	-	6.56	1 071.12
15300	CT of the temporo-mandibular joints	-	25.38	4 144.05
15310	CT of the temporo-mandibular joints plus 3D reconstructions	-	34.50	5 633.16
15320	CT arthrogram of the temporo-mandibular joints	-	35.96	5 871.55
15400	MR of the temporo-mandibular joints	-	63.80	10 417.26
15410	MR of the temporo-mandibular joints, pre and post contrast	-	100.84	16 465.16
15420	MR arthrogram of the temporo-mandibular joints	-	74.71	12 198.65
Mastoids and internal auditory canal				
Code 16100 (mastoids) and 16120 (tomography) may be combined. Code 16110 (mastoids bilat) and 16130 (tomography) may be combined Code 16140 (IAM's) and 16150 (tomography) may be combined.				
16100	X-ray of the mastoids, unilateral	-	3.59	586.18
16110	X-ray of the mastoids, bilateral	-	7.18	1 172.35
16120	X-ray tomography of the petro-temporal bone, unilateral	-	4.30	702.10
16130	X-ray tomography of the petro-temporal bone, bilateral	-	8.60	1 404.21
16140	X-ray internal auditory canal, bilateral	-	5.23	853.95
16150	X-ray tomography of the internal auditory canal, bilateral	-	4.30	702.10

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

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

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
30900	Nuclear Medicine study - Lung perfusion	-	-	21.54	3 517.05
30910	Nuclear Medicine study - Lung ventilation, aerosol	-	-	21.50	3 510.52
30920	Nuclear Medicine study - Lung perfusion and ventilation	-	-	42.03	6 862.66
30930	Nuclear Medicine study - Lung ventilation using radio-active gas	-	-	14.17	2 313.68
30940	Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	-	-	34.69	5 664.18
30950	Nuclear medicine study - Muco-ciliary clearance study dynamic	-	-	26.51	4 328.55
30960	Nuclear medicine study - alveolar permeability	-	-	26.51	4 328.55
	Stand alone code. Not to be combined with 30910.	-	-		
30970	Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation	-	-	6.02	982.95
	Stand alone code. Not to be combined with 30920.	-	-		0.00
30981	PET/CT scan of the chest uncontrasted	-	-	111.44	18 195.92
30982	PET/CT scan of the chest contrasted	-	-	117.42	19 172.34
30983	PET/CT scan of the chest pre and post contrast	-	-	148.32	24 217.69
	Oesophagus	-	-		
	may not be added).	-	-		
31100	X-ray barium swallow	-	-	6.60	1 077.65
31105	X-ray 3 phase dynamic contrasted swallow	-	-	12.60	2 057.33
31110	X-ray barium swallow, double contrast	-	-	7.92	1 293.18
31120	X-ray barium swallow with cinematography	-	-	10.07	1 644.23
	Aorta and large vessels	-	-		
	Codes 32210 and 32220 (Ivus) may be combined	-	-		
32200	intervention, once per complete procedure	-	-	4.20	685.78
32210	Ultrasound intravascular (IVUS) first vessel	-	-	8.44	1 378.08
32220	Ultrasound intravascular (IVUS) subsequent vessels	-	-	5.30	865.38
32300	CT angiography of the aorta and branches	-	-	79.08	12 912.18
32305	CT angiography of the thoracic and abdominal aorta and branches	-	-	105.50	17 226.04
32310	CT angiography of the pulmonary vasculature	-	-	79.08	12 912.18
32400	MR angiography of the aorta and branches	-	-	78.50	12 817.48
32410	MR angiography of the pulmonary vasculature	-	-	105.27	17 188.49
32500	Arteriography of thoracic aorta	-	-	28.26	4 614.29
32510	Arteriography of bronchial intercostal vessels alone	-	-	50.15	8 188.49
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	-	-	67.43	11 009.97
32530	Arteriography of pulmonary vessels	-	-	63.27	10 330.73
32540	Arteriography of heart chambers, coronary arteries	-	-	44.27	7 228.41
32550	Venography of thoracic vena cava	-	-	28.38	4 633.89
32560	Venography of vena cava, azygos system	-	-	56.31	9 194.30
32570	Venography patency of A-port or other central line	-	-	19.64	3 208.82
	Heart	-	-		
	Codes 33300 (CT anatomy / function) and 33310 (CT Angiography) may be done as stand alone studies or as additive studies if both are performed at the same time.	-	-		
33205	Ultrasound study of the heart for foetal or paediatric cases including doppler	-	-	12.30	2 008.34
	or 33210. This code is intended for paediatric and foetal cases only	-	-		
33200	Ultrasound study of the heart, including Doppler	-	-	8.20	1 338.90
33210	Ultrasound study of the heart trans-oesophageal	-	-	10.52	1 717.71
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel	-	-	5.20	849.06
33300	CT anatomical/functional study of the heart	-	-	34.61	5 651.12
33310	CT angiography of heart vessels	-	-	81.28	13 271.40
33970	Nuclear Medicine study - Multi stage treadmill ECG test	-	-	6.66	1 087.44
	Abdomen and Pelvis	-	-		
	Abdomen/stomach/bowel	-	-		

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
	Code 40120 (tomography) may be combined with 40100 or 40105 or 40110 (abdomen). Codes 40140 to 40190 (barium studies) include fluoroscopy (00140 may not be added). Code 40190 (intussusception) is a stand alone code and may not be combined with 40160 or 40165 (barium enema), (00140 may not be added).				
40100	X-ray of the abdomen			3.32	542.09
40105	X-ray of the abdomen supine and erect, or decubitus			5.36	875.18
40110	X-ray of the abdomen multiple views including chest			8.10	1 322.57
40120	X-ray tomography of the abdomen			4.30	702.10
40140	X-ray barium meal single contrast			8.87	1 448.29
40143	X-ray barium meal double contrast			11.99	1 957.73
40147	X-ray barium meal double contrast with follow through			15.80	2 579.82
40150	X-ray small bowel enteroclysis (meal) Intubation) may be added.			25.45	4 155.48
40153	X-ray small bowel meal follow through single contrast			19.55	3 192.12
40157	X-ray small bowel meal with pneumocolon			25.63	4 184.87
40160	X-ray large bowel enema single contrast			12.97	2 117.74
40165	X-ray large bowel enema double contrast			19.63	3 205.19
40170	X-ray guided gastro oesophageal intubation			1.60	261.25
40175	X-ray guided duodenal intubation			2.80	457.18
40180	X-ray defaecogram			12.97	2 117.74
40190	X-ray guided reduction of intussusception			16.27	2 656.57
40200	Ultrasound study of the abdominal wall			5.54	904.57
40210	Ultrasound study of the whole abdomen including the pelvis			8.24	1 345.43
40300	CT study of the abdomen			26.41	4 312.22
40310	CT study of the abdomen with contrast			44.82	7 318.21
40313	CT study of the abdomen pre and post contrast			52.99	8 652.21
40320	CT of the pelvis			26.13	4 268.51
40323	CT of the pelvis with contrast			47.48	7 752.53
40327	CT of the pelvis pre and post contrast			53.87	8 795.89
40330	CT of the abdomen and pelvis			38.50	6 286.28
40333	CT of the abdomen and pelvis with contrast			62.17	10 151.12
40337	CT of the abdomen and pelvis pre and post contrast			67.43	11 009.97
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast			74.11	12 100.68
40345	CT of the chest, abdomen and pelvis without contrast			70.12	11 449.19
40350	CT of the chest, abdomen and pelvis with contrast			88.35	14 425.79
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast			93.05	15 193.20
40360	CT of the base of skull to symphysis pubis with contrast			102.73	16 773.75
40365	CT colonoscopy Stand alone study, may not be added to any code between 40300 and 40360			34.78	5 678.88
40400	MR of the abdomen			64.58	10 544.62
40410	MR of the abdomen pre and post contrast			100.84	16 465.16
40420	MR of the pelvis, soft tissue			64.58	10 544.62
40430	MR of the pelvis, soft tissue, pre and post contrast			102.04	16 661.09
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying			21.50	3 510.52
40905	Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies			34.92	5 701.74
40910	Nuclear Medicine study - Gastro intestinal protein loss			21.50	3 510.52
40915	Nuclear Medicine study - Gastro intestinal protein loss multiple studies			34.92	5 701.74
40920	Nuclear Medicine study - Acute GIT bleed static/dynamic			21.50	3 510.52
40925	Nuclear medicine study - Acute GIT bleed multiple studies			34.92	5 701.74
40930	Nuclear medicine study - Meckel's localisation			20.77	3 391.33
40935	Nuclear medicine study - Gastric mucosa imaging			20.77	3 391.33
40940	Nuclear medicine study - colonic transit multiple studies Stand alone code			44.86	7 324.74

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

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
42400	MR of the renal tract for obstruction	-	-	47.00	7 674.16
42410	MR of the kidneys without contrast	-	-	64.58	10 544.62
42420	MR of the kidneys pre and post contrast	-	-	102.24	16 693.75
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	-	-	21.94	3 582.36
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	-	-	27.96	4 565.31
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	-	-	35.35	5 771.95
42815	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	-	-	41.37	6 754.89
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	-	-	26.51	4 328.55
42930	Nuclear Medicine study – Renovascular study, baseline	-	-	26.51	4 328.55
42940	Nuclear Medicine study – Renovascular study, with intervention	-	-	26.51	4 328.55
42950	Nuclear medicine study - indirect voiding cystogram	-	-	6.02	982.95
	Aorta and vessels	-	-		
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).	-	-		
44200	Ultrasound study of abdominal aorta and branches including doppler	-	-	18.32	2 991.29
44205	Ultrasound study of the IVC and pelvic veins including Doppler	-	-	14.00	2 285.92
	This is a stand alone code and may not be added to 44200.	-	-		0.00
44300	CT angiography of abdominal aorta and branches	-	-	76.72	12 526.84
	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	-	-	94.32	15 400.57
44310	CT angiography of the pelvis	-	-	78.64	12 840.34
44320	CT angiography of the abdominal aorta and pelvis	-	-	89.54	14 620.09
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	-	-	119.15	19 454.81
44330	CT portogram	-	-	74.40	12 148.03
44400	MR angiography of abdominal aorta and branches	-	-	76.64	12 513.78
44500	Arteriography of abdominal aorta alone	-	-	28.12	4 591.43
44503	Arteriography of aorta plus coeliac, mesenteric branches	-	-	75.63	12 348.87
44505	Arteriography of aorta plus renal, adrenal branches	-	-	63.01	10 288.27
44507	Arteriography of aorta plus non-visceral branches	-	-	60.79	9 925.79
44510	Arteriography of coeliac, mesenteric vessels alone	-	-	64.35	10 507.07
44515	Arteriography of renal, adrenal vessels alone	-	-	49.49	8 080.73
44517	Arteriography of non-visceral abdominal vessels alone	-	-	54.91	8 965.70
44520	Arteriography of internal and external iliac vessels alone	-	-	56.72	9 261.24
44525	Venography of internal and external iliac veins alone	-	-	62.11	10 141.32
44530	Corpora cavernosography	-	-	25.06	4 091.80
44535	Vasography, vesiculography	-	-	29.19	4 766.14
44540	Venography of inferior vena cava	-	-	26.12	4 264.87
44543	Venography of hepatic veins alone	-	-	53.77	8 779.57
44545	Venography of inferior vena cava and hepatic veins	-	-	68.91	11 251.62
44550	Venography of lumbar azygos system alone	-	-	43.89	7 166.36
44555	Venography of inferior vena cava and lumbar azygos veins	-	-	65.46	10 688.31
44560	Venography of renal, adrenal veins alone	-	-	43.99	7 182.69
44565	Venography of inferior vena cava and renal/adrenal veins	-	-	68.39	11 166.72
44570	Venography of spermatic, ovarian veins alone	-	-	40.39	6 594.88
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	-	-	73.99	12 081.09
44580	Venography indirect splenoportogram	-	-	48.67	7 946.84
44583	Venography direct splenoportogram	-	-	31.59	5 158.02
44587	Venography transhepatic portogram	-	-	66.75	10 898.94
	Soft Tissue	-	-		
	Spine, Pelvis and Hips	-	-		
	Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventional myelography codes viz. 51160, 52150, 53160	-	-		

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

	Other specialist / General Practitioner		Specialist / Specials	
	U/E	R	U/E	
Code 52120 (tomography) may be combined with 52100 or 52110 (spine).				
Code 52150 (myelography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
Code 52300 (CT) limited study – limited to a single thoracic vertebral body.				
Code 52305 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.				
Code 52310 (CT) complete study - an extensive study of the thoracic spine.				
Code 52330 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).				
52100 X-ray of the thoracic spine, one or two views	-	-	3.21	524.13
52110 X-ray of the thoracic spine, more than two views	-	-	4.00	653.12
52120 X-ray tomography thoracic spine	-	-	4.30	702.10
X-ray of the thoracic spine, more than two views including stress views	-	-	6.64	1 084.18
52140 X-ray myelography of the thoracic spine	-	-	18.82	3 040.27
52300 CT of the thoracic spine limited study	-	-	9.50	1 551.16
52305 CT of the thoracic spine – regional study	-	-	13.91	2 271.22
52310 CT of the thoracic spine complete study	-	-	35.78	5 842.16
52320 CT of the thoracic spine pre and post contrast	-	-	58.85	9 609.03
52330 CT myelography of the thoracic spine	-	-	48.09	7 852.14
52340 CT myelography of the thoracic spine following myelogram	-	-	20.37	3 326.01
52400 MR of the thoracic spine, limited study	-	-	46.60	7 608.85
52410 MR of the thoracic spine	-	-	64.34	10 505.44
52420 MR of the thoracic spine pre and post contrast	-	-	101.42	16 559.86
52900 Nuclear Medicine study – Bone regional dorsal	-	-	21.50	3 510.52
52910 Nuclear Medicine study – Bone tomography regional dorsal	-	-	13.41	2 189.58
52920 Nuclear Medicine study – with flow	-	-	6.02	982.95
Lumbar	-	-		
Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography).				
Code 53140 (tomography) may be combined with 53110 or 53120 (spine).				
Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).				
Code 53300 (CT) limited study – limited to a single lumbar vertebral body.				
Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.				
Code 53320 (CT) complete study - an extensive study of the lumbar spine.				
Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).				
53100 X-ray of the lumbar spine – stress study only	-	-	4.14	675.98
53110 X-ray of the lumbar spine, one or two views	-	-	3.56	581.28
53120 X-ray of the lumbar spine, more than two views	-	-	4.46	728.23
X-ray of the lumbar spine, more than two views including stress views	-	-	7.52	1 227.87
53130 X-ray tomography lumbar spine	-	-	4.30	702.10
53160 X-ray myelography of the lumbar spine	-	-	23.94	3 908.92
53170 X-ray discography lumbar spine per level	-	-	25.17	4 109.76
53300 CT of the lumbar spine limited study	-	-	9.50	1 551.16
53310 CT of the lumbar spine – regional study	-	-	13.91	2 271.22
53320 Ct of the lumbar spine complete study	-	-	37.64	6 145.86
53330 CT of the lumbar spine pre and post contrast	-	-	58.85	9 609.03
53340 CT myelography of the lumbar spine	-	-	49.11	8 018.68
53350 CT myelography of the lumbar spine following myelogram	-	-	23.46	3 830.55

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

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

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

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

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

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
70300	CT of the lower limbs limited study	-	-	9.50	1 551.16
70310	CT angiography of the lower limb	-	-	79.43	12 969.33
70320	CT angiography abdominal aorta and outflow lower limbs	-	-	98.34	16 056.96
70400	MR of the lower limbs limited study	-	-	46.40	7 576.19
70410	MR angiography of the lower limb	-	-	76.66	12 517.04
70420	MR angiography of the abdominal aorta and lower limbs	-	-	118.86	19 407.46
70500	Angiography of pelvic and lower limb arteries unilateral	-	-	40.59	6 627.54
70505	Angiography of pelvic and lower limb arteries bilateral	-	-	75.92	12 396.22
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	-	-	61.23	9 997.63
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	-	-	85.66	13 986.56
70520	Angiography translumbar aorta with full peripheral study	-	-	45.88	7 458.63
70530	Venography, antegrade of lower limb veins, unilateral	-	-	25.46	4 157.11
70535	Venography, antegrade of lower limb veins, bilateral	-	-	49.43	8 070.93
70540	Venography, retrograde of lower limb veins, unilateral	-	-	31.17	5 089.44
70545	Venography, retrograde of lower limb veins, bilateral	-	-	56.79	9 272.67
70560	Lymphangiography, lower limb, unilateral	-	-	51.04	8 333.81
70565	Lymphangiography, lower limb, bilateral	-	-	83.97	13 710.62
70900	Nuclear medicine study – Venogram lower limb Femur	-	-	37.12	6 060.95
71100	X-ray of the left femur	-	-	2.94	480.04
71105	X-ray of the right femur	-	-	2.94	480.04
71300	CT of the left femur	-	-	24.52	4 003.63
71305	CT of the right femur	-	-	24.52	4 003.63
71310	CT of the left upper leg contrasted	-	-	41.83	6 830.00
71315	CT of the right upper leg contrasted	-	-	41.83	6 830.00
71320	CT of the left upper leg pre and post contrast	-	-	49.71	8 116.65
71325	CT of the right upper leg pre and post contrast	-	-	49.71	8 116.65
71400	MR of the left upper leg	-	-	64.80	10 580.54
71405	MR of the right upper leg	-	-	64.80	10 580.54
71410	MR of the left upper leg pre and post contrast	-	-	102.04	16 661.09
71415	MR of the right upper leg pre and post contrast	-	-	102.04	16 661.09
71900	Nuclear Medicine study – bone limited/regional static	-	-	21.50	3 510.52
71905	Nuclear Medicine study – Bone limited static plus flow	-	-	27.53	4 495.10
71910	Nuclear Medicine study – Bone tomography regional	-	-	13.41	2 189.58
	Knee	-	-		
	Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views)				
	Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 72170 (introduction of contrast) may be combined with 72300 and 72305 (CT) or 72400 and 72405 (MR). The combination of 72160 (arthrography) and 72300 and 72305 (CT) or 72400 and 72405 (MR) is not supported except in exceptional circumstances with motivation.				
72100	X-ray of the left knee one or two views	-	-	2.77	452.29
72105	X-ray of the right knee one or two views	-	-	2.77	452.29
72110	X-ray of the left knee, more than two views	-	-	3.32	542.09
72115	X-ray of the right knee, more than two views	-	-	3.32	542.09
72120	X-ray of the left knee including patella	-	-	4.62	754.35
72125	X-ray of the right knee including patella	-	-	4.62	754.35
72130	X-ray of the left knee with stress views	-	-	5.82	950.29
72135	X-ray of the right knee with stress views	-	-	5.82	950.29
72140	X-ray of left patella	-	-	2.77	452.29
72145	X-ray of right patella	-	-	2.77	452.29
72150	X-ray both knees standing – single view	-	-	2.80	457.18
72160	X-ray arthrography knee joint including introduction of contrast	-	-	15.81	2 581.46
72170	X-ray guidance and introduction of contrast into knee joint only	-	-	7.41	1 209.90
72200	Ultrasound of the left knee joint	-	-	6.50	1 061.32

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

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

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

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

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

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

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

	Specialist Medical or Radiation Oncologist Spesials Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
20. RADIATION ONCOLOGY ● STRALINGS ONKOLOGIE							
20.11 Radiation Therapy ● Radioterapie							
20.11.1 Manual Radiotherapy Planning Procedures ● Manuele Bestralings Beplanningsprosedures							
5801 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - PROFESSIONELE KOMPONENT	42.56	1 121.03					
5601 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT	99.32	2 616.09					
5802 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	56.18	1 479.78					
5602 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	131.10	3 453.17					
5803 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - PROFESSIONELE KOMPONENT	76.62	2 018.17					
5603 Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT ● Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - TEGNIESE KOMPONENT	178.77	4 708.80					
20.11.2 Conventional Radiotherapy Planning Procedures ● Konvensionele Radioterapie Beplanningsprosedures							
5808 Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - PROFESSIONELE KOMPONENT	170.26	4 484.65					
5608 Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT	397.27	10 464.09					
5809 Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	238.36	6 278.40					
5609 Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	556.18	14 649.78					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
20.5810	RADIATION ONCOLOGY ● STRALINGS ONKOLOGIE Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - PROFESSIONELE KOMPONENT	297.95	7 848.00				
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT ● Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - TEGNIESE KOMPONENT	695.22	18 312.09				
20.11.3	Three Dimensional Radiotherapy Planning Procedures ● Drie Dimensionele Radioterapie Beplanningsprosedures						
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	240.23	6 327.66				
5620	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, single volume of interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	977.20	25 739.45				
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	407.75	10 740.14				
5621	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, multiple volumes of interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 368.07	36 034.96				
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Spesiale Tegniek - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	554.33	14 601.05				
5622	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, special technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) ● Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Spesiale Tegniek - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 710.09	45 043.77				
20.11.4	Intensity Modulated Radiotherapy Planning Procedures ● Intensiteits gemoduleerde bestraling						

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
20.	RADIATION ONCOLOGY ● STRALINGS ONKOLOGIE						
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Radikale Kursus - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	642.92	16 934.51				
5623	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, radical course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Radikale Kursus - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 916.81	50 488.78				
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	232.18	6 115.62				
5625	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, booster volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	958.40	25 244.26				
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	753.35	19 843.24				
5626	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, CT scan with magnetic resonance imaging or other similar imaging fusion techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) ● Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Rekenaar Skanderling met Magnetiese Resonansie of ander gelyksoortige Beeldfusie Tegnieke - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	2 174.48	57 275.80				
20.11.5	Kilovolt Radiation Treatment ● Kilovolt Bestralingsterapie						

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

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

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

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
20.	RADIATION ONCOLOGY ● STRALINGSONKOLOGIE						
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT ● Weeklikse Bestralingsterapie sessies - Gevorderde Tegnieke: Weeklikse Bestralings, Heelgigaam Bestraling of Soortgelyk - TEGNIESE KOMPONENT	1 929.26	50 816.71				
20.11.8	Stereotactic Radiation ● Stereotaktiese Bestraling						
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, Enkel of tot 4 (vier) Fraksies, Globale Fooi - PROFESSIONELE KOMPONENT	3 719.34	97 967.42				
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, Enkel Fraksie Behandeling, Globale Fooi - TEGNIESE KOMPONENT	8 678.46	228 590.64				
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, 5 (vyf) of meer Fraksies, Volle Kursus, Globale Fooi - PROFESSIONELE KOMPONENT	4 277.24	112 662.50				
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT ● Stereotaktiese Bestraling: Stereotaktiese Bestraling, Gefraksioneerd, Volle Kursus, Globale Fooi - TEGNIESE KOMPONENT	9 980.23	262 879.26				
20.12	Brachytherapy ● Bragterapie						
20.12.1	Isotope/Applicator Therapy ● Isotope/ Toedienenterapie						
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included ● Isotope-/Toedienenterapie: Isotope - Lae kompleksiteit, toediening van lae dosis orale Isotope of gebruik van oppervlakte toediens, per vyf toedienings. Tipies buite pasiënt prosedure. Die koste van isotope en materiale is uitgesluit.	108.40	2 855.26				
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included ● Isotope-/Toedienenterapie: Isotope - Intermediêre kompleksiteit, toediening van isotope deur intervensionele tegnieke, soos intraveneuse, intrakavitêre of intra-artikulêre radio-aktiewe isotope. Tipies buite pasiënt prosedure of toelating en monitering <48 uur. Die koste van isotope en materiale is uitgesluit.	216.80	5 710.51				
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included ● Isotope-/Toedienenterapie: Isotope - Hoë kompleksiteit, oppervlakte toedienings met veelvuldige sade wat dosimetrie beoordeling benodig en/of hoë dosis radio-aktiewe isotope wat toelating en monitering benodig. Regverdig tipies toelating en monitering vir >48 uur. Die koste van isotope en materiale is uitgesluit	601.16	15 834.55				

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

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

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

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

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts) ● T en B-selle EAC-merkers (beperk tot EEN merker alleen vir CD4/8 tellings)	21.1	525.60	14.07	350.48
3820	Thrombo-Elastogram ● Trombo-Elastogram	26	647.66	17.33	431.69
3825	Fibrinogen titre ● Fibrinogeen-titer	3.6	89.68	2.4	59.78
3829	Glucose 6-phosphate-dehydrogenase: Qualitative ● Glukose 6-fosfaat-dehidrogenase: Kwalitatief	8	199.28	5.33	132.77
3830	Glucose 6-phosphate-dehydrogenase: quantitative ● Glukose 6-fosfaat-dehidrogenase: kwantitatief.	16	398.56	10.7	266.54
3832	Red cell pyruvate kinase: quantitative ● Rooisel piruvaat kinase: kwantitatief	16	398.56	10.7	266.54
3834	Red cell Rhesus phenotype ● Rooisel Rhesus fenotipe	9.9	246.61	6.6	164.41
3835	Haemoglobin F in blood smear ● Hemoglobien F in bloedsmeer	5.85	145.72	3.9	97.15
3837	Partial thromboplastin time ● Gedeeltelike tromboplastientyd	5.85	145.72	3.9	97.15
3841	Thrombin time (screen) ● Trombientyd (sifting)	5.85	145.72	3.9	97.15
3843	Thrombin time (serial) ● Trombientyd (reeks)	7.65	190.56	5.1	127.04
3847	Haemoglobin H ● Hemoglobien H	2.25	58.05	1.5	37.37
3851	Fibrin degeneration products (diffusion plate) ● Fibrin degenerasieprodukte (diffusieplaat)	10.35	257.82	6.9	171.88
3853	Fibrin degeneration products (latex slide) ● Fibrin degenerasie produkte (latex plaatjie)	4.5	112.10	3	74.73
3854	XDP (Dimer test or equivalent latex slide test) ● XDP (Dimer-toets of ekwivalente latex-plaatjetoets)	8.5	211.74	5.67	141.24
3856	D-Dimer ● D-Dimer	27.52	685.52	18.35	457.10
3855	Hemagglutination inhibition ● Hemagglutinasie inhibisie	9.9	246.61	6.6	164.41
3858	Heparin Removal ● Heparin verwydering	28.88	719.40	19.25	479.52
21.2	Microscopic examinations ● Mikroskopiese ondersoeke				
3863	Autogenous vaccine ● Outogene vaksien	12.6	313.87	8.4	209.24
3864	Entomological examination ● Entomologiese ondersoek	20.7	515.64	13.8	343.76
3865	Parasites in blood smear ● Parasiete in bloedsmeer	5.6	139.50	3.73	92.91
3867	Miscellaneous (body fluids, urine, exudate, fungi, Pusscrapings, etc) ● Diverse (liggaamsvog, urien, eksudaat, Skimmels, etterskrappings, ens)	4.9	122.06	3.3	82.20
3868	Fungus identification ● Fungus identifikasie	8.3	206.75	5.5	137.01
3869	Faeces (including parasites) ● Fekalieë (parasiete ingesluit)	4.9	122.06	3.27	81.46
3872	Automated urine microscopy	8.72	217.22	5.81	144.73
3873	Transmission electron microscopy ● Transmissie elektronmikroskopie	85	2 117.35	57	1 419.87
3874	Scanning electron microscopy ● Skanderings-elektronmikroskopie	100	2 491.00	67	1 668.97
3875	Inclusion bodies ● Insluitingsliggaampie	4.5	112.10	3	74.73
3878	Crystal identification polarised light microscopy ● Kristal identifikasie gepolariseerde ligmikroskopie	4.5	112.10	3	74.73
3879	Campylobacter in stool: fastidious culture ● Campylobacter in feces: puntenerige kweking	9.9	246.61	6.6	164.41
3880	Antigen detection with polyclonal antibodies ● Antigeen bespeuring met poliklonale antiliggame	4.5	112.10	3	74.73
3881	Mycobacteria ● Mikobakterie	3	74.73	2	49.82
3882	Antigen detection with monoclonal antibodies ● Antigeenbespeuring met monoklonale antiliggame	10.8	269.03	7.2	179.35
3883	Concentration techniques for parasites ● Konsentrasie tegnieke vir parasiete	3	74.73	2	49.82
3884	Dark field, Phase- or interference contrast microscopy, Nomarski or Fontana ● Donkerveld, Fase- of interferensie-kontrasmikroskope, Nomarski of Fontana	6.3	156.93	4.2	104.62
3885	Cytochemical stain ● Sitochemiese kleuring	5.45	135.76	3.65	90.92
21.3	Bacteriology (culture and biological examination) ● Bakteriologie (kweking en biologiese ondersoek)				
3886	DELETED 2009: Antibiotic MIC per organism per antibiotic ● GESKRAP 2009: Antibiotikum MIK per organisme per antibiotikum				

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

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

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

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste	
		U/E	R	U/E	R
4029	Cholinesterase: serum or erythrocyte: each● Cholinesterase: serum of rooisel: elk	7.48	186.33	4.99	124.30
4030	Cholinesterase phenotype (Dibucaine or fluoride each)● Cholinesterase fenotipe (Dibucaine of fluoried elk)	9	224.19	6	149.46
4031	Total CO2 ● Totale CO2	5.18	129.03	3.45	85.94
4032	Creatinine ● Kreatinien	3.62	90.17	2.41	60.03
4035	CSF-Albumin ● SSV Albumien	9.45	235.40	6.3	156.93
4036	CSF-IgG Index ● SSV IgG Indeks	22.05	549.27	14.7	366.18
4040	Homocysteine (random) ● Homosistein (lukraak)	15.3	381.12	10.2	254.08
4041	Homocysteine (after Methionine load) ● Homosistein (na Metionien-lading)	18.1	450.87	12.06	300.41
4042	D-Xylose absorption test: two hours ● D-Xylose absorpsietoets twee uur	13.15	327.57	8.75	217.96
4045	Fibrinogen: quantitative ● Fibrinogeen: kwantitatief	3.6	89.68	2.4	59.78
4047	Hollander test ● Hollander se toets	24.75	616.52	16.5	411.02
4049	Glucose tolerance test (2 specimens) ● Glukose toleransietoets (2 monsters)	8.97	223.44	5.98	148.96
4050	Glucose strip-test with photometric reading ● Glukose strokietoets met fotometriese lesing	1.8	44.84	1.2	29.89
4051	Galactose ● Galaktose	11.25	280.24	7.5	186.83
4052	Glucose tolerance test (3 specimens) ● Glukose toleransietoets (3 monsters)	13.17	328.06	8.78	218.71
4053	Glucose tolerance test (4 specimens) ● Glukose toleransietoets (4 monsters)	17.37	432.69	11.58	288.46
4057	Glucose Quantitative ● Glukose Kwantitatief	3.62	90.17	2.41	60.03
4061	Glucose tolerance test (5 specimens) ● Glukose toleransietoets (5 monsters)	21.66	537.06	14.37	357.96
4063	Fructosamine ● Fruktosamine	7.2	179.35	4.8	119.57
4064	Glycated haemoglobin: chromatography/HbA1c ● Geglikosieerde hemoglobien: chromatografie/HbA1c	14.25	354.97	9.5	236.65
4067	Lithium: flame ionisation ● Litium: vlam ionisasie	5.18	129.03	3.45	85.94
4068	Lithium: atomic absorption ● Litium: atoomabsorpsie	7.48	186.33	4.99	124.30
4071	Iron ● Yster	6.75	168.14	4.5	112.10
4073	Iron-binding capacity ● Ysterbindingsvermoë	7.65	190.56	5.1	127.04
4076	Carboxy haemoglobin (6x per 24 hrs) ● Karboksie hemoglobien (6 x per 24 uur periode)	19.1	475.78	12.73	317.10
4078	Oximetry analysis: MetHb, COHb, QHb, RHb, SulfHb ● Oksimetriese analise: MetHb, COHb, QHb, RHb, SulfHb	6.75	168.14	4.5	112.10
4079	Ketones in plasma: qualitative ● Ketone in plasma: kwalitatief	2.25	56.05	1.5	37.37
4081	Drug level-biological fluid: Quantitative ● Middel vlak-biologiese vog: kwantitatief	10.8	269.03	7.2	179.35
4086	Plasma Lactate ● Plasma Laktate				
4085	Lipase ● Lipase				
4091	Lipoprotein electrophoresis ● Lipoproteïen-elektroferese	9	224.19	6	149.46
4093	Osmolality: Serum or urine ● Osmolaliteit: Serum of urien	6.75	168.14	4.5	112.10
4094	Magnesium: Spectrophotometric ● Magnesium: Spektrofotometries	3.62	90.17	2.41	60.03
4095	Magnesium: Atomic absorption ● Magnesium: Atoomabsorpsie	7.25	180.60	4.83	120.32
4096	Mercury: Atomic absorption ● Kwik: Atoomabsorpsie	18.12	451.37	12.08	300.91
4098	Copper: Atomic absorption ● Koper: Atoomabsorpsie	18.12	451.37	12.08	300.91
4105	Protein electrophoresis ● Proteïen-elektroferese	9	224.19	6	149.46
4106	IgG sub-class 1,2, 3 or 4: Per sub-class ● IgG subklas 1.2, 3 of 4: Per subklas	20	498.20	13.2	328.81
4109	Phosphate ● Fosfaat	3.62	90.17	2.41	60.03

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

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

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

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

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

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

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

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

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

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

Annexure A → MRI motivation form.

Annexure B → COIDA & RSSA indication for MRI.

Annexure C → Indications for plexus and peripheral nerve block.

Annexure: A
The Department of Labour: Compensation Fund

MRI Motivation Form for Employee's Injured on Duty

Claim Number:

Employee's Name:

Employees ID No:

Name of Employer:

Date of Accident / Injury:

Type of Injury:

Brief description of how injury occurred:

Previous clinic / imaging investigations done, and dates:

Imaging investigation required:

Motivation / Clinical indications for the investigation:

Requesting Doctors Name:

Practice Number:

Date of Referral

This form should preferably be typed.

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

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

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

- | | |
|-----------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> CT | <input type="checkbox"/> Reduced level of consciousness (1.i.a) |
| | <input type="checkbox"/> Seizures (1.i.b) |
| | <input type="checkbox"/> Neurological deficit (1.i.c) |
| | <input type="checkbox"/> Skull or facial bone fractures (1.i.d) |

 Head + Cervical Spine Injury – Acute (2)

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> CT | <input type="checkbox"/> Head as above (2.i) |
| | <input type="checkbox"/> CT Spine (bone or joint injury) depending on result spine x-ray (2.ii) |
| <input type="checkbox"/> MRI – in selected cases following a CT (2.iii) | |

 Head Injury – Sub acute

- | | |
|------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> MRI | <input type="checkbox"/> Rotational axonal injury (2.d) |
| | <input type="checkbox"/> Chronic subdural haemorrhage |

 Head Injury - long term sequela (3)

- | | |
|------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> CT | <input type="checkbox"/> If convulsions present in semi acute phase, do CT first (3.b) |
| <input type="checkbox"/> MRI | <input type="checkbox"/> Epilepsy (contrast and additional sequences often required) (3.a) |
| | <input type="checkbox"/> Long term structural changes (3.c) |

 Spine – Acute

- | | |
|------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> CT | <input type="checkbox"/> Bone or joint injury (4.i) |
| <input type="checkbox"/> MRI | <input type="checkbox"/> Cord compression (5.i) |
| | <input type="checkbox"/> Neurological signs (nerve root) (5.ii) |
| | <input type="checkbox"/> Vertebral body fracture (selected cases) (5.iii) |

 Spine – sub acute and long term sequela

- | | |
|------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> MRI | <input type="checkbox"/> Cord injury (6.i) |
| | <input type="checkbox"/> Disc herniation (6.ii) |
| | <input type="checkbox"/> Post operative assessment (selected cases) (6.iii) |

 Chest / Body Injury (7)

- | | | | |
|-----------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> CT | <input type="checkbox"/> Sternal fracture | <input type="checkbox"/> Vascular of lung | <input type="checkbox"/> Other organs / soft tissue |
|-----------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------------------------|

 Extremities

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

ANNEXURE: C

Item 2800 and 2802 as part of anaesthesia

2800 – Plexus nerve block

2802 – Peripheral nerve block

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

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

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

Examples of claims where the use is reasonable:

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

Examples where the use of the codes is not reasonable:

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

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

Item 2800 and 2802 as part of treatment

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

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