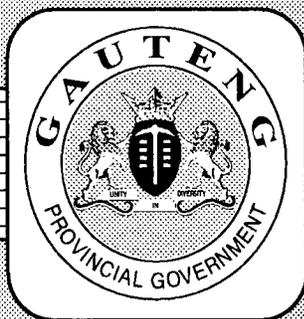


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**THE PROVINCE OF  
GAUTENG**



**DIE PROVINSIE  
GAUTENG**

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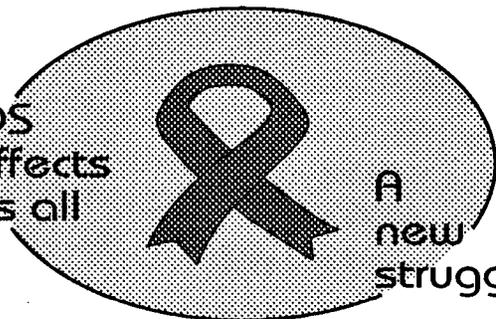
Vol. 8

PRETORIA, 20 SEPTEMBER 2002

**No. 305**

**We all have the power to prevent AIDS**

AIDS  
affects  
us all



A  
new  
struggle

Prevention is the cure

**AIDS  
HELPLINE**

**0800 012 322**

DEPARTMENT OF HEALTH



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## GENERAL NOTICES

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### NOTICE 2584 OF 2002 GAUTENG PROVINCE

#### GENERAL EXPLANATORY NOTE:

[        ]        Words in bold type in square brackets indicate omissions from existing regulations.

\_\_\_\_\_        Words underlined with a solid line indicate insertions in existing regulations.

#### DEPARTMENT OF HEALTH

### HOSPITALS ORDINANCE NO.14 OF 1958

### AMENDMENT REGULATIONS AND TARIFFS RELATING TO AMBULANCES, 2002

In terms of the provisions of section 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), the member of the Executive Council for Health hereby —

- (a) makes the following regulations; and
- (b) repeals Notice No. 7560 of 19 November 1999 with effect from 1 December 1999.

#### Definitions

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Regulations and tariffs relating to ambulances, promulgated by Administrator's Notice No. 646 of 29 August 1958, as amended by:

Administrator's Notice No. 907 of 15 December 1959;  
Administrator's Notice No. 855 of 21 August 1968;  
Administrator's Notice No. 790 of 14 May 1975;  
Proclamation No. 113 of 30 May 1984;  
Administrator's Notice No. 906 of 1 May 1985;  
Administrator's Notice No. 515 of 12 July 1989;  
Administrator's Notice No. 169 of 27 March 1991; **[and]**  
Administrator's Notice No. 69 of 6 May 1992; and  
Administrator's Notice No. 252 of 16 June 1993.

### Amendment of regulation 1 of the Regulations

#### 2. Regulation 1 of the Regulations is hereby amended —

- (a) by inserting, before the definition of 'ambulance', the following definitions:

" 'advanced life support' means patient assessment, treatment, interventions and subsequent monitoring falling within the scope of practise of a registered paramedic;

'air ambulance' means an aircraft specially equipped for the care of sick or injured patients who are transported therein;

'allied health practitioner', for the purpose of the uniform patient fee schedule, means a person registered in terms of the provisions of —

(a) the Health Professions Act, 1974 (Act 56 of 1974), as —

(i) a clinical psychologist,

(ii) a physiotherapist,

(iii) an occupational therapist,

(iv) a speech and hearing therapist,

(v) a paramedic, or

(vi) other supplementary health professional, and

(b) the Social Service Professions Act, 1978 (Act 110 of 1978), as —

(i) a social worker;"

- (b) by inserting, after the definition of 'ambulance', the following definitions:

" 'ambulance emergency assistant' means a person registered in terms of the provisions of the Health Professions Act, 1974 (Act 56 of 1974), as an ambulance emergency assistant;

'basic ambulance assistant' means a person registered in terms of the provisions of the Health Professions Act, 1974 (Act 56 of 1974), as a basic ambulance assistant;

'basic life support' means patient assessment, treatment, interventions and subsequent monitoring falling within the scope of practise of a registered basic ambulance assistant;

'emergency medical service vehicle' means a dedicated vehicle utilized in the care of a sick or injured person;"

- (c) by the substitution for the definition of 'ambulance standby service' of the following definition:

" '[ambulance] emergency standby service' means a service [according to] which is rendered when an [ambulance] emergency medical service vehicle and its crew are, on request, [provided available to be present] placed on standby at a specific place for the duration of any event;"

- (d) by inserting, after the definition of 'emergency standby service', the following definitions:

" 'externally funded patient' means a patient —

(a) contemplated in section 32(1) of the Ordinance,

(b) who is a member of a medical scheme, or

(c) whose treatment is for the account of a national or provincial department, local authority, foreign government or an employer;

'facility fee' means the fee reflecting the overhead costs of providing the facilities in which the healthcare service is rendered;

'healthcare professional', for the purpose of the uniform patient fee schedule, means —

- (a) a medical practitioner;
- (b) a nursing practitioner, or
- (c) an allied health practitioner;

'intermediate life support' means patient assessment, treatment, interventions and subsequent monitoring falling within the scope of practise of a registered ambulance emergency assistant;

'medical rescue service' means the release and/or extrication of a person requiring, or who may require, medical attention or treatment from a confined position or from a position of entrapment or other situation which threatens the health of an individual or community.

'nursing practitioner', for the purpose of the uniform patient fee schedule, means a person registered or enrolled in terms of the provisions of the Nursing Act, 1978 (Act 50 of 1978), as —

- (a) a registered nurse,
- (b) a midwife,
- (c) an enrolled nurse, or
- (d) a nursing auxiliary;

'Ordinance' means the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958);"

- (e) by inserting, after the definition of 'patient transport vehicle', the following definitions and wording:

" 'professional fee' means the fee reflecting the cost of the healthcare professional rendering the healthcare service, who is on duty in the service of the hospital;

'supplementary health professional', for the purpose of the uniform patient fee schedule, means a person who is registered to practise a profession referred to in —

- (a) the Health Professions Act, 1974 (Act 56 of 1974),
- (b) the Social Service Professions Act, 1978 (Act 110 of 1978), and
- (c) the Chiropractors, Homeopaths and Allied Health Service Professions Act, 1982 (Act 63 of 1982),

other than a medical practitioner or an allied health practitioner;

'uniform patient fee schedule' means the schedule of patient fees developed and maintained by the Department of Health for use by all provincial departments of health, and 'UPFS' has a corresponding meaning;

'UPFS code' means the code referred to in the first column of the uniform patient fee schedule;

and any other word or expression shall have the meaning assigned thereto in section 1(1) of the Ordinance."

### Substitution of regulation 8 of the Regulations

3. Regulation 8 of the Regulations is hereby amended by the substitution thereof of the following regulation:

"8. The tariff of fees for the transport of patients in an ambulance, air ambulance or any other patient transport vehicle or for an [ambulance] emergency standby service or medical rescue service [fixed with reference to] is based on the applicable classification and tariff category [as determined] referred to in regulation 5 of the Regulations relating to the [C] classification of[,] and [F] fees payable[,] by [P] patients at [P] provincial [H] hospitals, promulgated by Administrator's Notice No. 616 of 12 June 1968, as amended, [with effect from 1 May 1993] and shall, with effect from 1 November 2000, be as follows:

#### [A. PROVINCIAL AMBULANCE AND OTHER PATIENT TRANSPORT VEHICLE

Service	Tariff category	Tariffs	
		Ambulance per 50km or part thereof per patient	Patient transport vehicle per 100km or part thereof, per patient
From the point where the patient was loaded, to the point where the patient was off-loaded			
Patient Transport	HW .....	R110,00	R80,00
	PH .....	R110,00	R80,00
	P .....	R110,00	R80,00
	H3 .....	R 39,00	R25,00
	H2 .....	R 26,00	R16,00
	H1 .....	R 13,00	R 8,00

#### B. PROVINCIAL AIR AMBULANCE TRANSPORT

Tariff category	Tariff per patient per flying hour or part thereof
H1 .....	R 55,00
H2 .....	R 110,00
H3 .....	R 220,00
P, P/H and HW .....	R2 200,00

#### C. AMBULANCE STANDBY SERVICE

R110,00 per ambulance per hour or part thereof.]

**(1) Patient transport vehicle**

Per 100km or part thereof, per patient, calculated from the point where the patient is collected to the destination.

Classification category	Facility fee	UPFS code
HG .....	Free	—
HW .....	R80,00	—
H1 .....	R8,00	—
H2 .....	R16,00	—
H3 .....	R25,00	—
PG .....	Free	—
P and PH (excluding externally funded patients) .....	R80,00	—
P and PH (externally funded patients) .....	R150,00	1410

**(2) Ambulance transport**

Per 50km or part thereof, per patient, calculated from the point where the patient is collected to the destination.

Classification category	Facility fee	UPFS code
HG .....	Free	—
HW .....	R110,00	—
H1 .....	R13,00	—
H2 .....	R26,00	—
H3 .....	R39,00	—
PG .....	Free	—
P and PH (excluding externally funded patients) ..	R110,00	—
P and PH (externally funded patients):		
Basic life support .....	R242,50	1420
Intermediate life support .....	R300,00	1430
Advanced life support .....	R385,00	1440

**(3) Air ambulance transport**

Per flying hour or part thereof, per patient, calculated from the time of departure from to the time of arrival at base.

Classification category	Facility fee	UPFS code
HG .....	Free	—
HW .....	R2 200,00	—
H1 .....	R55,00	—
H2 .....	R110,00	—
H3 .....	R220,00	—
PG .....	Free	—
P and PH (excluding externally funded patients)	R2 200,00	—
P and PH (externally funded patients) .....	R2 200,00	—

**(4) Emergency standby service**

Per hour or part thereof, calculated from the time of arrival at to the time of departure from the point of standby service.

Service	Facility fee	Professional fee	UPFS code
Emergency standby .....	R43,86		1450
Additional charge for service provided by —			
general medical practitioner .....		R175,44	1451
specialist medical practitioner .....		R263,16	1452
nursing practitioner .....		R116,96	1453
allied health practitioner .....		R116,96	1454

**(5) Medical rescue service**

Per incident.

Service	Facility fee	Professional fee	UPFS code
Medical Rescue .....	R438,60		1460
Additional charge for service provided by —			
general medical practitioner .....		R657,89	1461
specialist medical practitioner .....		R986,84	1462
nursing practitioner .....		R438,62	1463
allied health practitioner .....		R438,62	1464"

**Substitution of regulation 9 of the Regulations.**

4. Regulation 9 of the Regulations is hereby amended by the substitution thereof of the following regulation:

"9. **[Ambulances]** An ambulance shall be used for no other purpose than the conveyance of a sick or injured person and his or her relatives or friends **[needed]** whose presence, according to the ambulance staff, is essential for his or her care."

**Short title and commencement**

5. These regulations shall be called the amendment regulations and tariffs relating to ambulances, and shall be deemed to have come into operation on 1 November 2000.

**NOTICE 2585 OF 2002**  
**GAUTENG PROVINCE**

**GENERAL EXPLANATORY NOTE:**

[            ]        Words in bold type in square brackets indicate omissions from existing regulations.

\_\_\_\_\_        Words underlined with a solid line indicate insertions in existing regulations.

**DEPARTMENT OF HEALTH**

**HOSPITALS ORDINANCE NO.14 OF 1958**

**HOSPITAL MORTUARY AMENDMENT REGULATIONS, 2002**

In terms of the provisions of sections 9 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), the Member of the Executive Council for Health hereby makes the following regulations.

**Definitions**

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Hospital Mortuary Regulations promulgated by Administrator's Notice No. 372 of 3 April 1968, as amended by:

Administrator's Notice No. 343 of 1 August 1990;  
Administrator's Notice No. 42 of 23 January 1991;  
Administrator's Notice No. 170 of 27 March 1991; **[and]**  
Administrator's Notice No. 70 of 6 May 1992; and  
Administrator's Notice No. 251 of 16 June 1993.

### Substitution of regulation 1 of the Regulations

2. Regulation 1 of the Regulations is hereby amended by the substitution thereof of the following regulation:

"1. In these regulations, unless the context otherwise indicates [**every word and expression has the meaning assigned thereto in subsection (1) of section one of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958).**] =

'externally funded patient' means a patient —

(a) contemplated in section 32(1) of the Ordinance,

(b) who is a member of a medical scheme, or

(c) whose treatment is for the account of a national or provincial department, local authority, foreign government or an employer;

'level 1 hospital' means a hospital where no specialist services are rendered but basic diagnostic and therapeutic facilities are available;

'level 2 hospital' means a hospital which meets the criteria for a level 1 hospital and which has a general surgeon and at least one of the following basic specialities: Internal Medicine, Paediatrics and Gynaecology and Obstetrics;

'level 3 hospital' means a hospital which meets the criteria for a level 2 hospital and which has five or more sub-specialities or less common specialities;

'Ordinance' means the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958);

'uniform patient fee schedule' means the schedule of patient fees developed and maintained by the Department of Health for use by all provincial departments of health, and 'UPFS' has a corresponding meaning;

'UPFS code' means the code referred to in the first column of the uniform patient fee schedule;

and any other word or expression shall have the meaning assigned thereto in section 1(1) of the Ordinance."

### Substitution of regulation 2 of the Regulations

3. Regulation 2 of the Regulations is hereby amended by the substitution thereof of the following regulation:

"2. The corpse of a person who did not die in a provincial hospital, may be admitted to the mortuary of a provincial hospital in which there are refrigeration facilities for corpses, if such admission will not, in the opinion of the [**superintendent**] chief executive officer of such hospital, infringe on the requirements of such hospital with regard to the accommodation of the [**corpse**] corpses of persons who die in such hospital."

### Substitution of regulation 3 of the Regulations

4. Regulation 3 of the Regulations is hereby amended by the substitution thereof of the following regulation:

"3. **[(a)(i)] (1) [In the case where] When** a person who was admitted to a provincial hospital and classified as a private or private hospital patient **[contemplated in Schedule A] in terms of regulation 5** of the Regulations[,] relating to the **[C] classification of [,] and [F] fees payable by [,P] patients at [P] provincial [H] hospitals,** promulgated by Administrator's Notice No. 616 of 12 June 1968, as amended, dies in that hospital and that corpse is accommodated in the mortuary of that hospital for longer than 24 hours after a medical certificate in respect of death **[/] or still birth** has been issued or a **[post mortem] post-mortem** examination has been carried out, **[an amount equal to the tariff in terms of regulation 9, read with Schedule B, of the aforesaid Regulations, applicable to a private out-patient at a regional or academic hospital] fees** shall be **[recovered] levied by the superintendent-general** for each 24 hours or part thereof **[by the Deputy Director-General]** for such accommodation longer than 24 hours, as follows:

(a) The corpse of a private and private hospital patient, excluding an externally funded patient; an amount equal to the amount payable by a private outpatient at a level 3 hospital in terms of regulation 9 of the aforementioned regulations; and

(b) the corpse of an externally funded patient at a —  
(i) level 1 and level 2 hospital : R70,18 (UPFS code 0710); and  
(ii) level 3 hospital : R84,21 (UPFS code 0710).

**[(ii)](2)** For the purposes of subregulation **[(a)(i)] (1)** the medical certificate in respect of death **[/] or still birth,** or **[post mortem] post-mortem** examination of such person who died on a public holiday or the preceding day, or on a Friday, Saturday or Sunday shall be deemed to have been issued or carried out, as the case may be, at 07:00, on the day immediately following that public holiday or Sunday.

**[(b)](3)** In the case of the corpse of a person contemplated in regulation 2, the following fees shall be levied by the **[Deputy Director-General] superintendent-general:**

**[(i)](a) [An amount equal to the amount payable by a private out-patient at a regional or academic hospital in terms of regulation 9 of the Regulations relating to, and Fees payable by, Patients at Provincial Hospitals, in respect of] For** each 24 hours or part thereof that the corpse is accommodated in the mortuary of a **[provincial hospital] —**

(i) level 1 and level 2 hospital : R70,18(UPFS code 0710); and  
(ii) level 3 hospital : R84,21(UPFS code 0710).

[(ii)](b) An amount equal to the amount referred to in [subregulation (b)(i)] paragraph (a)(i) or (ii), as the case may be, in respect of the performance of a [post mortem] post-mortem examination."

#### Insertion of regulation 4 of the regulations

5. The following regulation is hereby inserted in the regulations after regulation 3:

"4. The following fees shall be levied by the superintendent-general when a cremation certificate is issued:

(1) In the case of the corpse of a patient classified in terms of regulation 5 of the regulations referred to in regulation 3(1) as —

(a) a hospital patient, a private or private hospital patient, excluding an externally funded patient: an amount equal to the amount payable by a private outpatient at a level 3 hospital; and

(b) an externally funded patient at a —

(i) level 1 and level 2 hospital : R70,18 (UPFS code 0720); and

(ii) level 3 hospital : R84,21 (UPFS code 0720).

(2) In the case of the corpse of a person contemplated in regulation 2: an amount equal to the amount referred to in subregulation 1(b)(i) or (ii), as the case may be."

#### Short title and commencement

6. These regulations shall be called the Hospital Mortuary Amendment Regulations, and shall be deemed to have come into operation on 1 November 2000.

**NOTICE 2586 OF 2002**  
**GAUTENG PROVINCE**

**GENERAL EXPLANATORY NOTE:**

[            ]      Words in bold type in square brackets indicate omissions from existing regulations.

\_\_\_\_\_      Words underlined with a solid line indicate insertions in existing regulations.

**DEPARTMENT OF HEALTH**

**HOSPITALS ORDINANCE NO.14 OF 1958**

**AMENDMENT REGULATIONS RELATING TO THE CLASSIFICATION OF  
AND FEES PAYABLE BY PATIENTS AT PROVINCIAL HOSPITALS, 2002**

In terms of the provisions of sections 9, 29, 36, 38 and 76 of the Hospitals Ordinance, 1958 (Ordinance No. 14 of 1958), the Member of the Executive Council for Health hereby —

(a) makes the following regulations; and

(b) repeals —

- (i) Notice No. 3210 of 21 May 1999 with effect from 21 May 1999;
- (ii) Notice No. 7560 of 19 November 1999 with effect from 1 December 1999; and
- (iii) Notice No. 7867 of 13 November 2000 with effect from 1 November 2000.

**Definitions**

1. In these regulations, unless the context otherwise indicates, "the Regulations" means the Regulations relating to the classification of and fees payable by patients at provincial hospitals, promulgated by Administrator's Notice No. 616 of 12 June 1968, as amended by:

Administrator's Notice No. 1008 of 25 September 1968;  
Administrator's Notice No. 853 of 6 August 1969;  
Administrator's Notice No. 929 of 26 June 1973;  
Administrator's Notice No. 341 of 17 March 1976;  
Administrator's Notice No. 725 of 18 June 1980;  
Administrator's Notice No. 767 of 1 July 1981;  
Administrator's Notice No. 342 of 17 March 1982;  
Administrator's Notice No. 490 of 21 March 1984;  
Administrator's Notice No. 936 of 13 June 1984;  
Administrator's Notice No. 1009 of 27 June 1984;  
Administrator's Notice No. 1147 of 11 July 1984;  
Administrator's Notice No. 454 of 27 February 1985;  
Administrator's Notice No. 653 of 27 March 1985;  
Administrator's Notice No. 415 of 26 February 1986;

Administrator's Notice No. 996 of 1 July 1987;  
 Administrator's Notice No. 1979 of 30 December 1987;  
 Administrator's Notice No. 646 of 1 June 1988;  
 Administrator's Notice No. 502 of 28 June 1989;  
 Administrator's Notice No. 44 of 31 January 1990;  
 Administrator's Notice No. 344 of 1 August 1990;  
 Administrator's Notice No. 171 of 27 March 1991;  
 Administrator's Notice No. 71 of 6 May 1992;  
 Administrator's Notice No. 250 of 16 June 1993; **[and]**  
 Administrator's Notice No. 551 of 22 December 1993; and  
Notice No. 233 of 10 September 1996;

### Amendment of regulation 1 of the Regulations

2. Regulation 1 of the Regulations is hereby amended —

(a) by inserting, after the definition of 'admitting officer', the following definitions:

" 'allied health practitioner', for the purpose of the uniform patient fee schedule, means a person registered in terms of the provisions of —

(a) the Health Professions Act, 1974 (Act 56 of 1974), as —

(i) a clinical psychologist,

(ii) a physiotherapist,

(iii) an occupational therapist,

(iv) a speech and hearing therapist,

(v) a paramedic, or

(vi) other supplementary health professional, and

(b) the Social Service Professions Act, 1978 (Act 110 of 1978), as —

(i) a social worker;

'ambulatory procedure' means a procedure performed by a healthcare professional in a procedure room;

'Ana Grp' means anaesthetic group;"

(b) by inserting, after the definition of 'applicant', the following definition:

" 'boarder', in relation to an externally funded patient, means a resident child, a lodger or a patient companion;"

(c) by inserting, after the definition of 'exempted patient', the following definitions:

" 'externally funded patient' means a patient —

(a) contemplated in section 32(1) of the Ordinance,

(b) who is a member of a medical scheme, or

(c) whose treatment is for the account of a national or provincial department, local authority, foreign government or an employer;

'facility fee' means the fee reflecting the overhead costs of providing the facilities in which the healthcare service is rendered;"

(d) by the substitution for the definition of 'foreign patient' of the following definition:

" 'foreign patient' means a person from outside the borders of the Republic of South Africa including a foreign tourist[s] or an employee of a

foreign **[company]** employer visiting the **[RSA]** Republic of South Africa but excluding **[the following:]** —

**[(i)]** citizens of TBVC countries;

**[(ii)]** (a) an immigrant[s] permanently resident in the [RSA] Republic of South Africa, but who [have] has not attained citizenship;

**[(iii)]** (b) a foreigner[s] with a temporary residence or work permit[s]; and  
(c) a citizen of a member country of the Southern African Development Community, namely Angola, Botswana, Democratic Republic of Congo, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, Swaziland, Tanzania, Zambia and Zimbabwe, who enters the Republic of South Africa illegally;"

(e) by inserting, after the definition of 'foreign patient', the following definition:

" **'healthcare professional'**, for the purpose of the uniform patient fee schedule, means —

(a) a medical practitioner,

(b) a nursing practitioner, or

(c) an allied health practitioner;"

(f) by inserting, after the definition of 'hospital patient', the following definition:

" **'Image Grp'** means imaging group;"

(g) by the substitution for the definition of 'medical scheme' of the following definition:

" **'medical scheme'** means any medical scheme **[as defined]** registered in terms of section [1] 24(1) of the Medical Schemes Act, [1967(Act 72 of 1967)] 1998 (Act 131 of 1998);"

(h) by inserting, after the definition of 'month', the following definitions:

" **'nursing practitioner'**, for the purpose of the uniform patient fee schedule, means a person registered or enrolled in terms of the provisions of the Nursing Act, 1978 (Act 50 of 1978), as —

(a) a registered nurse,

(b) a midwife,

(c) an enrolled nurse, or

(d) a nursing auxiliary;

**'Oral Grp'** means oral health procedure group;"

(i) by the substitution for the definition of 'patient companion' of the following definition:

" **'patient companion'** means a family member or an acquaintance of a patient who accompanies that patient without any reason to a hospital and requires accommodation because he or she has no other refuge;"

(j) by inserting, after the definition of 'private patient', the following definitions:

" **'procedure room'** means a facility where simple procedures requiring limited instrumentation and drapery, minimum nursing input and no general anaesthetic are carried out, no sophisticated monitoring is required but resuscitation equipment must be available;

**'Proc Grp'** means ambulatory and theatre procedure group;

**'professional fee'** means the fee reflecting the cost of the healthcare professional rendering the healthcare service, who is on duty in the service of the hospital;"

- (k) by the substitution for the definition of 'scale of benefits' of the following definition:  
 "**'scale of benefits'** means the tariffs determined by the **[Representative association of Medical Schemes] Board of Healthcare Funders of Southern Africa [in terms of the Medical Schemes Act, 1967];**"
- (l) by inserting, after the definition of 'scale of benefits', the following definitions:  
 "**'supplementary health professional'**, for the purpose of the uniform patient fee schedule, means a person who is registered to practise a profession referred to in —  
 (a) the Health Professions Act, 1974 (Act 56 of 1974),  
 (b) the Social Service Professions Act, 1978 (Act 110 of 1978), and  
 (c) the Chiropractors, Homeopaths and Allied Health Service Professions Act, 1982 (Act 63 of 1982),  
 other than a medical practitioner or an allied health practitioner;  
**'supplementary health treatment'** means treatment given by an allied health practitioner;"
- (m) by inserting, after the definition of 'theatre', the following definition and wording:  
 "**'uniform patient fee schedule'** means the schedule of patient fees developed and maintained by the Department of Health for use by all provincial departments of health, and 'UPFS' has a corresponding meaning;  
 and any other word or expression shall have the meaning assigned thereto in section 1(1) of the Ordinance."

#### Amendment of regulation 9 of the Regulations

3. Regulation 9 of the Regulations is hereby amended —

(1) by the substitution for subregulation(1) of the following subregulation:

- "(1) Subject to regulation 5 (3) fees shall be levied at the tariffs **[according to the scale of benefits, or as determined by the Premier, and as]** prescribed in Schedule B hereto, and shall be charged and collected by the superintendent-general in respect of every patient at, in or from a hospital and shall be paid before or at the commencement of such treatment, except fees —
- (a) prescribed at a daily tariff, excluding an amount referred to in regulation **[(4)] 4** (1) (b) (ii); and
- (b) in respect of an **[out-patient] outpatient** who has been classified as a full-paying patient in terms of section 32 of the Ordinance and regulation 5: Provided that, if the admitting officer, after due inquiry, is satisfied that the patient concerned, or in the case of a dependant, the person upon whom he or she is dependant, is unable to make such payment before or at the commencement of the treatment and that, in the best interest of the patient, the treatment should not be deferred, the admitting officer shall authorize payment to be made after the commencement of the treatment."

(2) by the substitution for subregulation (2) of the following subregulation:

" (2) The tariffs of fees referred to in subregulation (1), are inclusive, except the supply -

- (a) to a private patient, including an externally funded private patient, admitted to a hospital, including an academic hospital [-], of any -
  - (i) **[of any]** medical or dental service;
  - (ii) **[of any]** blood transfusion service;
  - (iii) **[of any]** pathological examination or service;
  - (iv) **[of any such]** medicine, dressing, orthopaedic or surgical appliance, prosthesis, non-pharmaceutical item or any supplementary health service which has not been made available by the superintendent-general for supply to that patient;
  
- (b) to a private hospital patient, excluding an externally funded private hospital patient, admitted to an academic hospital [-], of any -
  - (i) **[of any]** blood transfusion service;
  - (ii) **[of any]** pathological examination or service;
  - (iii) **[of any]** medicine, dressing, orthopaedic or surgical appliance, prosthesis, non-pharmaceutical item[s] or any supplementary health service which has not been made available by the superintendent-general for supply to that patient;
  - (iv) **[of any]** professional services;
  
- (c) to a private hospital patient, excluding an externally funded private hospital patient, admitted to a hospital, excluding an academic hospital [-], of any -
  - (i) **[of any]** blood transfusion service;
  - (ii) **[of any]** pathological examination or service;
  - (iii) **[of any]** medicine, dressing, orthopaedic or surgical appliance, prosthesis, non-pharmaceutical item or any supplementary health service which has not been made available by the superintendent-general for supply to that patient;
  
- (d) to an externally funded private hospital patient admitted to a hospital, including an academic hospital, of any -
  - (i) blood transfusion service;
  - (ii) pathological examination or service;
  - (iii) medicine, dressing, orthopaedic or surgical appliance, prosthesis, non-pharmaceutical item or any supplementary health service which has not been made available by the superintendent-general for supply to that patient;
  - (iv) professional services;
  
- [(d)](e)** to a private, private hospital and a hospital patient, of orthotic or **[prosthetic] prosthetic** aids which **[has] have** not been made available by the superintendent-general for supply to **[those] that** patient[s]; **and**
  
- [(e)](f)** to a South African National Defence Force patient [(HW)] referred to in regulation 5(3), of services which have not been made available by the superintendent-general for supply to that patient."

(3) by the substitution for subregulation (3) of the following subregulation:

" (3) The minimum charge per day for [an] a private and private hospital in-patient shall [be equal to the tariff for a full day: Provided that:] =

(a) [the day of admission and the day of discharge together shall be reckoned as one day; and] in the case of —

(i) an externally funded patient who is admitted to a ward other than a high care or intensive care ward, and

(ii) a patient who is not an externally funded patient,

be equal to the applicable tariff for a full day; Provided that the day of admission and the day of discharge shall together be reckoned as one day; and

(b) in the case of an externally funded patient who is admitted to a high care or intensive care ward, be equal to the applicable tariff for twelve hours,

[(b)](c) [(if] [if a patient referred to in paragraph (a) and (b) is hospitalized in different wards on the same day, the [day fees] fee shall be calculated according to the tariff applicable to the ward [where] in which [that] the patient [is at 23:59 on] spent the greater part of [the] that day [in question]."

(4) by the substitution for subregulation (4) of the following subregulation:

" (4) In Schedule B to these Regulations, unless the context otherwise indicates —

(a) 'level 1 hospital' means a hospital where no specialist services are rendered but basic diagnostic and therapeutic facilities are available;

[(a)](b) '[community] level 2 hospital' means a hospital [where a continuous specialist service is not rendered in the main medical disciplines,] which meets the criteria for a level 1 hospital and which has a general surgeon and at least one of the following basic specialities: Internal Medicine, [Surgery,] [Pediatrics] Paediatrics[, ] [Orthopaedics] and Gynaecology and Obstetrics;

[(b)](c) '[regional] level 3 hospital' means a hospital [where a continuous specialist service in the main medical disciplines referred to in paragraph (a) is rendered, or those specialist services determined by the superintendent-general] which meets the criteria for a level 2 hospital, and which has five or more sub-specialities or less common specialities."

**Amendment of Schedule A to the Regulations**

4. Schedule A to the Regulations is hereby amended by the substitution thereof of the following schedule:

**"SCHEDULE A**

**CLASSIFICATION AND TARIFF CATEGORIES BASED ON INCOME AND STATUS**

Status	Hospital patients					Private patients		
	Exempted	Part-paying				Exempted	Private	Private Hospital
	HG	HW	H1	H2	H3	PG	P	PH
	An exempted patient (classified in terms of section 36 of the Ordinance)	A patient contemplated in regulation 5 (3)	An applicant who has a yearly income of —	An applicant who has a yearly income of more than —	An applicant contemplated in regulation 3 (4) (a) or an applicant who has a yearly income of more than —	An exempted patient (classified in terms of section 36 of the Ordinance)	<ol style="list-style-type: none"> <li>1. An applicant who is treated by a private medical practitioner, irrespective of his/her income or assets</li> <li>2. An externally funded patient who is treated by a private medical practitioner</li> <li>3. An applicant contemplated in regulation 3 (4) (b) or 4 who is treated by a private medical practitioner</li> <li>4. A foreign patient, excluding an externally funded foreign patient, who is treated by a private medical practitioner</li> <li>5. An applicant who has a yearly income of more than —</li> </ol>	<ol style="list-style-type: none"> <li>1. An applicant who is classified as a private patient at an academic hospital in terms of paragraph 5 of category P who is treated by a medical practitioner in the service of that hospital</li> <li>2. An externally funded patient who is treated by a medical practitioner in the service of that hospital</li> <li>3. An applicant contemplated in regulation 3 (4) (b) or 4 who is treated by a medical practitioner in the service of that hospital</li> <li>4. A foreign patient, excluding an externally funded foreign patient, who is classified as a private patient in terms of paragraph 4 of category P who is treated by a medical practitioner in the service of that hospital</li> </ol>
Individual			Not more than R20 000 or with assets of not more than R84 000	R20 000 but not more than R26 000 or with assets of more than R84 000 but not more than R116 000	R26 000 but not more than R39 000 or with assets of more than R116 000 but not more than R175 000		R39 000 or with assets of more than R175 000	
Family Unit			Not more than R32 000 or with assets of not more than R148 000	R32 000 but not more than R45 000 or with assets of more than R148 000 but not more than R213 000	R45 000 but not more than R60 000 or with assets of more than R213 000 but not more than R287 000		R60 000 or with assets of more than R287 000*	

## Amendment of Schedule B to the Regulations

5. Schedule B to the Regulations is hereby amended by the substitution thereof of the following schedule:

### "SCHEDULE B

### TARIFF OF FEES

CLASSIFICATION CATEGORY	TARIFF CATEGORY									OTHER COSTS
	IN-PATIENTS			OUTPATIENTS						ALL PATIENTS
	Level 1 Hospital	Level 2 Hospital	Level 3 Hospital	Level 1 Hospital	Level 2 Hospital	Level 3 Hospital	Community Health Centre	Primary Health Care Clinic	Mobile Clinic, temporary visiting point and house calls	All Hospitals
HG	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted
HW	In accordance with the tariffs agreed upon between the South African National Defence Force and the Gauteng Provincial Government in terms of regulation 5(3)									
H1	R21 per admission	R21 per admission	R26 per admission	R8 per visit	R8 per visit	R13 per visit	Free	Free	Free	As per item 7 (e) and (j) of annexure 2 to this Schedule
H2	R101 per admission	R101 per admission	R129 per admission	R16 per visit	R16 per visit	R26 per visit	Free	Free	Free	
H3	R152 per admission	R152 per admission	R194 per admission	R25 per visit	R25 per visit	R39 per visit	Free	Free	Free	
PG	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted	Exempted
P and PH (excluding externally funded patients)	R292 per day	R292 per day	R373 per day	R40 per visit	R40 per visit	R55 per visit	Free	Free	Free	As per item 1 to 9 of Annexure 2 to this Schedule
P and PH (externally funded patients)	In accordance with the tariffs in the Uniform Patient Fee Schedule (Annexure 1 to this Schedule)									As per item 6, 7(c), 7(e) and 9 of Annexure 2 to this schedule

#### NOTE:

- Outpatient fees in respect of outpatients, excluding externally funded outpatients, receiving certain therapeutic exercises / group therapy are payable once per month, irrespective of the number of attendances at double the outpatient tariff for a level 3 hospital.
- Private patients, excluding externally funded patients, who are specifically referred for one or more special services as determined by the superintendent-general from time to time, are exempted from the payment of the outpatient fee if no further treatment/examination is received at the hospital. Only the services must be paid for, except in the case of after-hours visits, where 50% of the outpatient tariff is payable additional to the service.
- The admission fee applicable to hospital patients is payable per 30 days or part thereof.
- Only South African citizens are entitled to free primary health care services, with the exception of —
  - members of medical schemes and their registered dependants; and
  - persons who prefer to be treated by a medical practitioner of their choice instead of a medical practitioner in the service of that health care facility.\*

**INSERTION OF ANNEXURE 1 TO SCHEDULE B**

6. Annexure 1 to Schedule B is hereby inserted after Schedule B.

**"ANNEXURE 1 TO SCHEDULE B**

**UPFS 2000 FEE SCHEDULE**

Code	Description	Basis	Professional Fee	Facility Fee		
				Level 1	Level 2	Level 3
<b>01</b>	<b>Anaesthetics</b>					
0111	Anaesthetics, Ana Grp A - General medical practitioner	Procedure	R 84.85			
0112	Anaesthetics, Ana Grp A - Specialist medical practitioner	Procedure	R 127.27			
0121	Anaesthetics, Ana Grp B - General medical practitioner	Procedure	R 143.89			
0122	Anaesthetics, Ana Grp B - Specialist medical practitioner	Procedure	R 215.83			
0131	Anaesthetics, Ana Grp C - General medical practitioner	Procedure	R 419.98			
0132	Anaesthetics, Ana Grp C - Specialist medical practitioner	Procedure	R 629.97			
<b>02</b>	<b>Confinement</b>					
0210	Confinement - Facility Fee	Incident		R 2535.61	R 2 535.61	R 3 042.74
0211	Confinement - General medical practitioner	Incident	R 886.05			
0212	Confinement - Specialist medical practitioner	Incident	R 1 134.47			
0213	Confinement - Nursing practitioner	Incident	R 896.32			
<b>03</b>	<b>Dialysis</b>					
0310	Haemodialysis - Facility Fee	Day		R 570.18	R 570.18	R 684.21
0311	Haemodialysis - General medical practitioner	Day	R 463.68			
0312	Haemodialysis - Specialist medical practitioner	Day	R 695.61			
0320	Peritoneal dialysis - Facility Fee	Day		R 114.04	R 114.04	R 136.84
0321	Peritoneal dialysis - General medical practitioner	Day	R 136.67			
0322	Peritoneal dialysis - Specialist medical practitioner	Day	R 136.67			
<b>04</b>	<b>Examinations</b>					
0410	Examination - Facility Fee	Report		R 53.73	R 53.73	R 64.47
0411	Examination - General medical practitioner	Report	R 102.36			
0412	Examination - Specialist medical practitioner	Report	R 153.51			
<b>05</b>	<b>Imaging</b>					
0510	Radiology, Image Grp A - Facility Fee	Procedure		R 28.83	R 28.83	R 34.60
0511	Radiology, Image Grp A - General medical practitioner	Procedure	R 46.51			

Code	Description	Basis	Professional Fee	Facility Fee		
				Level 1	Level 2	Level 3
0512	Radiology, Image Grp A - Specialist medical practitioner	Procedure	R 67.46			
0514	Radiology, Image Grp A - Allied health practitioner	Procedure	R 33.73			
0520	Radiology, Image Grp B - Facility Fee	Procedure		R 71.63	R 71.63	R 85.96
0521	Radiology, Image Grp B - General medical practitioner	Procedure	R 113.27			
0522	Radiology, Image Grp B - Specialist medical practitioner	Procedure	R 166.25			
0524	Radiology, Image Grp B - Allied health practitioner	Procedure	R 83.12			
0530	Radiology, Image Grp C - Facility Fee	Procedure		R 226.64	R 226.64	R 271.97
0531	Radiology, Image Grp C - General medical practitioner	Procedure	R 205.45			
0532	Radiology, Image Grp C - Specialist medical practitioner	Procedure	R 453.83			
0540	Radiology, Image Grp D - Facility Fee	Procedure		R 662.60	R 662.60	R 795.12
0541	Radiology, Image Grp D - General medical practitioner	Procedure	R 1 141.54			
0542	Radiology, Image Grp D - Specialist medical practitioner	Procedure	R 1 472.86			
<b>06</b>	<b>In-patients</b>					
0610	In-patient General ward - Facility Fee	Day		R 530.02	R 530.02	R 636.02
0611	In-patient General ward - General medical practitioner	Day	R 62.16			
0612	In-patient General ward - Specialist medical practitioner	Day	R 79.53			
0620	In-patient High care - Facility Fee	12 hours		R 644.58	R 644.58	R 773.49
0621	In-patient High care - General medical practitioner	12 hours	R 31.08			
0622	In-patient High care - Specialist medical practitioner	12 hours	R 39.76			
0630	In-patient Intensive care - Facility Fee	12 hours		R 1 216.64	R 1 216.64	R 1 459.97
0631	In-patient Intensive care - General medical practitioner	12 hours	R 31.08			
0632	In-patient Intensive care - Specialist medical practitioner	12 hours	R 39.76			
0640	In-patient Chronic care - Facility Fee	Day		R 427.02	R 427.02	R 512.42
0641	In-patient Chronic care - General medical practitioner	Day	R 62.16			
0642	In-patient Chronic care - Specialist medical practitioner	Day	R 79.53			
0643	In-patient Chronic care - Nursing practitioner	Day	R 42.46			
0650	Day patient ward - Facility Fee	Day		R 251.84	R 251.84	R 302.21
0651	Day patient ward - General medical practitioner	Day	R 62.16			

Code	Description	Basis	Professional Fee	Facility Fee		
				Level 1	Level 2	Level 3
0652	Day patient ward - Specialist medical practitioner	Day	R 79.53			
0653	Day patient ward - Nursing practitioner	Day	R 42.46			
0660	In-patient Boarder - Facility Fee	Day		R 282.11	R 282.11	R 338.53
0663	In-patient Boarder - Nursing practitioner	Day	R 42.46			
<b>07</b>	<b>Mortuary</b>					
0710	Mortuary - Facility Fee	Day	} See Administrator's Notice No. 372 of 3 April 1968			
0720	Cremation certificate - Facility Fee	Certificate				
<b>08</b>	<b>Pharmaceutical</b>					
0810	Medication fee - Facility Fee	Prescription		R 15.00	R 15.00	R 18.00
0815	Item fee	Item	Fees as prescribed by the Member of the Executive Council for Health			
<b>09</b>	<b>Oral Health</b>					
0910	Oral Care, Oral Grp A - Facility Fee	Procedure		R 25.97	R 25.97	R 31.17
0911	Oral Care, Oral Grp A - General medical practitioner	Procedure	R 32.47			
0912	Oral Care, Oral Grp A - Specialist medical practitioner	Procedure	R 48.23			
0914	Oral Care, Oral Grp A - Allied health practitioner	Procedure	R 25.98			
0920	Oral Care, Oral Grp B - Facility Fee	Procedure		R 148.11	R 148.11	R 177.74
0921	Oral Care, Oral Grp B - General medical practitioner	Procedure	R 189.39			
0922	Oral Care, Oral Grp B - Specialist medical practitioner	Procedure	R 275.07			
0930	Oral Care, Oral Grp C - Facility Fee	Procedure		R 632.07	R 632.07	R 758.48
0931	Oral Care, Oral Grp C - General medical practitioner	Procedure	R 571.87			
0932	Oral Care, Oral Grp C - Specialist medical practitioner	Procedure	R 1 173.84			
0940	Oral Care, Oral Grp D - Facility Fee	Procedure		R 2 417.64	R 2 417.64	R 2 901.17
0941	Oral Care, Oral Grp D - General medical practitioner	Procedure	R 2 187.39			
0942	Oral Care, Oral Grp D - Specialist medical practitioner	Procedure	R 4 489.90			
<b>10</b>	<b>Consultations</b>					
1010	Outpatient Consultation - Facility Fee	Visit		R 27.66	R 27.66	R 33.20
1011	Outpatient Consultation - General medical practitioner	Visit	R 62.16			
1012	Outpatient Consultation - Specialist medical practitioner	Visit	R 79.53			
1013	Outpatient Consultation - Nursing practitioner	Visit	R 42.46			

Code	Description	Basis	Professional Fee	Facility Fee		
				Level 1	Level 2	Level 3
1014	Outpatient Consultation - Allied health practitioner	Visit	R 54.11			
1020	Emergency Consultation - Facility Fee	Visit		R 41.50	R 41.50	R 49.80
1021	Emergency Consultation - General medical practitioner	Visit	R 93.25			
1022	Emergency Consultation - Specialist medical practitioner	Visit	R 119.29			
1023	Emergency Consultation - Nursing practitioner	Visit	R 63.68			
1024	Emergency Consultation - Allied health practitioner	Visit	R 81.17			
<b>11</b>	<b>Ambulatory procedures</b>					
1110	Ambulatory Procedure, Proc Grp A - Facility Fee	Procedure		R 165.61	R 165.61	R 198.74
1111	Ambulatory Procedure, Proc Grp A - General medical practitioner	Procedure	R 108.18			
1112	Ambulatory Procedure, Proc Grp A - Specialist medical practitioner	Procedure	R 108.97			
1113	Ambulatory Procedure, Proc Grp A - Nursing practitioner	Procedure	R 73.90			
1120	Ambulatory Procedure, Proc Grp B - Facility Fee	Procedure		R 165.61	R 165.61	R 198.74
1121	Ambulatory Procedure, Proc Grp B - General medical practitioner	Procedure	R 278.74			
1122	Ambulatory Procedure, Proc Grp B - Specialist medical practitioner	Procedure	R 378.98			
1130	Ambulatory Procedure, Proc Grp C - Facility Fee	Procedure		R 165.61	R 165.61	R 198.74
1131	Ambulatory Procedure, Proc Grp C - General medical practitioner	Procedure	R 531.75			
1132	Ambulatory Procedure, Proc Grp C - Specialist medical practitioner	Procedure	R 797.40			
1140	Ambulatory Procedure, Proc Grp D - Facility Fee	Procedure		R 165.61	R 165.61	R 198.74
1141	Ambulatory Procedure, Proc Grp D - General medical practitioner	Procedure	R 1 253.21			
1142	Ambulatory Procedure, Proc Grp D - Specialist medical practitioner	Procedure	R 1 874.02			
1150	Ambulatory procedure for cosmetic reasons - Facility Fee	Procedure		R 165.61	R 165.61	R 198.74
1151	Ambulatory procedure for cosmetic reasons - General medical practitioner	Procedure	R 1 253.21			
1152	Ambulatory procedure for cosmetic reasons - Specialist medical practitioner	Procedure	R 1 874.02			
<b>12</b>	<b>Theatre procedures</b>					
1210	Theatre Procedure, Proc Grp A - Facility Fee	Procedure		R 791.05	R 791.05	R 949.26
1211	Theatre Procedure, Proc Grp A - General medical practitioner	Procedure	R 108.18			

Code	Description	Basis	Professional Fee	Facility Fee		
				Level 1	Level 2	Level 3
1212	Theatre Procedure, Proc Grp A - Specialist medical practitioner	Procedure	R 108.97			
1220	Theatre Procedure, Proc Grp B - Facility Fee	Procedure		R 1 147.56	R 1 147.56	R 1 377.07
1221	Theatre Procedure, Proc Grp B - General medical practitioner	Procedure	R 278.74			
1222	Theatre Procedure, Proc Grp B - Specialist medical practitioner	Procedure	R 378.98			
1230	Theatre Procedure, Proc Grp C - Facility Fee	Procedure		R 2 054.10	R 2 054.10	R 2 464.92
1231	Theatre Procedure, Proc Grp C - General medical practitioner	Procedure	R 531.75			
1232	Theatre Procedure, Proc Grp C - Specialist medical practitioner	Procedure	R 797.40			
1240	Theatre Procedure, Proc Grp D - Facility Fee	Procedure		R 5 081.03	R 5 081.03	R 6 097.24
1241	Theatre Procedure, Proc Grp D - General medical practitioner	Procedure	R 1 253.21			
1242	Theatre Procedure, Proc Grp D - Specialist medical practitioner	Procedure	R 1 874.02			
1250	Theatre Procedure for cosmetic reasons - Facility Fee	Procedure		R 5 081.03	R 5 081.03	R 6 097.24
1251	Theatre Procedure for cosmetic reasons - General medical practitioner	Procedure	R 1 253.21			
1252	Theatre Procedure for cosmetic reasons - Specialist medical practitioner	Procedure	R 1 874.02			
<b>13</b>	<b>Treatments</b>					
1310	Supplementary Health Treatment - Facility Fee	Contact		R 21.10	R 21.10	R 25.32
1314	Supplementary Health Treatment - Allied health practitioner	Contact	R 39.19			
<b>14</b>	<b>Emergency Medical Services</b>					
1410	Patient transport service - Facility Fee	100km	See Administrator's Notice No. 646 of 29 August 1958			
1420	Basic life support - Facility Fee	50km				
1430	Intermediate life support - Facility Fee	50km				
1440	Advanced life support - Facility Fee	50km				
1450	Emergency standby service - Facility Fee	Hour				
1451	Emergency standby service - General medical practitioner	Hour				
1452	Emergency standby service - Specialist medical practitioner	Hour				
1453	Emergency standby service - Nursing practitioner	Hour				
1454	Emergency standby service - Allied health practitioner	Hour				
1460	Medical rescue service - Facility Fee	Incident				

Code	Description	Basis	Professional Fee	Facility Fee		
				Level 1	Level 2	Level 3
1461	Medical rescue service - General medical practitioner	Incident	} See Administrator's Notice No. 646 of 29 August 1958			
1462	Medical rescue service - Specialist medical practitioner	Incident				
1463	Medical rescue service - Nursing practitioner	Incident				
1464	Medical rescue service - Allied health practitioner	Incident				
<b>15</b>	<b>Assistive devices and prostheses</b>					
1510	Item Fee	Item	Fees as prescribed by the Member of the Executive council for Health			

# Anaesthetic Groups

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Intralesional injection into areas of pathology e.g. keloids</b>		
<b>Intralesional Injection into areas of pathology e.g. keloids</b>		
00227 Special treatment of severe acne cases, including draining of cysts, expressing of comedones and/or steaming, abrasive cleaning of skin and UVR per session	A	A
<b>Biopsy without suturing</b>		
00233 First lesion	A	A
00234 Subsequent lesions, each .	A	A
00235 Maximum for multiple additional lesions.	A	A
00237 Deep skin biopsy by surgical incision with local anaesthetic and suturing.	A	A
<b>Treatment of benign skin lesion by chemo-cryotherapy</b>		
00241 First Lesion.	A	A
00242 Subsequent lesions, each.	A	A
00243 Maximum for multiple additional lesions.	A	A
00244 Repair of nail bed.	A	A
<b>Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery</b>		
00245 First Lesion.	A	A
00246 Subsequent lesions, each	A	A
<b>Removal of malignant lesions by curetting under local or general anaesthesia followed by electrocautery</b>		
00251 First Lesion.	A	A
00252 Subsequent lesions, each.	A	A
00255 Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail.	A	A
00257 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	A	B
00259 Removal of foreign body superficial to deep deep fascia (except hands).	A	A
00261 Removal of foreign body deep to deep fascia (except hands).	A	A
<b>Kurtin planing for acne scarring</b>		
00271 Whole face .	B	C
00273 Extensive.	B	B
00275 Limited .	B	A
00277 Subsequent planing of whole face within 12 months	B	B
00279 Surgical treatment for axillary hyperhidrosis.	B	B
<b>Laser treatment for small skin lesions</b>		
00280 First lesion.	A	A
00281 Subsequent lesions (each).	A	A
00282 Maximum for multiple additional lesions.	A	A
<b>Laser treatment for large skin lesions</b>		
00283 Limited area.	A	A
00284 Extensive area.	A	B
00285 Whole face or other areas of equivalent size or larger	A	C
<b>Major plastic repair</b>		
00289 Large skin grafts, composite skin grafts, large full thickness free skin grafts.	C	C
00290 Reconstructive procedures (including all stages) and skin graft by myocutaneous or fasciocutaneous flap	C	D
00291 Reconstructive procedures (including all stages) grafting by microvascular reanastomosis.	C	D
00292 Distant flaps: First stage.	C	C
00293 Contour grafts (excluding cost of material)	C	C
00294 Vascularised bone graft with or without soft tissue with one or more sets microvascular anastomoses	C	D
00295 Local skin flaps (large, complicated).	C	C

	Ana Grp	Proc Grp
<b>Major plastic repair</b>		
00296 Other procedures of major technical nature.	C	C
00297 Subsequent major procedures for repair of same lesion.	C	B
00298 Lower abdominal dermo lipectomy.	C	C
00299 Major abdominal lipectomy with repositioning of umbilicus.	C	D
<b>Stitching of soft-tissue injuries</b>		
00300 Stitching of wound (with or without local anaesthesia): Including normal after-care	A	A
00301 Additional wounds stitched at same session (each)	A	A
00302 Deep laceration involving limited muscle damage	B	B
00303 Deep laceration involving extensive muscle damage	B	B
00304 Major debridement of wound, sloughectomy or secondary suture	B	A
00305 Needle biopsy - soft tissue	A	A
00307 Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	A	A
00308 Each additional small procedure done at the same time	A	A
00310 Radical excision of nailbed	A	A
00311 Excision of large benign tumour (more than 5 cm).	A	A
00313 Extensive resection for malignant soft tissue tumour including muscle	B	B
00314 Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	C	B
00315 Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	C	A
<b>Breasts</b>		
00317 Aspiration of cyst or tumour.	A	A
00319 Mastotomy with exploration, drainage of abscess or removal of mammary implant.	A	A
00321 Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma.	A	B
00323 Subareola cone excision of ducts or wedge excision of breast	A	B
00324 Wedge excision of breast and axillary dissection.	C	C
00325 Total mastectomy.	C	C
00327 Total mastectomy with axillary gland biopsy.	C	C
00329 Total mastectomy with axillary gland dissection.	C	D
00330 Nipple and areola reconstruction	B	B
<b>Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis</b>		
00331 Unilateral.	C	C
00333 Bilateral.	C	D
00334 Removal of breast implant by means of capsulectomy: Per breast	C	C
00335 Implantation of internal subpectoral mammary prosthesis in post mastectomy patients.	C	C
<b>Reduction: mammoplasty for pathological hypertrophy</b>		
00337 Unilateral.	C	C
00339 Bilateral.	C	D
<b>Gynaecomastia</b>		
00341 Unilateral.	A	B
00343 Bilateral.	B	C
<b>Burns</b>		
00351 Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours).	B	D
00353 Tangential excision and grafting: Small.	B	B
00354 Tangential excision and grafting: Large.	C	C
<b>Hands (skin)</b>		
00355 Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler	C	B
00357 Small skin graft in acute hand injury.	C	A
00359 Release of extensive skin contracture and or excision of scar tissue with major skin graft resurfacing	C	C
00361 Z-plasty.	B	B

	Ana Grp	Proc Grp
<b>Hands (skin)</b>		
00363 Local flap and skin graft.	B	C
00365 Cross finger flap (all stages).	B	C
00367 Palmar flap (all stages).	B	C
00369 Distant flap: First stage.	B	C
00371 Distant flap: Subsequent stage (not subject to general modifier 0007)	A	B
00373 Transfer neurovascular island flap.	B	C
00374 Syndactyly: Separation of, including skin graft for one web.	B	C
<b>Dupuytren's contracture</b>		
00375 Fasciotomy.	A	A
00376 Fasciotomy.	A	C
<b>Fractures (reduction under general anaesthetic)</b>		
00383 Scapula.	A	
00387 Clavicle.	A	
00389 Humerus.	A	B
00391 Radius and/or Ulna.	A	B
00392 Open reduction of both radius and ulna (Modifier 0051 not applicable)	A	C
00402 Carpal bone.	A	B
00403 Bennett's fracture-dislocation	A	A
00405 Metacarpal: Simple.	A	A
<b>Finger phalanx: distal</b>		
00409 Simple.	A	
00411 Compound.	A	A
<b>Proximal or middle</b>		
00413 Simple.	A	A
00415 Compound.	A	B
<b>Pelvis</b>		
00417 Closed.	B	
00419 Operative reduction and fixation.	B	D
00421 Femur: Neck or Shaft.	A	C
00425 Patella.	A	A
00429 Tibia with or without fibula.	A	B
00433 Fibula shaft.	A	
00435 Malleolus of ankle.	A	A
00437 Fracture-dislocation of ankle.	A	B
00439 Tarsal bones and Os calcis.	A	B
<b>Toe phalanx</b>		
00443 Distal: Simple.	A	
00445 Compound.	A	A
<b>Other</b>		
00447 Simple.	A	A
00449 Compound.	A	A
<b>Sternum and/or ribs</b>		
00451 Closed.	C	
00452 Open reduction and fixation of multiple fractured ribs for flail chest	C	C
<b>Spine: with or without paralysis</b>		
00455 Cervical.	C	
00456 Rest.	C	
<b>Compression fracture</b>		
00461 Cervical.	C	

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Compression fracture</b>		
00462 Rest.	C	
<b>Spinous or transverse processes</b>		
00463 Cervical.	C	
00464 Rest.	C	
<b>Operations for fractures</b>		
00465 Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	C	D
00473 Percutaneous Insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care), modifier 0005 not applicable	B	A
<b>Bonegrafting or internal fixation for mal- or non-union</b>		
00475 Femur, Tibia, Humerus, Radius and Ulna.	C	D
00479 Other bones.	C	C
<b>Bone grafting</b>		
00497 Resection of bone or tumour with or without grafting.	C	D
<b>Grafts to cysts</b>		
00499 Large bones.	B	C
00501 Small bones.	B	B
00503 Cartilage graft.	B	C
00505 Inter-metacarpal bone graft	B	C
00507 Removal of autogenous bone for grafting (not subject to general modifier 0005)	A	A
<b>Acute or chronic osteomyelitis</b>		
00512 Sternum sequestrectomy and drainage: Including six weeks after-care	A	B
<b>Osteotomy</b>		
00514 Sternum: Repair of pectus excavatum.	B	D
00515 Sternum: Repair of pectus carinatum.	B	D
00516 Pelvic.	B	D
00521 Femoral: Proximal.	B	D
<b>Knee region</b>		
00523 Children.	B	B
00527 Adults.	B	D
00528 Os Calcis (Dwyer operation).	C	B
00530 Metacarpal and phalanx: Corrective for mal-union or rotation	C	B
00532 Rotation osteotomies of the Radius, Ulna or Humerus	C	C
00533 Osteotomy, single metatarsal	A	A
00534 Multiple metatarsal osteotomies.	B	C
<b>Exostosis</b>		
00535 Exostosis: Excision: Readily accessible sites.	A	A
00537 Exostosis: Excision: Less accessible sites.	A	B
<b>Biopsy</b>		
00539 Needle Biopsy: Spine (no after-care), modifier 0005 not applicable.	A	A
00541 Needle Biopsy: Other sites (no after-care), modifier 0005 not applicable.	A	A
<b>Dislocations</b>		
00547 Clavicle: either end.	A	A
00549 Shoulder.	A	A
00551 Elbow.	A	A
00552 Wrist.	A	B
00553 Perilunar trans-scaphoid fracture dislocation	A	B
00555 Lunate.	A	B
00556 Carpo-metacarpal dislocation	A	A
00557 Metacarpal-phalangeal and interphalangeal (hand)	A	A

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Dislocations</b>		
00559 Hip.	A	B
00561 Knee.	A	B
00563 Patella.	A	A
00565 Ankle.	A	B
00567 Sub-Talar dislocation.	A	B
00569 Intertarsal or Tarsometatarsal or Midtarsal.	A	B
00571 Metatarsophalangeal and interphalangeal joints (foot)	A	A
<b>Operations for dislocations</b>		
00578 Recurrent dislocation of shoulder	B	C
00579 Recurrent dislocation of all other joints.	B	C
<b>Capsular operations</b>		
00582 Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	A	A
00583 Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care).	A	B
00585 Capsulectomy digital joint.	A	B
00586 Multiple percutaneous capsulotomies of metacarpophalangeal joints.	A	B
00587 Release of digital joint contracture.	B	B
<b>Synovectomy</b>		
00589 Digital joint.	B	B
00592 Large joint.	C	C
00593 Tendon synovectomy.	C	B
<b>Arthrodesis</b>		
00597 Shoulder.	C	C
00598 Elbow.	C	C
00599 Wrist.	C	C
00600 Digital joint.	C	B
00601 Hip.	C	D
00602 Knee.	C	C
00603 Ankle.	C	C
00604 Sub-talar.	C	B
00605 Stabilization of foot (triple-arthrodesis).	C	C
00607 Mid-tarsal wedge resection	C	C
<b>Arthroplasty</b>		
00614 Debridement large joints	B	C
00615 Excision medial or lateral end of clavicle.	B	B
00617 Shoulder: Acromioplasty.	B	C
00619 Shoulder: Partial replacement	C	D
00620 Shoulder: Total replacement.	C	D
00621 Elbow: Excision head of radius.	B	B
00622 Elbow: Excision.	C	C
00623 Elbow: Partial replacement	C	C
00624 Elbow: Total replacement.	C	D
00625 Wrist: Excision distal end of ulna.	B	B
00626 Wrist: Excision single bone	B	B
00627 Wrist: Excision proximal row	B	C
00631 Wrist: Total replacement.	C	C
00635 Digital Joint: Total replacement.	C	C
00637 Hip: Total replacement	C	D
00639 Hip: Cup.	C	D
00641 Hip: Prosthetic replacement of femoral head.	C	D

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Arthroplasty</b>		
00643 Hip: Girdlestone.	C	D
00645 Knee: Partial replacement	C	D
00646 Knee: Total replacement.	C	D
00649 Ankle: Total replacement	C	C
00650 Ankle: Astragalectomy.	B	C
<b>Miscellaneous (joints)</b>		
00661 Aspiration of joint or intra-articular injection (not including after-care), modifier 0005 not applicable.	A	A
<b>Multiple intra-articular injections for rheumatoid arthritis</b>		
00663 First joint.	A	A
00665 Additional (each).	A	A
00667 Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable.	A	A
00669 Manipulation large joint under general anaesthetic (not including after-care), modifier 0005 not applicable: Hip	A	A
00670 The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic:	A	A
00673 Meniscectomy or operation for other internal derangement of knee.	B	B
<b>Joint ligament reconstruction or suture</b>		
00675 Ankle: Collateral.	B	C
00677 Knee: Collateral.	B	C
00678 Knee: Cruciate.	B	C
00679 Ligament augmentation procedure of knee.	B	D
00680 Digital joint ligament.	B	B
<b>Specific amputations</b>		
00682 Fore-quarter amputation.	C	D
00683 Through shoulder.	B	C
00685 Upper arm or fore-arm.	B	B
00687 Partial amputation of the hand: One ray.	A	B
00691 Part of or whole of finger.	A	A
00693 Hindquarter amputation.	B	D
00695 Through hip joint region.	B	C
00697 Through thigh	B	B
00699 Below knee, through knee or Syme.	B	C
00701 Trans metatarsal or trans tarsal.	A	B
00703 Foot: One ray.	A	B
00705 Toe.	A	A
<b>Post-amputation reconstruction</b>		
00706 Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutter	A	B
00707 Krukenberg reconstruction	C	C
00709 Metacarpal transfer.	B	C
00711 Pollicization of the finger (to include all stages).	C	D
00712 Toe to thumb transfer.	C	D
<b>Investigations :</b>		
00713 Electromyography.	A	B
00714 Electromyographic neuromuscular junctional study, including edrophonium response.	A	A
00715 Strength duration curve per session.	A	A
00717 Electrical examination of single nerve or muscle.	A	A
00721 Voltage integration during isometric contraction	A	A
00723 Tonometry with edrophonium	A	A
00725 Isometric tension studies with edrophonium.	A	A
<b>Cranial reflex study (both early and late responses) supra occulo-facial or corneo-facial or flabello-facial</b>		
00727 Unilateral.	A	A

Cranial reflex study (both early and late responses) supra occulofacial or corneo-facial or flabellofacial		Ana Grp	Proc Grp
00728	Bilateral.	A	A
00729	Tendon reflex time.	A	A
00735	Examinations of sensory nerve conduction by sweep averages (single nerve).	A	A
00737	Biopsy for motor nerve terminals and end plates.	A	A
00739	Combined muscle biopsy with end plates and nerve terminal biopsy.	B	A
00740	Muscle fatigue studies.	A	A
00741	Muscle biopsy.	B	A
<b>Decompression operations</b>			
00743	Major compartmental decompression.	A	B
00744	Fasciotomy only.	A	A
<b>Muscle and tendon repair</b>			
00745	Biceps humeri.	B	B
00746	Removal of calcification in Rotator cuff.	A	B
00747	Rotator cuff.	B	B
00755	Infrapatellar or quadriceps tendon	B	B
00757	Achilles tendon.	B	B
00759	Other single tendon.	A	B
00763	Tendon or ligament injection	A	A
<b>Flexor tendon suture</b>			
00767	Primary (per tendon).	A	B
00769	Secondary (per tendon)	A	C
<b>Extensor tendon suture</b>			
00771	Primary (per tendon).	A	B
00773	Secondary (per tendon).	A	B
00774	Repair of Boutonniere deformity or Mallet finger.	B	B
<b>Tendon graft</b>			
00775	Free tendon graft.	C	C
00776	Reconstruction of pulley for flexor tendon.	B	A
<b>Finger</b>			
00777	Flexor.	C	C
00779	Extensor.	C	B
00780	Two stage flexor tendon graft using silastic rod.	C	C
<b>Tenolysis</b>			
00781	Tendon freeing operation, except where specified elsewhere	B	B
00782	Carpal tunnel syndrome.	B	B
00783	De Quervain.	B	A
00784	Trigger finger.	B	A
00785	Flexor tendon freeing operation following free tendon graft or suture.	B	C
00787	Extensor tendon freeing operation following graft or suture	B	B
00788	Intrinsic tendon release per finger .	B	B
00789	Central tendon tenotomy for Boutonniere deformity	B	B
<b>Tenodesis</b>			
00790	Digital joint.	A	B
<b>Muscle tendon and fascia transfer</b>			
00791	Single tendon transfer.	B	B
00792	Multiple tendon transfer.	C	B
00793	Hamstring to quadriceps transfer.	C	B
00794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	C	D
00795	Tendon transfer at elbow	C	B

	Ana Grp	Proc Grp
<b>Muscle tendon and fascia transfer</b>		
00796 Iliopsoas at hip.	C	C
00797 Knee (Eggers).	C	B
<b>Hand tendons</b>		
00803 Single tendon transfer (first)	B	B
00809 Substitution for intrinsic paralysis of hand.	C	C
00811 Opponens transfers.	C	B
<b>Muscle slide operations and tendon lengthening</b>		
00812 Percutaneous Tenotomy: All sites.	A	A
00813 Torticollis.	B	B
00815 Scalentomy.	B	B
00817 Scalentomy with excision of first rib.	B	C
00821 Tennis elbow.	C	B
00823 Excision or slide for Volkmann's Contracture.	C	C
00825 Hip: Open muscle release.	C	B
00829 Knee: Quadricepsplasty.	B	C
00831 Knee: Open tenotomy.	B	B
00835 Calf.	B	B
00837 Open elongation tendon Achilles.	B	B
00845 Foot: Plantar fasciotomy.	A	B
00846 Foot: Postero-medial release for club-foot.	C	C
<b>Excision</b>		
00847 Semimembranosus.	B	B
00849 Prepatellar.	A	A
00851 Olecranon.	A	A
00853 Small bursa or ganglion.	A	A
00855 Compound palmar ganglion or synovectomy.	A	B
00857 Aspiration or injection (no after-care), modifier 0005 not applicable	A	A
<b>Leg equalisation and congenital hips and feet</b>		
00859 Leg shortening.	C	D
00861 Leg lengthening.	C	D
00863 Epiphysiodesis at one level.	C	B
<b>Initial non-operative reduction and application of plastercast</b>		
00865 One hip.	A	B
00867 Two hips.	A	C
00868 Open reduction of congenital dislocation of the hip	C	C
<b>Manipulation and plaster</b>		
00873 One foot.	A	A
<b>Removal of internal fixatives or prosthesis</b>		
00886 Late removal of infected total joint replacement prosthesis (including six weeks after-care). Fee for total joint replacement of the specific joint plus 64,00 units (general practitioner 42,00 units)	C	
<b>Plasters (exclusive of after-care)</b>		
00887 Limb cast (excluding after-care) (modifier 0005 not applicable).	A	A
00889 Spica, plaster jacket or hinged cast brace (excluding after-care).	B	A
00891 Tumbuckle cast (excluding after-care).	B	A
00893 Adjustment or repair of tumbuckle cast (excluding after-care).	A	A
<b>Toes: multiple claw toes: radical operation</b>		
00897 One foot.	C	B
00901 Tenotomy extensor tendons	C	A
00903 Hammer toe or overlapping toe	C	A

		<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Toes: multiple claw toes: radical operation</b>			
00905	Filleting toe or syndactyly.	C	A
<b>Big toe</b>			
00906	Arthrodesis Hallux.	B	B
00907	Hallux Valgus: Bunionectomy	B	B
00909	Excision arthroplasty.	B	B
00910	Prosthetic replacement big toe.	B	C
00911	Osteotomy first metatarsal including bunionectomy.	B	B
<b>Reimplantations</b>			
00912	Replant of amputated upper limb proximal to wrist joint	C	D
00913	Replantation of thumb.	C	D
00914	Replantation of a single digit (to be motivated), for multiple digits, modifier 0005 applicable.	C	D
00915	Replantation operation through the palm.	C	D
<b>Tumours</b>			
00919	Epidermoid cysts.	A	A
00920	Ganglion or fibroma.	A	A
00921	Nodular synovitis (Giant cell tumour of tendon sheath)	A	B
<b>Removal of foreign bodies requiring incision</b>			
00922	Under local anaesthetic.	A	A
00923	Under general or regional anaesthetic.	A	A
<b>Crushed hand injuries</b>			
00924	Initial extensive soft tissue toilet under general anaesthetic (sliding scale).	A	A
00925	Subsequent dressing changes under general anaesthetic	B	A
<b>Spine</b>			
00927	Excision of one vertebral body, for a lesion within the body (no decompression)	C	C
00928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	C	C
00929	Manipulation of spine under general anaesthetic: (no after-care), modifier 0005 not applicable.	B	A
00930	Posterior osteotomy of spine: One vertebral segment	C	D
00931	Posterior spinal fusion: One level.	C	D
00932	Posterior osteotomy of spine: Each additional vertebral segment	C	D
00933	Anterior spinal osteotomy with disc removal: One vertebral segment	C	D
00934	Spinal fusion: Multiple levels	C	D
00935	Occipito-cervical fusion.	C	D
00936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	C	D
00937	Sacro-iliac fusion.	C	C
00938	Anterior fusion base of skull to C2	C	D
00939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	B	C
00940	Trans-thoracic anterior exposure of the spine If done by a second surgeon	B	C
00941	Anterior interbody fusion: One level	C	D
00942	Anterior interbody fusion: Each additional level	C	D
00944	Posterior fusion: Occiput to C2	C	D
00945	Lumbar discectomy: Multiple levels on both sides.	C	C
00946	Posterior spinal fusion: Each additional level	C	D
00947	Surgical removal cervical or thoracic disc: One level	C	C
00948	Posterior interbody lumbar fusion: One level	C	D
00949	Surgical removal cervical or thoracic disc: Multiple levels	C	D
00950	Posterior interbody lumbar fusion: Each additional interspace	C	D
00951	Removal disc plus spinal fusion: One level.	C	D
00953	Removal disc plus spinal fusion: Multiple levels.	C	D
00959	Excision of coccyx.	B	B

Spine		Ana Grp	Proc Grp
00961	Costo-transversectomy.	B	C
00963	Antero-lateral decompression of spinal cord or anterior debridement	C	D
<b>Spinal deformities</b>			
00952	Posterior fusion for spinal deformity: Up to 6 levels	A	D
00954	Posterior fusion for spinal deformity: 7 to 12 levels	A	D
00955	Posterior fusion for spinal deformity: 13 or more levels	A	D
00956	Anterior fusion for spinal deformity 2 or 3 levels	A	D
00957	Anterior fusion for spinal deformity: 4 to 7 levels	A	D
00958	Anterior fusion for spinal deformity: 8 or more levels	A	D
00973	Spinal fusion.	C	D
00975	Internal mechanical fixation and spinal fusion	C	D
00976	Internal mechanical fixation by using Harrington/Zielke/or similar procedure and spinal fusion with sub-laminar wires	C	D
00977	Cotrel-Dubboiset/or similar procedure (8 to 10 hooks) and spinal fusion	C	D
00978	Internal mechanical fixation without fusion.	C	D
00979	Revision of fusion and repair of pseudo-arthrosis at one or more levels: Posterior approach	C	D
00981	Osteotomy of posterior elements and fusion.	C	D
00983	Osteotomy, excision or release of anterior spinal elements	C	D
00984	Dwyer type of procedure.	C	D
00985	Removal of internal mechanical fixation.	C	B
00986	Removal of internal mechanical fixation: Multiple levels .	C	B
<b>All spinal problems</b>			
00943	Laminectomy with decompression of nerve roots and disc removal: One level.	C	C
00960	Posterior non-segmental instrumentation	B	C
00962	Posterior segmental instrumentation : 2 to 6 vertebrae	B	C
00964	Posterior segmental instrumentation: 7 to 12 vertebrae	B	C
00966	Posterior segmental instrumentation: 13 or more vertebrae	B	C
00968	Anterior instrumentation: 2 to 3 vertebrae	B	C
00970	Anterior instrumentation: 4 to 7 vertebrae	B	C
00972	Anterior instrumentation: 8 or more vertebrae	B	C
00974	Additional pelvic fixation of instrumentation other than sacrum	B	B
05750	Reinsertion of instrumentation	B	D
05751	Removal of posterior non-segmental instrumentation	B	C
05752	Removal of posterior segmental instrumentation	B	C
05753	Removal of anterior instrumentation	B	C
05755	Laminectomy for spinal stenosis (exclude discectomy, foraminotomy and spondylolisthesis): One or two levels	A	D
05756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	A	D
05757	Laminectomy for decompression without foraminotomy or discectomy more than two levels	A	D
05758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	A	D
05759	Laminectomy for decompression discectomy etc., revision operation	B	D
05760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	A	D
05761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	A	D
05763	Anterior disc removal and spinal decompression cervical: One level	A	D
05764	Anterior disc removal and spinal decompression cervical: Each additional level	A	D
05765	Vertebral corpectomy for spinal decompression: One level	A	D
05766	Vertebral corpectomy for spinal decompression: Each additional level	A	D
<b>Facial bone procedures</b>			
00987	Repair of orbital floor (blowout fracture).	C	C
00988	Genioplasty.	C	C

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Open reduction and fixation of central mid-third facial fracture with displacement</b>		
<b>Open reduction and fixation of central mid-third facial fracture with displacement</b>		
00989 Le Fort I.	B	C
00990 Le Fort II.	C	D
00991 Le Fort III.	C	D
00992 Le Fort I Osteotomy.	C	D
00993 Palatal Osteotomy.	C	D
00994 Le Fort II Osteotomy (team fee).	C	D
00995 Le Fort III Osteotomy (team fee).	C	D
<b>Mandible: fractured nose and zygoma</b>		
00997 Open reduction and fixation.	C	D
00999 Closed reduction by Inter-maxillary fixation.	C	C
01001 Temporo-mandibular joint: Reconstruction for dysfunction	C	C
01003 Manipulation: Immobilisation and follow-up of fractured nose.	A	A
01007 Mandibulectomy.	C	D
01009 Maxillectomy	C	D
01011 Bone graft to mandible.	C	C
01012 Adjustment of occlusion by ramisection.	C	C
01015 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures, recent fractures (within four weeks)	C	B
01017 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; (after four weeks)	C	C
<b>Nose and sinuses</b>		
01020 Septum perforation repair, by any method.	C	B
01022 Functional reconstruction of nasal septum.	C	B
01024 Insertion of silastic obturator into nasal septum perforation (excluding material)	B	A
01025 Intranasal antrostomy, uni- or bilateral.	B	A
01027 Dacrocystorhinostomy.	B	C
01029 Turbinesctomy, uni- or bilateral	B	A
01030 Endoscopic turbinesctomy: laser or microdebrider	B	B
01033 Removal of multiple polyps in hospital under general anaesthetic	B	A
01034 Autogenous nasal bone transplant: Bone removal included	C	B
01035 Functional endoscopic sinus surgery: Unilateral	C	B
01036 Bilateral functional endoscopic sinus surgery.	C	C
<b>Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral</b>		
01039 Under general anaesthetic	B	A
<b>Severe epistaxis, requiring hospitalisation</b>		
01041 Anterior plugging (including after-care).	B	A
01043 Anterior and posterior plugging (including after-care)	B	A
01045 Ligation anterior ethmoidal artery.	B	A
01047 Caldwell-Luc operation (unilateral).	B	B
01049 Ligation internal maxillary artery.	B	B
01050 Vidian neurectomy (transantral or transnasal).	B	B
01051 Removal nasopharyngeal fibroma.	C	D
01052 Instrumental examination of the nasopharynx including biopsy under general anaesthetic.	B	A
01053 Frontal sinus drainage only	B	B
01055 External frontal ethmoidectomy	C	C
01057 External ethmoidectomy and/or sphenoidectomy	C	C
01058 Sublabial transeptal sphenoidotomy.	C	B
01059 Frontal osteomyelitis.	B	C
01060 Obliteration of frontal sinus.	B	C

	Ana Grp	Proc Grp
<b>Severe epistaxis, requiring hospitalisation</b>		
01061 Lateral rhinotomy.	C	C
01065 Removal of foreign body from nose under general anaesthetic	A	A
01067 Proof puncture at rooms (unilateral).	A	A
01069 Proof puncture, uni- or bilateral under general anaesthetic	A	A
01079 Septum abscess, under general anaesthetic.	A	A
01081 Oro-antral fistula (without Caldwell-Luc).	B	B
01083 Choanal atresia: Intranasal approach.	B	B
01084 Choanal atresia: Transpalatal approach.	C	C
01085 Total reconstruction of the nose: including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomies) and nose	C	D
01087 Sub-total reconstruction consisting of any two of the following: septumplasty, osteotomies, nasal tip reconstruction	B	C
<b>Forehead rhinoplasty (all stages)</b>		
01089 Total.	C	D
01091 Partial.	C	D
01093 Rhinophyma without skin graft	B	B
01095 Full nasal reconstruction for secondary cleft lip deformity	C	D
01097 Partial nasal reconstruction for cleft lip deformity	B	C
01099 Columella reconstruction or lengthening.	B	B
<b>Throat</b>		
01101 Tonsillectomy (dissection of tonsils)	B	B
01102 Laser tonsillectomy	B	B
01105 Removal of adenoids	B	A
01106 Laser assisted functional reconstruction of palate and uvula: In the rooms (+ item 3201 for hire of laser) (a 25% reduction in applicable should further follow-up operations be performed by the same surgeon)	B	B
01107 Opening of quinsy - at rooms.	B	A
01108 Laser assisted functional reconstruction of palate and uvula: In rooms (+ item 3201 for hire of laser): Follow-up operation performed by the same surgeon	A	B
01109 Opening of quinsy under general anaesthetic	B	A
01110 Ludwig's Angina: Drainage.	B	A
01111 Post tonsillectomy or adenoidectomy haemorrhage	B	A
01112 Pharyngeal pouch operation.	C	C
01113 Retropharyngeal abscess internal approach.	B	A
01115 Retropharyngeal abscess external approach.	B	B
01116 Functional reconstruction of palate and uvula	C	B
<b>Larynx</b>		
01118 Laryngeal stroboscopy with video capture	B	A
<b>Laryngectomy</b>		
01119 Laryngectomy without block dissection of the neck.	C	D
01125 Endolaryngeal operations (with full details of the procedure performed)	B	A
01126 Post laryngectomy for voice restoration.	C	B
01127 Tracheotomy.	B	B
01128 Endolaryngeal operations using a laser.	B	B
01129 External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor paralysis, laryngo-fissure.	C	C
<b>Direct laryngoscopy</b>		
01130 Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	B	A
01131 Plus foreign body removal	B	B
<b>Bronchoscopy</b>		
01132 Diagnostic bronchoscopy	B	B
01133 With removal of foreign body.	B	B
01134 Bronchoscopy with use of laser.	B	B
01135 With bronchography.	B	B

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Bronchoscopy</b>		
01136 Nebulisation (in rooms)	A	A
01137 Bronchial lavage.	B	
01138 Thoracotomy: for broncho-pleural fistula(including ruptured bronchus, any cause)	C	D
<b>Pleura</b>		
01139 Pleural needle biopsy: (no after-care), modifier 0005 not applicable	A	A
01141 Insertion of intercostal catheter (under water drainage)	B	A
01142 Intra-pleural block.	B	A
01143 Paracentesis chest: Diagnostic.	A	A
01145 Paracentesis chest: Therapeutic.	A	A
01149 Pleurectomy.	C	C
01151 Decortication of lung.	C	D
01153 Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc)	A	A
<b>Surgical</b>		
01155 Needle biopsy lung: (no after-care) modifier 0005 not applicable	A	A
01157 Pneumonectomy.	C	D
01159 Pulmonary lobectomy.	C	D
01161 Segmental lobectomy.	C	D
<b>Excision tracheal stenosis</b>		
01163 Cervical.	C	D
01164 Intra thoracic.	C	D
01167 Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks.	C	C
01168 Thoracoplasty: Complete.	C	C
01169 Thoracoplasty: Limited/osteoplastic.	C	C
01171 Drainage empyema (including six weeks after treatment)	C	C
01173 Drainage of lung abscess (including six weeks after treatment)	C	C
01175 Thoracotomy (limited): For lung or pleural biopsy.	C	B
01177 Major: Diagnostic, as for Inoperable carcinoma	C	C
01179 Thoracoscopy.	C	B
01181 Unilateral lung transplant.	C	D
01182 Harvesting donor lung: Unilateral.	B	B
<b>Excision or plication of emphysematous cyst</b>		
01183 Unilateral.	C	C
01184 Bilateral synchronous (Median sternotomy).	C	D
01185 Re-exploration following sternal dehiscence.	C	B
<b>Pulmonary function tests</b>		
01186 Flow volume test: Inspiration/expiration.	B	A
01188 Flow volume test: Inspiration/expiration pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	B	A
01189 Forced expirogram only	A	A
01191 N2 single breath distribution	A	A
01192 Peak expiratory flow only.	A	A
01193 Closed circuit or body plethysmograph determination of F.R.C.	B	A
01195 Airway resistance, body plethysmograph.	B	A
01196 Airway resistance, body plethysmograph: pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1195 applies)	B	A
01197 Compliance and resistance, using oesophageal balloon	B	A
01198 Histamine/metacholine inhalation test.	B	A
01199 Cardio-respiratory exercise test (treadmill or cycle to be charged for separately) with recording of V.E., V.O2, H.R., R.R., ECG and oximetry	B	A
01200 C.O. diffusion test, single breath or steady state.	B	A
01201 Maximum inspiratory/expiratory pressure.	A	A

	Ana Grp	Proc Grp
<b>Neonatal procedures</b>		
<b>Neonatal procedures</b>		
01202 Insertion of central venous catheter via peripheral vein in neonates.	B	A
<b>Ventilation</b>		
01215 Insertion of arterial pressure cannula.	A	A
01216 Insertion of Swan Ganz catheter for haemodynamic monitoring.	B	A
01217 Insertion of central venous line via peripheral vein.	A	A
01218 Insertion of central venous line via subclavian or jugular veins.	A	A
01221 Professional fee for managing a patient-controlled analgesic pump: Once off charge per patient.	B	A
<b>Mediastinal procedures</b>		
01222 Mediastinal tumours.	C	D
01223 Mediastinoscopy.	B	B
01224 Mediastinotomy.	C	B
01225 Excision of malignant chest wall tumours involving sternum and multiple ribs.	C	D
01226 Removal of single rib with a lesion.	C	D
<b>General</b>		
01227 Prolonged neonatal resuscitation.	B	
<b>Electrocardiogram</b>		
01245 Angiography cerebral: First two series.	B	A
01246 Angiography peripheral: Per limb.	B	A
01247 Cardioversion for arrhythmias (any method) with doctor in attendance	B	B
01248 Paracentesis of pericardium.	B	A
<b>Cardiac catheterisation</b>		
01249 Right and left cardiac catheterisation without coronary angio-graphy (with or without biopsy).	C	B
01250 Endomyocardial biopsy.	B	B
01251 Transseptal puncture.	B	B
01252 Left heart catheterisation with coronary angiography (with or without biopsy).	C	B
01253 Right heart catheterisation (with or without biopsy)	C	B
01254 Catheterisation of coronary artery bypass grafts and/or internal mammary grafts.	C	A
<b>Electrophysiological study</b>		
01256 Ventricular stimulation study.	C	C
01257 Full electrophysiological study	C	D
<b>Pacemakers</b>		
01258 Permanent - single chamber.	B	C
01259 Permanent - dual chamber.	B	C
01260 AV nodal ablation.	C	D
01261 Accessory pathway ablation.	C	D
01263 Insertion transvenous implantable defibrillator.	C	D
01264 Test for implantable transvenous defibrillator	C	B
01265 Renewal of pacemaker unit only, team fee.	B	B
01267 Repositioning of catheter electrode.	B	A
01273 Insertion of temporary pacemaker (modifier 0005 not applicable).	B	B
01275 Termination of arrhythmia - programmed stimulation and lead insertion of temporary pacer.	B	C
<b>Percutaneous transluminal angioplasty</b>		
01276 First cardiologist: single lesion	C	C
01277 Second cardiologist: single lesion.	C	B
01278 First cardiologist: second lesion.	C	A
01279 Second cardiologist: second lesion.	C	A
01280 First cardiologist: third or subsequent lesions (each)	C	A
01281 Second cardiologist: third or subsequent lesions (each)	C	A

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Percutaneous transluminal angioplasty</b>		
01282 Use of balloon procedures including - first cardiologist - Atrial septostomy - Pulmonary valve valvuloplasty - Aortic valve valvuloplasty - Coarctation dilation - Mitral valve valvuloplasty.	C	C
01283 Use of balloon procedure as in Item 1282 - second cardiologist	C	B
<b>Paediatric cardiac catheterisation</b>		
01288 Paediatric cardiac catheterisation	C	C
01289 Paediatric cardiac catheterisation: Infants below the age of one year.	C	C
<b>Cardiac surgery</b>		
01294 Patent ductus arteriosus.	C	D
01295 Pericardiectomy for constrictive pericarditis.	C	D
01297 Coarctation of aorta.	C	D
01299 Systemo-pulmonary anastomosis.	C	D
01301 Mitral valvotomy: Closed heart technique.	C	D
01302 Heart transplant.	C	D
01303 Harvesting donor heart.	B	B
01305 Operative implantation of cardiac pacemaker by thoracotomy	C	C
01307 Re-exploration after cardiac-surgery.	C	C
01308 Heart and lung transplant.	C	D
01309 Harvesting donor heart and lungs.	B	B
01311 Pericardial drainage.	C	B
<b>Open heart surgery</b>		
01320 Repeat open heart surgery (additional fee above procedure fee)	C	C
01321 Stand-by fee for coronary angioplasty.	B	A
<b>Atrial septal defect</b>		
01323 Osteum secundum.	C	D
01325 Sinus venosus or osteum primum.	C	D
01327 Ventricular septal defect.	C	D
01329 Fallo's tetralogy.	C	D
01330 Pulmonary stenosis.	C	D
01331 Transposition of large vessels (venous repair).	C	D
01332 Transposition of great arteries (arterial repair).	C	D
01333 Ebstein's Anomaly.	C	D
01335 Total anomalous venous drainage.	C	D
01337 Creation of atrial septal defect by thoracotomy with or without cardiac bypass.	C	D
01338 Fontan type repair	C	D
<b>Acquired conditions</b>		
01339 Mitral valve replacement.	C	D
01340 Mitral valvuloplasty	C	D
01341 Aortic valve replacement.	C	D
01342 Tricuspid annulo plasty.	C	C
01343 Double valve replacement.	C	D
01344 Acute dissecting aneurysm repair.	C	D
01345 Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	C	D
<b>Aorta-coronary bypass operation (including interpretation of angiogram)</b>		
01348 Utilizing saphenous veins.	C	D
01349 Additional arterial implant: any artery.	C	D
01350 Additional double arterial implant: any artery.	C	D
01351 Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	C	D

	Ana Grp	Proc Grp
<b>Aorta-coronary bypass operation (Including interpretation of angiogram)</b>		
01352 Cardiac aneurysm.	C	D
01353 Ascending/descending thoracic aortic aneurysm repair	C	D
01354 Arrhythmia surgery.	C	D
01355 Cardiac tumour.	C	D
01356 Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable).	C	C
<b>Abdominal aorta and iliac artery</b>		
01372 Unruptured	C	D
01373 Ruptured.	C	D
01375 Grafting and/or thrombo-endarterectomy for thrombosis	C	D
01376 Aorta bifemoral graft, including proximal and distal endarterectomy and preparation for anastomosis	C	D
<b>Iliac artery</b>		
01379 Prosthetic grafting and/or Thrombo-endarterectomy	C	D
<b>Peripheral</b>		
01385 Prosthetic grafting.	C	C
01396 Suture major blood vessel (artery or vein) - trauma (major blood vessel are define as aorta, innominate artery, carotid artery and vetebral 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.)	C	C
<b>Grafting vein</b>		
01387 Vein grafting proximal to knee joint.	C	D
01388 Distal to knee joint	C	D
01389 Endarterectomy when not part of another specified procedure	C	C
01390 Carotid endarterectomy.	C	D
<b>Embolectomy</b>		
01393 Peripheral embolectomy transfemoral .	B	C
<b>Miscellaneous arterial procedures</b>		
01395 Arterial suture: trauma.	B	B
01397 Profundoplasty.	B	C
01399 Distal tibial (Ankle region).	C	D
01401 Femoro-femoral.	C	C
01402 Carotid-subclavian.	C	D
01403 Axillo-femoral: (Bifemoral + 50%).	C	D
<b>Veins</b>		
01407 Ligation of saphenous vein.	A	A
01408 Placement of Hickman catheter or similar.	B	B
<b>Ligation of inferior vena cava :</b>		
01410 Abdominal.	B	C
<b>"Umbrella" operation on inferior vena cava :</b>		
01412 Abdominal.	C	B
<b>Combined procedure for varicose veins: ligation of saphenous vein, stripping, multiple ligation including of perforating veins as indicated :</b>		
01413 Unilateral.	B	B
01415 Bilateral.	B	C
01417 Extensive sub-fascial ligation of perforating veins.	B	B
01419 Lesser varicose vein procedures	A	A
<b>Thrombectomy</b>		
01425 Inferior vena cava (Trans abdominal).	C	C
01427 Ilio-femoral.	B	C
<b>Portal hypertension</b>		
01429 Porto-caval shunt.	C	D

	Ana Grp	Proc Grp
<b>Splenectomy</b>		
<b>Splenectomy</b>		
01435 Splenectomy (In all cases)	C	C
01436 Splenorrhaphy.	C	C
<b>Excision of lymph node for biopsy</b>		
01439 Neck or axilla.	A	B
01441 Groin.	A	B
01443 Simple excision of lymph nodes for tuberculosis	A	B
<b>Radical excision of lymph nodes of neck: total</b>		
01445 Unilateral.	C	D
01447 Suprahyoid unilateral.	C	C
01449 Radical excision of lymph nodes of axilla.	C	C
<b>Radical excision of lymph nodes of groin</b>		
01451 Ilio-inguinal.	C	C
01453 Inguinal.	C	C
01455 Retroperitoneal lymphadenectomy including pelvic, aortic and renal nodes.	C	D
<b>Bone marrow biopsy</b>		
01457 By trephine.	A	A
01459 Staging laparotomy for lymphoma (including splenectomy)	B	C
<b>Bone marrow transplantation</b>		
01450 Cryopreservation of bone marrow or peripheral blood stem cells	B	A
01454 Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	B	A
01456 Preparation of extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis	B	A
<b>Oral cavity</b>		
01461 All dental procedures.	A	
01463 Surgical biopsy of tongue or palate: Under general anaesthetic.	A	A
01465 Surgical biopsy of tongue or palate: Under local anaesthetic	A	A
01467 Drainage of intra-oral abscess.	A	A
01469 Local excision of mucosal lesion of oral cavity.	A	A
01471 Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	C	D
01473 Complicated reconstruction following major ablative procedure for head and neck cancer.	C	
01475 Cleft palate: Repair primary deformity with or without pharyngoplasty	C	D
01477 Cleft palate: Secondary repair.	C	C
01478 Velopharyngeal reconstruction with myoneurovascular transfer (dynamic repair)	A	C
01479 Velopharyngeal reconstruction with or without pharyngeal flap (static repair).	C	C
01480 Repair of oronasal fistula (large) e.g. distant flap	A	C
01481 Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	C	B
01482 Repair of oronasal fistula (large): Second stage	A	B
01483 Alveolar periosteal or other flaps for arch closure	C	B
01486 Closure of anterior nasal floor	A	B
<b>Lips</b>		
01485 Local excision of benign lesion of lip.	A	A
01487 Resection for lip malignancy.	B	B
<b>Cleft lip</b>		
01484 Lip adhesion (cleft lip)	A	B
01489 Repair unilateral cleft lip (with muscle reconstruction).	B	C
01490 Repair bilateral cleft lip (with muscle reconstruction) (one of two stages)	A	C
01491 Repair bilateral cleft lip (with muscle reconstruction) (one stage).	B	D
01492 Repair bilateral cleft lip (second stage)	A	C

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Cleft lip</b>		
01493 Total revision of secondary cleft lip deformities.	B	C
01494 Partial revision of secondary cleft lip deformity	A	B
01495 Abbé or Estlander type flap (all stages included).	B	C
01497 Vermilionectomy.	B	B
01499 Lip reconstruction following an injury: Direct repair	B	B
<b>Lip reconstruction following an injury or tumour removal</b>		
01501 Flap repair.	B	C
01503 Total reconstruction (first stage).	B	C
01504 Subsequent stages (see item 0299).	B	B
<b>Tongue</b>		
01505 Partial glossectomy.	B	C
01507 Local excision of lesion of tongue.	A	A
<b>Palate, uvula and salivary glands</b>		
01509 Wide excision of lesion of palate.	B	B
01511 Radical resection of palate (including skin graft).	C	C
01513 Excision of ranula.	B	A
01515 Excision of sublingual salivary gland.	C	B
01517 Excision of submandibular salivary gland.	C	C
01519 Excision of submandibular salivary gland with suprahyoid dissection	C	C
01521 Excision of submandibular salivary gland: With radical neck dissection.	C	D
01523 Local resection of parotid tumour.	B	B
01525 Partial parotidectomy.	C	C
01527 Total parotidectomy.	C	C
01529 Extracapsular Parotidectomy	C	D
01531 Drainage of parotid abscess.	A	A
01533 Closure of salivary fistula.	B	B
01535 Dilatation of salivary duct.	B	A
01537 Operative removal of salivary calculus.	B	A
01539 Meatotomy: Salivary duct.	B	A
01541 Branchial cyst and/or fistula: Excision.	B	B
01543 Excision of cystic hygroma	B	B
01544 Ludwig's Angina: Drainage	B	A
<b>Oesophagus</b>		
01545 Oesophagoscopy with rigid instrument: First and subsequent	B	A
01549 Oesophagoscopy with dilatation of stricture.	B	B
01550 With removal of foreign body.	B	B
01551 With insertion of indwelling oesophageal tube.	B	B
01552 Injection of oesophageal varices (endoscopy inclusive)	B	B
01553 Subsequent injection of oesophageal varices (endoscopy inclusive).	B	B
01554 Per-oral small bowel biopsy.	B	A
01555 Repair of tracheal oesophageal fistula and oesophageal atresia.	C	D
01557 Oesophageal dilatation.	B	A
<b>Oesophagectomy</b>		
01559 Two stage.	C	D
01560 Three stage.	C	D
01561 Thoraco-abdominal oesophagogastrrectomy .	C	D
<b>Hiatus hernia and diaphragmatic hernia repair</b>		
01563 With anti-reflux procedure.	C	D
01565 With Collis Nissen oesophageal lengthening procedure	C	D

**Hiatus hernia and diaphragmatic hernia repair**

	Ana Grp	Proc Grp
01566 Private fee: Gastroplasty.	C	D
01567 Bochdalek hernia repair in newborn.	C	C
01568 Hiatus hernia and diaphragmatic repair: Revision after previous repair.	C	D
01569 Heller's operation.	C	C
01575 Insertion of indwelling oesophageal tube - laparotomy	B	B
01578 Oesophageal motility (2 channel + pneumograph)	C	B
01579 Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	C	D
01580 Oesophageal motility (3 Channel + pneumograph + pH pull-through)	C	B
01581 Removal of benign oesophageal tumours.	C	D
01582 Oesophageal motility (3 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	C	C
01583 Excision of intrathoracic oesophageal diverticulum.	C	C

**Stomach**

01587 Upper gastro-intestinal fibre-optic endoscopy - Own equipment	B	B
01588 Plus polypectomy	B	C
01589 Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictors and/or scleroses (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653) : Add	A	B
01591 Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach)	B	B
01597 Gastrostomy or Gastrotomy	B	B
01599 Pyloromyotomy (Rammstedt).	B	B
01601 Local excision of ulcer or benign neoplasm	B	B

**Vagotomy**

01603 Abdominal.	B	C
01604 Thoracic.	C	C
01605 Truncal or selective with drainage procedures.	B	C
01607 Vagotomy and antrectomy	B	D
01609 Highly selective vagotomy.	B	C
01611 Pyloroplasty.	B	B
01613 Gastroenterostomy	B	B
01615 Suture of perforated gastric or duodenal ulcer or wound or injury	B	C
01617 Partial gastrectomy.	C	D
01619 Total gastrectomy	C	D
01621 Revision of gastrectomy or gastro-enterostomy.	C	D
01625 Gastro-oesophageal operation for portal hypertension (Tanner)	C	D

**Duodenum**

01626 Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	A	B
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**Intestines**

01634 Enterotomy or Enterostomy.	B	B
01635 Intestinal obstruction of the newborn.	C	C
01637 Operation for relief of intestinal obstruction	C	C
01639 Resection of small bowel with enterostomy or anastomosis	C	C
01641 Entero-enterostomy or entero-colostomy for bypass	C	B
01645 Suture of intestine (small or large): Perforated ulcer, wound or injury	B	B
01647 Closure of intestinal fistula	B	C
01649 Excision of Meckel's diverticulum	B	B
01651 Excision of lesion of mesentery.	B	B
01652 Laparotomy for mesenteric thrombosis	C	D

**Total fibre-optic colonoscopy**

01653 With own equipment (including biopsy)	B	B
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	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Total fibre-optic colonoscopy</b>		
01654 Fibre-optic colonoscopy with removal of polyps: Own equipment.	B	C
01656 Left sided fibre-optic colonoscopy.	B	B
01657 Right or left hemicolectomy or segmental colectomy.	C	D
01658 Reconstruction of colon after Hartman's procedure	B	C
01661 Colotomy: Including removal of tumour or foreign body.	B	B
01663 Total colectomy.	C	D
01665 Colostomy or ileostomy isolated procedure.	B	B
01666 Continent ileostomy pouch (all types).	C	D
01667 Colostomy Closure	B	C
01668 Revision of ileostomy pouch	C	D
01669 Total proctocolectomy and ileostomy.	C	D
01670 Proctocolectomy, ileostomy and ileostomy pouch	C	D
01671 Colomyotomy (Reilly operation)	B	C
<b>Appendix</b>		
01673 Drainage of appendix abscess	B	C
01675 Appendicectomy.	B	B
<b>Rectum and anus</b>		
01676 Fibre-optic sigmoidoscopy	A	B
01677 Sigmoidoscopy: First and subsequent, with or without biopsy .	A	A
01678 Fibre-optic sigmoidoscopy, plus polypectomy.	A	B
01679 Sigmoidoscopy with removal of polyps, first and subsequent	A	A
<b>Proctoscopy with removal of polyps</b>		
01681 First time.	A	A
01683 Subsequent times.	A	A
01685 Endoscopic fulguration of tumour.	B	A
01687 Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	C	D
01688 Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	B	D
01689 Perineal resection of rectum	C	B
<b>Abdomino-perineal resection of rectum</b>		
01691 Abdominal surgeon.	C	D
01693 Local excision of rectal tumour (posterior approach)	B	C
01695 Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour.	C	D
<b>Repair of prolapsed rectum: abdominal</b>		
01697 Roscoe Graham Moskovitz	C	D
01699 Ivalon sponge.	C	C
01701 Perineal.	C	C
01703 Thiersch suture.	B	A
01705 Incision and drainage of peri-anal abscess.	A	A
01707 Drainage of submucous abscess.	A	A
01709 Drainage of ischio-rectal abscess.	A	B
01711 Excision of pelvi-rectal fistula	B	C
01713 Excision of fistula-in-ano	A	B
01715 Operation for fissure-in-ano	A	A
01719 Rubber band ligation of haemorrhoids: per haemorrhoid	A	A
01723 Haemorrhoidectomy.	A	B
01725 Drainage of external thrombosed pile.	A	A
01727 Multiple procedures (haemorrhoids, fissure, etc.).	A	B
01729 Excision of anal skin tags	A	A
01731 Operation for low imperforate anus.	C	B

**Repair of prolapsed rectum: abdominal**

Ana Grp Proc Grp

- 01733 Anoplasty: Y-V-plasty.
- 01735 Anal sphincteroplasty for incontinence.
- 01737 Dilatation of ano-rectal stricture.
- 01739 Closure of recto-vesical fistula
- 01741 Closure of recto-urethral fistula

C A  
C B  
A A  
C C  
C C

**Liver**

- 01743 Needle biopsy of liver.
- 01745 Biopsy of liver by laparotomy.
- 01747 Drainage of liver abscess or cyst.

A A  
B B  
B B

**Hemi-hepatectomy**

- 01749 Right.
- 01751 Left.
- 01753 Partial or segmental hepatectomy.
- 01755 Liver transplant.
- 01756 Harvesting donor hepatectomy.
- 01757 Suture of liver wound or injury.

C D  
C D  
C D  
C D  
B C  
C C

**Biliary tract**

- 01759 Cholecystostomy.
- 01761 Cholecystectomy.
- 01762 Cholecystectomy and operative cholangiogram.
- 01763 With exploration of common bile duct.
- 01765 Exploration of common bile duct: Secondary operation
- 01767 Reconstruction of common bile duct.
- 01769 Cholecysto-enterostomy or gastrostomy.
- 01770 Endoscopic placement of bilioduodenal endoprosthesis (125,00 units for sphincterectomy + 25,00 units for insertion of endoprosthesis)
- 01772 Endoscopic placement of a nasobiliary stent.
- 01773 Transduodenal sphincteroplasty.
- 01774 Balloon dilatation of common bile duct strictures.
- 01775 Excision choledochal cyst with reconstruction.
- 01777 Porto-enterostomy for biliary atresia.

B B  
C C  
C C  
C D  
C D  
C D  
B C  
C C  
C B  
C C  
C B  
C D  
C D

**Pancreas**

- 01778 Pancreas: ERCP: Endoscopy + catheterisation of pancreas duct or choledochus.
- 01779 Endoscopic exploration of the common bile duct performed following endoscopic retrograde choangiography to be added to ERCP (item 1778) : Add
- 01782 Endoscopic sphincterotomy.
- 01783 Drainage of pancreatic abscess
- 01785 Internal drainage of pancreatic cyst.
- 01789 Pancreatico-duodenectomy
- 01791 Local, partial or subtotal pancreatectomy.
- 01793 Distal pancreatectomy with internal drainage.
- 01795 Triple anastomosis for carcinoma of pancreas.

C B  
A B  
C B  
B C  
B C  
C D  
C C  
C D  
C C  
C C

**Pneumo-peritoneum**

- 01797 First.
- 01799 Repeat.
- 01807 Add to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027).
- 01809 Laparotomy.
- 01810 Radical removal of retro-peritoneal malignant tumours: including sacro-coccygeal and pre-sacral.
- 01811 Suture of burst abdomen
- 01812 Laparotomy for control of surgical haemorrhage.

B A  
B A  
B A  
B C  
C D  
B B  
C B

	Ana Grp	Proc Grp
<b>Pneumo-peritoneum</b>		
01813 Drainage of subphrenic abscess.	B	C
<b>Drainage of other intraperitoneal abscess (excluding appendix abscess)</b>		
01815 Per abdomen.	B	C
01817 Transrectal drainage of pelvic abscess.	A	B
<b>Inguinal or femoral hernia :</b>		
01819 Adult.	B	B
01821 Child, under 14 years.	B	B
01823 Inguinal hernia: Infant under one year.	B	B
01825 Recurrent inguinal or femoral hernia.	B	C
01827 Strangulated hernia requiring resection of bowel.	C	C
01829 Epigastric hernia.	B	A
<b>Umbilical hernia</b>		
01831 Adult.	B	B
01833 Child under 14 years.	B	A
01835 Incisional hernia.	B	C
01837 Repair of omphalocele in new-born (one or more procedures).	C	D
<b>Kidney</b>		
01839 Renal biopsy, per kidney, open.	B	B
01841 Renal biopsy (needle).	A	A
<b>Nephrectomy:</b>		
01853 Primary nephrectomy.	C	C
01855 Secondary nephrectomy.	C	D
01857 Radical nephrectomy with regional lymphadenectomy for tumour.	C	D
01859 Partial	C	D
01861 Symphysiotomy for horse-shoe kidney.	B	D
01863 Nephro-ureterectomy.	C	D
01865 Nephrotomy with drainage nephrostomy.	B	C
01869 Nephrolithotomy.	B	C
01871 Staghorn stone - surgical.	B	D
01873 Suture renal laceration (renorrhaphy).	B	C
01875 Percutaneous aspiration cyst: Nephrostomy, pyelostomy	A	A
01877 Operation for renal cyst: Marsupialisation or excision	B	C
01879 Closure renal fistula.	B	C
01881 Pyeloplasty.	C	C
01883 Pyelostomy.	B	C
01885 Pyelolithotomy	C	C
01887 Complicated pyelolithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation).	C	C
01889 Nephrectomy for Allograft: Living or dead	C	C
01891 Perinephric abscess or renal abscess: Drainage.	B	B
01893 Aberrant renal vessels : Repositioning with pyeloplasty	C	C
01894 Auto transplantation of kidney.	C	D
01895 Allo transplantation of kidney.	C	D
<b>Ureter</b>		
01897 Ureterorrhaphy: Suture of ureter	B	C
01898 Lumbar approach.	B	C
01899 Ureteroplasty.	B	C
01901 Ureterolysis.	B	B
01902 Lumbar approach.	B	C
01903 Ureterectomy only.	B	B

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Ureter</b>		
01905 Ureterolithotomy.	B	B
<b>Cutaneous ureterostomy :</b>		
01907 Unilateral.	B	B
01909 Bilateral.	B	C
<b>Uretero-enterostomy :</b>		
01911 Unilateral.	C	B
01913 Bilateral.	C	C
01915 Uretero-ureterostomy.	C	B
01917 Transuretero-ureterostomy.	C	C
01919 Closure of ureteric fistula.	C	C
01921 Immediate deligation of ureter.	B	C
01923 Ureterolysis for retrocaval ureter with anastomosis.	B	C
01925 Uretero-pyelostomy.	B	C
<b>Uretero-neo-cystostomy :</b>		
01927 Unilateral.	C	C
01929 Bilateral.	C	D
01931 With Boariplasty.	C	C
01933 Uretero-sigmoidostomy with rectal bladder and colostomy	C	C
01935 Uretero-ileal conduit.	C	C
<b>Replacement of ureter by bowel segment:</b>		
01937 Unilateral	C	D
01939 Bilateral	C	D
<b>Ureterostomy-in-situ:</b>		
01941 Unilateral	B	B
01943 Bilateral	B	C
<b>Bladder</b>		
01945 Instillation of radio-opaque material for cystography or urethrocytography.	A	A
01947 Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydrodilatation of bladder	A	A
01949 Cystoscopy: Hospital equipment.	A	A
01951 And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	B	A
01952 J J Stent catheter.	B	A
01953 With hydrodilatation of the bladder for interstitial cystitis	B	A
01954 Urethroscopy.	B	A
01955 And bilateral ureteric catheterisation with differential function studies requiring additional attention time.	B	B
01957 With dilatation of the ureter or ureters.	B	A
01959 With manipulation of ureteral calculus.	B	A
01961 With removal of foreign body or calculus from urethra or bladder .	B	A
01963 With fulguration or treatment of minor lesions, with or without biopsy.	B	A
01964 And control of haemorrhage and blood clot evacuation	B	A
01965 And catheterisation of the ejaculatory duct.	B	A
01967 With ureteric meatotomy: Unilateral or bilateral	B	A
01969 And cold biopsy.	B	A
01971 With cryosurgery for bladder or prostatic disease	B	B
01973 With incision fulguration, or resection of bladderneck and/or posterior urethra for congenital valves or obstructive hypertrophic bladderneck in a child	B	B
01975 Ultraviolet cystoscopy for bladder tumour.	B	A
01976 Optic urethrotomy.	A	B
01977 Transurethral resection of ejaculatory duct.	B	A

	Ana Grp	Proc Grp
<b>Internal urethrotomy :</b>		
<b>Internal urethrotomy :</b>		
01979 Female.	A	A
01981 Male.	A	A
01983 Transurethral resection of bladder tumour.	C	B
01984 Transurethral resection of bladder tumours: Large multiple tumours.	C	B
<b>Transurethral resection of bladderneck :</b>		
01985 Female or child.	C	B
01986 Male.	C	B
01987 Litholapaxy.	C	B
01989 Cystometrogram.	C	A
01991 Flowmetric bladder, studies with videocystograph	C	A
01992 Without videocystograph.	C	A
01993 Voiding cysto-urethrogram.	C	A
01995 Percutaneous aspiration of bladder.	A	A
01996 Bladder catheterisation - male (not at operation)	A	A
01999 Percutaneous cystostomy.	A	A
<b>Total cystectomy :</b>		
02001 After previous urinary diversion.	C	D
02003 With conduit construction and ureteric anastomosis	C	D
02005 Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	C	D
02006 Cystectomy with continent urinary diversion (e.g. Kocks Pouch).	C	D
02007 Partial cystectomy.	C	C
02008 Continent urinary diversion without cystectomy (e.g. Kocks Pouch).	C	D
02009 Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters.	C	D
02010 Reversion of temporary conduit.	C	D
02011 Partial cystectomy with uretero-neo-cystostomy	C	C
02012 Reversion of conduit with major urinary tract reconstruction	C	D
02013 Diverticulectomy (independent procedure): Multiple or single .	B	B
02015 Suprapubic cystostomy.	B	B
02016 Abdomino-neo-urethrostomy.	B	C
02017 Open loop fulguration or excision of bladder tumour	B	B
02019 Operation for vesico-vaginal or urethra- vaginal fistula	C	C
02020 Repair of vesico vaginal fistula: Abdominal approach.	C	C
02021 Vesico-plication (Hamilton Stewart).	C	B
02023 Vesico-urethrapexy for correction or urinary incontinence: Abdominal approach.	C	C
02025 Vesico-urethrapexy with rectus sling.	C	C
<b>Open operation for ureterocele:</b>		
02027 Unilateral.	C	B
02029 Bilateral.	C	C
<b>Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required) :</b>		
02031 Initial .	C	C
02033 Subsequent.	C	A
02035 Cutaneous vesicostomy.	C	B
02037 Cystoplasty, cysto-urethraplasty, vesicolysis.	C	B
02039 Operation for ruptured bladder.	B	B
02041 Enterocystoplasty.	C	C
02043 Cysto-lithotomy.	B	B
02045 Excision of patent-urachus or urachal cyst.	B	B
02047 Drainage of perivesical or prevesical abscess	A	B

	Ana Grp	Proc Grp
<b>Evacuation of clots from bladder :</b>		
<b>Evacuation of clots from bladder :</b>		
02049 Other than post-operative.	A	A
02050 Post-operative.	B	
02051 Simple bladder lavage: Including catheterisation.	A	A
<b>Bladder neck plasty :</b>		
02053 Male.	B	B
02057 Female.	B	B
<b>Open biopsy of urethra:</b>		
02059 Male.	A	A
02061 Female.	A	A
<b>Dilatation of urethral stricture: by passage sound:</b>		
02063 Initial (male).	A	A
02065 Subsequent (male).	A	A
02067 By passage of filiform and follower (male).	A	A
02069 Dilatation of female urethra	A	A
02071 Urethrorraphy: Suture of urethral wound or injury	C	B
02073 External urethrotomy: Pendulous urethra (anterior).	B	B
<b>Urethraplasty: pendulous urethra</b>		
02075 First stage.	B	B
02077 Second stage.	B	C
02079 Reconstruction of female urethra.	B	C
02081 Reconstruction or repair of male anterior urethra (one stage).	B	C
<b>Reconstruction or repair of prostatic or membranous urethra</b>		
02083 First stage.	B	C
02085 Second stage .	B	C
02086 If done in one stage.	B	D
02087 Urethral diverticulectomy: Male or female	B	C
02089 Marsupialisation of urethral diverticula: Male or female	B	A
<b>Total urethrectomy</b>		
02091 Female.	B	C
02093 Male .	B	C
02095 Drainage of simple localised perineal urinary extravasation .	A	A
02097 Drainage of extensive perineal urinary extravasation.	B	B
02099 Fulguration for urethral caruncle or polyp.	A	A
02101 Excision of urethral caruncle.	A	A
02103 Simple urethral meatotomy.	A	A
<b>Incision of deep peri-urethral abscess</b>		
02105 Female.	A	A
02107 Male .	A	A
02109 Badenoch pull-through for intractable stricture or incontinence .	B	C
02111 External sphincterotomy.	B	B
02113 Drainage of Skene's gland abscess or cyst.	A	A
02115 Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	C	C
02116 Urethral meatoplasty.	B	A
02117 Closure of urethrostomy or urethro-cutaneous fistula (independent procedure).	A	A
02121 Closure of urethrovaginal fistula: Including diversionary procedures.	C	C
<b>Penis</b>		
02123 Biopsy of penis (independent procedure).	A	A

	Ana Grp	Proc Grp
<b>Destruction of condylomata : chemo- or cryotherapy:</b>		
<b>Destruction of condylomata : chemo- or cryotherapy:</b>		
02125 Limited number (see item 2317).	A	A
02127 Multiple extensive.	A	A
<b>Electrodesiccation:</b>		
02129 Limited number.	A	A
02131 Multiple extensive.	A	A
<b>Circumcision:</b>		
02132 Ligation of abnormal venous drainage.	A	A
02133 Clamp procedure.	A	A
02137 Surgical excision other than by clamp or dorsal slit, any age.	A	A
02139 Dorsal slit of prepuce (independent procedure).	A	A
<b>Plastic operation on penis</b>		
02141 Plastic operation for insertion of prostheses.	C	B
02143 For straightening of chordee e.g. hypospadias with or without mobilisation of urethra.	C	B
02145 For straightening of chordee with transplantation of prepuce	C	B
02147 For injury: Including fracture of penis and skin graft if required.	C	C
02149 For epispadias distal to the external sphincter	C	C
02153 Plastic operation for epispadias with incontinence.	C	C
02154 Induction of artificial erection	A	A
<b>Hypospadias</b>		
02155 Urethral reconstruction.	C	C
02157 Subsequent procedures for repair of urethra: Total	B	B
02159 Urethraplasty: Complete, one stage for hypospadias	C	D
<b>Total amputation of penis</b>		
02161 Without gland dissection.	B	C
02163 With gland dissection.	C	D
<b>Partial amputation of penis</b>		
02165 With gland-dissection.	C	C
02167 Without gland-dissection.	B	B
02169 Injection procedure for Peyronies disease	A	A
<b>Priapism operation</b>		
02171 Irrigation of corpora cavernosa for priapism.	A	A
02173 Shunt procedure: Any type	C	C
02174 Stab shunt.	B	A
<b>Testis and epididymis</b>		
02175 Testis biopsy, needle (independent procedure).	A	A
<b>Testis biopsy, incisional: independent procedure</b>		
02177 Unilateral.	A	A
02179 Bilateral.	A	A
02181 Biopsy of epididymis, needle.	A	A
02183 Puncture aspiration hydrocoele with or without injection of medication	A	A
02185 Operation for maldescended testicle: Including hemiotomy	B	B
02187 Operation for torsion appendix testis.	B	A
02189 Operation for torsion testis with fixation of contralateral testis	B	B
<b>Orchidectomy (total or subcapsular):</b>		
02191 Unilateral.	B	A
02193 Bilateral.	B	B
02195 Radical operation for malignant testis: Excluding gland dissection.	B	B

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Orchidectomy (total or subcapsular):</b>		
02197 Operation for hydrocoele or spermatocele.	B	A
02199 Varicocelectomy.	B	A
02201 Abdominal ligation of spermatic vein for varicocele	B	A
<b>Epididymectomy:</b>		
02203 Unilateral.	B	B
02205 Bilateral.	B	B
02207 Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	A	A
02209 Vasotomy: Unilateral or bilateral.	A	A
<b>Vasogram, seminal vesiculogram:</b>		
02210 Unilateral	B	A
02211 Bilateral.	B	A
02212 Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material).	B	A
02213 Suture or repair of testicular injury.	B	A
02215 Incision and drainage of testis or epididymis e.g. abscess or haematoma.	B	B
02217 Excision of local lesion of testis or epididymis.	B	A
<b>Vaso-vasostomy:</b>		
02219 Unilateral.	A	B
02221 Bilateral.	A	B
<b>Epididymo-vasostomy:</b>		
02223 Unilateral.	A	B
02225 Bilateral.	A	B
02227 Incision and drainage of scrotal wall abscess.	A	A
02229 Excision of Mullerian duct cyst.	B	C
02231 Excision of lesion of spermatic cord.	A	B
02233 Seminal Vesiculectomy.	B	C
<b>Prostate</b>		
02235 Biopsy prostate: Needle or punch, single or multiple, any approach.	A	A
02237 Biopsy, prostate, incisional, any approach.	B	B
02239 Transurethral drainage of prostatic abscess.	B	A
02241 Perineal drainage of prostatic abscess.	B	B
02243 Trans-urethral cryo-surgical removal of prostate.	B	B
02245 Trans-urethral resection of prostate.	C	C
02247 Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer.	B	A
02249 Trans-urethral resection of post-operative bladder neck contracture.	B	B
<b>Prostatectomy: perineal:</b>		
02251 Sub-total.	C	C
02253 Radical.	C	D
02254 Pelvic lymphadenectomy.	C	C
02255 Supra-pelvic, transvesical.	C	C
<b>Retropubic:</b>		
02257 Sub-total.	C	C
02259 Radical.	C	D
02260 Prostate brachytherapy	B	C
<b>Vulva and introitus</b>		
02271 Removal of tag or polyp.	A	A
02272 Removal of small superficial benign lesions.	A	A
02273 Biopsy with suture in theatre (excluding after-care).	A	A
02274 Laser therapy of vulva and/or vagina (colposcopically directed)	A	B
02275 Reduction labial hypertrophy.	B	B

	Ana Grp	Proc Grp
<b>Vulva and introitus</b>		
02277 Removal of extensive benign vulva tumour.	B	B
<b>Secondary perineal repair</b>		
02279 Repair second degree tear	B	A
02280 Repair third degree tear.	B	B
02281 Excision of inclusion cyst	B	A
02283 Hymenectomy.	B	A
02285 Drainage haematocolpos.	A	A
02287 Clitoris repair for injury: Including skin graft if required	B	B
02288 Clitoral reduction	B	C
02289 Denervation or alcohol infiltration vulva (Woodruff)	A	A
02291 Vulva: Undercutting skin (ball).	B	A
02293 Vulva and introitus: Drainage of abscess.	A	A
<b>Bartholin gland</b>		
02295 Bartholin abscess marsupialisation.	A	A
02297 Bartholin gland excision.	A	A
02299 Bartholin radical excision for malignant lesion.	B	D
<b>Operation for enlarging introitus</b>		
02301 Fenton plasty .	B	A
02303 Bilateral Z-plasty.	B	B
<b>Vulvectomy</b>		
02305 Partial vulvectomy	B	C
02307 Vulvectomy.	B	C
02309 Radical vulvectomy with bilateral lymphadenectomy	C	D
02311 Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection.	C	D
<b>Vaginal procedures and operations</b>		
02313 Examination under anaesthetic when no other procedures are performed.	A	A
<b>Destruction of condylomata by chemo-, cryo- or electrotherapy, or harmonic scalpel:</b>		
02316 First lesion.	A	A
02317 Limited repeat.	A	A
02318 Widespread.	A	A
02319 Excision of cysts or tumours.	A	A
02321 Drainage of vaginal abscess	A	A
02323 Reconstruction of vagina after atresia.	C	B
<b>Construction of artificial vagina:</b>		
02325 Construction of artificial vagina: Labial fusion.	C	C
02327 Construction of artificial vagina: Macindoe type	C	C
02329 Construction of vagina: Bowel pull-through operation: Two surgeons: Each.	C	C
02331 Vaginal septum removal	B	B
<b>Colpotomy</b>		
02339 Colpotomy: Diagnostic (excluding after-care).	A	A
02341 Colpotomy: Therapeutic, with or without sterilisation	B	B
<b>Vaginal hysterectomy</b>		
02343 Vaginal hysterectomy. Without repair.	C	C
02345 Vaginal hysterectomy. With repair.	C	D
02357 Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy.	C	D
02361 Vaginal hysterectomy and repair for total prolapse	C	D
02363 Fothergill or Manchester repair operation	C	C
02365 Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy).	C	C
02366 Posterior repair alone.	B	B

**Vaginal hysterectomy**

	Ana Grp	Proc Grp
02367 Other operations for prolapse: Anterior repair - with or without posterior repair.	B	C
02368 Uterovesical fistula.	C	C
02369 Repair of Vesico- or urethro-vaginal fistula.	C	C
02370 Repair of V.V.F. - Obstetric or radiation.	C	C
02371 Closure of uretero-vaginal fistula.	C	C
02372 Closure of uretero-vaginal fistula: Obstetric or radiation	C	C
02373 Closure of recto-vaginal fistula	C	B
02374 Closure of recto-vaginal fistula: Obstetric or radiation	C	C
02375 Colpocleisis.	B	B
02377 Le Fort operation.	B	B
02379 Schauta operation.	C	D
02381 Vaginectomy.	C	D
02383 Synchronous combined hysterocolpectomy: (one or two surgeons - total fee).	C	D
02385 Vaginal laceration or trauma: Repair.	B	A

**Cervix**

02391 Cervix: Canal reconstruction.	B	C
02395 Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	B	A
02396 Laser or harmonic scalpel treatment of the cervix	A	B
02397 Dilation of cervix for stenosis and insertion prosthesis and Budge suture.	B	A

**Biopsy**

02399 Punch biopsy (excluding after-care).	A	A
02400 Biopsy during pregnancy (excluding after-care).	A	A
02403 Wedge biopsy: Cervix (excluding after-care).	A	A
02404 Biopsy: Wedge during pregnancy: Cervix (excluding after-care).	A	A
02405 Cone biopsy: Cervix (excluding after-care).	A	A
02407 Amputation: Cervix.	B	B
02409 Cervix encirclage: McDonald stitch.	B	A
02411 Cervix encirclage: Shirodkar suture.	B	A
02413 Cervix encirclage: Lash.	B	A
02416 Cervix: Removal items 2409 and 2411 with anaesthetic in theatre.	A	A

**Repair of tears**

02417 Emmet repair of tears.	B	A
02418 Sturmdorff repair of tears.	B	A

**Extirpation of cervical stump**

02421 Extirpation of cervical stump: Vaginal.	C	B
02423 Extirpation of cervical stump: Abdominal.	C	B
02425 Removal of cervical polyps (excluding after-care).	A	A
02427 Removal of cervical myomata.	B	A

**Colposcopy**

02429 Colposcopy (excluding after-care).	A	A
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**Uterus**

02433 Embryo transfer.	B	A
02434 Endometrial biopsy (excluding after-care).	A	A

**Hysteroscopy**

02435 Hysterosalpingogram (excluding after-care).	A	A
02436 Hysteroscopy (excluding after-care).	B	A
02437 Hysteroscopy and D&C (excluding after-care).	B	A
02438 Hysteroscopy and removal of uterine septum (excluding after-care).	B	B
02439 Hysteroscopy and division of endometrial and endocervical bands (excluding after-care).	B	A

	Ana Grp	Proc Grp
<b>Hysteroscopy</b>		
02440 Hysteroscopy and polypectomy (excluding after-care)	B	B
02441 Hysteroscopy and myomectomy (excluding after-care)	B	B
02442 Insertion of I.U.C.D. (excluding after-care).	A	A
<b>Evacuation of uterus</b>		
02443 D&C: (excluding after-care).	A	A
02444 Fractional D&C (excluding after-care).	A	A
02445 Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	B	A
02447 Evacuation of uterus, incomplete abortion: After 12 weeks gestation.	B	B
02448 Termination of pregnancy before 12 weeks.	B	A
02449 Evacuation: Missed abortion: Before 12 weeks gestation	B	A
02451 Evacuation: Missed abortion: After 12 weeks gestation	B	B
02452 Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin.	B	A
02453 Evacuation hydatidiform mole.	B	B
02455 Evacuation uterus post-partum.	B	A
02461 Ventrosuspension.	B	B
02463 Uteroplasty: Strassman.	C	B
02465 Uteroplasty: Tompkins.	C	B
02467 Myomectomy.	C	B
02469 Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy.	B	B
02471 Total abdominal hysterectomy: With or without unilateral/ bilateral salpingo-oophorectomy - uncomplicated	B	C
02473 Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	B	C
02475 Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim).	C	D
02477 Abdominal hysterotomy with or without sterilisation	B	C
02478 Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance.	B	C
02479 Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance.	B	C
<b>Fallopian tubes</b>		
02481 Insufflation Fallopian tubes (excluding after-care).	A	A
02483 Salpingolysis.	B	B
02485 Salpingostomy.	C	C
02487 Tuboplasty tubal anastomosis or re-implantation.	C	C
02489 Ectopic pregnancy under 12 weeks (salpingectomy)	C	B
02490 Ectopic pregnancy under 12 weeks (salpingostomy)	C	C
02491 Ectopic pregnancy - after 12 weeks.	C	C
02492 Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	B	B
<b>Laparoscopy</b>		
02493 Laparoscopy (excluding after-care).	B	B
02496 Plus aspiration of a cyst (excluding after-care).	B	B
02497 Plus sterilisation.	B	B
02499 Plus biopsy (excluding after-care).	B	B
02500 Plus ablation of endometriosis by laser, harmonic scalpel or cautery	B	B
02501 Plus cauterisation and/or lysis of adhesions.	B	B
02502 Plus aspiration of follicles (IVF) (excluding after-care)	B	B
02503 Plus ovarian drilling: add	B	B
02504 Plus Gamete intra fallopian tube transfer(includes follicle aspiration) (GIFT).	B	C
02505 Plus laparoscopic uterosacral nerve ablation: add	B	B
<b>Ovaries</b>		
02525 Wedge resection of ovaries, unilateral or bilateral.	B	B
02527 Removal of ovarian tumour or cyst.	B	B
02529 Oophorectomy: Uni- or bilateral	B	B
02531 Ovarian carcinoma debulking and omentectomy.	C	D

		Ana Grp	Proc Grp
<b>Ovaries</b>			
02532	Ovarian carcinoma - Abdominal hysterectomy, bilateral salpingo-oophorectomy. debulking and omentectomy.	C	D
<b>Exenteration</b>			
02535	Exenteration: Anterior.	C	D
02537	Posterior exenteration.	C	D
02539	Exenteration total.	C	D
02541	Presacral neurectomy.	C	B
02543	Moschowitz operation.	C	B
<b>Operations for stress incontinence</b>			
02545	Marshall-Marchetti-Kranz: Operation.	B	C
02546	Urethro-vesicopexy (Abdominal approach).	B	C
02547	Burch colposuspension.	B	C
02549	Sacro-colposuspension with or without mesh	C	C
02550	Urethro-vesicopexy (combined abdominal and vaginal approach).	B	C
02551	Laparotomy.	B	C
02552	Removal benign retroperitoneal tumour.	C	C
02553	Radical removal of malignant retro-peritoneal tumour	C	D
02554	Drainage of pelvic abscess per abdomen	B	C
02556	Drainage of pelvic abscess per vagina(refer item 2341)	B	B
02558	Drainage intra-abdominal abscess - delayed closure.	B	D
02560	Surgery for moderate endometriosis (AFS stages 2 + 3) any method.	C	C
02561	Surgery for severe endometriosis (AFS stage 4 - rectovaginal septum), any method (may not be used with another procedure or as a modifier)	A	C
02570	Ligation of internal iliac vessels (when not part of another procedure)	C	C
<b>Confinements</b>			
02614	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean Section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	B	
02615	Global obstetric care: All inclusive fee for Caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	A	
<b>Operative procedures (excluding antenatal care)</b>			
02653	Caesarean - hysterectomy.	C	D
02657	Post-partum hysterectomy.	C	D
02669	Abdominal operation for ruptured gravid uterus: Repair.	C	C
<b>Angiography carotis</b>			
02725	Unilateral.	B	A
02726	Bilateral.	B	A
02727	Vertebral artery: Direct needling.	B	A
02729	Vertebral catheterisation.	B	A
<b>Air encephalography and posterior fossa tomography</b>			
02731	Injection of air (independent procedure).	B	A
<b>Ventricular needling without burring</b>			
02739	Tapping only.	B	A
02741	Plus introduction of air and/or contrast dye for ventriculography.	B	A
<b>Subdural tapping:</b>			
02743	First sitting.	A	A
02745	Subsequent .	A	A
<b>Introduction of burr holes for:</b>			
02747	Ventriculography.	B	C
02749	Catheterisation for ventriculography and/or drainage	B	C
02751	Biopsy of brain tumor.	B	C
02753	Subdural haematoma or hygroma.	B	C

	Ana Grp	Proc Grp
<b>Introduction of burr holes for:</b>		
02755 Subdural empyema.	B	C
02757 Brain abscess.	B	C
<b>Nerve biopsy:</b>		
02759 Peripheral.	A	A
02763 Cranial nerves: Extra-cranial	A	A
02765 Nerve conduction studies (see item 0733 and 3285)	B	A
<b>Nerve repair or suture :</b>		
02767 Suture brachial plexus (see also items 2837 and 2839)	C	D
<b>Suture: large nerve:</b>		
02769 Primary.	B	B
02771 Secondary.	B	C
<b>Digital nerve:</b>		
02773 Primary.	B	B
02775 Secondary .	B	B
<b>Nerve graft:</b>		
02777 Simple.	C	C
<b>Fascicular :</b>		
02779 First fasciculus.	C	C
02781 Each additional fasciculus.	C	C
02783 Nerve flap: To include all stages.	B	C
02785 Facio-accessory or facio-hypoglossal anastomosis	C	B
02787 Grafting of facial nerve.	C	C
<b>Trigeminal ganglion :</b>		
02789 Injection of alcohol.	A	C
02791 Injection of cortisone.	A	B
02793 Coagulation through high frequency.	A	C
<b>Procedures for pain relief :</b>		
02799 Intrathecal injections for pain.	A	A
02800 Plexus nerve block.	B	A
02802 Peripheral nerve block.	A	A
<b>Alcohol injection in peripheral nerves for pain:</b>		
02803 Unilateral.	A	A
02805 Bilateral.	A	A
02809 Peripheral nerve section for pain.	A	A
02811 Pudendal neurectomy: Bilateral.	A	B
02813 Obturator or Stoffels.	B	B
02815 Interdigital.	B	A
02825 Excision: Neuroma: Peripheral.	C	B
<b>Other nerve procedures :</b>		
02827 Transposition of ulnar nerve.	C	B
<b>Neurolysis:</b>		
02829 Minor.	B	A
02831 Major.	B	B
02833 Digital.	B	B
02835 Scalenotomy.	B	B
02837 Brachial plexus, suture or neurolysis (item 2767)	C	D
02839 Total brachial plexus exposure with graft neurolysis and transplantation	C	D
02841 Carpal Tunnel.	B	B

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Lumbar sympathectomy:</b>		
<b>Lumbar sympathectomy:</b>		
02843 Unilateral.	B	C
02845 Bilateral.	B	D
<b>Cervical sympathectomy :</b>		
02846 Trans-thoracic approach (use item 2847 or item 2848 as appropriate)	C	
02847 Unilateral.	B	C
02848 Bilateral .	B	D
<b>Sympathetic block: other levels:</b>		
02849 Unilateral.	A	A
02851 Bilateral	A	A
02853 Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate	A	A
<b>Removal of skull tumour: with or without plastic repair:</b>		
02855 Small.	C	C
02857 Major.	C	C
<b>Repair of depressed fracture of skull: without brain laceration:</b>		
02859 Major.	C	C
02860 Small .	C	C
<b>With brain lacerations:</b>		
02861 Small.	C	C
02862 Major.	C	D
02863 Cranioplasty.	C	D
02864 Encephalocoele (excluding frontal).	C	C
<b>Craniostenosis:</b>		
02865 Few sutures.	C	C
02867 Multiple sutures	C	D
<b>Shunt procedures :</b>		
02869 Ventriculo-cisternostomy.	C	D
02871 Ventriculo-caval shunt.	C	D
02873 Ventriculo-peritoneal shunt.	C	D
02875 Theco-peritoneal C.S.F. shunt.	C	D
<b>Aneurysm repair :</b>		
02876 Repair of aneurysms or arteriovenous anomalies (Intracranial) .	C	D
02877 Extracranial to intracranial vessel.	C	D
02878 Posterior fossa arteriovenous anomalies.	C	D
<b>Neurectomy :</b>		
02879 Glossopharyngeal nerve.	C	D
<b>Eighth nerve:</b>		
02881 Intracranial.	C	D
02883 Extracranial.	C	D
02884 Subtemporal section of the trigeminal nerve.	C	D
02885 Trigeminal tractotomy.	C	D
02886 Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiari malformation or obstructive cysts e.g. Dandy Walker or parasites	C	D
02887 Vestibular nerve.	C	D
<b>Posterior fossa tumour removal :</b>		
02889 Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma, cholesteatoma	C	D
02891 Glioma, secondary deposits.	C	D
02893 Abscess.	C	D

	Ana Grp	Proc Grp
<b>Excision of tumour of glomus jugulare:</b>		
<b>Excision of tumour of glomus jugulare:</b>		
02895 Intracranial.	C	D
02897 Extracranial.	C	D
02898 Hemispherectomy .	C	D
<b>Supratentorial procedures :</b>		
02899 Craniectomy for extra-dural haematoma or empyema	C	D
<b>Craniotomy for :</b>		
02900 Extra-dural orbital decompression or excision of orbital tumour.	C	D
02901 Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, Pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/ pharyngioma	C	D
02903 Abscess, Glioma.	C	D
02904 Haematoma, foreign body: Cerebral or cerebellar.	C	D
02905 Focal epilepsy: Excision of cortical scar.	C	D
02906 With anterior fossa meningocele and repair of bony skull defect.	C	D
02907 Temporal lobectomy.	C	D
02908 Torkildsen anastomosis.	C	D
02909 CSF-leaks.	C	D
02910 Removal of arteriovenous malformation.	C	D
<b>Stereo-tactic cerebral and spinal cord procedures:</b>		
02911 First sitting.	B	D
02913 Repeat.	B	C
02915 Transnasal hypophysectomy	C	D
02916 Transfrontal hypophysectomy.	C	D
02917 Transnasal hypophyseal implants	C	C
<b>Spinal operations :</b>		
02919 Laminectomy for spinal stenosis: At multiple levels	C	D
<b>Laminectomy :</b>		
02921 One level	C	C
02922 Multiple levels	C	C
<b>Chordotomy:</b>		
02923 Unilateral	C	C
02925 Open	C	D
<b>Rhizotomy:</b>		
02927 Extradural, but intraspinal	C	D
02928 Intradural:	C	D
<b>Removal of spinal cord tumour: intramedullar :</b>		
02929 Posterior approach	C	D
02930 Antero-lateral approach	C	D
<b>Extramedullary, but intradural:</b>		
02931 Posterior approach	C	D
02932 Antero-lateral approach	C	D
02933 Intraspinal, but extradural: Posterior approach.	C	D
02935 Transcutaneous chordotomy .	C	C
02937 Repair of meningocele, involving nerve tissue	C	C
02938 Simple .	C	C
02939 Excision of arterial vascular malformations and cysts of the spinal cord	C	D
02940 Lumbar osteophyte removal	C	C
02941 Cervical or thoracic osteophyte removal	C	D

	Ana Grp	Proc Grp
<b>Carotis :</b>		
<b>Carotis :</b>		
02951 Trauma	C	B
02953 For aneurysm (A.V. anomaly)	C	C
02955 Removal of carotid body tumour (without vascular reconstruction).	C	C
<b>Physical treatment methods :</b>		
02970 Electro-convulsive treatment (ECT): Each time (See rule Va.).	B	A
<b>Thyroid :</b>		
02983 Partial lobectomy.	C	C
02985 Total lobectomy.	C	C
02987 Subtotal thyroidectomy.	C	C
02989 Total thyroidectomy.	C	C
02991 Thyroglossal cyst or fistula excision.	B	B
<b>Parathyroid :</b>		
02993 Exploration of parathyroid glands for hyperparathyroidism including removal.	C	D
<b>Adrenals :</b>		
02995 Adrenalectomy: Unilateral.	C	C
02997 Bilateral exploration of adrenal glands: Including removal	C	D
<b>Hypophysis :</b>		
02999 Transethmoidal hypophysectomy.	C	D
03000 Transnasal hypophysectomy (see item 2915).	C	D
<b>Special eye investigations :</b>		
03022 Digital fluorescein video angiography	B	B
03023 Digital indocyanine video angiography	B	B
<b>Retina:</b>		
03037 Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy.	C	D
03039 Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	B	B
03041 Pan retinal photocoagulation (per eye): done in one sitting.	B	C
03044 Removal of encircling band and/or buckling material	B	B
<b>Cataract:</b>		
03045 Intra-capsular.	B	C
03047 Extra-capsular (including capsulotomy).	B	C
03049 Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	B	A
03051 Needling or capsulotomy.	B	B
03052 Laser capsulotomy.	A	B
03057 Removal of lenticulus.	B	C
03059 Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded).	B	C
<b>Glaucoma:</b>		
03061 Drainage operation.	B	C
03062 Implantation of aqueous shunt device/seton in glaucoma (procedural)	A	B
03063 Cyclocryotherapy or cyclodiathermy.	B	B
03064 Laser trabeculoplasty.	B	B
03065 Removal of blood from anterior chamber.	B	B
03067 Goniotomy.	B	C
<b>Intra-ocular foreign body:</b>		
03071 Anterior to Iris.	B	B
03073 Posterior to Iris (including prophylactic thermal treatment to retina)	B	C
<b>Strabismus:</b>		
03075 Operation on one or two muscles.	B	C

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Strabismus:</b>		
03076 Operation on three or four muscles.	B	C
03077 Subsequent operation one or two muscles.	B	B
03078 Subsequent operation on three or four muscles	B	C
<b>Globe:</b>		
03079 Transcleral biopsy.	B	B
03080 Examination of eyes under general anaesthetic where no surgery is done	A	B
03081 Treatment of minor perforating injury	B	B
03083 Treatment of major perforating injury	B	C
03085 Enucleation or Evisceration	B	B
03087 Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	B	C
03088 Hydroxyapatite insertion (additional to item 3087):	A	A
03089 Subconjunctival injection if not done at time of operation	A	A
03091 Retrobulbar injection (if not done at time of operation)	A	A
03093 Treatment of tumors of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	B	C
03095 Biopsy of vitreous body or anterior chamber contents	B	B
03096 Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy	B	B
03097 Anterior vitrectomy	B	D
03098 Removal of silicon from globe	B	D
03099 Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	C	D
03100 Lensectomy done at time of posterior vitrectomy	B	A
<b>Orbit:</b>		
03101 Drainage of orbital abscess	B	B
03103 Removal of tumour	C	C
03105 Exenteration	C	D
03107 Orbitotomy requiring bone flap	C	C
03108 Eye socket reconstruction	B	C
03109 Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously	C	D
03110 Second stage hydroxyapatite implantation	B	B
<b>Cornea:</b>		
03117 Removal of foreign body: On the basis of fee per consultation	A	
03119 Tattooing.	B	A
03120 Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK). Machine hire fee for LTK used item 3201: ADD	B	
03121 Graft (Lamellar of fullthickness)	C	D
03123 Insertion of intra-corneal or intrascleral prosthesis for refractive surgery.	B	C
03125 Keratectomy or conjunctival flap.	B	B
03127 Cauterization of cornea (by chemical, thermal or cryotherapy methods).	A	A
03128 Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved).	B	C
03130 Pterygium or conjunctival cyst or conjunctival tumor	B	A
03131 Paracentesis	B	A
03132 Lamellar keratectomy (per eye) for refractive surgery (LK, ALK, MLK)	B	C
<b>Ducts:</b>		
03133 Probing and/or syringing, per duct	A	A
03135 Insertion of polythene tubes (additional): Unilateral	B	A
03137 Excision of lacrimal sac: Unilateral	B	B
03139 Dacryocystorhinostomy (Single) with or without polythene tube	B	C
03141 Sealing of punctum.	A	A
03143 Three-snip operation.	A	A

	Ana Grp	Proc Grp
<b>Repair of canaliculus:</b>		
03145 Primary procedure.	B	B
03147 Secondary procedure.	B	C
<b>Iris:</b>		
03149 Iridectomy or iridotomy by open operation as isolated procedure.	B	B
03151 Excision of iris tumour.	B	C
03153 Iridectomy or iridotomy by laser or photo-coagulation as isolated procedure (maximum one procedure)	B	B
03155 Iridocyclectomy for tumour.	C	D
03157 Division of anterior synechiae as isolated procedure	B	B
<b>Lids:</b>		
03161 Tarsorrhaphy.	B	A
03163 Excision of superficial lid tumour.	B	A
03165 Repair of skin lacerations of the lid.	B	A
03167 Diathermy to wart on lid margin.	A	A
03171 Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202).	A	A
03173 Epicanthal folds.	B	B
03176 Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material.	B	C
<b>Entropion or ectropion by:</b>		
03177 Cautery.	A	A
03179 Suture.	B	A
03181 Open operation.	B	B
03183 Free skin, mucosal grafting or flap	B	C
<b>Staged procedures for partial or total loss of eyelid</b>		
03185 First stage.	C	C
03187 Subsequent stage.	C	C
03189 Full thickness eyelid laceration for tumour or injury: Direct repair	B	B
03191 Blepharoplasty: upper lids for improvement in function	B	B
<b>Ptosis:</b>		
03193 Repair by superior rectus, levator or frontalis muscle operation	B	C
<b>Ptosis: by lesser procedure e.g. sling operation:</b>		
03195 Unilateral.	B	B
03197 Bilateral.	B	C
<b>Conjunctiva:</b>		
03199 Repair of conjunctiva by grafting.	B	B
03200 Repair of lacerated conjunctiva.	B	A
<b>Major congenital deformity reconstruction of external ear:</b>		
03267 Unilateral	C	B
03269 Bilateral	C	C
03270 Excision of superficial pre-auricular fistula	B	A
03272 Excision of complicated pre-auricular fistula.	B	B
<b>External ear canal:</b>		
03205 Removal of foreign body under general anaesthetic	A	A
<b>Meatus atresia:</b>		
03215 Repair of stenosis of cartilaginous portion	B	C
03217 Congenital	C	D
03219 Removal of osteoma from meatus: Solitary.	B	B
03221 Removal of osteoma from meatus: Multiple.	B	C

	Ana Grp	Proc Grp
<b>Middle ear:</b>		
<b>Middle ear:</b>		
03207 Unilateral myringotomy.	B	A
03209 Bilateral myringotomy.	B	A
03211 Unilateral myringotomy with insertion of ventilation tube	B	A
03212 Bilateral myringotomy with insertion of unilateral ventilation tube.	B	A
03213 Bilateral myringotomy with insertion of bilateral ventilation tubes.	B	B
03237 Exploratory tympanotomy	B	A
03243 Myringoplasty	B	B
03245 Functional reconstruction of tympanic membrane	C	D
03249 Stapedotomy and stapedectomy.	B	D
03257 Cortical mastoidectomy.	C	B
03259 Radical mastoidectomy (excluding minor procedures)	C	C
03261 Muscle grafting to mastoid cavity without tympanoplasty	C	C
03263 Autogenous bone graft to mastoid cavity	C	C
03264 Tympanomastoidectomy.	C	D
03265 Reconstruction of posterior canal wall, following radical mastoid	C	D
03266 Gentamycin instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	B	A
<b>Facial nerve tests:</b>		
03223 Percutaneous stimulation of the facial nerve.	B	A
03224 Electroneurography (ENOG).	B	B
<b>Exploration of facial nerve:</b>		
03227 Exploration of tympanomastoid segment.	C	D
03228 Grafting of the tympanomastoid segment (including item 3227)	C	D
03230 Extratemporal grafting of the facial nerve.	C	D
03232 Facio-accessory or facio-hypoglossal anastomosis	C	B
<b>Balance tests:</b>		
03258 Otolith repositioning manoeuvre	A	A
<b>Inner ear surgery:</b>		
03233 Labyrinthectomy via the middle ear or mastoid.	C	D
03240 Endolymphatic sac surgery	C	D
03244 Fenestration and occlusion of the posterior semicircular canal (F.O.S.) for benign paroxysmal positioning vertigo (BPPV)	C	D
03246 Cochlear implant surgery	C	D
<b>Middle fossa approach (i.e. transtemporal or supralabyrinthine):</b>		
03229 Facial nerve: Exploration of the labyrinthine segment	C	D
05221 Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment included)	C	D
05222 Facial nerve surgery inside the internal auditory canal (if grafting required and harvesting of graft included)	C	D
05223 Vestibular neurectomy, removal of supralabyrinthine tumours, or similar procedures	C	D
05224 Removal of acoustic neuroma via the middle fossa approach	C	D
<b>Translabyrinthine approach:</b>		
03239 Acoustic neuroma removal translabyrinthine	C	D
05227 Cochleo-vestibular neurectomy	C	D
05229 Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting and graft removal included)	C	D
<b>Transotic approach to the cerebellopontine angle:</b>		
05232 Removal of acoustic neuroma or cyst of the internal auditory canal	C	D
<b>Infratemporal fossa approach type a:</b>		
05235 Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large infratemporal tumours	C	D
<b>Infratemporal fossa approach type b:</b>		
05238 Removal of tumour of the petrous apex	C	D
05239 Removal of tumour of the clivus	C	D

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Infratemporal approach type c:</b>		
<b>Infratemporal approach type c:</b>		
05242 Removal of nasopharyngeal angiofibroma or carcinoma	C	D
05243 Removal of tumour from the infratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	C	D
<b>Subtotal petrosectomy:</b>		
05246 Subtotal petrosectomy for removal of temporal bone tumour	C	D
05247 Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	C	D
<b>Petrosectomy and radical dissection of petromandibular fossa:</b>		
05250 Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland.	C	D
05251 Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	C	D
05252 Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	C	D
<b>Physical treatment:</b>		
03299 Manipulation of large joints under general anaesthesia: Hip	A	A
<b>Myelography:</b>		
03333 Lumbar	B	
03334 Thoracic	B	
03335 Cervical	B	
03336 Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	B	
03345 Discography.	B	
<b>Teeth:</b>		
03381 Ventriculography	B	
03389 Dacryocystography.	B	
<b>Alimentary tract:</b>		
03395 Sialography (plus 80% for each additional gland)	B	
03415 Biliary Tract: E.R.C.P. own equipment: Cholelithogram and/or pancreatography screening included.	B	
03416 Pancreas: E.R.C.P. hospital equipment: Cholelithogram and/or pancreatography screening included	B	
<b>Bronchography:</b>		
03453 Unilateral	B	
03455 Bilateral	B	
03461 Pleurography	A	
<b>Cysto-urethrography:</b>		
03505 Retrograde-prograde pyelography	A	
<b>Gynaecology and obstetrics:</b>		
03519 Hystero-salpingography .	A	
<b>Angiography:</b>		
03527 Cerebral angiography: First two series.	B	
03531 Peripheral angiography: per limb: First series	B	
03534 Digital vascular subtraction: Per series for first 6 series	B	
03535 Aortography: First series	B	
03547 Splenoportography	B	
<b>Introduction of contrast medium:</b>		
03561 Selective catheterisation of vena renalis and vena cava for selective catheterisation of a vein	B	
<b>Computed tomography:</b>		
03585 Head, single examination, full series	B	
03587 Head, repeat examination at the same visit, after contrast, full series	B	
03589 Chest	B	
03591 Abdomen (including base of chest and/or pelvis)	B	
03593 Multiple examinations: For an additional part the lesser fee shall be reduced to	B	
03595 Limbs and other limited examinations	B	

Miscellaneous:		Ana Grp	Proc Grp
<b>Miscellaneous:</b>			
03608	Repeat mammography procedure with fine needle aspiration biopsy utilising dedicated stereotactic equipment. Comprehensive procedure fee	A	
05026	Amniocentesis.	B	
05034	Fine needle aspiration or biopsy or core biopsy of mamma.	B	
<b>Ultrasonic investigations:</b>			
03619	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.	B	
<b>Interventional radiological procedures:</b>			
05002	Percutaneous transluminal angioplasty: Aortic/IVC	B	B
05004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel/AV Fistula	B	B
05006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	B	B
05008	Percutaneous transluminal angioplasty: sub-popliteal sub brachial	B	C
05010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	B	C
05012	Percutaneous transluminal angioplasty: extracranial Carotid/Vertebral	B	
05018	On-table thrombolysis/Transcatheter infusion performed in angiography suite	A	C
05020	Transhepatic portal embolisation	C	
05022	Embolisation non-intercranial, per vessel .	B	C
05028	Antegrade pyelography with insertion of the drainage catheter into the renal pelvis or ureter .	B	
05030	Percutaneous nephrostomy for further procedure or drainage.	B	C
05031	Antegrade ureteric stent insertion	A	B
05032	Tumour embolisation .	B	
05036	Percutaneous abdominal/pelvis/other drain insertion, any modality.	B	B
05038	Intracranial/Spinal AVM embolisation (per session).	C	D
05039	Intracranial thrombolysis (on-table) per session	B	C
05040	Intracranial aneurysm occlusion.	C	D
05041	Balloon occlusion/Wada test	B	C
05042	Carotico/Cavernous fistula/Head and neck AV fistula embolisation.	C	D
05043	Intracranial angioplasty	B	D
05044	Transhepatic portogram .	B	C
05045	Hepatic arterial infusion catheter insertion	A	C
05046	Percutaneous biliary drainage (external).	B	C
05047	Combined Internal/external biliary drainage	B	B
05048	Biliary stent insertion.	B	D
05049	Percutaneous gall bladder drainage	B	C
05050	Percutaneous or renal gall bladder stone removal.	B	D
05052	Embolisation of spermatic vein.	A	
05054	Selective catheterisation of spermatic vein.	A	
05056	Percutaneous transluminal angioplasty performed by radiologists: Per lesion.	C	
05058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	B	C
05060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	B	C
05062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	B	C
05064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)	B	C
05066	Stent insertion: Renal/Visceral/Brachiocephali - including percutaneous transluminal angioplasty (PTA)	B	D
05070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)	B	D
05072	Tunnelled/Subcutaneous arterial/venous line performed in radiology suite	A	B
05074	IVC filter insertion jugular or femoral route	B	C
05076	Intravascular foreign body removal, arterial or venous, any route	B	D
05078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM) per session	A	B
05080	Transjugular intrahepatic portosystemic shunt	B	D

**Interventional radiological procedures:**

	<u>Ana Grp</u>	<u>Proc Grp</u>
05082 Transjugular liver biopsy	B	B
05084 Endoluminal fallopian tube recanalisation	A	C
05088 Oesophageal stent insertion in radiology suite	A	B
05090 Tracheal stent insertion	A	B
05091 GIT Balloon dilatation under fluoroscopy	A	B
05092 Other GIT stent insertion	A	B

**Magnetic resonance imaging: per anatomical region:**

06200 Brain	B
06201 Orbits	B
06202 Paranasal sinuses	B
06203 Soft tissue: Face/skull	B
06204 Skull base/cranio-cervical joint	B
06205 Middle and internal ears	B
06206 Soft tissue: Neck	B
06207 Thyroid/para-thyroid	B
06208 Hypophysis (see modifiers 6104 and 6105 for limited examinations)	B
06209 Bone tumour (see modifier 6103)	B
06210 Cervical vertebrae	B
06211 Thoracic vertebrae	B
06212 Lumbar vertebrae	B
06213 Sacrum.	B
06214 Pelvis.	B
06215 Pelvic organs.	B
06216 Abdomen	B
06217 Thorax wall.	B
06218 Mediastinum.	B
06219 Soft tissue: Back.	B
06220 Left shoulder	B
06221 Right shoulder	B
06222 Both hips	B
06223 Left hip .	B
06224 Right hip	B
06225 Left upper arm	B
06226 Right upper-arm	B
06227 Left elbow	B
06228 Right elbow	B
06229 Left fore-arm	B
06230 Right fore-arm	B
06231 Left wrist and hand	B
06232 Right wrist and hand	B
06233 Left upper-leg	B
06234 Right upper-leg	B
06235 Left knee	B
06236 Right knee	B
06237 Left lower-leg	B
06238 Right lower-leg	B
06239 Left ankle	B
06240 Right ankle	B
06241 Left foot	B
06242 Right foot	B

	<u>Ana Grp</u>	<u>Proc Grp</u>
<b>Magnetic resonance angiography</b>		
<b>Magnetic resonance angiography</b>		
06250 Brain	B	
06251 Large vessels: Neck	B	
06252 Large vessels: Chest	B	
06253 Large vessels: Abdomen	B	
06254 Large vessels: Legs	B	
06255 Heart	B	
<b>Low field strength peripheral joint magnetic resonance imaging</b>		
06270 Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine, or head examinations	B	

# Imaging (Radiology) Groups

	<u>Image Grp</u>	<u>Ana Grp</u>
<b>Limbs:</b>		
<b>Limbs:</b>		
03305 Finger, toe.	A	
03307 Limb per region e.g. shoulder, elbow, knee, foot, hand, wrist, or ankle (an adjacent part which does not require an additional set of views should not be added e.g. wrist or hand)	A	
03309 Smith-Petersen or equivalent control, in theatre.	B	
03311 Stress studies, e.g. joint.	A	
03313 Length studies per right and left pair of long bones	A	
03315 Skeletal survey under 5 years	B	
03317 Skeletal survey over 5 years	B	
03319 Arthrography per joint	A	
03320 Introduction of contrast medium or air. Add	B	
<b>Spinal column:</b>		
03321 Per region, e.g. cervical, sacral, coccygeal, one region thoracic	A	
03325 Stress studies	A	
03329 Scoliosis studies	B	
03331 Pelvis (Sacro-iliac or hip joints only to be added where an extra set of views is required).	A	
<b>Myelography:</b>		
03333 Lumbar	B	B
03334 Thoracic	B	B
03335 Cervical	B	B
03344 Introduction of contrast medium: Add	B	
03345 Discography.	B	B
03347 Introduction of contrast medium per disc level: Add	B	
<b>Skull:</b>		
03349 Skull studies	A	
03351 Paranasal sinuses	A	
03353 Facial bones and/or orbits	A	
03355 Mandible	A	
03357 Nasal bone	A	
03359 Mastoid: Bilateral	A	
<b>Teeth:</b>		
03361 One quadrant	A	
03363 Two quadrants	A	
03365 Full mouth	A	
03366 Rotation tomography of the teeth and jaws.	A	
03367 Temporo-mandibular joints: Per side.	A	
03369 Tomography: Per side	A	
03371 Localisation of foreign body in the eye.	A	
03381 Ventriculography	B	B
03385 Post-nasal studies: Lateral neck	A	
03387 Maxillo-facial cephalometry	A	
03389 Dacryocystography.	A	B
03391 For introduction of contrast medium add	B	
<b>Alimentary tract:</b>		
03393 Bowel washout: Add	A	
03395 Sialography (plus 80% for each additional gland)	A	B

	<u>Image Grp</u>	<u>Ana Grp</u>
<b>Alimentary tract:</b>		
03397 Introduction of contrast medium (plus 80% for each additional gland) : Add	B	
03399 Pharynx and oesophagus	A	
03403 Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through.	B	
03405 Double contrast: Add	B	
03406 Small bowel meal (control film of abdomen included except when part of item 3408)	B	
03408 Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	B	
03409 Barium enema(control film of abdomen included)	A	
03411 Air contrast study : Add	B	
03415 Biliary Tract: E.R.C.P. own equipment: Cholelogram and/or pancreatography screening included.	B	B
03416 Pancreas: E.R.C.P. hospital equipment: Cholelogram and/or pancreatography screening included	A	B
03417 Gastric/oesophageal/duodenal intubation control	A	
03419 Gastric/oesophageal intubation insertion of tube Add	A	
03421 Duodenal intubation: Insertion of tube: Add	A	
03423 Hypotonic duodenography (item 3403 and item 3405 included) : Add	B	
<b>Biliary tract:</b>		
03425 Oral cholecystography.	A	
<b>Cholangiography:</b>		
03427 Intravenous	B	
03431 Operative: First series: Add item 3607 only when the Radiologist attends personally in theatre	B	
03432 Subsequent series	B	
03433 Post operative: T-tube	A	
03435 Introduction of contrast medium: Add	A	
03437 Trans hepatic, percutaneous	A	
03439 Introduction of contrast medium: Add.	B	
03441 Tomography of biliary tract: Add.	B	
<b>Chest:</b>		
03443 Larynx (Tomography included)	A	
03445 Chest (item 3601 included).	A	
03447 Chest and cardiac studies (item 3601 included)	A	
03449 Ribs	A	
03451 Sternum or sterno-clavicular joints	A	
<b>Bronchography:</b>		
03453 Unilateral	A	B
03455 Bilateral	B	B
03457 Introduction of contrast medium included	B	
03461 Pleurography	A	A
03463 For introduction of contrast medium: Add	A	
03465 Laryngography	A	
03467 For introduction of contrast medium: Add	B	
03468 Thoracic inlet	A	
<b>Abdomen:</b>		
03477 Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	A	
03479 Acute abdomen or equivalent studies	A	
<b>Excretory urogram:</b>		
03487 Control film included and bladder views before and after mictrurition (intravenous pyelogram) (item 0206 not applicable)	B	
03493 Waterload test: Add.	B	
03497 Cystography only or urethrography only (retrograde).	A	

	<u>Image Grp</u>	<u>Ana Grp</u>
<b>Cysto-urethrography:</b>		
03499 Retrograde	B	
03503 Introduction of contrast medium : Add	B	
03505 Retrograde-prograde pyelography	A	A
03511 Aspiration renal cyst	A	
03513 Tomography of renal tract: Add	B	
<b>Gynaecology and obstetrics:</b>		
03515 Pregnancy	A	
03517 Pelvimetry	A	
03519 Hystero-salpingography .	A	A
03521 Introduction of contrast medium: Add	B	
<b>Angiography:</b>		
03527 Cerebral angiography: First two series.	B	B
03529 Additional series: Each	B	
03531 Peripheral angiography: per limb: First series	A	B
03533 Other arteriography: per field: First series	B	
03534 Digital vascular subtraction: Per series for first 6 series	B	B
03535 Aortography: First series	B	B
03536 Dedicated angiography suite: analogue monoplaner unit. Once off charge per patient by owner of equipment	D	
03537 Dedicated angiography suite: Digital monoplaner unit. Once off charge per patient by owner of equipment	D	
03538 Analogue monoplaner table with DSA attachment	D	
03539 Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment	D	
03540 Radiography fee for coronary catheterisation laboratory, per radiographer, per half hour or part thereof (also chargeable by cardiologist who employs radiographer)	A	
03543 Vena cavography: First series	B	
03545 Venography: Per limb	A	
03547 Splenoportography	B	B
03548 Analogue monoplaner screening table	D	
03549 Lymphangiography	B	
03550 Digital monoplaner screening table	D	
<b>Introduction of contrast medium:</b>		
03553 Femoral artery: Direct injection	A	
03555 Other artery or aorta: Direct injection	B	
03561 Selective catheterisation of vena renalis and vena cava for selective catheterisation of a vein	B	B
03563 Direct intravenous for limb : Add	B	
03565 Direct intravenous for angiocardiology, aortography, cavography, pulmonary arteriography, etc : Add	B	
03567 Venous catheterisation for angiocardiology, aortography cavography, pulmonary arteriography and peripheral venography :	B	
03571 Splenoportography: Direct injection or catheter : Add	B	
03573 Splenoportography: With pressure studies: Add	B	
03575 "Cut-downs" for venography: Add	B	
<b>Computed tomography:</b>		
03585 Head, single examination, full series	C	B
03587 Head, repeat examination at the same visit, after contrast, full series	D	B
03589 Chest	C	B
03591 Abdomen (including base of chest and/or pelvis)	D	B
03593 Multiple examinations: For an additional part the lesser fee shall be reduced to	B	B
03595 Limbs and other limited examinations	B	B
<b>Miscellaneous:</b>		
03600 Peripheral bone densitometry utilizing ionizing radiation	A	
03601 Fluoroscopy: Per half hour: (not applicable for items 3445 and 3447) Add	A	

Miscellaneous:		Image Grp	Ana Grp
03602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add	A	
03603	Sinography	A	
03604	Bone densitometry (to be charged once only for one or more levels done at the same session)	B	
03605	Mammography: Unilateral or bilateral	B	
03606	Repeat mammography, unilateral or bilateral, for localisation of tumour	B	
03607	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	A	
03608	Repeat mammography procedure with fine needle aspiration biopsy utilising dedicated stereotactic equipment: Comprehensive procedure fee	B	A
03611	Foreign body localisation: Introduction of sterile needle markers: Add	A	
03613	Setting of sterile trays	A	
05026	Amniocentesis.	B	B
05034	Fine needle aspiration or biopsy or core biopsy of mamma.	A	B
Ultrasonic Investigations:			
03596	Intravascular ultrasound per case, arterial or venous, for intervention	A	
03610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment).	B	
03612	Ultrasonic bone densitometry	A	
03614	Transvaginal aspiration of ova	B	
03615	Fetal maturity	B	
03617	Fetal maturity follow up (same pregnancy)	A	
03618	Pelvic organs (vaginal or abdominal probe)	B	
03619	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.	A	B
03620	Cardiac examination plus Doppler colour mapping	B	
03621	Cardiac examination (M.Mode)	A	
03622	Cardiac examination: 2 Dimensional	B	
03623	Cardiac examination + effort : Add	B	
03624	Cardiac examinations + contrast : Add	B	
03625	Cardiac examinations + doppler : Add	B	
03626	Cardiac examination + phonocardiography : Add	B	
03627	Examination of the whole abdomen (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract)	B	
03628	Renal tract	B	
03629	High definition (small parts) scan: thyroid, breast lump, scrotum, etc.	B	
03630	Examination of a mass (extra abdominal)	B	
03631	Ophthalmic examination	B	
03632	Axial length measurement and calculation of intraocular lens power: per eye	B	
03633	Neonatal head scan	B	
03634	Peripheral vascular scan	A	
03635	+ Doppler	B	
03636	Trans-oesophageal echocardiography including passing the device	B	
03637	Duplex scan	B	
Portable unit and theatre examinations:			
03639	Where portable X-ray unit is used in the hospital or theatre: Add	A	
03640	Theatre investigations with fixed installation : Add	A	
Diagnostic procedures requiring the use of radio-isotopes:			
03641	Tracer test	B	
03642	Repeat of further tracer tests for same investigation: Half of above fee	A	
03644	Tracer test of complete body or brain tumour location .	C	
03645	Other organ scanning with use of relevant radio isotopes	C	

**Diagnostic procedures requiring the use of radio-isotopes:**

Image Grp Ana Grp

03646 Thyroid scanning

B

**Interventional radiological procedures:**

05002 Percutaneous transluminal angioplasty: Aortic/IVC

D

B

05004 Percutaneous transluminal angioplasty, arterial or venous, Iliac vessel/subclavian vessel/AV Fistula

D

B

05006 Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial

D

B

05008 Percutaneous transluminal angioplasty: sub-popliteal sub brachial

D

B

05010 Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic

D

B

05014 Atherectomy (per vessel)

D

05016 Aspiration thrombectomy (per vessel)

D

05018 On-table thrombolysis/Transcatheter infusion performed in angiography suite

D

A

05020 Transhepatic portal embolisation

C

C

05022 Embolisation non-intercranial, per vessel.

D

B

05028 Antegrade pyelography with insertion of the drainage catheter into the renal pelvis or ureter.

B

B

05030 Percutaneous nephrostomy for further procedure or drainage.

C

B

05031 Antegrade ureteric stent insertion

C

A

05032 Tumour embolisation.

A

B

05033 Percutaneous cystostomy in radiology suite

B

05035 Urethral balloon dilatation in radiology suite

B

05036 Percutaneous abdominal/pelvis/other drain insertion, any modality.

B

B

05037 Urethral stenting in radiology suite

D

05038 Intracranial/Spinal AVM embolisation (per session).

D

C

05039 Intracranial thrombolysis (on-table) per session

D

B

05040 Intracranial aneurysm occlusion.

D

C

05041 Balloon occlusion/Wada test

D

B

05042 Carotico/Cavernous fistula/Head and neck AV fistula embolisation.

D

C

05043 Intracranial angioplasty

D

B

05044 Transhepatic portogram.

D

B

05045 Hepatic arterial infusion catheter insertion

D

A

05046 Percutaneous biliary drainage (external).

D

B

05047 Combined internal/external biliary drainage

D

B

05048 Biliary stent insertion.

D

B

05049 Percutaneous gall bladder drainage

C

B

05050 Percutaneous or renal gall bladder stone removal.

D

B

05052 Embolisation of spermatic vein.

B

A

05054 Selective catheterisation of spermatic vein.

B

A

05056 Percutaneous transluminal angioplasty performed by radiologists: Per lesion.

C

C

05058 Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)

D

B

05060 Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)

D

B

05062 Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)

D

B

05064 Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)

D

B

05066 Stent insertion: Renal/Visceral/Brachiocephali - including percutaneous transluminal angioplasty (PTA)

D

B

05070 Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)

D

B

05072 Tunnelled/Subcutaneous arteria/venous line performed in radiology suite

C

A

05074 IVC filter insertion jugular or femoral route

D

B

05076 Intravascular foreign body removal, arterial or venous, any route

D

B

05078 Percutaneous sclerotherapy of an arteriovenous malformation (AVM) per session

C

A

05080 Transjugular intrahepatic portosystemic shunt

D

B

05082 Transjugular liver biopsy

C

B

05084 Endoluminal fallopian tube recanalisation

D

A

05086 Renal cyst aspiration/ablation

B



**Magnetic resonance imaging: per anatomical region:**

Image Grp Ana Grp

06241 Left foot

D B

06242 Right foot

D B

**Magnetic resonance angiography**

06250 Brain

D B

06251 Large vessels: Neck

D B

06252 Large vessels: Chest

D B

06253 Large vessels: Abdomen

D B

06254 Large vessels: Legs

D B

06255 Heart

D B

**Low field strength peripheral joint magnetic resonance imaging**

06270 Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine, or head examinations

B B

# Oral Health (Dental) Procedure Groups

	<u>Oral Grp</u>
<b>Clinical oral evaluations</b>	
<b>Clinical oral evaluations</b>	
08101 Full mouth examination, charting and treatment planning (see Rule 001)	A
08102 Comprehensive consultation	A
08104 Examination or consultation for a specific problem not requiring full mouth examination, charting and treatment planning	A
<b>Other preventive services</b>	
08151 Oral hygiene instructions	A
08153 Follow-up visit for re-evaluation of oral hygiene (if no other treatment is performed during the same visit)	A
<b>Space maintenance (passive appliances)</b>	
08173 Space maintainer - fixed, per abutment unit	A
08175 Space maintainer - removable (all-inclusive fee)	A
<b>Amalgam restorations (including polishing)</b>	
08341 Amalgam - one surface	A
08342 Amalgam - two surfaces	A
08343 Amalgam - three surfaces	A
08344 Amalgam - four or more surfaces	A
<b>Resin restorations</b>	
08351 Resin - one surface, anterior	A
08352 Resin - two surfaces, anterior	A
08353 Resin - three surfaces, anterior	A
08354 Resin - four or more surfaces, anterior	A
08367 Resin - one surface, posterior	A
08368 Resin - two surfaces, posterior	A
08369 Resin - three surfaces, posterior	A
08370 Resin - four or more surfaces, posterior	A
<b>Metal inlays</b>	
08361 Inlay, metallic - one surface, posterior	A
08362 Inlay, metallic - two surfaces, posterior	A
08363 Inlay, metallic - three surfaces, posterior	B
08364 Inlay, metallic - four or more surfaces, posterior	B
<b>Ceramic and/or resin inlays</b>	
08371 Inlay, ceramic/resin - one surface	A
08372 Inlay, ceramic/resin - two surfaces	A
08373 Inlay, ceramic/resin - three surfaces	B
08374 Inlay, ceramic/resin - four or more surfaces	B
<b>Crowns - single restorations</b>	
08401 Cast full crown	B
08403 Cast three-quarter crown	B
08407 Acrylic veneered crown	B
08409 Porcelain jacket crown	B
08411 Porcelain veneered crown	B
<b>Other restorative services</b>	
08133 Re-cementing of inlays, crowns or bridges - per abutment	A
08135 Removal of inlays and crowns (per unit) and bridges (per abutment) or sectioning of a bridge, part of which is to be retained as a crown	A
following the failure of a bridge	
08137 Temporary crown placed as an emergency procedure	A
08157 Re-burnishing and polishing of restorations - complete dentition	A

<b>Other restorative services</b>		<u>Oral Grp</u>
08330	Removal of fractured post or instrument and/or bypassing fractured endodontic instrument	A
08345	Prefomed post retention, per post	A
08347	Pin retention for restoration, first pin	A
08348	Pin retention for restoration, each additional pin	A
08349	Carving or contouring a plastic restoration to accommodate an existing removable prosthesis	A
08355	Composite veneers (Direct)	A
08357	Prefomed metal crown	A
08366	Pin retention as part of cast restoration, irrespective of number of pins	A
08376	Prefabricated post and core in addition to crown The core is built around a prefabricated post(s)	A
08391	Cast post and core - single	A
08393	Cast post and core - double	A
08395	Cast post and core - triple	A
08396	Cast coping	A
08397	Cast core with pins	A
08398	Core build-up, including any pins	A
08413	Facing replacement	A
08414	Additional fee for provision of crown within an existing clasp or rest	A
<b>Pulp capping</b>		
08303	Indirect pulp capping	A
<b>Pulpotomy</b>		
08307	Amputation of pulp (pulpotomy)	A
<b>Endodontic therapy preparatory visits</b>		
08332	Single-canal tooth, per visit	A
08333	Multi-canal tooth, per visit	A
<b>Obturation of root canals at a subsequent visit</b>		
08328	Obturation of root canal - Each additional canal - anteriors and premolars	A
08335	Obturation of root canal - First canal - anteriors and premolars	A
08336	Obturation of root canal - First canal - molars	B
08337	Obturation of root canal - Each additional canal - molars	A
<b>Preparation and obturation of root canals completed at a single visit</b>		
08329	Preparation and obturation of root canals completed at a single visit Each additional canal - anteriors and premolars	A
08338	Preparation and obturation of root canals completed at a single visit - First canal - anteriors and premolars	B
08339	Preparation and obturation of root canals completed at a single visit - First canal - molars	B
08340	Preparation and obturation of root canals completed at a single visit - Each additional canal - molars	A
<b>Endodontic retreatment</b>		
08334	Re-preparation of previously obturated canal, per canal	A
<b>Apexification/recalcification procedures</b>		
08305	Apexification of root canal, per visit	A
<b>Apicoectomy/periradicular services</b>		
08229	Apicoectomy including retrograde filling where necessary - incisors and canines	A
<b>Other endodontic procedures</b>		
08132	Emergency root canal treatment (See notes 2 and 3 in the preamble above)	A
08136	Access through a prosthetic crown or inlay to facilitate root canal treatment	A
<b>Surgical services (including usual postoperative care)</b>		
08185	Gingivectomy-gingivoplasty, per quadrant	A
08186	Gingivectomy-gingivoplasty, per sextant	A

	Oral Grp
<b>Adjunctive periodontal services</b>	
<b>Adjunctive periodontal services</b>	
08182 Root planing with or without periodontal curettage, per quadrant	A
08184 Root planing with or without periodontal curettage, per sextant	A
<b>Other periodontal services</b>	
08176 Periodontal screening	A
08177 Oral hygiene instruction for the periodontally compromised patient	A
08178 Oral hygiene evaluation for the periodontally compromised patient	A
08179 Plaque removal for the periodontally compromised patient	A
08180 Scaling for the periodontally compromised patient	A
<b>Complete dentures (including routine post-delivery care)</b>	
08231 Full upper and lower dentures inclusive of soft bases or metal bases, where applicable	B
08232 Full upper or lower dentures inclusive of soft base or metal base, where applicable	B
<b>Partial dentures (including routine post-delivery care)</b>	
08233 Partial denture, one tooth	A
08234 Partial denture, two teeth	A
08235 Partial denture, three teeth	B
08236 Partial denture, four teeth	B
08237 Partial denture, five teeth	B
08238 Partial denture, six teeth	B
08239 Partial denture, seven teeth	B
08240 Partial denture, eight teeth	B
08241 Partial denture, nine or more teeth	B
08281 Metal (e.g. chrome cobalt, gold, etc.) base to partial denture, per denture	B
<b>Repairs to complete or partial dentures</b>	
08269 Repair of denture or other intra-oral appliance	A
08270 Add clasp to existing partial denture (One or more clasps)	A
08271 Add tooth to existing partial denture (One or more teeth)	A
<b>Denture rebase procedures</b>	
08261 Re-model of denture	B
<b>Denture reline procedures</b>	
08259 Reline of denture (laboratory)/ Opvulling van kunsgebit (laboratorium)	A
08263 Reline of denture in selfcuring acrylic (intra-oral)	A
08267 Soft base re-line per denture (heat cured)	A
<b>Other removable prosthetic services</b>	
08251 Cast gold clasp or rest per clasp or rest	A
08253 Wrought gold clasp or rest per clasp or rest	A
08255 Stainless steel clasp or rest per clasp or rest	A
08257 Lingual bar or palatal bar	A
08265 Tissue conditioner and soft self-cure interim re-line, per denture	A
<b>Endosteal implants</b>	
08194 Placement of a single osseo-integrated implant per jaw	B
08195 Placement of a second osseo-integrated implant in the same jaw	B
08196 Placement of a third and subsequent osseo-integrated implant in the same jaw per implant	A
08198 Exposure of a single osseo-integrated implant and placement of a transmucosal element	A
08199 Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw	A
08200 Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant	A

	<u>Oral Grp</u>
<b>Fixed partial denture pontics</b>	
<b>Fixed partial denture pontics</b>	
08420 Sanitary pontic	A
08422 Posterior pontic	B
08424 Anterior pontic (including premolars)	B
<b>Fixed partial denture retainers - inlays/onlays</b>	
08356 Bridge per abutment - only applicable to Maryland type bridges	A
<b>Fixed partial denture retainers - crowns</b>	
08193 Osseo-integrated abutment restoration, per abutment	B
<b>Surgical extractions (includes routine postoperative care)</b>	
08209 Surgical removal of a tooth, i.e. raising of mucoperiosteal flap, removal of bone and suturing	A
08210 Removal of unerupted or impacted tooth - first tooth	B
08211 Removal of unerupted or impacted tooth - second tooth	A
08212 Removal of unerupted or impacted tooth - each additional tooth	A
08213 Surgical removal of residual roots of first tooth	A
08214 Surgical removal of residual roots of each subsequent tooth	A
<b>Other surgical procedures</b>	
08188 Biopsy - intra-oral	A
08215 Surgical exposure of impacted or unerupted teeth for orthodontic reasons	B
<b>Reduction of dislocation &amp; management of temporomandibular joint dysfunction</b>	
08169 Bite plate for the treatment of TMJ dysfunction, or occlusal guards	A
<b>Repair of traumatic wounds</b>	
08192 Appositioning (i.e., suturing) of soft tissue injuries	A
<b>Unclassified treatment</b>	
08131 Emergency treatment where no other treatment item is applicable or applied for treatment of the same tooth	A
08221 Local treatment of post-extraction haemorrhage - initial visit (Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	A
08223 Local treatment of post-extraction haemorrhage - each additional visit	A
08225 Treatment of septic socket - initial visit	A
08227 Treatment of septic socket - each additional visit	A
<b>Anaesthesia</b>	
08141 Inhalation sedation or electronic analgesia - first quarter-hour or part thereof	A
08143 Inhalation sedation or electronic analgesia - each additional quarter-hour or part thereof	A
08144 Intravenous sedation	A
08145 Local anaesthetic, per visit	A
<b>Professional consultations</b>	
08106 Provision of a written treatment plan and quotation where prior authorisation is required by medical schemes	A
<b>Professional visits</b>	
08129 Additional fee/benefit for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital)	A
Not applicable where a practice offers an extended hours service as the norm	
<b>Drugs, medicaments and materials</b>	
08183 Intra-muscular or sub-cutaneous injection therapy, per injection	A
<b>Miscellaneous services</b>	
08109 Infection control, per dentist, per hygienist, per dental assistant, per visit	A
08110 Provision of heat or vapour sterilized and wrapped instrumentation at the consulting rooms	A
08170 Minor occlusal adjustment	A
08304 Rubber dam, per arch	A
<b>Oral pathologists</b>	
09201 Consultation at rooms	A
09203 Consultation at hospital, nursing home or house	A

	<u>Oral Grp</u>
<b>Oral pathologists</b>	
09205 Subsequent consultation	A
09207 Night consultation	A
<b>Specialist prosthodontist</b>	
08155 Polishing only (including removal of plaque) - complete dentition	A
08159 Scaling and polishing	A
08161 Topical application of fluoride (prophylaxis excluded) - complete dentition	A
08163 Fissure sealant - per tooth	A
08165 Application of fluoride using laboratory processed applicators	A
08167 Treatment of hypersensitive dentine, per visit	A
08501 Consultation	A
08503 Occlusal analysis on adjustable articulator	A
08505 Pantographic recording	A
08506 Detailed clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation	A
08507 Examination, diagnosis and treatment planning	A
08508 Electrognathographic recording	A
08509 Electrognathographic recording with computer analysis	B
<b>Specialist prosthodontist emergency treatment</b>	
08511 Emergency treatment for relief of pain (where no other tariff item is applicable)	A
08513 Emergency crown (Not applicable to temporary crowns placed during routine crown and bridge preparations)	A
08515 Recementing of inlay, crown or bridge, per abutment	A
08517 Re-implantation of an avulsed tooth, including fixation as required	A
<b>Specialist prosthodontist provisional treatment</b>	
08521 Provisional splinting - extracoronal wire, per sextant	A
08523 Provisional splinting - extracoronal wire plus resin, per sextant	A
08527 Provisional splinting - intercoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	A
08529 Provisional crown, which is not placed during routine crown preparation	A
08530 Preformed metal crown	A
<b>Occlusal adjustment</b>	
08551 Major occlusal adjustment	B
08553 Minor occlusal adjustment	A
<b>Ceramic and/or resin bonded inlays and veneers</b>	
08554 Bonded veneers	B
08555 Ceramic and/or resin bonded inlays and veneers, One surface	B
08556 Ceramic and/or resin bonded inlays and veneers, Two surfaces	B
08557 Ceramic and/or resin bonded inlays and veneers, Three surfaces	B
08558 Ceramic and/or resin bonded inlays and veneers, Four or more surfaces	B
<b>Gold foil restorations</b>	
08561 Gold foil restorations Class I and Class VI	B
08563 Gold foil restorations Class V	B
08565 Gold foil restorations Class III	B
<b>Gold restorations</b>	
08571 Gold restorations One surface	B
08572 Gold restorations Two surfaces	B
08573 Gold restorations Three surfaces	B
08574 Gold restorations Four or more surfaces	B
08577 Pin retention	A
<b>Posts and copings</b>	
08581 Single post	A

	<u>Oral Grp</u>
<b>Posts and copings</b>	
08582 Double post	A
08583 Triple post	B
08587 Copings	A
08589 Cast core with pins	A
<b>Preformed posts and cores</b>	
08591 Core build-up, including any pins	A
08593 Prefabricated post and core in addition to crown	A
<b>Implants</b>	
08590 Periodic maintenance of existing implant prosthesis, per abutment	A
08592 Osseo-integrated abutment restoration, per abutment	B
<b>Connectors</b>	
08597 Locks and milled rests	A
08599 Precision attachments	A
<b>Crowns</b>	
08601 Cast three-quarter crown	B
08603 Cast gold crown	B
08605 Acrylic veneered gold crown	B
08607 Porcelain jacket crown	B
08609 Porcelain veneered metal crown	B
<b>Bridges</b>	
08611 Sanitary pontic	B
08613 Posterior pontic	B
08615 Anterior pontic	B
<b>Resin bonded retainers</b>	
08617 Per abutment	B
<b>Conservative treatment for temporomandibular joint dysfunction</b>	
08621 First visit for treatment of TMJ dysfunction	A
08623 Follow-up visit for TMJ dysfunction	A
<b>Root canal therapy</b>	
08631 Root canal therapy, first canal	B
08633 Root canal therapy, Each additional canal	A
08634 Endodontic procedure on primary tooth	A
08636 Re-preparation of previously obturated canal, per canal	A
<b>Bleaching</b>	
08325 Bleaching of non-vital teeth, per tooth as a separate procedure	A
08327 Each additional visit for bleaching of non-vital tooth as a separate procedure	A
<b>Other endodontic procedure</b>	
08635 Apexification of root canal, per visit	A
08637 Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure)	B
08640 Removal of fractured post or instrument from root canal	A
<b>Prosthetics (removable)</b>	
08273 Additional fee/benefit where one or more impressions are required for 8269, 8270 and 8271	A
08275 Adjustment of denture	A
08641 Complete upper and lower dentures without primary complications	C
08643 Complete upper and lower dentures without major complications	C
08645 Complete upper and lower dentures with major complications	C
08647 Complete upper or lower denture without primary complications	C
08649 Complete upper or lower denture without major complications	C

<b>Prosthetics (removable)</b>		<b>Oral Grp</b>
08651	Complete upper or lower denture with major complications	C
08661	Diagnostic dentures (inclusive of tissue conditioning treatment)	C
08662	Remounting and occlusal adjustment of dentures	A
08663	Chrome cobalt base or gold base for full denture (extra charge)	B
08664	Remount of crown or bridge for extensive prosthetics	A
08665	Re-base, per denture	A
08667	Soft base, per denture (heat cured)	B
08668	Tissue conditioner, per denture	A
08669	Intra-oral reline of complete or partial denture	A
08671	Metal (e.g. Chrome cobalt or gold) partial denture	C
08672	Additional fee/benefit for altered cast technique for partial denture	A
08674	Additive partial denture	B
08679	Repairs	A
<b>Maxillary prostheses</b>		
09101	Surgical obturator - Modified denture	A
09102	Surgical obturator - continuous base	A
09103	Surgical obturator - split base	B
09104	Interim obturator on existing denture	B
09105	Interim obturator on new denture	C
09106	Definitive obturator - open/hollow box	B
09107	Definitive obturator - silicone glove	C
<b>Mandibular resection prostheses</b>		
09108	Prosthesis with guide flange	C
09109	Prosthesis without guide flange	C
09110	Prosthesis - Palatal augmentation	A
<b>Glossal resection prostheses</b>		
09111	Simple prosthesis	B
09112	Complex prosthesis	B
<b>Radiotherapy appliances</b>		
09113	Carriers - simple	B
09114	Carriers - complex	C
09115	Shields - simple	B
09116	Shields - complex	C
09117	Cone locators	B
<b>Chemotherapy appliances</b>		
09118	Chemotherapeutic agent carriers	B
<b>Intermediate/definitive prostheses</b>		
09125	Speech aid/obturator with palatal modification	A
09126	Speech aid/obturator with velar modification	B
09127	Speech aid	C
09128	Speech aid/obturator adjustment	A
09129	Speech aid/obturator surgical prosthesis	B
<b>Speech appliances</b>		
09130	Palatal lift	A
09131	Palatal stimulating	B
09132	Speech bulb	C
09133	Adjustments, Speech appliances	A
<b>Extra-oral appliances</b>		
09135	Auricular prosthesis - simple	C

<b>Extra-oral appliances</b>		<b>Oral Grp</b>
09136	Auricular prosthesis - complex	C
09137	Nasal prosthesis - simple	C
09138	Nasal prosthesis - complex	C
09139	Ocular prosthesis - conformer	B
09140	Ocular prosthesis using modified stock appliance	C
09141	Ocular prosthesis using custom appliance	C
09142	Orbital prosthesis - simple (excluding ocular section)	C
09143	Orbital prosthesis - complex (excluding ocular section)	C
09148	Other body prostheses - simple	C
09149	Other body prostheses - complex	C
09150	Surgical facial prostheses - simple	C
09151	Surgical facial prostheses - complex	C
09155	Cranial prosthesis	B
<b>Custom implants</b>		
09156	Cranial - acrylic, elastomeric, metallic	B
09157	Facial - simple	B
09158	Facial - complex	B
09159	Ocular - custom made	B
09160	Body - special prosthesis	C
<b>Surgical appliances</b>		
09161	Splints - simple	A
09162	Splints - complex	B
09163	Templates - simple	A
09164	Templates - complex	B
09165	Conformers - simple	A
09166	Conformers - complex	B
<b>Trismus appliances</b>		
09167	Trismus appliance - simple	A
09168	Trismus appliance - complex	B
09169	Orthoses (for paralysed patients)	C
09170	Facial palsy appliances	B
09171	Oral splints (per commissure)	A
09172	Dynamic oral retractors (per arm)	A
<b>Attendance in theatre</b>		
09175	Attendance in theatre, per hour	A
<b>Specialists in oral medicine and periodontics</b>		
08140	Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit A	
08701	Consultation	A
08703	Detailed clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation	A
08705	Periodic re-examination	A
08707	Periodontal screening	A
08711	Oral hygiene instruction	A
08713	Oral hygiene evaluation	A
08714	Full mouth clinical plaque removal	A
08715	Scaling	A
08721	Occlusal adjustment per visit	A
08723	Provisional splinting - extracoronal wire, per sextant	A
08725	Provisional splinting - extracoronal wire plus resin, per sextant	A
08727	Provisional splinting - intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	A

	<u>Oral Grp</u>
<b>Temporomandibular joint procedures</b>	
<b>Temporomandibular joint procedures</b>	
08625 Bite plate for TMJ dysfunction	A
<b>Surgical procedures</b>	
08731 Periodontal abscess - treatment of acute phase (with or without flap procedure)	A
08737 Root planing with or without periodontal curettage, per quadrant	A
08739 Root planing with or without periodontal curettage, per sextant	A
08741 Gingivectomy-gingivoplasty, per quadrant	B
08743 Gingivectomy-gingivoplasty, per sextant	A
08749 Flap operation with root planing and curettage and which may include not more than 3 of the following: bone contouring, chemical treatment of	
B	
per	
quadrant	
08751 Flap operation with root planing and curettage with <=3 additional interventions, per sextant	B
08753 Flap operation with root planing and curettage and will include more than 3 of the following: bone contouring, chemical treatment of	
root B	
surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, apicectomy, clinical crown lengthening, per	
quadrant	
08755 Flap operation with root planing and curettage with >3 additional interventions, per sextant	B
08756 Flap operation with bone removal to increase the clinical crown length of a single tooth (as an isolated procedure)	B
08757 Frenectomy	B
08758 Surgical exposure of impacted or unerupted teeth for orthodontic reasons	B
08759 Pedicle flapped graft e.g. lateral sliding double papilla, rotated and similar (as an isolated procedure)	B
08760 Apicectomy including retrograde filling where necessary - anterior teeth	B
08762 Masticatory mucosal autograft and subepithelial connective tissue extending across more than four teeth (isolated procedure)	B
08763 Wedge resection (as an isolated procedure)	A
08764 Apicectomy including retrograde filling where necessary, posterior teeth	B
08765 Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure)	B
08766 Bone regenerative - repair procedure excluding cost of regenerative material as part of a flap operation as described in Items 8749,	
8751,	
A	
8753 and 8755, per procedure	
08768 Any other periodontal procedure involving a single tooth	A
08771 Prerestorative ridge augmentation using fibrous tissue, hydroxyapatite granules and/or bone particles	B
<b>Oral medical procedures</b>	
08781 Consultation, examination, diagnosis and diagnosis of oral diseases, pathological conditions of the surrounding tissues,	
temporomandibular	A
joint disorders or myofascial pain-dysfunction: Straight forward case	
08782 Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues,	
temporomandibular	A
joint disorders or myofascial pain dysfunction: Complex case	
08783 Subsequent consultation for same disease/condition	A
08785 Biopsy - incisional/excisional (e.g. epulis)	A
08786 Surgical treatment of soft tissue tumours (e.g. epulis)	A
08787 Any other procedure connected with the practice of oral medicine	A
<b>Specialist orthodontists</b>	
08801 First consultation	A
08803 Subsequent consultation, retention and/or post-treatment consultation	A
<b>Records and investigations</b>	
08837 Diagnosis and treatment planning	A
08839 Orthodontic diagnostic setup	A
<b>Retainers, repairs and/or replacements</b>	
08846 Removable: Repairs	A
08847 Removable: Replacement	A
08848 Fixed: Repair or replacement per unit (As a result of the patient's negligence)	A
08849 Retainer	A
<b>Treatment of mpds</b>	
08850 First consultation	A
08851 Subsequent consultation	A

	Oral Grp
<b>Treatment of mpds</b>	
08852 Bite plate for TMJ dysfunction	A
<b>Occlusal adjustment</b>	
08853 Major occlusal adjustment	B
08854 Minor occlusal adjustment	A
<b>Cleft palate therapy</b>	
08855 Consultation and therapy at hospital/nursing home/residence	A
08856 Subsequent consultation	A
08857 Weekly maximum	B
<b>Neonatal prostheses</b>	
09119 Passive presurgical prosthesis/Neonatal feeding aid	B
09120 Active presurgical orthopaedic appliance - minor	B
09121 Active presurgical orthopaedic appliance - moderate	B
09122 Active presurgical orthopaedic appliance - severe	C
09123 Active presurgical orthopaedic appliance adjustment	A
<b>Removable appliance therapy</b>	
08862 Removable (single)	B
08863 Removable (per additional)	B
<b>Functional appliance therapy</b>	
08858 Functional appliance	C
<b>Partial fixed appliance therapy - preliminary treatment</b>	
08861 Minor fixed appliance	B
08865 Maxillary or mandibular arch	C
08866 Combined maxillary and mandibular arch	D
<b>Comprehensive fixed appliance therapy</b>	
08867 Single arch treatment Mild	C
08868 Single arch treatment Moderate	D
08869 Single arch treatment Severe	D
<b>Combined maxillary and mandibular arch therapy</b>	
08873 Class I malocclusions Mild	D
08875 Class I malocclusions Moderate	D
08877 Class I malocclusions Severe	D
08879 Severe plus complications	D
08881 Class II and III malocclusions Mild	D
08883 Class II and III malocclusions Moderate	D
08885 Class II and III malocclusions Severe	D
08887 Class II and III malocclusions Severe plus complications	D
<b>Lingual orthodontics</b>	
08841 Lingual orthodontics single arch treatment Mild	D
08842 Lingual orthodontics single arch treatment Moderate	D
08843 Lingual orthodontics single arch treatment Severe	D
<b>Combined maxillary and mandibular arch therapy</b>	
08874 Combined maxillary and mandibular arch therapy class I malocclusions Mild	D
08876 Combined maxillary and mandibular arch therapy class I malocclusions Moderate	D
08878 Combined maxillary and mandibular arch therapy class I malocclusions Severe	D
08880 Combined maxillary and mandibular arch therapy class I malocclusions Severe plus complications	D
08882 Combined maxillary and mandibular arch therapy class II and III malocclusions, Mild	D
08884 Combined maxillary and mandibular arch therapy class II and III malocclusions, Moderate	D
08886 Combined maxillary and mandibular arch therapy class II and III malocclusions, Severe	D
08888 Combined maxillary and mandibular arch therapy class II and III malocclusions, Severe plus complications	D

	<u>Oral Grp</u>
<b>Specialist maxillo-facial and oral surgeons</b>	
<b>Specialist maxillo-facial and oral surgeons</b>	
08901 Consultation at consulting rooms	A
08902 Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation	A
08903 Consultation at hospital, nursing home or house	A
08904 Subsequent consultation at consulting rooms, hospital, nursing home or house	A
08905 Weekend visits and night visits between 18h00 - 07h00 the following day	A
08907 Subsequent consultations, per week, to a maximum of	A
<b>Investigations and records</b>	
08107 Intra-oral radiographs, per film	A
08108 Maximum for 8107	A
08113 Occlusal radiographs	A
08114 Hand-wrist radiograph	A
08115 Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA)	A
08117 Study models - unmounted or mounted on a hinge articulator	A
08119 Study models - mounted on a movable condyle articulator	A
08121 Photographs (for diagnostic, treatment or dento-legal purposes) per photograph	A
08811 Tracing and analysis of extra-oral film	A
08917 Biopsies - intra-oral	A
08919 Biopsy of bone - needle	A
08921 Biopsy of bone - open	B
<b>Orthognathic surgery and treatment planning</b>	
08840 Treatment planning for orthognathic surgery	B
<b>Removal of teeth</b>	
08201 Extraction - Single tooth	A
08202 Extraction - Each additional tooth in the same quadrant	A
08931 Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	A
08933 Treatment of haemorrhage in the case of blood dyscrasias, e.g. hemophilia, per week	B
08935 Treatment of post-extraction septic socket where patient is referred by another registered person	A
08937 Surgical removal of a tooth i.e.- raising of muco-periosteal flap, removal of bone and suturing	A
08957 Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw)	B
08961 Auto-transplantation of teeth	B
<b>Removal of roots</b>	
08953 Surgical removal of residual roots of first tooth	A
<b>Unerupted or impacted teeth</b>	
08941 Unerupted or impacted teeth, First tooth	B
08943 Unerupted or impacted teeth, Second tooth	A
08945 Unerupted or impacted teeth, Third tooth	A
08947 Unerupted or impacted teeth, Fourth and subsequent tooth	A
<b>Diverse procedures</b>	
08761 Masticatory mucosal autograft and subepithelial connective tissue autograft extending across not more than four teeth (isolated procedure)	B
08767 Bone regenerative - repair procedure at a single site (Excluding cost of regenerative material - see code 8770)	B
08769 Subsequent removal of membrane used for guided tissue regeneration procedure	A
08908 Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication	B
08909 Closure of oral antral fistula - acute or chronic	B
08911 Caldwell-Luc procedure	A
08965 Peripheral neurectomy	B
08966 Functional repair of oronasal fistula (local flaps)	B
08977 Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage)	C

		<u>Oral Grp</u>
<b>Diverse procedures</b>		
08978	Harvesting of autogenous grafts (extra-oral)	A
08979	Harvesting of autogenous grafts (intra-oral)	A
<b>Cysts of jaws</b>		
08967	Cysts of jaws, Intra-oral approach	B
08969	Cysts of jaws, Extra-oral approach	C
<b>Neoplasms</b>		
08971	Surgical treatment of soft tissue tumours	A
08973	Surgical treatment of tumours of the jaws	C
08975	Hemiresection of jaw, with splintage of segments	C
<b>Para-orthodontic surgical procedures</b>		
08981	Surgical exposure of impacted or unerupted teeth for orthodontic reasons	B
08983	Corticotomy - first tooth	B
08984	Corticotomy - adjacent or subsequent tooth	A
08985	Frenectomy	B
<b>Surgical preparation of jaws for prosthetics</b>		
08987	Reduction of mylohyoid ridges, per side	B
08989	Torus mandibularis reduction, per side	B
08991	Torus palatinus reduction	B
08993	Reduction of hypertrophic tuberosity, per side	A
08995	Gingivectomy, per jaw	B
08997	Sulcoplasty/Vestibuloplasty	C
09003	Repositioning mental foramen and nerve, per side	B
09005	Alveolar ridge augmentation by bone graft	C
09007	Alveolar ridge augmentation by alloplastic material	B
09008	Alveolar ridge augmentation across 1 to 2 adjacent tooth sites	B
09009	Alveolar ridge augmentation across 3 or more tooth sites	B
09010	Sinus lift procedure/ Sinus lig procedure	B
<b>Sepsis</b>		
09011	Incision and drainage of pyogenic abscesses (intra-oral approach)	A
09013	Extra-oral approach, e.g. Ludwig's angina	A
09015	Apicectomy including retrograde root filling where necessary - anterior teeth	B
09016	Apicectomy including retrograde root filling where necessary - posterior teeth	B
09017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	C
09019	Sequestrectomy - intra-oral, per sextant and/or per ramus	A
<b>Trauma</b>		
09021	Treatment of associated soft tissue injuries, Minor	B
09023	Treatment of associated soft tissue injuries, Major	B
09024	Dento-alveolar fracture, per sextant	B
<b>Mandibular fractures</b>		
09025	Mandibular fractures, Treatment by closed reduction, with intermaxillary fixation	B
09027	Treatment of compound fracture, involving eyelet wiring	B
09029	Treatment by metal cap splintage or Gunning's splints	C
09031	Treatment by open reduction with restoration of occlusion by splintage	C
<b>Maxillary fractures with special attention to occlusion</b>		
09035	Le Fort I or Guerin fracture	B
09037	Le Fort II or middle third of face	C
09039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage	C
<b>Zygoma/orbit/antral - complex fractures</b>		
09041	Gilles or temporal elevation	B

**Zygoma/orbit/antral - complex fractures****Oral Grp**

- 09043 Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation C  
 09045 Requiring multiple osteosynthesis and C

**Functional correction of malocclusions**

- 09047 Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation) C  
 09049 Anterior segmental osteotomy of mandible (Köle) C  
 09050 Total subapical osteotomy D  
 09051 Genioplasty C  
 09052 Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy) C  
 09055 Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure C  
 09057 Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure C  
 09059 Le Fort I osteotomy - one piece D  
 09060 Le Fort I osteotomy with inferior repositioning and inter positional grafting D  
 13.295.00  
 09061 Palatal osteotomy C  
 09062 Le Fort I osteotomy - multiple segments D  
 09063 Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic deformities D  
 09065 Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction D  
 09069 Functional tongue reduction (partial glossectomy) B  
 09071 Geniohyoidotomy B  
 09072 Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure) D

**Temporomandibular joint procedures**

- 09053 Coronoidectomy (intra-oral approach) B  
 09073 Bite plate for TMJ dysfunction A  
 09074 Diagnostic arthroscopy B  
 09075 Condylectomy or coronoidectomy or both (extra-oral approach) C  
 09076 Arthrocentesis TMJ B  
 09077 Intra-articular injection, per injection A  
 09079 Trigger point injection, per injection A  
 09081 Condyle neck osteotomy (Ward) B  
 09083 Temporomandibular joint arthroplasty C  
 09085 Reduction of temporomandibular joint dislocation without anaesthetic A  
 09087 Reduction of temporomandibular joint dislocation, with anaesthetic A  
 09089 Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation B  
 09091 Reduction of temporomandibular joint dislocation requiring open reduction C  
 09092 Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy) D

**Salivary glands**

- 09093 Removal of salivary calculus B  
 09095 Removal of sublingual salivary gland B  
 09096 Removal of salivary gland (extra-oral) C

**Implants**

- 09180 Placement of sub-periosteal implant - Preparatory procedure/operation B  
 09181 Placement of sub-periosteal implant prosthesis B  
 09182 Placement of endosteal implant, per implant B  
 09183 Placement of a single osseo-integrated implant per jaw B  
 09184 Placement of a second osseo-integrated implant in the same jaw B  
 09185 Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant B  
 09190 Exposure of a single osseo-integrated implant and placement of a transmucosal element A  
 09191 Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw A  
 09192 Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant A

Cleft lip and palate

Oral Grp

Cleft lip and palate

09220	Repair of cleft hard palate (unilateral)	C
09222	Repair of cleft hard palate (bilateral, one procedure)	D
09224	Repair of cleft hard palate (bilateral, in two procedures)	D
09226	Repair of cleft soft palate (without muscle reconstruction)	C
09228	Repair of soft palatum (with muscle reconstruction)	D
09230	Repair of submucosal cleft and/or bifid uvula (with muscle reconstruction)	C
09232	Velopharyngeal reconstruction (uncomplicated)	C
09234	Velopharyngeal reconstruction (complicated type)	C
09238	Functional repair of oro-nasal fistula (distant flaps - in a single procedure)	C
09240	Functional repair of oro-nasal fistula (distant flaps - in two procedures)	C
09246	Secondary periosteal swivel flaps for bone induction	C
09248	Lipadhesion	B
09250	Unilateral cleft lip repair (without muscle reconstruction)	B
09252	Unilateral cleft lip repair (with muscle reconstruction)	C
09254	Bilateral cleft lip repair (without muscle reconstruction)	C
09256	Bilateral cleft lip repair (with muscle reconstruction)	C
09258	Anterior nasal floor repair (between alveolus)	B
09260	Partial revision of secondary cleft lip deformity	B
09262	Total revision of secondary cleft lip deformity (with functional muscle reconstruction)	B
09264	Abbe-flap (in two stages)	C
09266	Columella reconstruction	B
09268	Partial reconstruction of nose due to cleft deformity	B
09270	Complete reconstruction of the nose due to cleft deformity	C
09272	Paranasal augmentation for nasal base deviation	B

# Ambulatory and Theatre Procedure

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Inhalation sedation</b>		
<b>Inhalation sedation</b>		
00203 Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	A	
00204 Per additional quarter-hour or part thereof	A	
<b>Intravenous treatment (see note: how to charge for intravenous infusions)</b>		
00205 Intravenous infusions (cutdown or push-in) (patients under two years): Cutdown and/or insertion of cannula - chargeable once per 24 hours	A	
00206 Intravenous infusions (push-in) (patients over two years): Insertion of cannula - chargeable once per 24 hours	A	
00207 Intravenous infusions (cutdown) (patients over two years): Cutdown and insertion of cannula - chargeable once per 24 hours	A	
<b>Venesection</b>		
00208 Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	A	
00209 Umbilical artery cannulation at birth	A	
00211 Exchange transfusion: First and subsequent (including after-care)	B	
<b>Intravenous treatment with cytostatic agents</b>		
00213 Chemotherapy: Intramuscular or subcutaneous: per injection. UNDER REVIEW	A	
00214 Chemotherapy: Intravenous bolus technique: per injection. UNDER REVIEW	A	
00215 Chemotherapy: Intravenous infusion technique: per injection. UNDER REVIEW	A	
<b>Patch tests</b>		
00217 First patch	A	
00219 Each additional patch	A	
<b>Skin prick tests</b>		
00218 Skin-prick testing: Insect venom, latex and drugs	A	
00220 Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergens	A	
00221 Delayed hypersensitivity testing (Type IV reaction): per antigen	A	
<b>Intralesional injection into areas of pathology e.g. keloids</b>		
00222 Single	A	
00223 Multiple	A	
00225 Epilation: per session	A	
00227 Special treatment of severe acne cases, including draining of cysts, expressing of comedones and/or steaming, abrasive cleaning of skin and UVR per session	A	A
00228 PUVA Treatment: Maximum of 21 treatments	A	
00229 PUVA: Follow-up or maintenance once a week.	A	
00230 UVR-Treatment	A	
00231 UVR-Follow-up - for use of ultraviolet lamp (applied personally by the dermatologist) No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp	A	
<b>Biopsy without suturing</b>		
00233 First lesion	A	A
00234 Subsequent lesions, each .	A	A
00235 Maximum for multiple additional lesions.	A	A
00237 Deep skin biopsy by surgical incision with local anaesthetic and suturing.	A	A
<b>Treatment of benign skin lesion by chemo-cryotherapy</b>		
00241 First Lesion.	A	A
00242 Subsequent lesions, each.	A	A
00243 Maximum for multiple additional lesions.	A	A
00244 Repair of nail bed.	A	A
<b>Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery</b>		
00245 First Lesion.	A	A

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Removal of benign lesion by curetting under local or general anaesthesia followed by diathermy and curetting or electrocautery</b>		
00246 Subsequent lesions, each	A	A
<b>Removal of malignant lesions by curetting under local or general anaesthesia followed by electrocautery</b>		
00251 First Lesion.	A	A
00252 Subsequent lesions, each.	A	A
00255 Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail.	A	A
00257 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	B	A
00259 Removal of foreign body superficial to deep deep fascia (except hands).	A	A
00261 Removal of foreign body deep to deep fascia (except hands).	A	A
<b>Kurtin planing for acne scarring</b>		
00271 Whole face .	C	B
00273 Extensive.	B	B
00275 Limited .	A	B
00277 Subsequent planing of whole face within 12 months	B	B
00279 Surgical treatment for axillary hyperhidrosis.	B	B
<b>Laser treatment for small skin lesions</b>		
00280 First lesion.	A	A
00281 Subsequent lesions (each).	A	A
00282 Maximum for multiple additional lesions.	A	A
<b>Laser treatment for large skin lesions</b>		
00283 Limited area.	A	A
00284 Extensive area.	B	A
00285 Whole face or other areas of equivalent size or larger	C	A
<b>Major plastic repair</b>		
00289 Large skin grafts, composite skin grafts, large full thickness free skin grafts.	C	C
00290 Reconstructive procedures (including all stages) and skingraft by myocutaneous or fasciocutaneous flap	D	C
00291 Reconstructive procedures (including all stages) grafting by microvascular reanastomosis.	D	C
00292 Distant flaps: First stage.	C	C
00293 Contour grafts (excluding cost of material)	C	C
00294 Vascularised bone graft with or without soft tissue with one or more sets microvascular anastomoses	D	C
00295 Local skin flaps (large, complicated).	C	C
00296 Other procedures of major technical nature.	C	C
00297 Subsequent major procedures for repair of same lesion.	B	C
00298 Lower abdominal dermo lipectomy.	C	C
00299 Major abdominal lipectomy with repositioning of umbilicus.	D	C
<b>Stitching of soft-tissue injuries</b>		
00300 Stitching of wound (with or without local anaesthesia): Including normal after-care	A	A
00301 Additional wounds stitched at same session (each)	A	A
00302 Deep laceration involving limited muscle damage	B	B
00303 Deep laceration involving extensive muscle damage	B	B
00304 Major debridement of wound, sloughectomy or secondary suture	A	B
00305 Needle biopsy - soft tissue	A	A
00307 Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	A	A
00308 Each additional small procedure done at the same time	A	A
00310 Radical excision of nailbed	A	A
00311 Excision of large benign tumour (more than 5 cm).	A	A
00313 Extensive resection for malignant soft tissue tumour including muscle	B	B
00314 Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	B	C
00315 Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	A	C

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Breasts</b>		
<b>Breasts</b>		
00316 Fine needle aspiration for soft tissue (all areas).	A	
00317 Aspiration of cyst or tumour.	A	A
00319 Mastotomy with exploration, drainage of abscess or removal of mammary implant.	A	A
00321 Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma.	B	A
00323 Subareola cone excision of ducts or wedge excision of breast	B	A
00324 Wedge excision of breast and axillary dissection.	C	C
00325 Total mastectomy.	C	C
00327 Total mastectomy with axillary gland biopsy.	C	C
00329 Total mastectomy with axillary gland dissection.	D	C
00330 Nipple and areola reconstruction	B	B
<b>Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis</b>		
00331 Unilateral.	C	C
00333 Bilateral.	D	C
00334 Removal of breast implant by means of capsulectomy: Per breast	C	C
00335 Implantation of internal subpectoral mammary prosthesis in post mastectomy patients.	C	C
<b>Reduction: mammoplasty for pathological hypertrophy</b>		
00337 Unilateral.	C	C
00339 Bilateral.	D	C
<b>Gynaecomastia</b>		
00341 Unilateral.	B	A
00343 Bilateral.	C	B
<b>Burns</b>		
00351 Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours).	D	B
00353 Tangential excision and grafting: Small.	B	B
00354 Tangential excision and grafting: Large.	C	C
<b>Hands (skin)</b>		
00355 Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler	B	C
00357 Small skin graft in acute hand injury.	A	C
00359 Release of extensive skin contracture and or excision of scar tissue with major skin graft resurfacing	C	C
00361 Z-plasty.	B	B
00363 Local flap and skin graft.	C	B
00365 Cross finger flap (all stages).	C	B
00367 Palmar flap (all stages).	C	B
00369 Distant flap: First stage.	C	B
00371 Distant flap: Subsequent stage (not subject to general modifier 0007)	B	A
00373 Transfer neurovascular island flap.	C	B
00374 Syndactyly: Separation of, including skin graft for one web.	C	B
<b>Dupuytren's contracture</b>		
00375 Fasciotomy.	A	A
00376 Fasciectomy.	C	A
<b>Acupuncture</b>		
00377 Standard acupuncture.	A	
00378 Laser acupuncture using more than 6 points.	A	
00379 Electro-acupuncture.	A	
00380 Scalp acupuncture.	A	
00381 Micro-acupuncture (ear, hand)	A	

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Fractures (reduction under general anaesthetic)</b>		
<b>Fractures (reduction under general anaesthetic)</b>		
00389 Humerus.	B	A
00391 Radius and/or Ulna.	B	A
00392 Open reduction of both radius and ulna (Modifier 0051 not applicable)	C	A
00402 Carpal bone.	B	A
00403 Bennett's fracture-dislocation	A	A
00405 Metacarpal: Simple.	A	A
<b>Finger phalanx: distal</b>		
00411 Compound.	A	A
<b>Proximal or middle</b>		
00413 Simple.	A	A
00415 Compound.	B	A
<b>Pelvis</b>		
00419 Operative reduction and fixation.	D	B
00421 Femur: Neck or Shaft.	C	A
00425 Patella.	A	A
00429 Tibia with or without fibula.	B	A
00435 Malleolus of ankle.	A	A
00437 Fracture-dislocation of ankle.	B	A
00439 Tarsal bones and Os calcis.	B	A
<b>Toe phalanx</b>		
00445 Compound.	A	A
<b>Other</b>		
00447 Simple.	A	A
00449 Compound.	A	A
<b>Sternum and/or ribs</b>		
00452 Open reduction and fixation of multiple fractured ribs for flail chest	C	C
<b>Operations for fractures</b>		
00465 Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	D	C
00473 Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care), modifier 0005 not applicable	A	B
<b>Bonegrafting or internal fixation for mal- or non-union</b>		
00475 Femur, Tibia, Humerus, Radius and Ulna.	D	C
00479 Other bones.	C	C
<b>Bone grafting</b>		
00497 Resection of bone or tumour with or without grafting.	D	C
<b>Grafts to cysts</b>		
00499 Large bones.	C	B
00501 Small bones.	B	B
00503 Cartilage graft.	C	B
00505 Inter-metacarpal bone graft	C	B
00507 Removal of autogenous bone for grafting (not subject to general modifier 0005)	A	A
<b>Acute or chronic osteomyelitis</b>		
00512 Sternum sequestrectomy and drainage: Including six weeks after-care	B	A
<b>Osteotomy</b>		
00514 Sternum: Repair of pectus excavatum.	D	B
00515 Sternum: Repair of pectus carinatum.	D	B
00516 Pelvic.	D	B

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Osteotomy</b>		
00521 Femoral: Proximal.	D	B
<b>Knee region</b>		
00523 Children.	B	B
00527 Adults.	D	B
00528 Os Calcis (Dwyer operation).	B	C
00530 Metacarpal and phalanx: Corrective for mal-union or rotation	B	C
00532 Rotation osteotomies of the Radius, Ulna or Humerus	C	C
00533 Osteotomy, single metatarsal	A	A
00534 Multiple metatarsal osteotomies.	C	B
<b>Exostosis</b>		
00535 Exostosis: Excision: Readily accessible sites.	A	A
00537 Exostosis: Excision: Less accessible sites.	B	A
<b>Biopsy</b>		
00539 Needle Biopsy: Spine (no after-care), modifier 0005 not applicable.	A	A
00541 Needle Biopsy: Other sites (no after-care), modifier 0005 not applicable.	A	A
<b>Open</b>		
00543 Readily accessible site.	B	
00545 Less accessible site.	B	
<b>Dislocations</b>		
00547 Clavicle: either end.	A	A
00549 Shoulder.	A	A
00551 Elbow.	A	A
00552 Wrist.	B	A
00553 Perilunar trans-scaploid fracture dislocation	B	A
00555 Lunate.	B	A
00556 Carpo-metacarpo dislocation	A	A
00557 Metacarpo-phalangeal and interphalangeal (hand)	A	A
00559 Hip.	B	A
00561 Knee.	B	A
00563 Patella.	A	A
00565 Ankle.	B	A
00567 Sub-Talar dislocation.	B	A
00569 Intertarsal or Tarsometatarsal or Midtarsal.	B	A
00571 Metatarsophalangeal and interphalangeal joints (foot)	A	A
<b>Operations for dislocations</b>		
00578 Recurrent dislocation of shoulder	C	B
00579 Recurrent dislocation of all other joints.	C	B
<b>Capsular operations</b>		
00582 Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	A	A
00583 Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care).	B	A
00585 Capsulectomy digital joint.	B	A
00586 Multiple percutaneous capsulotomies of metacarpophalangeal joints.	B	A
00587 Release of digital joint contracture.	B	B
<b>Synovectomy</b>		
00589 Digital joint.	B	B
00592 Large joint.	C	C
00593 Tendon synovectomy.	B	C

**Arthrodesis**

Proc Grp    Ana Grp

**Arthrodesis**

00597	Shoulder.	C	C
00598	Elbow.	C	C
00599	Wrist.	C	C
00600	Digital joint.	B	C
00601	Hip.	D	C
00602	Knee.	C	C
00603	Ankle.	C	C
00604	Sub-talar.	B	C
00605	Stabilization of foot (triple-arthrodesis).	C	C
00607	Mid-tarsal wedge resection	C	C

**Arthroplasty**

00614	Debridement large joints	C	B
00615	Excision medial or lateral end of clavicle.	B	B
00617	Shoulder: Acromioplasty.	C	B
00619	Shoulder: Partial replacement	D	C
00620	Shoulder: Total replacement.	D	C
00621	Elbow: Excision head of radius.	B	B
00622	Elbow: Excision.	C	C
00623	Elbow: Partial replacement	C	C
00624	Elbow: Total replacement.	D	C
00625	Wrist: Excision distal end of ulna.	B	B
00626	Wrist: Excision single bone	B	B
00627	Wrist: Excision proximal row	C	B
00631	Wrist: Total replacement.	C	C
00635	Digital Joint: Total replacement.	C	C
00637	Hip: Total replacement	D	C
00639	Hip: Cup.	D	C
00641	Hip: Prosthetic replacement of femoral head.	D	C
00643	Hip: Girdlestone.	D	C
00645	Knee: Partial replacement	D	C
00646	Knee: Total replacement.	D	C
00649	Ankle: Total replacement	C	C
00650	Ankle: Atragalectomy.	C	B

**Miscellaneous (joints)**

00661	Aspiration of joint or intra-articular injection (not including after-care), modifier 0005 not applicable.	A	A
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**Multiple Intra-articular injections for rheumatoid arthritis**

00663	First joint.	A	A
00665	Additional (each).	A	A
00667	Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable.	A	A
00669	Manipulation large joint under general anaesthetic (not including after-care), modifier 0005 not applicable: Hip	A	A
00673	Meniscectomy or operation for other internal derangement of knee.	B	B

**Joint ligament reconstruction or suture**

00675	Ankle: Collateral.	C	B
00677	Knee: Collateral.	C	B
00678	Knee: Cruciate.	C	B
00679	Ligament augmentation procedure of knee.	D	B
00680	Digital joint ligament.	B	B

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Specific amputations</b>		
<b>Specific amputations</b>		
00682 Fore-quarter amputation.	D	C
00683 Through shoulder.	C	B
00685 Upper arm or fore-arm.	B	B
00687 Partial amputation of the hand: One ray.	B	A
00691 Part of or whole of finger.	A	A
00693 Hindquarter amputation.	D	B
00695 Through hip joint region.	C	B
00697 Through thigh	B	B
00699 Below knee, through knee or Syme.	C	B
00701 Trans metatarsal or trans tarsal.	B	A
00703 Foot: One ray.	B	A
00705 Toe.	A	A
<b>Post-amputation reconstruction</b>		
00706 Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler	B	A
00707 Krukenberg reconstruction	C	C
00709 Metacarpal transfer.	C	B
00711 Pollicization of the finger (to include all stages).	D	C
00712 Toe to thumb transfer.	D	C
<b>Investigations :</b>		
00713 Electromyography.	B	A
00714 Electromyographic neuromuscular junctional study, including edrophonium response.	A	A
00715 Strength duration curve per session.	A	A
00717 Electrical examination of single nerve or muscle.	A	A
00718 Oxidative study for mitochondrial function.	B	
00721 Voltage integration during isometric contraction	A	A
00723 Tonometry with edrophonium	A	A
00725 Isometric tension studies with edrophonium.	A	A
<b>Cranial reflex study (both early and late responses) supra oculofacial or corneo-facial or flabellofacial</b>		
00727 Unilateral.	A	A
00728 Bilateral.	A	A
00729 Tendon reflex time.	A	A
00730 Limb-brain somatosensory studies (per limb).	A	
00731 Visio and audio-sensory studies.	A	
00733 Motor nerve conduction studies (single nerve).	A	
00735 Examinations of sensory nerve conduction by sweep averages (single nerve).	A	A
00737 Biopsy for motor nerve terminals and end plates.	A	A
00739 Combined muscle biopsy with end plates and nerve terminal biopsy.	A	B
00740 Muscle fatigue studies.	A	A
00741 Muscle biopsy.	A	B
00742 Global fee for all muscle studies, including histochemical studies	C	
<b>Decompression operations</b>		
00743 Major compartmental decompression.	B	A
00744 Fasciotomy only.	A	A
<b>Muscle and tendon repair</b>		
00745 Biceps humeri.	B	B
00746 Removal of calcification in Rotator cuff.	B	A
00747 Rotator cuff.	B	B
00755 Infrapatellar or quadriceps tendon	B	B

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Muscle and tendon repair</b>		
00757 Achilles tendon.	B	B
00759 Other single tendon.	B	A
00763 Tendon or ligament injection	A	A
<b>Flexor tendon suture</b>		
00767 Primary (per tendon).	B	A
00769 Secondary (per tendon)	C	A
<b>Extensor tendon suture</b>		
00771 Primary (per tendon).	B	A
00773 Secondary (per tendon).	B	A
00774 Repair of Boutonniere deformity or Mallet finger.	B	B
<b>Tendon graft</b>		
00775 Free tendon graft.	C	C
00776 Reconstruction of pulley for flexor tendon.	A	B
<b>Finger</b>		
00777 Flexor.	C	C
00779 Extensor.	B	C
00780 Two stage flexor tendon graft using silastic rod.	C	C
<b>Tenolysis</b>		
00781 Tendon freeing operation, except where specified elsewhere	B	B
00782 Carpal tunnel syndrome.	B	B
00783 De Quervain.	A	B
00784 Trigger finger.	A	B
00785 Flexor tendon freeing operation following free tendon graft or suture.	C	B
00787 Extensor tendon freeing operation following graft or suture	B	B
00788 Intrinsic tendon release per finger .	B	B
00789 Central tendon tenotomy for Boutonniere deformity	B	B
<b>Tenodesis</b>		
00790 Digital joint.	B	A
<b>Muscle tendon and fascia transfer</b>		
00791 Single tendon transfer.	B	B
00792 Multiple tendon transfer.	B	C
00793 Hamstring to quadriceps transfer.	B	C
00794 Pectoralis major or Latissimus dorsi transfer to biceps tendon	D	C
00795 Tendon transfer at elbow	B	C
00796 Iliopsoas at hip.	C	C
00797 Knee (Eggers).	B	C
<b>Hand tendons</b>		
00803 Single tendon transfer (first)	B	B
00809 Substitution for intrinsic paralysis of hand.	C	C
00811 Opponens transfers.	B	C
<b>Muscle slide operations and tendon lengthening</b>		
00812 Percutaneous Tenotomy: All sites.	A	A
00813 Torticollis.	B	B
00815 Scalenotomy.	B	B
00817 Scalenotomy with excision of first rib.	C	B
00821 Tennis elbow.	B	C
00823 Excision or slide for Volkmann's Contracture.	C	C
00825 Hip: Open muscle release.	B	C

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Muscle slide operations and tendon lengthening</b>		
00829 Knee: Quadricepsplasty.	C	B
00831 Knee: Open tenotomy.	B	B
00835 Calf.	B	B
00837 Open elongation tendon Achilles.	B	B
00845 Foot: Plantar fasciotomy.	B	A
00846 Foot: Postero-medial release for club-foot.	C	C
<b>Excision</b>		
00847 Semimembranosus.	B	B
00849 Prepatellar.	A	A
00851 Olecranon.	A	A
00853 Small bursa or ganglion.	A	A
00855 Compound palmar ganglion or synovectomy.	B	A
00857 Aspiration or injection (no after-care), modifier 0005 not applicable	A	A
<b>Leg equalisation and congenital hips and feet</b>		
00859 Leg shortening.	D	C
00861 Leg lengthening.	D	C
00863 Epiphysiodesis at one level.	B	C
<b>Initial non-operative reduction and application of plastercast</b>		
00865 One hip.	B	A
00867 Two hips.	C	A
00868 Open reduction of congenital dislocation of the hip	C	C
00869 Subsequent plaster	A	
<b>Manipulation and plaster</b>		
00873 One foot.	A	A
<b>Removal of internal fixatives or prosthesis</b>		
00883 Removal of internal fixatives or prosthesis: Readily accessible.	A	
00884 Removal of internal fixatives or prosthesis: Less accessible	B	
00885 Removal of prosthesis for infection soon after operation	B	
<b>Plasters (exclusive of after-care)</b>		
00887 Limb cast (excluding after-care) (modifier 0005 not applicable).	A	A
00889 Spica, plaster jacket or hinged cast brace (excluding after-care).	A	B
00891 Tumbuckle cast (excluding after-care).	A	B
00893 Adjustment or repair of tumbuckle cast (excluding after-care).	A	A
<b>Toes: multiple claw toes: radical operation</b>		
00897 One foot.	B	C
00901 Tenotomy extensor tendons	A	C
00903 Hammer toe or overlapping toe	A	C
00905 Filleting toe or syndactyly.	A	C
<b>Big toe</b>		
00906 Arthrodesis Hallux.	B	B
00907 Hallux Valgus: Bunionectomy	B	B
00909 Excision arthroplasty.	B	B
00910 Prosthetic replacement big toe.	C	B
00911 Osteotomy first metatarsal including bunionectomy.	B	B
<b>Reimplantations</b>		
00912 Replant of amputated upper limb proximal to wrist joint	D	C
00913 Replantation of thumb.	D	C
00914 Replantation of a single digit (to be motivated), for multiple digits, modifier 0005 applicable.	D	C

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Reimplantations</b>		
00915 Replantation operation through the palm.	D	C
<b>Tumours</b>		
00919 Epidermoid cysts.	A	A
00920 Ganglion or fibroma.	A	A
00921 Nodular synovitis (Giant cell tumour of tendon sheath)	B	A
<b>Removal of foreign bodies requiring incision</b>		
00922 Under local anaesthetic.	A	A
00923 Under general or regional anaesthetic.	A	A
<b>Crushed hand injuries</b>		
00924 Initial extensive soft tissue toilet under general anaesthetic (sliding scale).	A	A
00925 Subsequent dressing changes under general anaesthetic	A	B
<b>Spine</b>		
00927 Excision of one vertebral body, for a lesion within the body (no decompression)	C	C
00928 Excision of each additional vertebral segment for a lesion within the body (no decompression)	C	C
00929 Manipulation of spine under general anaesthetic: (no after-care), modifier 0005 not applicable.	A	B
00930 Posterior osteotomy of spine: One vertebral segment	D	C
00931 Posterior spinal fusion: One level.	D	C
00932 Posterior osteotomy of spine: Each additional vertebral segment	D	C
00933 Anterior spinal osteotomy with disc removal: One vertebral segment	D	C
00934 Spinal fusion: Multiple levels	D	C
00935 Occipito-cervical fusion.	D	C
00936 Anterior spinal osteotomy with disc removal: Each additional vertebral segment	D	C
00937 Sacro-iliac fusion.	C	C
00938 Anterior fusion base of skull to C2	D	C
00939 Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	C	B
00940 Trans-thoracic anterior exposure of the spine if done by a second surgeon	C	B
00941 Anterior interbody fusion: One level	D	C
00942 Anterior interbody fusion: Each additional level	D	C
00944 Posterior fusion: Occiput to C2	D	C
00945 Lumbar discectomy: Multiple levels on both sides.	C	C
00946 Posterior spinal fusion: Each additional level	D	C
00947 Surgical removal cervical or thoracic disc: One level	C	C
00948 Posterior interbody lumbar fusion: One level	D	C
00949 Surgical removal cervical or thoracic disc: Multiple levels	D	C
00950 Posterior interbody lumbar fusion: Each additional interspace	D	C
00951 Removal disc plus spinal fusion: One level.	D	C
00953 Removal disc plus spinal fusion: Multiple levels.	D	C
00959 Excision of coccyx.	B	B
00961 Costo-transversectomy.	C	B
00963 Antero-lateral decompression of spinal cord or anterior debridement	D	C
<b>Spinal deformities</b>		
00952 Posterior fusion for spinal deformity: Up to 6 levels	D	A
00954 Posterior fusion for spinal deformity: 7 to 12 levels	D	A
00955 Posterior fusion for spinal deformity: 13 or more levels	D	A
00956 Anterior fusion for spinal deformity 2 or 3 levels	D	A
00957 Anterior fusion for spinal deformity: 4 to 7 levels	D	A
00958 Anterior fusion for spinal deformity: 8 or more levels	D	A
00973 Spinal fusion.	D	C
00975 Internal mechanical fixation and spinal fusion	D	C

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Spinal deformities</b>		
00976 Internal mechanical fixation by using Harrington/Zielke/or similar procedure and spinal fusion with sub-laminal wires	D	C
00977 Cotrel-Dubboiset/or similar procedure (8 to 10 hooks) and spinal fusion	D	C
00978 Internal mechanical fixation without fusion.	D	C
00979 Revision of fusion and repair of pseudo-arthrosis at one or more levels: Posterior approach	D	C
00981 Osteotomy of posterior elements and fusion.	D	C
00983 Osteotomy, excision or release of anterior spinal elements	D	C
00984 Dwyer type of procedure.	D	C
00985 Removal of internal mechanical fixation.	B	C
00986 Removal of internal mechanical fixation: Multiple levels .	B	C
<b>All spinal problems</b>		
00943 Laminectomy with decompression of nerve roots and disc removal: One level.	C	C
00960 Posterior non-segmental instrumentation	C	B
00962 Posterior segmental instrumentation : 2 to 6 vertebrae	C	B
00964 Posterior segmental instrumentation: 7 to 12 vertebrae	C	B
00966 Posterior segmental instrumentation: 13 or more vertebrae	C	B
00968 Anterior instrumentation: 2 to 3 vertebrae	C	B
00969 Skull or skull-femoral traction including two weeks after-care	B	B
00970 Anterior instrumentation: 4 to 7 vertebrae	C	B
00971 Halo-splint and POP jacket including two weeks after-care	B	B
00972 Anterior instrumentation: 8 or more vertebrae	C	B
00974 Additional pelvic fixation of instrumentation other than sacrum	B	B
05750 Reinsertion of instrumentation	D	B
05751 Removal of posterior non-segmental instrumentation	C	B
05752 Removal of posterior segmental instrumentation	C	B
05753 Removal of anterior instrumentation	C	B
05755 Laminectomy for spinal stenosis (exclude discectomy, foraminotomy and spondylolisthesis): One or two levels	D	A
05756 Laminectomy with full decompression for spondylolisthesis (Gill procedure)	D	A
05757 Laminectomy for decompression without foraminotomy or discectomy more than two levels	D	A
05758 Laminectomy with decompression of nerve roots and disc removal: Each additional level	D	A
05759 Laminectomy for decompression discectomy etc., revision operation	D	B
05760 Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	D	A
05761 Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	D	A
05763 Anterior disc removal and spinal decompression cervical: One level	D	A
05764 Anterior disc removal and spinal decompression cervical: Each additional level	D	A
05765 Vertebral corpectomy for spinal decompression: One level	D	A
05766 Vertebral corpectomy for spinal decompression: Each additional level	D	A
<b>Facial bone procedures</b>		
00987 Repair of orbital floor (blowout fracture).	C	C
00988 Genioplasty.	C	C
<b>Open reduction and fixation of central mid-third facial fracture with displacement</b>		
00989 Le Fort I.	C	B
00990 Le Fort II.	D	C
00991 Le Fort III.	D	C
00992 Le Fort I Osteotomy.	D	C
00993 Palatal Osteotomy.	D	C
00994 Le Fort II Osteotomy (team fee).	D	C
00995 Le Fort III Osteotomy (team fee).	D	C

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Mandible: fractured nose and zygoma</b>		
<b>Mandible: fractured nose and zygoma</b>		
00997 Open reduction and fixation.	D	C
00999 Closed reduction by inter-maxillary fixation.	C	C
01001 Temporo-mandibular joint: Reconstruction for dysfunction	C	C
01003 Manipulation: Immobilisation and follow-up of fractured nose.	A	A
01007 Mandibulectomy.	D	C
01009 Maxillectomy	D	C
01011 Bone graft to mandible.	C	C
01012 Adjustment of occlusion by ramisection.	C	C
01015 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures, recent fractures (within four weeks)	B	C
01017 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; (after four weeks)	C	C
<b>Nose and sinuses</b>		
01019 Nasendoscopy in rooms with either rigid or flexible endoscope (may only be charged for together with a first consultation)	A	
01020 Septum perforation repair, by any method.	B	C
01022 Functional reconstruction of nasal septum.	B	C
01024 Insertion of silastic obturator into nasal septum perforation (excluding material)	A	B
01025 Intranasal antrostomy, uni- or bilateral.	A	B
01027 Dacryocystorhinostomy.	C	B
01029 Turbinectomy, uni- or bilateral	A	B
01030 Endoscopic turbinectomy: laser or microdebrider	B	B
01031 Removal of single nasal polyp at rooms (at initial consultation only)	A	
01033 Removal of multiple polyps in hospital under general anaesthetic	A	B
01034 Autogenous nasal bone transplant: Bone removal included	B	C
01035 Functional endoscopic sinus surgery: Unilateral	B	C
01036 Bilateral functional endoscopic sinus surgery.	C	C
<b>Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral</b>		
01037 Under local anaesthetic.	A	
01039 Under general anaesthetic	A	B
<b>Severe epistaxis, requiring hospitalisation</b>		
01041 Anterior plugging (including after-care).	A	B
01043 Anterior and posterior plugging (including after-care)	A	B
01045 Ligation anterior ethmoidal artery.	A	B
01047 Caldwell-Luc operation (unilateral).	B	B
01049 Ligation internal maxillary artery.	B	B
01050 Vidian neurectomy (transantral or transnasal).	B	B
01051 Removal nasopharyngeal fibroma.	D	C
01052 Instrumental examination of the nasopharynx including biopsy under general anaesthetic.	A	B
01053 Frontal sinus drainage only	B	B
01054 Antroscopy through the canine fossa (uni- or bilateral)	A	
01055 External frontal ethmoidectomy	C	C
01057 External ethmoidectomy and/or sphenoidectomy	C	C
01058 Sublabial transseptal sphenoidotomy.	B	C
01059 Frontal osteomyelitis.	C	B
01060 Obliteration of frontal sinus.	C	B
01061 Lateral rhinotomy.	C	C
01063 Removal of foreign bodies from nose at rooms.	A	
01065 Removal of foreign body from nose under general anaesthetic	A	A
01067 Proof puncture at rooms (unilateral).	A	A

	Proc Grp	Ana Grp
<b>Severe epistaxis, requiring hospitalisation</b>		
01069 Proof puncture, uni- or bilateral under general anaesthetic	A	A
01071 Proetz treatment (consultation fee only to be charged for first treatment)	A	
01077 Septum abscess, at rooms, including after-care.	A	
01079 Septum abscess, under general anaesthetic.	A	A
01081 Oro-antral fistula (without Caldwell-Luc).	B	B
01083 Choanal atresia: Intranasal approach.	B	B
01084 Choanal atresia: Transpalatal approach.	C	C
01085 Total reconstruction of the nose: including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomies) and nose	D	C
01087 Sub-total reconstruction consisting of any two of the following: septumplasty, osteotomies, nasal tip reconstruction	C	B
<b>Forehead rhinoplasty (all stages)</b>		
01089 Total.	D	C
01091 Partial.	D	C
01093 Rhinophyma without skin graft	B	B
01095 Full nasal reconstruction for secondary cleft lip deformity	D	C
01097 Partial nasal reconstruction for cleft lip deformity	C	B
01099 Columella reconstruction or lengthening.	B	B
<b>Throat</b>		
01101 Tonsillectomy (dissection of tonsils)	B	B
01102 Laser tonsillectomy	B	B
01105 Removal of adenoids	A	B
01106 Laser assisted functional reconstruction of palate and uvula: In the rooms (+ item 3201 for hire of laser) (a 25% reduction in applicable should further follow-up operations be performed by the same surgeon)	B	B
01107 Opening of quinsy - at rooms.	A	B
01108 Laser assisted functional reconstruction of palate and uvula: In rooms (+ item 3201 for hire of laser): Follow-up operation performed by the same surgeon	B	A
01109 Opening of quinsy under general anaesthetic	A	B
01110 Ludwig's Angina: Drainage.	A	B
01111 Post tonsillectomy or adenoidectomy haemorrhage	A	B
01112 Pharyngeal pouch operation.	C	C
01113 Retropharyngeal abscess internal approach.	A	B
01115 Retropharyngeal abscess external approach.	B	B
01116 Functional reconstruction of palate and uvula	B	C
<b>Larynx</b>		
01117 Laryngeal intubation.	A	
01118 Laryngeal stroboscopy with video capture	A	B
<b>Laryngectomy</b>		
01119 Laryngectomy without block dissection of the neck.	D	C
01123 Botulinum toxin injection for adductor dysphonia (+ item 0201 + item 0202).	A	
01125 Endolaryngeal operations (with full details of the procedure performed)	A	B
01126 Post laryngectomy for voice restoration.	B	C
01127 Tracheotomy.	B	B
01128 Endolaryngeal operations using a laser.	B	B
01129 External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor paralysis, laryngo- fissure.	C	C
<b>Direct laryngoscopy</b>		
01130 Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	A	B
01131 Plus foreign body removal	B	B
<b>Bronchoscopy</b>		
01132 Diagnostic bronchoscopy	B	B
01133 With removal of foreign body.	B	B

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Bronchoscopy</b>		
01134 Bronchoscopy with use of laser.	B	B
01135 With bronchography.	B	B
01136 Nebulisation (in rooms)	A	A
01138 Thoracotomy: for broncho-pleural fistula(including ruptured bronchus, any cause)	D	C
<b>Pleura</b>		
01139 Pleural needle biopsy: (no after-care), modifier 0005 not applicable	A	A
01141 Insertion of intercostal catheter (under water drainage)	A	B
01142 Intra-pleural block.	A	B
01143 Paracentesis chest: Diagnostic.	A	A
01145 Paracentesis chest: Therapeutic.	A	A
01147 Pneumothorax: Induction (diagnostic).	A	A
01149 Pleurectomy.	C	C
01151 Decortication of lung.	D	C
01153 Chemical pleurodesis (Instillation silver nitrate, tetracycline, talc, etc)	A	A
<b>Surgical</b>		
01155 Needle biopsy lung: (no after-care) modifier 0005 not applicable	A	A
01157 Pneumonectomy.	D	C
01159 Pulmonary lobectomy.	D	C
01161 Segmental lobectomy.	D	C
<b>Excision tracheal stenosis</b>		
01163 Cervical.	D	C
01164 Intra thoracic.	D	C
01167 Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks.	C	C
01168 Thoracoplasty: Complete.	C	C
01169 Thoracoplasty: Limited/osteoplastic.	C	C
01171 Drainage empyema (including six weeks after treatment)	C	C
01173 Drainage of lung abscess (including six weeks after treatment)	C	C
01175 Thoracotomy (limited): For lung or pleural biopsy.	B	C
01177 Major: Diagnostic, as for inoperable carcinoma	C	C
01179 Thoracoscopy.	B	C
01181 Unilateral lung transplant.	D	C
01182 Harvesting donor lung: Unilateral.	B	B
<b>Excision or plication of emphysematous cyst</b>		
01183 Unilateral.	C	C
01184 Bilateral synchronous (Median sternotomy).	D	C
01185 Re-exploration following sternal dehiscence.	B	C
<b>Pulmonary function tests</b>		
01186 Flow volume test: Inspiration/expiration.	A	B
01188 Flow volume test: Inspiration/expiration pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	A	B
01189 Forced expirogram only	A	A
01191 N2 single breath distribution	A	A
01192 Peak expiratory flow only.	A	A
01193 Closed circuit or body plethysmograph determination of F.R.C.	A	B
01195 Airway resistance, body plethysmograph.	A	B
01196 Airway resistance, body plethysmograph: pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1195 applies)	A	B
01197 Compliance and resistance, using oesophageal balloon	A	B
01198 Histamine/metacholine inhalation test.	A	B

	Proc Grp	Ana Grp
<b>Pulmonary function tests</b>		
01199 Cardio-respiratory exercise test (treadmill or cycle to be charged for separately) with recording of V.E., V.O <sub>2</sub> , H.R., R.R., ECG and oximetry	A	B
01200 C.O. diffusion test, single breath or steady state.	A	B
01201 Maximum inspiratory/expiratory pressure.	A	A
<b>Neonatal procedures</b>		
01202 Insertion of central venous catheter via peripheral vein in neonates.	A	B
<b>Ventilation</b>		
01215 Insertion of arterial pressure cannula.	A	A
01216 Insertion of Swan Ganz catheter for haemodynamic monitoring .	A	B
01217 Insertion of central venous line via peripheral vein .	A	A
01218 Insertion of central venous line via subclavian or jugular veins.	A	A
01221 Professional fee for managing a patient-controlled analgesic pump: Once off charge per patient .	A	B
<b>Mediastinal procedures</b>		
01222 Mediastinal tumours.	D	C
01223 Mediastinoscopy.	B	B
01224 Mediastinotomy.	B	C
01225 Excision of malignant chest wall tumours involving sternum and multiple ribs.	D	C
01226 Removal of single rib with a lesion.	D	C
<b>General practitioner's fee for the taking of an ecg only</b>		
01228 Without effort: 1/2 (item 1232).	A	
01229 Without and with effort: 1/2 (item 1233).	A	
<b>Physician's fee for interpreting an ecg</b>		
01230 Without effort.	A	
01231 Without and with effort.	A	
<b>Electrocardiogram</b>		
01232 Without effort.	A	
01233 Without and with effort .	A	
01234 Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated	A	
01235 Multi-stage treadmill test.	A	
01236 ECG without effort: Under 4 years.	A	
01239 24 Hour ambulatory ECG monitoring (holter): Interpretation	A	
01240 Signal averaged electrocardiogram.	B	
01241 X-ray Screening: Chest.	A	
01242 X-ray screening: Prosthetic valves.	A	
01244 Two week event triggered ambulatory ECG monitoring: Interpretation.	A	
01245 Angiography cerebral: First two series.	A	B
01246 Angiography peripheral: Per limb.	A	B
01247 Cardioversion for arrhythmias (any method) with doctor in attendance	B	B
01248 Paracentesis of pericardium.	A	B
<b>Cardiac catheterisation</b>		
01249 Right and left cardiac catheterisation without coronary angio-graphy (with or without biopsy).	B	C
01250 Endomyocardial biopsy.	B	B
01251 Transseptal puncture.	B	B
01252 Left heart catheterisation with coronary angiography (with or without biopsy).	B	C
01253 Right heart catheterisation (with or without biopsy)	B	C
01254 Catheterisation of coronary artery bypass grafts and/or internal mammary grafts.	A	C
01255 Tilt test.	A	
<b>Electrophysiological study</b>		
01256 Ventricular stimulation study.	C	C

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Electrophysiological study</b>		
01257 Full electrophysiological study	D	C
<b>Pacemakers</b>		
01258 Permanent - single chamber.	C	B
01259 Permanent - dual chamber.	C	B
01260 AV nodal ablation.	D	C
01261 Accessory pathway ablation.	D	C
01262 Electrophysiological mapping.	D	
01263 Insertion transvenous implantable defibrillator.	D	C
01264 Test for implantable transvenous defibrillator	B	C
01265 Renewal of pacemaker unit only, team fee.	B	B
01266 Resiting pacemaker generator.	B	
01267 Repositioning of catheter electrode.	A	B
01268 Threshold testing: Own equipment.	A	
01269 Threshold testing: Hospital equipment.	A	
01270 Programming of atrio-ventricular sequential pacemaker	A	
01273 Insertion of temporary pacemaker (modifier 0005 not applicable).	B	B
01275 Termination of arrhythmia - programmed stimulation and lead insertion of temporary pacer.	C	B
<b>Percutaneous transluminal angioplasty</b>		
01276 First cardiologist: single lesion	C	C
01277 Second cardiologist: single lesion.	B	C
01278 First cardiologist: second lesion.	A	C
01279 Second cardiologist: second lesion.	A	C
01280 First cardiologist: third or subsequent lesions (each)	A	C
01281 Second cardiologist: third or subsequent lesions (each)	A	C
01282 Use of balloon procedures including - first cardiologist	C	C
- Atrial septostomy		
- Pulmonary valve valvuloplasty		
- Aortic valve valvuloplasty		
- Coarctation dilation		
- Mitral valve valvuloplasty.		
01283 Use of balloon procedure as in item 1282 - second cardiologist	B	C
01284 Atherectomy: single lesion: first cardiologist.	D	
01285 Atherectomy: single lesion: second cardiologist.	C	
01286 Insertion of intravascular stent: first cardiologist.	B	
01287 Insertion of intravascular stent: second cardiologist	A	
01290 Use of balloon procedures including - first paediatric cardiologist ("33")	D	
- Arterial septostomy		
- Pulmonary valve valvuloplasty		
- Aortic valve valvuloplasty		
- Coarctation dilation		
- Mitral valve valvuloplasty		
- Closure atrial septal defect		
- Closure of patent ductus arteriosus		
01291 Use of balloon procedure as in item 1290 - second paediatric cardiologist ("33")	C	
<b>Paediatric cardiac catheterisation</b>		
01288 Paediatric cardiac catheterisation	C	C
01289 Paediatric cardiac catheterisation: Infants below the age of one year.	C	C
<b>Cardiac surgery</b>		
01294 Patent ductus arteriosus.	D	C
01295 Pericardiectomy for constrictive pericarditis.	D	C
01297 Coarctation of aorta.	D	C
01299 Systemo-pulmonary anastomosis.	D	C

	Proc Grp	Ana Grp
<b>Cardiac surgery</b>		
01301 Mitral valvotomy: Closed heart technique.	D	C
01302 Heart transplant.	D	C
01303 Harvesting donor heart.	B	B
01305 Operative implantation of cardiac pacemaker by thoracotomy	C	C
01307 Re-exploration after cardiac-surgery.	C	C
01308 Heart and lung transplant.	D	C
01309 Harvesting donor heart and lungs.	B	B
01311 Pericardial drainage.	B	C
<b>Open heart surgery</b>		
01312 Evaluation of coronary angiogram by cardio-thoracic surgeon	A	
01320 Repeat open heart surgery (additional fee above procedure fee)	C	C
01321 Stand-by fee for coronary angioplasty.	A	B
01322 Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour.	A	
<b>Atrial septal defect</b>		
01323 Osteum secundum.	D	C
01325 Sinus venosus or osteum primum.	D	C
01327 Ventricular septal defect.	D	C
01329 Fallof's tetralogy.	D	C
01330 Pulmonary stenosis.	D	C
01331 Transposition of large vessels (venous repair).	D	C
01332 Transposition of great arteries (arterial repair).	D	C
01333 Ebstein's Anomaly.	D	C
01335 Total anomalous venous drainage.	D	C
01337 Creation of atrial septal defect by thoracotomy with or without cardiac bypass.	D	C
01338 Fontan type repair	D	C
<b>Acquired conditions</b>		
01339 Mitral valve replacement.	D	C
01340 Mitral valvuloplasty	D	C
01341 Aortic valve replacement.	D	C
01342 Tricuspid annulo plasty.	C	C
01343 Double valve replacement.	D	C
01344 Acute dissecting aneurysm repair.	D	C
01345 Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest.	D	C
<b>Aorta-coronary bypass operation (including interpretation of angiogram)</b>		
01346 Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable).	B	
01347 Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable).	C	
01348 Utilizing saphenous veins.	D	C
01349 Additional arterial implant: any artery.	D	C
01350 Additional double arterial implant: any artery.	D	C
01351 Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	D	C
01352 Cardiac aneurysm.	D	C
01353 Ascending/descending thoracic aortic aneurysm repair	D	C
01354 Arrhythmia surgery.	D	C
01355 Cardiac tumour.	D	C
01356 Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable).	C	C
<b>Skin temperature test</b>		
01357 Response to reflex heating.	A	
01359 Response to reflex cooling	A	
01361 Cold sensitivity test.	A	

	Proc Grp	Ana Grp
<b>Skin temperature test</b>		
01363 Oscillometry test.	A	
01365 Sweat test.	A	
01366 Transcutaneous oximetry - single site	A	
01367 Doppler blood tests.	A	
05369 Doppler arterial pressures	A	
05371 Doppler arterial pressures with exercise	A	
05373 Doppler segmental pressures and wave forms	A	
05375 Venous doppler examination (both limbs)	A	
05377 Venous plethysmography	A	
05379 Supra-orbital doppler test	A	
05381 Carotid non-invasive complex tests	A	
<b>Abdominal aorta and iliac artery</b>		
01372 Unruptured	D	C
01373 Ruptured.	D	C
01375 Grafting and/or thrombo-endarterectomy for thrombosis	D	C
01376 Aorta bifemoral graft, including proximal and distal endarterectomy and preparation for anastomosis	D	C
<b>Iliac artery</b>		
01379 Prosthetic grafting and/or Thrombo-endarterectomy	D	C
<b>Peripheral</b>		
01385 Prosthetic grafting.	C	C
01396 Suture major blood vessel (artery or vein) - trauma (major blood vessel are definde as aorta, innominate artery, carotid artery and vetebral artery, subclavian artery, axillary artery, illiac 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.)	C	C
<b>Grafting vein</b>		
01387 Vein grafting proximal to knee joint.	D	C
01388 Distal to knee joint	D	C
01389 Endarterectomy when not part of another specified procedure	C	C
01390 Carotid endarterectomy.	D	C
<b>Embolectomy</b>		
01393 Peripheral embolectomy transfemoral .	C	B
<b>Miscellaneous arterial procedures</b>		
01395 Arterial suture: trauma.	B	B
01397 Profundoplasty.	C	B
01399 Distal tibial (Ankle region).	D	C
01401 Femoro-femoral.	C	C
01402 Carotid-subclavian.	D	C
01403 Axillo-femoral: (Bifemoral + 50%).	D	C
<b>Veins</b>		
01407 Ligation of saphenous vein.	A	A
01408 Placement of Hickman catheter or similar.	B	B
<b>Ligation of inferior vena cava :</b>		
01410 Abdominal.	C	B
<b>"Umbrella" operation on inferior vena cava :</b>		
01412 Abdominal.	B	C
<b>Combined procedure for varicose veins: ligation of saphenous vein, stripping, multiple ligation including of perforating veins as indicated :</b>		
01413 Unilateral.	B	B
01415 Billateral.	C	B
01417 Extensive sub-fascial ligation of perforating veins.	B	B

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Combined procedure for varicose veins: ligation of saphenous vein, stripping, multiple ligation including of perforating veins as indicated :</b>		
01419 Lesser varicose vein procedures	A	A
<b>Compression sclerotherapy of varicose veins</b>		
01421 Per injection to a maximum of nine injections per leg (excluding cost of material)	A	
<b>Thrombectomy</b>		
01425 Inferior vena cava (Trans abdominal).	C	C
01427 Ilio-femoral.	C	B
<b>Portal hypertension</b>		
01429 Porto-caval shunt.	D	C
<b>Cardiac rehabilitation</b>		
01431 Phase II: Exercise rehabilitation: Per patient per 60 min session with a maximum of 5 patients per group	A	
01432 Phase III: Exercise rehabilitation: Per patient per 60 min session with a maximum of 10 patients per group	A	
<b>Splenectomy</b>		
01435 Splenectomy (In all cases)	C	C
01436 Splenorrhaphy.	C	C
<b>Excision of lymph node for biopsy</b>		
01439 Neck or axilla.	B	A
01441 Groin.	B	A
01443 Simple excision of lymph nodes for tuberculosis	B	A
<b>Radical excision of lymph nodes of neck: total</b>		
01445 Unilateral.	D	C
01447 Suprahyoid unilateral.	C	C
01449 Radical excision of lymph nodes of axilla.	C	C
<b>Radical excision of lymph nodes of groin</b>		
01451 Ilio-inguinal.	C	C
01453 Inguinal.	C	C
01455 Retroperitoneal lymphadenectomy including pelvic, aortic and renal nodes.	D	C
<b>Bone marrow biopsy</b>		
01457 By trephine.	A	A
01458 Simple aspiration of marrow by means of trocar or cannula	A	
01459 Staging laparotomy for lymphoma (including splenectomy)	C	B
<b>Bone marrow transplantation</b>		
01450 Cryopreservation of bone marrow or peripheral blood stem cells	A	B
01454 Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	A	B
01456 Preparation of extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis	A	B
<b>Oral cavity</b>		
01463 Surgical biopsy of tongue or palate: Under general anaesthetic.	A	A
01465 Surgical biopsy of tongue or palate: Under local anaesthetic	A	A
01467 Drainage of intra-oral abscess.	A	A
01469 Local excision of mucosal lesion of oral cavity.	A	A
01471 Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	D	C
01475 Cleft palate: Repair primary deformity with or without pharyngoplasty	D	C
01477 Cleft palate: Secondary repair.	C	C
01478 Velopharyngeal reconstruction with myoneurovascular transfer (dynamic repair)	C	A
01479 Velopharyngeal reconstruction with or without pharyngeal flap (static repair).	C	C
01480 Repair of oronasal fistula (large) e.g. distant flap	C	A
01481 Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	B	C
01482 Repair of oronasal fistula (large): Second stage	B	A

		<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Oral cavity</b>			
01483	Alveolar periosteal or other flaps for arch closure	B	C
01486	Closure of anterior nasal floor	B	A
<b>Lips</b>			
01485	Local excision of benign lesion of lip.	A	A
01487	Resection for lip malignancy.	B	B
<b>Cleft lip</b>			
01484	Lip adhesion (cleft lip)	B	A
01489	Repair unilateral cleft lip (with muscle reconstruction).	C	B
01490	Repair bilateral cleft lip (with muscle reconstruction) (one of two stages)	C	A
01491	Repair bilateral cleft lip (with muscle reconstruction) (one stage).	D	B
01492	Repair bilateral cleft lip (second stage)	C	A
01493	Total revision of secondary cleft lip deformities.	C	B
01494	Partial revision of secondary cleft lip deformity	B	A
01495	Abbé or Estlander type flap (all stages included).	C	B
01497	Vermilionectomy.	B	B
01499	Lip reconstruction following an injury: Direct repair	B	B
<b>Lip reconstruction following an injury or tumour removal</b>			
01501	Flap repair.	C	B
01503	Total reconstruction (first stage).	C	B
01504	Subsequent stages (see Item 0299).	B	B
<b>Tongue</b>			
01505	Partial glossectomy.	C	B
01507	Local excision of lesion of tongue.	A	A
<b>Palate, uvula and salivary glands</b>			
01509	Wide excision of lesion of palate.	B	B
01511	Radical resection of palate (including skin graft).	C	C
01513	Excision of ranula.	A	B
01515	Excision of sublingual salivary gland.	B	C
01517	Excision of submandibular salivary gland.	C	C
01519	Excision of submandibular salivary gland with suprahyoid dissection	C	C
01521	Excision of submandibular salivary gland: With radical neck dissection.	D	C
01523	Local resection of parotid tumour.	B	B
01525	Partial parotidectomy.	C	C
01527	Total parotidectomy.	C	C
01529	Extracapsular Parotidectomy	D	C
01531	Drainage of parotid abscess.	A	A
01533	Closure of salivary fistula.	B	B
01535	Dilatation of salivary duct.	A	B
01537	Operative removal of salivary calculus.	A	B
01539	Meatotomy: Salivary duct.	A	B
01541	Branchial cyst and/or fistula: Excision.	B	B
01543	Excision of cystic hygroma	B	B
01544	Ludwig's Angina: Drainage	A	B
<b>Oesophagus</b>			
01545	Oesophagoscopy with rigid instrument: First and subsequent	A	B
01547	Oesophageal acid perfusion test	A	
01549	Oesophagoscopy with dilatation of stricture.	B	B
01550	With removal of foreign body.	B	B
01551	With insertion of indwelling oesophageal tube.	B	B

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Oesophagus</b>		
01552 Injection of oesophageal varices (endoscopy inclusive)	B	B
01553 Subsequent injection of oesophageal varices (endoscopy inclusive).	B	B
01554 Per-oral small bowel biopsy.	A	B
01555 Repair of tracheal oesophageal fistula and oesophageal atresia.	D	C
01557 Oesophageal dilatation.	A	B
<b>Oesophagectomy</b>		
01559 Two stage.	D	C
01560 Three stage.	D	C
01561 Thoraco-abdominal oesophagogastrectomy .	D	C
<b>Hiatus hernia and diaphragmatic hernia repair</b>		
01563 With anti-reflux procedure.	D	C
01565 With Collis Nissen oesophageal lengthening procedure	D	C
01566 Private fee: Gastroplasty.	D	C
01567 Bochdalek hernia repair in newborn.	C	C
01568 Hiatus hernia and diaphragmatic repair: Revision after previous repair.	D	C
01569 Heller's operation.	C	C
01575 Insertion of indwelling oesophageal tube - laparotomy	B	B
01578 Oesophageal motility (2 channel + pneumograph)	B	C
01579 Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	D	C
01580 Oesophageal motility (3 Channel + pneumograph + pH pull-through)	B	C
01581 Removal of benign oesophageal tumours.	D	C
01582 Oesophageal motility (3 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	C	C
01583 Excision of intrathoracic oesophageal diverticulum.	C	C
01584 24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per pH probe)	A	
01585 24 Hour oesophageal pH studies: Interpretation	A	
<b>Stomach</b>		
01587 Upper gastro-intestinal fibre-optic endoscopy - Own equipment	B	B
01588 Plus polypectomy	C	B
01589 Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictors and/or scleroses (endoscopic haemostasis) to be added to gastroscopy (Item 1587) or colonoscopy (Item 1653) : Add	B	A
01591 Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach)	B	B
01593 Augmented histamine test: Gastric intubation with x-ray screening.	A	
01597 Gastrostomy or Gastrotomy	B	B
01599 Pyloromyotomy (Rammstedt).	B	B
01601 Local excision of ulcer or benign neoplasm	B	B
<b>Vagotomy</b>		
01603 Abdominal.	C	B
01604 Thoracic.	C	C
01605 Truncal or selective with drainage procedures.	C	B
01607 Vagotomy and antrectomy	D	B
01609 Highly selective vagotomy.	C	B
01611 Pyloroplasty.	B	B
01613 Gastroenterostomy	B	B
01615 Suture of perforated gastric or duodenal ulcer or wound or injury	C	B
01617 Partial gastrectomy.	D	C
01619 Total gastrectomy	D	C
01621 Revision of gastrectomy or gastro-enterostomy.	D	C
01625 Gastro-oesophageal operation for portal hypertension (Tanner)	D	C

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Duodenum</b>		
<b>Duodenum</b>		
01626 Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	B	A
01627 Duodenal intubation (under X-ray screening)	A	
01629 Duodenal intubation with biliary drainage after gall bladder stimulation	A	
01631 Duodenal intubation: Under three years	A	
<b>Intestines</b>		
01632 H2 breath test (intestines)	A	
01633 Complete test using lactose or lactulose.	A	
01634 Enterotomy or Enterostomy.	B	B
01635 Intestinal obstruction of the newborn.	C	C
01637 Operation for relief of intestinal obstruction	C	C
01639 Resection of small bowel with enterostomy or anastomosis	C	C
01641 Entero-enterostomy or entero-colostomy for bypass	B	C
01645 Suture of intestine (small or large): Perforated ulcer, wound or injury	B	B
01647 Closure of intestinal fistula	C	B
01649 Excision of Meckel's diverticulum	B	B
01651 Excision of lesion of mesentery.	B	B
01652 Laparotomy for mesenteric thrombosis	D	C
<b>Total fibre-optic colonoscopy</b>		
01653 With own equipment (including biopsy)	B	B
01654 Fibre-optic colonoscopy with removal of polyps: Own equipment.	C	B
01656 Left sided fibre-optic colonoscopy.	B	B
01657 Right or left hemicolectomy or segmental colectomy.	D	C
01658 Reconstruction of colon after Hartman's procedure	C	B
01661 Colotomy: Including removal of tumour or foreign body.	B	B
01663 Total colectomy.	D	C
01665 Colostomy or ileostomy isolated procedure.	B	B
01666 Continent ileostomy pouch (all types).	D	C
01667 Colostomy Closure	C	B
01668 Revision of ileostomy pouch	D	C
01669 Total proctocolectomy and ileostomy.	D	C
01670 Proctocolectomy, ileostomy and ileostomy pouch	D	C
01671 Colomyotomy (Reilly operation)	C	B
<b>Appendix</b>		
01673 Drainage of appendix abscess	C	B
01675 Appendicectomy.	B	B
<b>Rectum and anus</b>		
01676 Fibre-optic sigmoidoscopy	B	A
01677 Sigmoidoscopy: First and subsequent, with or without biopsy.	A	A
01678 Fibre-optic sigmoidoscopy, plus polypectomy.	B	A
01679 Sigmoidoscopy with removal of polyps, first and subsequent	A	A
<b>Proctoscopy with removal of polyps</b>		
01681 First time.	A	A
01683 Subsequent times.	A	A
01685 Endoscopic fulguration of tumour.	A	B
01687 Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	D	C
01688 Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	D	B
01689 Perineal resection of rectum	B	C

	Proc Grp	Ana Grp
<b>Abdomino-perineal resection of rectum</b>		
<b>Abdomino-perineal resection of rectum</b>		
01691 Abdominal surgeon.	D	C
01692 Perineal surgeon.	B	
01693 Local excision of rectal tumour (posterior approach)	C	B
01695 Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour.	D	C
<b>Repair of prolapsed rectum: abdominal</b>		
01697 Roscoe Graham Moskovitz	D	C
01699 Ivalon sponge.	C	C
01701 Perineal.	C	C
01703 Thierisch suture.	A	B
01705 Incision and drainage of peri-anal abscess.	A	A
01707 Drainage of submucous abscess.	A	A
01709 Drainage of ischio-rectal abscess.	B	A
01711 Excision of pelvi-rectal fistula	C	B
01713 Excision of fistula-in-ano	B	A
01715 Operation for fissure-in-ano	A	A
01719 Rubber band ligation of haemorrhoids: per haemorrhoid	A	A
01721 Sclerosing injection for haemorrhoids: per injection	A	
01723 Haemorrhoidectomy.	B	A
01725 Drainage of external thrombosed pile.	A	A
01727 Multiple procedures (haemorrhoids, fissure, etc.).	B	A
01729 Excision of anal skin tags	A	A
01731 Operation for low imperforate anus.	B	C
01733 Anoplasty: Y-V-plasty.	A	C
01735 Anal sphincteroplasty for incontinence.	B	C
01737 Dilatation of ano-rectal stricture.	A	A
01739 Closure of recto-vesical fistula	C	C
01741 Closure of recto-urethral fistula	C	C
01742 Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	A	
<b>Liver</b>		
01743 Needle biopsy of liver.	A	A
01745 Biopsy of liver by laparotomy.	B	B
01747 Drainage of liver abscess or cyst.	B	B
<b>Hemi-hepatectomy</b>		
01749 Right.	D	C
01751 Left.	D	C
01753 Partial or segmental hepatectomy.	D	C
01755 Liver transplant.	D	C
01756 Harvesting donor hepatectomy.	C	B
01757 Suture of liver wound or injury.	C	C
<b>Biliary tract</b>		
01759 Cholecystostomy.	B	B
01761 Cholecystectomy.	C	C
01762 Cholecystectomy and operative cholangiogram.	C	C
01763 With exploration of common bile duct.	D	C
01765 Exploration of common bile duct: Secondary operation	D	C
01767 Reconstruction of common bile duct.	D	C
01769 Cholecysto-enterostomy or gastrostomy.	C	B

	<u>Proc.Grp</u>	<u>Ana.Grp</u>
<b>Biliary tract</b>		
01770 Endoscopic placement of bilioduodenal endoprosthesis (125,00 units for sphincterectomy + 25,00 units for insertion of endoprosthesis)	C	C
01772 Endoscopic placement of a nasobiliary stent.	B	C
01773 Transduodenal sphincteroplasty.	C	C
01774 Balloon dilatation of common bile duct strictures.	B	C
01775 Excision choledochal cyst with reconstruction.	D	C
01777 Porto-enterostomy for biliary atresia.	D	C
<b>Pancreas</b>		
01778 Pancreas: ERCP: Endoscopy + catheterisation of pancreas duct or choledochus.	B	C
01779 Endoscopic exploration of the common bile duct performed following endoscopic retrograde choangiography to be added to ERCP (item 1778) : Add	B	A
01780 Gastric and duodenal intubation.	A	
01781 Procedure (excluding laboratory tests)	A	
01782 Endoscopic sphincterotomy.	B	C
01783 Drainage of pancreatic abscess	C	B
01785 Internal drainage of pancreatic cyst.	C	B
01787 Operative pancreatogram: Add.	A	
01789 Pancreatico-duodenectomy	D	C
01791 Local, partial or subtotal pancreatectomy.	C	C
01793 Distal pancreatectomy with internal drainage.	D	C
01795 Triple anastomosis for carcinoma of pancreas.	C	C
<b>Pneumo-peritoneum</b>		
01797 First.	A	B
01799 Repeat.	A	B
01800 Peritoneal lavage.	A	
01801 Diagnostic paracentesis: Abdomen.	A	
01803 Therapeutic paracentesis: Abdomen.	A	
01807 Add to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027).	A	B
01809 Laparotomy.	C	B
01810 Radical removal of retro-peritoneal malignant tumours: including sacro-coccygeal and pre-sacral.	D	C
01811 Suture of burst abdomen	B	B
01812 Laparotomy for control of surgical haemorrhage.	B	C
01813 Drainage of subphrenic abscess.	C	B
<b>Drainage of other intraperitoneal abscess (excluding appendix abscess)</b>		
01815 Per abdomen.	C	B
01817 Transrectal drainage of pelvic abscess.	B	A
<b>Inguinal or femoral hernia :</b>		
01819 Adult.	B	B
01821 Child, under 14 years.	B	B
01823 Inguinal hernia: Infant under one year.	B	B
01825 Recurrent inguinal or femoral hernia.	C	B
01827 Strangulated hernia requiring resection of bowel.	C	C
01829 Epigastric hernia.	A	B
<b>Umbilical hernia</b>		
01831 Adult.	B	B
01833 Child under 14 years.	A	B
01835 Incisional hernia.	C	B
01837 Repair of omphalocele in new-born (one or more procedures).	D	C

		<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Kidney</b>			
<b>Kidney</b>			
01839	Renal biopsy, per kidney, open.	B	B
01841	Renal biopsy (needle).	A	A
<b>Nephrectomy:</b>			
01853	Primary nephrectomy.	C	C
01855	Secondary nephrectomy.	D	C
01857	Radical nephrectomy with regional lymphadenectomy for tumour.	D	C
01859	Partial	D	C
01861	Symphysiotomy for horse-shoe kidney.	D	E
01863	Nephro-ureterectomy.	D	C
01865	Nephrotomy with drainage nephrostomy.	C	B
01869	Nephrolithotomy.	C	B
01870	Nephrolithotomy: Multiple calculi: repeat open operation + 25%	D	
01871	Staghorn stone - surgical.	D	B
01873	Suture renal laceration (renorrhaphy).	C	B
01875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	A	A
01877	Operation for renal cyst: Marsupialisation or excision	C	B
01879	Closure renal fistula.	C	B
01881	Pyeloplasty.	C	C
01883	Pyelostomy.	C	B
01885	Pyelolithotomy	C	C
01887	Complicated pyelolithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation).	C	C
01889	Nephrectomy for Allograft: Living or dead	C	C
01891	Perinephric abscess or renal abscess: Drainage.	B	B
01893	Aberrant renal vessels : Repositioning with pyeloplasty	C	C
01894	Auto transplantation of kidney.	D	C
01895	Allo transplantation of kidney.	D	C
<b>Ureter</b>			
01897	Ureterorrhaphy: Suture of ureter	C	B
01898	Lumbar approach.	C	B
01899	Ureteroplasty.	C	B
01901	Ureterolysis.	B	B
01902	Lumbar approach.	C	B
01903	Ureterectomy only.	B	B
01905	Ureterolithotomy.	B	B
<b>Cutaneous ureterostomy :</b>			
01907	Unilateral.	B	B
01909	Bilateral .	C	B
<b>Uretero-enterostomy :</b>			
01911	Unilateral.	B	C
01913	Bilateral.	C	C
01915	Uretero-ureterostomy.	B	C
01917	Transuretero-ureterostomy.	C	C
01919	Closure of ureteric fistula.	C	C
01921	Immediate deligation of ureter.	C	B
01923	Ureterolysis for retrocaval ureter with anastomosis.	C	B
01925	Uretero-pyelostomy.	C	B
<b>Uretero-neo-cystostomy :</b>			
01927	Unilateral.	C	C

	Proc Grp	Ana Grp
<b>Uretero-neo-cystostomy :</b>		
01929 Bilateral.	D	C
01931 With Boaroplasty.	C	C
01933 Uretero-sigmoidostomy with rectal bladder and colostomy	C	C
01935 Uretero-ileal conduit.	C	C
<b>Replacement of ureter by bowel segment:</b>		
01937 Unilateral	D	C
01939 Bilateral	D	C
<b>Ureterostomy-in-situ:</b>		
01941 Unilateral	B	B
01943 Bilateral	C	B
<b>Bladder</b>		
01945 Instillation of radio-opaque material for cystography or urethrocytography.	A	A
01947 Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydrodilatation of bladder	A	A
01949 Cystoscopy: Hospital equipment.	A	A
01951 And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	A	B
01952 J J Stent catheter.	A	B
01953 With hydrodilatation of the bladder for interstitial cystitis	A	B
01954 Urethroscopy.	A	B
01955 And bilateral ureteric catheterisation with differential function studies requiring additional attention time.	B	B
01957 With dilatation of the ureter or ureters.	A	B
01959 With manipulation of ureteral calculus.	A	B
01961 With removal of foreign body or calculus from urethra or bladder .	A	B
01963 With fulguration or treatment of minor lesions, with or without biopsy.	A	B
01964 And control of haemorrhage and blood clot evacuation	A	B
01965 And catheterisation of the ejaculatory duct.	A	B
01967 With ureteric meatotomy: Unilateral or bilateral	A	B
01969 And cold biopsy.	A	B
01971 With cryosurgery for bladder or prostatic disease	B	B
01973 With incision fulguration, or resection of bladderneck and/or posterior urethra for congenital valves or obstructive hypertrophic bladderneck in a child	B	B
01975 Ultraviolet cystoscopy for bladder tumour.	A	B
01976 Optic urethrotomy.	B	A
01977 Transurethral resection of ejaculatory duct.	A	B
<b>Internal urethrotomy :</b>		
01979 Female.	A	A
01981 Male.	A	A
01983 Transurethral resection of bladder tumour.	B	C
01984 Transurethral resection of bladder tumours: Large multiple tumours.	B	C
<b>Transurethral resection of bladderneck :</b>		
01985 Female or child.	B	C
01986 Male.	B	C
01987 Litholapaxy.	B	C
01989 Cystometrogram.	A	C
01991 Flowmetric bladder, studies with videocystograph	A	C
01992 Without videocystograph.	A	C
01993 Voiding cysto-urethrogram.	A	C
01994 Rigiscan examination.	B	
01995 Percutaneous aspiration of bladder.	A	A
01996 Bladder catheterisation - male (not at operation)	A	A

	Proc Grp	Ana Grp
<b>Transurethral resection of bladderneck :</b>		
01997 Bladder catheterisation - female (not at operation)	A	
01999 Percutaneous cystostomy.	A	A
<b>Total cystectomy :</b>		
02001 After previous urinary diversion.	D	C
02003 With conduit construction and ureteric anastomosis	D	C
02005 Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	D	C
02006 Cystectomy with continent urinary diversion (e.g. Kocks Pouch).	D	C
02007 Partial cystectomy.	C	C
02008 Continent urinary diversion without cystectomy (e.g. Kocks Pouch).	D	C
02009 Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters.	D	C
02010 Reversion of temporary conduit.	D	C
02011 Partial cystectomy with uretero-neo-cystostomy	C	C
02012 Reversion of conduit with major urinary tract reconstruction	D	C
02013 Diverticulectomy (independent procedure): Multiple or single .	B	B
02015 Suprapubic cystostomy.	B	B
02016 Abdomino-neo-urethrostomy.	C	B
02017 Open loop fulguration or excision of bladder tumour	B	B
02019 Operation for vesico-vaginal or urethra- vaginal fistula	C	C
02020 Repair of vesico vaginal fistula: Abdominal approach.	C	C
02021 Vesico-plication (Hamilton Stewart).	B	C
02023 Vesico-urethrapexy for correction or urinary incontinence: Abdominal approach.	C	C
02025 Vesico-urethrapexy with rectus sling.	C	C
<b>Open operation for ureterocele:</b>		
02027 Unilateral.	B	C
02029 Bilateral.	C	C
<b>Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required) :</b>		
02031 Initial .	C	C
02033 Subsequent.	A	C
02035 Cutaneous vesicostomy.	B	C
02037 Cystoplasty, cysto-urethraplasty, vesicolysis.	B	C
02039 Operation for ruptured bladder.	B	B
02041 Enterocystoplasty.	C	C
02043 Cysto-lithotomy.	B	B
02045 Excision of patent-urachus or urachal cyst.	B	B
02047 Drainage of perivesical or prevesical abscess	B	A
<b>Evacuation of clots from bladder :</b>		
02049 Other than post-operative.	A	A
02051 Simple bladder lavage: Including catheterisation.	A	A
<b>Bladder neck plasty :</b>		
02053 Male.	B	B
02057 Female.	B	B
<b>Open biopsy of urethra:</b>		
02059 Male.	A	A
02061 Female.	A	A
<b>Dilatation of urethral stricture: by passage sound:</b>		
02063 Initial (male).	A	A
02065 Subsequent (male).	A	A
02067 By passage of filiform and follower (male).	A	A
02069 Dilatation of female urethra	A	A

	Proc Grp	Ana Grp
<b>Dilatation of urethral stricture: by passage sound:</b>		
02071 Urethroraphy: Suture of urethral wound or injury	B	C
02073 External urethrotomy: Pendulous urethra (anterior).	B	B
<b>Urethraplasty: pendulous urethra</b>		
02075 First stage.	B	B
02077 Second stage.	C	B
02079 Reconstruction of female urethra.	C	B
02081 Reconstruction or repair of male anterior urethra (one stage).	C	B
<b>Reconstruction or repair of prostatic or membranous urethra</b>		
02083 First stage.	C	B
02085 Second stage .	C	B
02086 If done in one stage.	D	B
02087 Urethral diverticulectomy: Male or female	C	B
02088 Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 units.	B	
02089 Marsupialisation of urethral diverticula: Male or female	A	B
<b>Total urethrectomy</b>		
02091 Female.	C	B
02093 Male .	C	B
02095 Drainage of simple localised perineal urinary extravasation .	A	A
02097 Drainage of extensive perineal urinary extravasation.	B	B
02099 Fulguration for urethral caruncle or polyp.	A	A
02101 Excision of urethral caruncle.	A	A
02103 Simple urethral meatotomy.	A	A
<b>Incision of deep peri-urethral abscess</b>		
02105 Female.	A	A
02107 Male .	A	A
02109 Badenoch pull-through for intractable stricture or incontinence .	C	B
02111 External sphincterotomy.	B	B
02113 Drainage of Skene's gland abscess or cyst.	A	A
02115 Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	C	C
02116 Urethral meatoplasty.	A	B
02117 Closure of urethrostomy or urethro-cutaneous fistula (independent procedure).	A	A
02121 Closure of urethrovaginal fistula: Including diversionary procedures.	C	C
<b>Penis</b>		
02123 Biopsy of penis (independent procedure).	A	A
<b>Destruction of condylomata : chemo- or cryotherapy:</b>		
02125 Limited number (see item 2317).	A	A
02127 Multiple extensive.	A	A
<b>Electrodesiccation:</b>		
02129 Limited number.	A	A
02131 Multiple extensive.	A	A
<b>Circumcision:</b>		
02132 Ligation of abnormal venous drainage.	A	A
02133 Clamp procedure.	A	A
02137 Surgical excision other than by clamp or dorsal slit, any age.	A	A
02139 Dorsal slit of prepuce (independent procedure).	A	A
<b>Plastic operation on penis</b>		
02141 Plastic operation for insertion of prostheses.	B	C
02143 For straightening of chordee e.g. hypospadias with or without mobilisation of urethra.	B	C

	Proc Grp	Ana Grp
<b>Plastic operation on penis</b>		
02145 For straightening of chordee with transplantation of prepuce	B	C
02147 For injury: Including fracture of penis and skinraft if required.	C	C
02149 For epispadias distal to the external sphincter	C	C
02153 Plastic operation for epispadias with incontinence.	C	C
02154 Induction of artificial erection	A	A
<b>Hypospadias</b>		
02155 Urethral reconstruction.	C	C
02157 Subsequent procedures for repair of urethra: Total	B	B
02159 Urethraplasty: Complete, one stage for hypospadias	D	C
<b>Total amputation of penis</b>		
02161 Without gland dissection.	C	B
02163 With gland dissection.	D	C
<b>Partial amputation of penis</b>		
02165 With gland-dissection.	C	C
02167 Without gland-dissection.	B	B
02169 Injection procedure for Peyronies disease	A	A
<b>Priapism operation</b>		
02171 Irrigation of corpora cavernosa for priapism.	A	A
02173 Shunt procedure: Any type	C	C
02174 Stab shunt.	A	B
<b>Testis and epididymis</b>		
02175 Testis biopsy, needle (independent procedure).	A	A
<b>Testis biopsy, incisional: independent procedure</b>		
02177 Unilateral.	A	A
02179 Bilateral.	A	A
02181 Biopsy of epididymis, needle.	A	A
02183 Puncture aspiration hydrocoele with or without injection of medication	A	A
02185 Operation for undescended testicle: Including hemiotomy	B	B
02187 Operation for torsion appendix testis.	A	B
02189 Operation for torsion testis with fixation of contralateral testis	B	B
<b>Orchidectomy (total or subcapsular):</b>		
02191 Unilateral.	A	B
02193 Bilateral.	B	B
02195 Radical operation for malignant testis: Excluding gland dissection.	B	B
02197 Operation for hydrocoele or spermatocele.	A	B
02199 Varicocelectomy.	A	B
02201 Abdominal ligation of spermatic vein for varicocele	A	B
<b>Epididymectomy:</b>		
02203 Unilateral.	B	B
02205 Bilateral.	B	B
02207 Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	A	A
02209 Vasotomy: Unilateral or bilateral.	A	A
<b>Vasogram, seminal vesiculogram:</b>		
02210 Unilateral	A	B
02211 Bilateral.	A	B
02212 Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material).	A	B
02213 Suture or repair of testicular injury.	A	B
02215 Incision and drainage of testis or epididymis e.g. abscess or haematoma.	B	B

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Vasogram, seminal vesiculogram:</b>		
02217 Excision of local lesion of testis or epididymis.	A	B
<b>Vaso-vasostomy:</b>		
02219 Unilateral.	B	A
02221 Bilateral.	B	A
<b>Epididymo-vasostomy:</b>		
02223 Unilateral.	B	A
02225 Bilateral.	B	A
02227 Incision and drainage of scrotal wall abscess.	A	A
02229 Excision of Mullerian duct cyst.	C	B
02231 Excision of lesion of spermatic cord.	B	A
02233 Seminal Vesiculectomy.	C	B
<b>Prostate</b>		
02235 Biopsy prostate: Needle or punch, single or multiple, any approach.	A	A
02237 Biopsy, prostate, incisional, any approach.	B	B
02239 Transurethral drainage of prostatic abscess.	A	B
02241 Perineal drainage of prostatic abscess.	B	B
02243 Trans-urethral cryo-surgical removal of prostate.	B	B
02245 Trans-urethral resection of prostate.	C	C
02247 Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer.	A	B
02249 Trans-urethral resection of post-operative bladder neck contracture.	B	B
<b>Prostatectomy: perineal:</b>		
02251 Sub-total.	C	C
02253 Radical.	D	C
02254 Pelvic lymphadenectomy.	C	C
02255 Supra-pelvic, transvesical.	C	C
<b>Retropubic:</b>		
02257 Sub-total.	C	C
02259 Radical.	D	C
02260 Prostate brachytherapy	C	B
<b>Vulva and introitus</b>		
02271 Removal of tag or polyp.	A	A
02272 Removal of small superficial benign lesions.	A	A
02273 Biopsy with suture in theatre (excluding after-care).	A	A
02274 Laser therapy of vulva and/or vagina (colposcopically directed)	B	A
02275 Reduction labial hypertrophy.	B	B
02277 Removal of extensive benign vulva tumour.	B	B
<b>Secondary perineal repair</b>		
02279 Repair second degree tear	A	B
02280 Repair third degree tear.	B	B
02281 Excision of inclusion cyst	A	B
02283 Hymenectomy.	A	B
02285 Drainage haematocolpos.	A	A
02287 Clitoris repair for injury: Including skin graft if required	B	B
02288 Clitoral reduction	C	B
02289 Denervation or alcohol infiltration vulva (Woodruff)	A	A
02291 Vulva: Undercutting skin (ball).	A	B
02293 Vulva and introitus: Drainage of abscess.	A	A

	Proc Grp	Ana Grp
<b>Bartholin gland</b>		
<b>Bartholin gland</b>		
02295 Bartholin abscess marsupialisation.	A	A
02297 Bartholin gland excision.	A	A
02299 Bartholin radical excision for malignant lesion.	D	B
<b>Operation for enlarging introitus</b>		
02301 Fenton plasty .	A	B
02303 Bilateral Z-plasty.	B	B
<b>Vulvectomy</b>		
02305 Partial vulvectomy	C	B
02307 Vulvectomy.	C	B
02309 Radical vulvectomy with bilateral lymphadenectomy	D	C
02311 Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection.	D	C
<b>Vaginal procedures and operations</b>		
02312 Artificial insemination.	A	
02313 Examination under anaesthetic when no other procedures are performed.	A	A
02314 Intra uterine insemination.	A	
02315 Simms Huhner test plus wet smear.	A	
<b>Destruction of condylomata by chemo-, cryo- or electrotherapy, or harmonic scalpel:</b>		
02316 First lesion.	A	A
02317 Limited repeat.	A	A
02318 Widespread.	A	A
02319 Excision of cysts or tumours.	A	A
02321 Drainage of vaginal abscess	A	A
02322 Pudendal nerve block.	A	
02323 Reconstruction of vagina after atresia.	B	C
<b>Construction of artificial vagina:</b>		
02325 Construction of artificial vagina: Labial fusion.	C	C
02327 Construction of artificial vagina: Macindoe type	C	C
02329 Construction of vagina: Bowel pull-through operation: Two surgeons: Each.	C	C
02331 Vaginal septum removal	B	B
<b>Colpotomy</b>		
02339 Colpotomy: Diagnostic (excluding after-care).	A	A
02341 Colpotomy: Therapeutic, with or without sterilisation	B	B
<b>Vaginal hysterectomy</b>		
02343 Vaginal hysterectomy. Without repair.	C	C
02345 Vaginal hysterectomy. With repair.	D	C
02357 Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy.	D	C
02361 Vaginal hysterectomy and repair for total prolapse	D	C
02363 Fothergill or Manchester repair operation	C	C
02365 Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy).	C	C
02366 Posterior repair alone.	B	B
02367 Other operations for prolapse: Anterior repair - with or without posterior repair.	C	B
02368 Uterovesical fistula.	C	C
02369 Repair of Vesico- or urethro-vaginal fistula.	C	C
02370 Repair of V.V.F. - Obstetric or radiation.	C	C
02371 Closure of uretero-vaginal fistula.	C	C
02372 Closure of uretero-vaginal fistula: Obstetric or radiation	C	C
02373 Closure of recto-vaginal fistula	B	C

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Vaginal hysterectomy</b>		
02374 Closure of recto-vaginal fistula: Obstetric or radiation	C	C
02375 Colpocleisis.	B	B
02377 Le Fort operation.	B	B
02379 Schauta operation.	D	C
02381 Vaginectomy.	D	C
02383 Synchronous combined hysterocolpectomy: (one or two surgeons - total fee).	D	C
02385 Vaginal laceration or trauma: Repair.	A	B
<b>Cervix</b>		
02389 Paracervical nerve block.	A	
02391 Cervix: Canal reconstruction.	C	B
02392 Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	A	
02395 Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	A	B
02396 Laser or harmonic scalpel treatment of the cervix	B	A
02397 Dilation of cervix for stenosis and insertion prosthesis and Budge suture.	A	B
<b>Biopsy</b>		
02399 Punch biopsy (excluding after-care).	A	A
02400 Biopsy during pregnancy (excluding after-care).	A	A
02403 Wedge biopsy: Cervix (excluding after-care).	A	A
02404 Biopsy: Wedge during pregnancy: Cervix (excluding after-care).	A	A
02405 Cone biopsy: Cervix (excluding after-care).	A	A
02407 Amputation: Cervix.	B	B
02409 Cervix encircilage: McDonald stitch.	A	B
02411 Cervix encircilage: Shirodkar suture.	A	B
02413 Cervix encircilage: Lash.	A	B
02415 Cervix encircilage: Removal items 2409 and 2411 without anaesthetic.	A	
02416 Cervix: Removal items 2409 and 2411 with anaesthetic in theatre.	A	A
<b>Repair of tears</b>		
02417 Emmet repair of tears.	A	B
02418 Stummdorff repair of tears.	A	B
<b>Extirpation of cervical stump</b>		
02421 Extirpation of cervical stump: Vaginal.	B	C
02423 Extirpation of cervical stump: Abdominal.	B	C
02425 Removal of cervical polyps (excluding after-care).	A	A
02427 Removal of cervical myomata.	A	B
<b>Colposcopy</b>		
02429 Colposcopy (excluding after-care).	A	A
<b>Uterus</b>		
02433 Embryo transfer.	A	B
02434 Endometrial biopsy (excluding after-care).	A	A
<b>Hysteroscopy</b>		
02435 Hysterosalpingogram (excluding after-care).	A	A
02436 Hysteroscopy (excluding after-care).	A	B
02437 Hysteroscopy and D&C (excluding after-care).	A	B
02438 Hysteroscopy and removal of uterine septum (excluding after-care).	B	B
02439 Hysteroscopy and division of endometrial and endocervical bands (excluding after-care).	A	B
02440 Hysteroscopy and polypectomy (excluding after-care)	B	B
02441 Hysteroscopy and myomectomy (excluding after-care)	B	B
02442 Insertion of I.U.C.D. (excluding after-care).	A	A

	Proc Grp	Ana Grp
<b>Evacuation of uterus</b>		
<b>Evacuation of uterus</b>		
02443 D&C: (excluding after-care).	A	A
02444 Fractional D&C (excluding after-care).	A	A
02445 Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	A	B
02447 Evacuation of uterus, incomplete abortion: After 12 weeks gestation.	B	B
02448 Termination of pregnancy before 12 weeks.	A	B
02449 Evacuation: Missed abortion: Before 12 weeks gestation	A	B
02451 Evacuation: Missed abortion: After 12 weeks gestation	B	B
02452 Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin.	A	B
02453 Evacuation hydatidiform mole.	B	B
02455 Evacuation uterus post-partum.	A	B
02461 Ventrosuspension.	B	B
02463 Uteroplasty: Strassman.	B	C
02465 Uteroplasty: Tompkins.	B	C
02467 Myomectomy.	B	C
02469 Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy.	B	B
02471 Total abdominal hysterectomy: With or without unilateral/ bilateral salpingo-oophorectomy - uncomplicated	C	B
02473 Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	C	B
02475 Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim).	D	C
02477 Abdominal hysterotomy with or without sterilisation	C	B
02478 Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance.	C	B
02479 Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance.	C	B
<b>Fallopian tubes</b>		
02480 Laparoscopy by second gynaecologist during RaFEA procedure (item 2478) or hysteroscopy and endometrial ablation (item	B	
02481 Insufflation Fallopian tubes (excluding after-care).	A	A
02483 Salpingolysis.	B	B
02485 Salpingostomy.	C	C
02487 Tuboplasty tubal anastomosis or re-implantation.	C	C
02489 Ectopic pregnancy under 12 weeks (salpingectomy)	B	C
02490 Ectopic pregnancy under 12 weeks (salpingostomy)	C	C
02491 Ectopic pregnancy - after 12 weeks.	C	C
02492 Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	B	B
<b>Laparoscopy</b>		
02493 Laparoscopy (excluding after-care).	B	B
02496 Plus aspiration of a cyst (excluding after-care).	B	B
02497 Plus sterilisation.	B	B
02499 Plus biopsy (excluding after-care).	B	B
02500 Plus ablation of endometriosis by laser, harmonic scalpel or cautery	B	B
02501 Plus cauterisation and/or lysis of adhesions.	B	B
02502 Plus aspiration of follicles (IVF) (excluding after-care)	B	B
02503 Plus ovarian drilling: add	B	B
02504 Plus Gamete intra fallopian tube transfer(includes follicle aspiration) (GIFT).	C	B
02505 Plus laparoscopic uterosacral nerve ablation: add	B	B
02506 Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	A	
<b>Ovaries</b>		
02525 Wedge resection of ovaries, unilateral or bilateral.	B	B
02527 Removal of ovarian tumour or cyst.	B	B
02529 Oophorectomy: Uni- or bilateral	B	B
02531 Ovarian carcinoma debulking and omentectomy.	D	C

	Proc-Grp	Ana Grp
<b>Ovaries</b>		
02532 Ovarian carcinoma - Abdominal hysterectomy, bilateral salpingo-oophorectomy. debulking and omentectomy.	D	C
<b>Exenteration</b>		
02535 Exenteration: Anterior.	D	C
02537 Posterior exenteration.	D	C
02539 Exenteration total.	D	C
02541 Presacral neurectomy.	B	C
02543 Moschowitz operation.	B	C
<b>Operations for stress incontinence</b>		
02545 Marshall-Marchetti-Kranz: Operation.	C	B
02546 Urethro-vesicopexy (Abdominal approach).	C	B
02547 Burch colposuspension.	C	B
02549 Sacro-colposuspension with or without mesh	C	C
02550 Urethro-vesicopexy (combined abdominal and vaginal approach).	C	B
02551 Laparotomy.	C	B
02552 Removal benign retroperitoneal tumour.	C	C
02553 Radical removal of malignant retro-peritoneal tumour	D	C
02554 Drainage of pelvic abscess per abdomen	C	B
02556 Drainage of pelvic abscess per vagina(refer item 2341)	B	B
02558 Drainage intra-abdominal abscess - delayed closure.	D	B
02560 Surgery for moderate endometriosis (AFS stages 2 + 3) any method.	C	C
02561 Surgery for severe endometriosis (AFS stage 4 - rectovaginal septum), any method (may not be used with another procedure or as a modifier)	C	A
02565 Implantation hormone pellets (excluding after-care).	A	
02570 Ligation of internal iliac vessels (when not part of another procedure)	C	C
<b>Pre-natal care and procedures</b>		
02603 External cephalic version (excluding after-care).	A	
02605 Amniocentesis (excluding after-care).	A	
02607 Amnioscopy (excluding after-care).	A	
02609 Intra-uterine transfusion of foetus or cordocentesis	B	
02610 Tococardiography pre-natal and intrapartum (including stress and non-stress test; Own machine) (excluding after-care)	A	
02611 Chorion vilus sampling (excluding after-care).	A	
<b>Operative procedures (excluding antenatal care)</b>		
02653 Caesarean - hysterectomy.	D	C
02657 Post-partum hysterectomy.	D	C
02669 Abdominal operation for ruptured gravid uterus: Repair.	C	C
<b>Diagnostic procedures</b>		
02681 Visual evoked potentials (V.E.P.): Unilateral.	A	
02682 Bilateral.	B	
02683 Electro-retinography (Ganzfeld method): Unilateral.	A	
02684 Bilateral.	B	
02685 Electro-oculography: Unilateral	A	
02686 Bilateral.	A	
02687 V.E.P. stable condition: (photic drive) Unilateral	A	
02689 Bilateral.	B	
02690 Total fee for full evaluation of visual tracts, including bilateral electroretinography and V.E.P.	C	
02703 Somatosensory evoked potentials (S.E.P.) single nerve examination to brachial- or lumbosacral plexus, spinal cord and cortex	A	
02705 Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	A	
02707 Full fee for complete neurological evoked potential evaluation including neurological A.E.P., bilateral V.E.P., and bilateral median and/or posterior tibial stimulation	C	
02708 Evaluation of cognitive evoked potential with visual or audiology stimulus.	B	

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Diagnostic procedures</b>		
02709 Full spinogram including bilateral median and posterior-tibial studies	B	
02711 Electro-encephalography - Taking of record	A	
02712 Electro-encephalography - Interpretation.	A	
<b>Sleep electro-encephalography</b>		
02713 Lumbar puncture and/or intrathecal injections.	A	
02714 Cisternal puncture and/or intrathecal injections.	A	
02716 8 Hour ambulatory EEG monitoring (Holter): Interpretation	A	
06001 Sleep electro-encephalography - Infants that fit into a perambulator - taking of record.	A	
06002 Sleep electro-encephalography - infants that fit into a perambulator - interpretation.	A	
06003 Sleep electro-encephalography - adults and children over infant age - taking of record.	A	
06004 Sleep electro-encephalography - adults and children over infant age - interpretation.	A	
<b>Electromyography.</b>		
02717 First	B	
02718 Subsequent	B	
02720 Overnight polysomnogram and sleep staging: Interpretation	A	
02722 Daytime polysomnogram: Interpretation.	A	
02723 Multiple sleep latency test - interpretation.	B	
02724 Overnight continuous positive airways pressure (CPAP) titration	C	
<b>Angiography carotis</b>		
02725 Unilateral.	A	B
02726 Bilateral.	A	B
02727 Vertebral artery: Direct needling.	A	B
02729 Vertebral catheterisation.	A	B
<b>Air encephalography and posterior fossa tomography</b>		
02731 Injection of air (independent procedure).	A	B
02735 Posterior fossa tomography attendance by clinician	A	
02737 Visual field charting on Bjerrum Screen.	A	
<b>Ventricular needling without burring</b>		
02739 Tapping only.	A	B
02741 Plus introduction of air and/or contrast dye for ventriculography.	A	B
<b>Subdural tapping:</b>		
02743 First sitting.	A	A
02745 Subsequent.	A	A
<b>Introduction of burr holes for:</b>		
02747 Ventriculography.	C	B
02749 Catheterisation for ventriculography and/or drainage	C	B
02751 Biopsy of brain tumor.	C	B
02753 Subdural haematoma or hygroma.	C	B
02755 Subdural empyema.	C	B
02757 Brain abscess.	C	B
<b>Nerve biopsy:</b>		
02759 Peripheral.	A	A
02763 Cranial nerves: Extra-cranial	A	A
02765 Nerve conduction studies (see item 0733 and 3285)	A	B
<b>Botulinum toxin injections</b>		
06005 For blepharospasm (+ item 0201+ item 0202)	A	
06006 For hemifacial spasm (+ item 0201 + item 0202)	A	
06007 For adductor dysphonia (+ item 0201 + item 0202)	A	

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Botulinum toxin injections</b>		
06008 In extra-ocular muscles (+ item 0201 + item 0202)	A	
06009 For spasmodic torticollis and/or cranial dystonia (+ item 0201 + item 0202).	A	
<b>Nerve repair or suture :</b>		
02767 Suture brachial plexus (see also items 2837 and 2839)	D	C
<b>Suture: large nerve:</b>		
02769 Primary.	B	B
02771 Secondary.	C	B
<b>Digital nerve:</b>		
02773 Primary.	B	B
02775 Secondary .	B	B
<b>Nerve graft:</b>		
02777 Simple.	C	C
<b>Fascicular :</b>		
02779 First fasciculus.	C	C
02781 Each additional fasciculus.	C	C
02783 Nerve flap: To include all stages.	C	B
02785 Facio-accessory or facio-hypoglossal anastomosis	B	C
02787 Grafting of facial nerve.	C	C
<b>Trigeminal ganglion :</b>		
02789 Injection of alcohol.	C	A
02791 Injection of cortisone.	B	A
02793 Coagulation through high frequency.	C	A
<b>Procedures for pain relief :</b>		
02799 Intrathecal injections for pain.	A	A
02800 Plexus nerve block.	A	B
02801 Epidural injection for pain. (See modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic).	A	
02802 Peripheral nerve block.	A	A
<b>Alcohol injection in peripheral nerves for pain:</b>		
02803 Unilateral.	A	A
02805 Bilateral.	A	A
02809 Peripheral nerve section for pain.	A	A
02811 Pudendal neurectomy: Bilateral.	B	A
02813 Obturator or Stoffels.	B	B
02815 Interdigital.	A	B
02825 Excision: Neuroma: Peripheral.	B	C
<b>Other nerve procedures :</b>		
02827 Transposition of ulnar nerve.	B	C
<b>Neurolysis:</b>		
02829 Minor.	A	B
02831 Major.	B	B
02833 Digital.	B	B
02835 Scalenotomy.	B	B
02837 Brachial plexus, suture or neurolysis (item 2767)	D	C
02839 Total brachial plexus exposure with graft neurolysis and transplantation	D	C
02841 Carpal Tunnel.	B	B
<b>Lumbar sympathectomy:</b>		
02843 Unilateral.	C	B
02845 Bilateral.	D	B

	Proc Grp	Ana Grp
<b>Cervical sympathectomy :</b>		
<b>Cervical sympathectomy :</b>		
02847 Unilateral.	C	B
02848 Bilateral.	D	B
<b>Sympathetic block: other levels:</b>		
02849 Unilateral.	A	A
02851 Bilateral	A	A
02853 Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate	A	A
<b>Removal of skull tumour: with or without plastic repair:</b>		
02855 Small.	C	C
02857 Major.	C	C
<b>Repair of depressed fracture of skull: without brain laceration:</b>		
02859 Major.	C	C
02860 Small.	C	C
<b>With brain lacerations:</b>		
02861 Small.	C	C
02862 Major.	D	C
02863 Cranioplasty.	D	C
02864 Encephalocele (excluding frontal).	C	C
<b>Craniostenosis:</b>		
02865 Few sutures.	C	C
02867 Multiple sutures	D	C
<b>Shunt procedures :</b>		
02869 Ventriculo-cisternostomy.	D	C
02871 Ventriculo-caval shunt.	D	C
02873 Ventriculo-peritoneal shunt.	D	C
02875 Theco-peritoneal C.S.F. shunt.	D	C
<b>Aneurysm repair :</b>		
02876 Repair of aneurysms or arteriovenous anomalies (Intracranial).	D	C
02877 Extracranial to intracranial vessel.	D	C
02878 Posterior fossa arteriovenous anomalies.	D	C
<b>Neurectomy :</b>		
02879 Glossopharyngeal nerve.	D	C
<b>Eighth nerve:</b>		
02881 Intracranial.	D	C
02883 Extracranial.	D	C
02884 Subtemporal section of the trigeminal nerve.	D	C
02885 Trigeminal tractotomy.	D	C
02886 Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiari malformation or obstructive cysts e.g. Dandy Walker or parasites	D	C
02887 Vestibular nerve.	D	C
<b>Posterior fossa tumour removal :</b>		
02889 Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus-chordoma, cholesteatoma	D	C
02891 Glioma, secondary deposits.	D	C
02893 Abscess.	D	C
<b>Excision of tumour of glomus jugulare:</b>		
02895 Intracranial.	D	C
02897 Extracranial.	D	C
02898 Hemispherectomy.	D	C

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Supratentorial procedures :</b>		
<b>Supratentorial procedures :</b>		
02899 Craniectomy for extra-dural haematoma or empyema	D	C
<b>Craniotomy for :</b>		
02900 Extra-dural orbital decompression or excision of orbital tumour.	D	C
02901 Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, Pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/ pharyngioma	D	C
02903 Abscess, Glioma.	D	C
02904 Haematoma, foreign body: Cerebral or cerebellar.	D	C
02905 Focal epilepsy: Excision of cortical scar.	D	C
02906 With anterior fossa meningocele and repair of bony skull defect.	D	C
02907 Temporal lobectomy.	D	C
02908 Torkildsen anastomosis.	D	C
02909 CSF-leaks.	D	C
02910 Removal of arteriovenous malformation.	D	C
<b>Stereo-tactic cerebral and spinal cord procedures:</b>		
02911 First sitting.	D	B
02913 Repeat.	C	B
02915 Transnasal hypophysectomy	D	C
02916 Transfrontal hypophysectomy.	D	C
02917 Transnasal hypophyseal implants	C	C
<b>Spinal operations :</b>		
02919 Laminectomy for spinal stenosis: At multiple levels	D	C
<b>Laminectomy :</b>		
02921 One level	C	C
02922 Multiple levels	C	C
<b>Chordotomy:</b>		
02923 Unilateral	C	C
02925 Open	D	C
<b>Rhizotomy:</b>		
02927 Extradural, but intraspinal	D	C
02928 Intradural:	D	C
<b>Removal of spinal cord tumour: intramedullar :</b>		
02929 Posterior approach	D	C
02930 Anterio-lateral approach	D	C
<b>Extramedullary, but Intradural:</b>		
02931 Posterior approach	D	C
02932 Anterio-lateral approach	D	C
02933 Intraspinal, but extradural: Posterior approach.	D	C
02935 Transcutaneous chordotomy .	C	C
02937 Repair of meningocele, involving nerve tissue	C	C
02938 Simple .	C	C
02939 Excision of arterial vascular malformations and cysts of the spinal cord	D	C
02940 Lumbar osteophyte removal	C	C
02941 Cervical or thoracic osteophyte removal	D	C
<b>Carotids :</b>		
02951 Trauma	B	C
02953 For aneurysm (A.V. anomaly)	C	C
02955 Removal of carotid body tumour (without vascular reconstruction).	C	C

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Physical treatment methods :</b>		
<b>Physical treatment methods :</b>		
02970 Electro-convulsive treatment (ECT): Each time (See rule Va.)	A	B
02971 Intravenous anti-depressive medication through infusion: Per push in (Maximum 1 push in per 24 hours)	A	
<b>Psychiatric examination methods :</b>		
02972 Narco-analysis (Maximum of 3 sessions per treatment): Per session	A	
02973 Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)	A	
<b>Thyroid :</b>		
02983 Partial lobectomy.	C	C
02985 Total lobectomy.	C	C
02987 Subtotal thyroidectomy.	C	C
02989 Total thyroidectomy.	C	C
02991 Thyroglossal cyst or fistula excision.	B	B
<b>Parathyroid :</b>		
02993 Exploration of parathyroid glands for hyperparathyroidism including removal.	D	C
<b>Adrenals :</b>		
02995 Adrenalectomy: Unilateral.	C	C
02997 Bilateral exploration of adrenal glands: Including removal	D	C
<b>Hypophysis :</b>		
02999 Transethmoidal hypophysectomy.	D	C
03000 Transnasal hypophysectomy (see item 2915).	D	C
<b>General :</b>		
03001 Implantation of pellets (excluding cost of material) (excluding after-care).	A	
<b>Procedures performed in rooms :</b>		
03002 Gonioscopy.	A	
03003 Fundus contact lens or 90 D lens examination	A	
03004 Peripheral fundus examination with indirect ophthalmoscope	A	
03005 Endothelial cell count.	A	
03006 Keratometry.	A	
03007 Potential acuity measurement	A	
03008 Contrast sensitivity test.	A	
03010 Orthoptic consultation.	A	
03011 Orthoptic subsequent sessions.	A	
03012 Pre-surgical retinal examination before retinal surgery	A	
03013 Ocular motility assessment comprehensive examination	A	
03014 Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	A	
03015 Charting of visual field with manual perimeter.	A	
03016 Retinal threshold test without storage facilities	A	
03017 Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs.	B	
03018 Retinal threshold trend evaluation (additional to item 3017)	A	
03019 Ocular muscle function with Hess screen or perimeter	A	
<b>Special eye investigations :</b>		
03020 Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery.	A	
03021 Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	A	
03022 Digital fluorescein video angiography	B	B
03023 Digital indocyanine video angiography	B	B
03025 Electronic tonography.	A	
03027 Fundus photography.	A	
03029 Anterior segment microphotography.	A	

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Special eye investigations :</b>		
03031 Fluorescein angiography, for one or both eyes in one sitting (excluding colour photography).	A	
03032 Eyelid and orbit photography.	A	
03033 Interpretation of items 3022, 3023 and 3031 referred by other clinician	A	
03034 Determination of lens implant power per eye.	A	
03035 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	A	
03036 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)	A	
<b>Retina:</b>		
03037 Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy.	D	C
03039 Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	B	B
03041 Pan retinal photocoagulation (per eye): done in one sitting.	C	B
03044 Removal of encircling band and/or buckling material	B	B
<b>Cataract:</b>		
03045 Intra-capsular.	C	B
03047 Extra-capsular (including capsulotomy).	C	B
03049 Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	A	B
03051 Needling or capsulotomy.	B	B
03052 Laser capsulotomy.	B	A
03057 Removal of lenticulus.	C	B
03059 Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded).	C	B
<b>Glaucoma:</b>		
03061 Drainage operation.	C	B
03062 Implantation of aqueous shunt device/seton in glaucoma (procedural)	B	A
03063 Cyclocryotherapy or cyclodiathermy.	B	B
03064 Laser trabeculoplasty.	B	B
03065 Removal of blood from anterior chamber.	B	B
03067 Goniotomy.	C	B
<b>Intra-ocular foreign body:</b>		
03071 Anterior to Iris.	B	B
03073 Posterior to Iris (including prophylactic thermal treatment to retina)	C	B
<b>Strabismus:</b>		
03074 Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (see item 0202)	A	
03075 Operation on one or two muscles.	C	B
03076 Operation on three or four muscles.	C	B
03077 Subsequent operation one or two muscles.	B	B
03078 Subsequent operation on three or four muscles	C	B
<b>Globe:</b>		
03079 Transcleral biopsy.	B	B
03080 Examination of eyes under general anaesthetic where no surgery is done	B	A
03081 Treatment of minor perforating injury	B	B
03083 Treatment of major perforating injury	C	B
03085 Enucleation or Evisceration	B	B
03087 Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	C	B
03088 Hydroxyapatite insertion (additional to item 3087) :	A	A
03089 Subconjunctival injection if not done at time of operation	A	A
03091 Retrobulbar injection (if not done at time of operation)	A	A
03092 External laser treatment for superficial lesions	A	
03093 Treatment of tumors of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	C	B

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Globe:</b>		
03095 Biopsy of vitreous body or anterior chamber contents	B	B
03096 Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy	B	B
03097 Anterior vitrectomy	D	B
03098 Removal of silicon from globe	D	B
03099 Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	D	C
03100 Lensectomy done at time of posterior vitrectomy	A	B
<b>Orbit:</b>		
03101 Drainage of orbital abscess	B	B
03103 Removal of tumour	C	C
03105 Exenteration	D	C
03107 Orbitotomy requiring bone flap	C	C
03108 Eye socket reconstruction	C	B
03109 Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously	D	C
03110 Second stage hydroxyapatite implantation	B	B
<b>Cornea:</b>		
03113 Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for 1 year	C	
03115 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	C	
03118 Curettage of cornea after removal of foreign body	A	
03119 Tattooing.	A	B
03121 Graft (Lamellar of fullthickness)	D	C
03122 Epikeratophakia.	D	
03123 Insertion of intra-corneal or intrascleral prosthesis for refractive surgery.	C	B
03124 Removal of corneal stitches under microscope (maximum of 2 procedures) Additional fee for sterile tray (see item 0202)	A	
03125 Keratectomy or conjunctival flap.	B	B
03127 Cauterization of cornea (by chemical, thermal or cryotherapy methods).	A	A
03128 Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved).	C	B
03130 Pterygium or conjunctival cyst or conjunctival tumor	A	B
03131 Paracentesis	A	B
03132 Lamellar keratectomy (per eye) for refractive surgery (LK, ALK, MLK)	C	B
<b>Ducts:</b>		
03133 Probing and/or syringing, per duct	A	A
03135 Insertion of polythene tubes (additional): Unilateral	A	B
03137 Excision of lacrimal sac: Unilateral	B	B
03139 Dacryocystorhinostomy (Single) with or without polythene tube	C	B
03141 Sealing of punctum.	A	A
03143 Three-snip operation.	A	A
<b>Repair of canaliculus:</b>		
03145 Primary procedure.	B	B
03147 Secondary procedure.	C	B
<b>Iris:</b>		
03149 Iridectomy or iridotomy by open operation as isolated procedure.	B	B
03151 Excision of Iris tumour.	C	B
03153 Iridectomy or iridotomy by laser or photo-coagulation as isolated procedure (maximum one procedure)	B	B
03155 Iridocyclectomy for tumour.	D	C
03157 Division of anterior synechiae as isolated procedure	B	B
<b>Lids:</b>		
03161 Tarsorrhaphy.	A	B

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Lids:</b>		
03163 Excision of superficial lid tumour.	A	B
03165 Repair of skin lacerations of the lid.	A	B
03167 Diathermy to wart on lid margin.	A	A
03169 Electrolysis of any number of eyelashes (per eye)	A	
03171 Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202).	A	A
03173 Epicanthal folds.	B	B
03174 Botulinum toxin injection for blepharospasm (+ item 0201 + item 0202)	A	
03175 Botulinum toxin injection in extra-ocular muscles (+ item 0201+ item 0202)	A	
03176 Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material.	C	B
<b>Entropion or ectropion by:</b>		
03177 Cautery.	A	A
03179 Suture.	A	B
03181 Open operation.	B	B
03183 Free skin, mucosal grafting or flap	C	B
<b>Staged procedures for partial or total loss of eyelid</b>		
03185 First stage.	C	C
03187 Subsequent stage.	C	C
03189 Full thickness eyelid laceration for tumour or injury: Direct repair	B	B
03191 Blepharoplasty: upper lids for improvement in function	B	B
<b>Ptosis:</b>		
03193 Repair by superior rectus, levator or frontalis muscle operation	C	B
<b>Ptosis: by lesser procedure e.g. sling operation:</b>		
03195 Unilateral.	B	B
03197 Bilateral.	C	B
<b>Conjunctiva:</b>		
03199 Repair of conjunctiva by grafting.	B	B
03200 Repair of lacerated conjunctiva.	A	B
<b>Major congenital deformity reconstruction of external ear:</b>		
03267 Unilateral	B	C
03269 Bilateral	C	C
03270 Excision of superficial pre-auricular fistula	A	B
03272 Excision of complicated pre-auricular fistula.	B	B
<b>External ear canal:</b>		
03205 Removal of foreign body under general anaesthetic	A	A
<b>Meatus atresia:</b>		
03215 Repair of stenosis of cartilaginous portion	C	B
03217 Congenital	D	C
03219 Removal of osteoma from meatus: Solitary.	B	B
03221 Removal of osteoma from meatus: Multiple.	C	B
<b>Middle ear:</b>		
03207 Unilateral myringotomy.	A	B
03209 Bilateral myringotomy.	A	B
03211 Unilateral myringotomy with insertion of ventilation tube	A	B
03212 Bilateral myringotomy with insertion of unilateral ventilation tube.	A	B
03213 Bilateral myringotomy with insertion of bilateral ventilation tubes.	B	B
03237 Exploratory tympanotomy	A	B
03243 Myringoplasty	B	B
03245 Functional reconstruction of tympanic membrane	D	C

	<u>Proc Grp</u>	<u>Ana Grp</u>
<b>Middle ear:</b>		
03249 Stapedotomy and stapedectomy.	D	B
03257 Cortical mastoidectomy.	B	C
03259 Radical mastoidectomy (excluding minor procedures)	C	C
03261 Muscle grafting to mastoid cavity without tympanoplasty	C	C
03263 Autogenous bone graft to mastoid cavity	C	C
03264 Tympanomastoidectomy.	D	C
03265 Reconstruction of posterior canal wall, following radical mastoid	D	C
03266 Gentamycin instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	A	B
<b>Facial nerve tests:</b>		
03223 Percutaneous stimulation of the facial nerve.	A	B
03224 Electroneurography (ENOG).	B	B
<b>Exploration of facial nerve:</b>		
03227 Exploration of tympanomastoid segment.	D	C
03228 Grafting of the tympanomastoid segment (including item 3227)	D	C
03230 Extratemporal grafting of the facial nerve.	D	C
03232 Facio-accessory or facio-hypoglossal anastomosis	B	C
<b>Audiometry:</b>		
02691 Short latency brainstem evoked potentials (A.E.P.) neurological examination, single decibel unilateral	A	
02692 Bilateral.	B	
02693 A.E.P. Audiological examination: unilateral at a minimum of 4 decibels	A	
02694 Bilateral	B	
02695 Audiology 40Hz response: unilateral.	A	
02696 Bilateral.	A	
02697 Mid- and long latency auditory evoked potentials: unilateral.	A	
02698 Bilateral.	A	
02699 Electro-cochleography: unilateral	A	
02700 Bilateral	B	
02702 Total fee for audiological evaluation including bilateral A.E.P. and bilateral electro-cochleography	B	
03250 Otoacoustic emission (high risk patients only)	A	
03273 Pure tone audiometry (air conduction)	A	
03274 Pure tone audiometry (bone conduction with masking).	A	
03275 Impedance audiometry (tympanometry).	A	
03276 Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	A	
03277 Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score).	A	
03278 Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	A	
<b>Balance tests:</b>		
03251 Minimal caloric test (excluding consultation fee).	A	
03252 Bithermal Halpike caloric test (excluding consultation fee)	A	
03253 Electro-nystagmography for spontaneous and positional nystagmus.	A	
03254 Video nystagmoscopy (monocular).	A	
03255 Caloric test done with electronystagmography	B	
03256 Video nystagmoscopy (binocular)	A	
03258 Otolith repositioning manoeuvre	A	A
<b>Inner ear surgery:</b>		
03233 Labyrinthectomy via the middle ear or mastoid.	D	C
03240 Endolymphatic sac surgery.	D	C
03244 Fenestration and occlusion of the posterior semicircular canal (F.O.S.) for benign paroxysmal positioning vertigo (BPPV)	D	C
03246 Cochlear implant surgery	D	C

**Middel fossa approach (i.e transtemporal or supralabyrinthine):**

Proc Grp Ana Grp

**Middel fossa approach (i.e transtemporal or supralabyrinthine):**

03229	Facial nerve: Exploration of the labyrinthine segment	D	C
05221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment included)	D	C
05222	Facial nerve surgery inside the internal auditory canal (if grafting required and harvesting of graft included)	D	C
05223	Vestibular neurectomy, removal of supralabyrinthine tumours, or similar procedures	D	C
05224	Removal of acoustic neuroma via the middle fossa approach	D	C

**Translabyrinthine approach:**

03239	Acoustic neuroma removal translabyrinthine	D	C
05227	Cochleo-vestibular neurectomy	D	C
05229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting and graft removal included)	D	C

**Transotic approach to the cerebellopontine angle:**

05232	Removal of acoustic neuroma or cyst of the internal auditory canal	D	C
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**Infratemporal fossa approach type a:**

05235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large infratemporal tumours	D	C
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**Infratemporal fossa approach type b:**

05238	Removal of tumour of the petrous apex	D	C
05239	Removal of tumour of the clivus	D	C

**Infratemporal approach type c:**

05242	Removal of nasopharyngeal angiofibroma or carcinoma	D	C
05243	Removal of tumour from the infratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	D	C

**Subtotal petrosectomy:**

05246	Subtotal petrosectomy for removal of temporal bone tumour	D	C
05247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	D	C

**Petrosectomy and radical dissection of petromandibular fossa:**

05250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland.	D	C
05251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	D	C
05252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	D	C

**Physical treatment:**

03279	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)	A	
03280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	A	
03281	Ultrasonic therapy.	A	
03282	Shortwave diathermy.	A	
03284	Sensory nerve conduction studies	A	
03285	Motor nerve conduction studies	A	
03287	Spinal joint and ligament injection.	A	
03288	Epidural injection.	A	
03289	Multiple injections - First joint.	A	
03290	Each additional joint.	A	
03291	Tendon or ligament injection.	A	
03292	Aspiration of joint or intra-articular injection.	A	
03293	Aspiration or injection of bursa or ganglion	A	
03294	Paracervical nerve block.	A	
03295	Paravertebral root block - unilateral.	A	
03296	Paravertebral root block - bilateral.	A	
03297	Manipulation of spine performed by a specialist in Physical Medicine.	A	
03298	Spinal traction.	A	
03299	Manipulation of large joints under general anaesthesia: Hip	A	A
03301	Muscle fatigue studies	A	

**Physical treatment:**

		Proc Grp	Ana Grp
03302	Strength duration curve per session	A	
03303	Electromyography	B	
03304	All other physical treatments carried out: Complete physical treatment: Specify treatment (For subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only, is applicable: See general rules L and M)	A	

**Interventional radiological procedures:**

		Proc Grp	Ana Grp
05002	Percutaneous transluminal angioplasty: Aortic/IVC	B	B
05004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel/AV Fistula	B	B
05006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	B	B
05008	Percutaneous transluminal angioplasty: sub-popliteal sub brachial	C	B
05010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	C	B
05014	Atherectomy (per vessel)	D	
05016	Aspiration thrombectomy (per vessel)	C	
05018	On-table thrombolysis/Transcatheter infusion performed in angiography suite	C	A
05022	Embolisation non-intercranial, per vessel .	C	B
05030	Percutaneous nephrostomy for further procedure or drainage.	C	B
05031	Antegrade ureteric stent insertion	B	A
05033	Percutaneous cystostomy in radiology suite	A	
05035	Urethral balloon dilatation in radiology suite	A	
05036	Percutaneous abdominal/pelvis/other drain insertion, any modality.	B	B
05037	Urethral stenting in radiology suite	B	
05038	Intracranial/Spinal AVM embolisation (per session).	D	C
05039	Intracranial thrombolysis (on-table) per session	C	B
05040	Intracranial aneurysm occlusion.	D	C
05041	Balloon occlusion/Wada test	C	B
05042	Carotico/Cavernous fistula/Head and neck AV fistula embolisation.	D	C
05043	Intracranial angioplasty	D	B
05044	Transhepatic portogram .	C	B
05045	Hepatic arterial infusion catheter insertion	C	A
05046	Percutaneous biliary drainage (external).	C	B
05047	Combined internal/external biliary drainage	B	B
05048	Biliary stent insertion.	D	B
05049	Percutaneous gall bladder drainage	C	B
05050	Percutaneous or renal gall bladder stone removal.	D	B
05058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	C	B
05060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	C	B
05062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	C	B
05064	Stent insertion: Sub-popliteal - Including percutaneous transluminal angiography (PTA)	C	B
05066	Stent insertion: Renal/Visceral/Brachiocephali - including percutaneous transluminal angioplasty (PTA)	D	B
05070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)	D	B
05072	Tunnelled/Subcutaneous arterial/venous line performed in radiology suite	B	A
05074	IVC filter insertion jugular or femoral route	C	B
05076	Intravascular foreign body removal, arterial or venous, any route	D	B
05078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM) per session	B	A
05080	Transjugular intrahepatic portosystemic shunt	D	B
05082	Transjugular liver biopsy	B	B
05084	Endoluminal fallopian tube recanalisation	C	A
05086	Renal cyst aspiration/ablation	A	
05088	Oesophageal stent insertion in radiology suite	B	A
05090	Tracheal stent insertion	B	A

**Interventional radiological procedures:**

	<u>Proc Grp</u>	<u>Ana Grp</u>
05091 GIT Balloon dilatation under fluoroscopy	B	A
05092 Other GIT stent insertion	B	A
05093 Percutaneous gastrostomy in radiology suite	B	
05094 Cutting needle biopsy with image guidance	A	
05095 Chest drain insertion in radiology suite	A	
05096 Percutaneous cyst or tumour ablation (non aspiration)	B <sup>n</sup>	

## AMENDMENT OF ITEMS OF SCHEDULE B

7. Items of Schedule B is hereby amended by the substitution thereof of the following Annexure:

“[Items of Schedule] **ANNEXURE 2 TO SCHEDULE B**

Item 1: Theatre fees [with] in respect [to] of a private and a private hospital patient[s], excluding an externally funded patient:

	[Community] Level 1 and 2 hospitals	[Regional and academic] Level 3 hospitals
(a) In-patients:		
Basic .....	R144.00	R144.00
Plus: per minute:		
First 60 minutes .....	R 6.00	R 7.50
More than 60 minutes .....	R 8.14	R 10.00
(b) [Out-patients] Outpatients: Basic ...	R 70.00	R 70.00
Plus: (30 minutes regardless duration of operation) .....	R 54.00	R 54.00
(c) After-hours levy:	R 89.00	R 89.00
(In-patients and [out-patients] outpatients: Weekdays from 17:00 to 07:00 and Saturdays, Sundays and public holidays)	per operation	per operation

Item 2: Radiology Services to a private and a private hospital patient[s] excluding an externally funded patient: According to the scale of benefits.

Item 3: After-hours levy is payable in respect of an [out-patients] outpatient attendance, and treatment in an emergency case[s], by a private and a private hospital patient, excluding an externally funded patient: During weekdays from 17:00 to 07:00 and Saturdays, Sundays and public holidays the levy amounts to 50% of the applicable tariff.

Item 4: Intensive Care: A private and a private hospital patient excluding an externally funded patient:  
 (a) [Community] Level 1 and 2 hospitals ..... R613 per day.  
 (b) [Academic and regional] Level 3 hospitals ..... R766 per day.

Item 5: High Care: A private and a private hospital patient, excluding an externally funded patient:  
 (a) [Community] Level 1 and 2 hospitals ..... R326 per day.  
 (b) [Academic and regional] Level 3 hospitals ..... R409 per day.

Item 6: The supply to a private and a private hospital patient, including a patient admitted to a closed hospital contemplated in section 58 (2) of the Ordinance, of orthopaedic and surgical appliances and sundry non-pharmaceutical items which have not been made available by the superintendent-general for supply to such a patient: Cost plus 30%.

Item 7: The supply to —  
 (a) a private and a private hospital patient, including a patient admitted to a closed hospital contemplated in section 58 (2) of the Ordinance, but excluding an externally funded patient, of medicine which has not been made available by the superintendent-general for supply to such a patient: Cost plus 100%;

(b) a private and a private hospital patient, excluding an externally funded patient, who is admitted as an in-patient to an academic hospital and treated by a medical practitioner who is on duty in

the service of such hospital, of professional services: 30% of the general ward tariff for the full period of stay in the hospital;

- (c) a private and a private hospital patient, including a patient admitted to a closed hospital contemplated in section 58 (2) of the Ordinance, [if] of implanted prostheses which have not been made available by the superintendent-general for supply to such patient: Cost plus 15%;
- (d) a private and a private hospital patient, excluding an externally funded patient, of Occupational, Speech and Physiotherapy services: The scale of benefits;
- (e) a hospital patient, a private and a private hospital patient of orthotic or [prothetic] prosthetic aids: Tariffs as [approved] prescribed by the [Administrator] member of the Executive Council for Health;
- (f) a resident baby, resident child or lodger in respect of a private and a private hospital patient, excluding an externally funded patient; A daily tariff equal to the [out-patient] outpatient tariff applicable to a private patient at an [academic/regional] level 3 hospital;
- (g) a private and a private hospital patient, excluding an externally funded patient, of the taking of an [alactrocardiogram] electrocardiogram: The scale of benefits;
- (h) a private and a private hospital patient, excluding an externally funded patient, of the taking of an electro-encephalography: The scale of benefits;
- (i) a private and a private hospital patient, excluding an externally funded patient, of ultrasound examinations: The scale of benefits;
- (j) a patient companion of a hospital patient, a private and a private hospital patient, excluding an externally funded patient, of accommodation: A tariff equal to the tariff applicable to the patient being accompanied.
- (k) a foreign patient, excluding an externally funded patient, who visits the Republic of South Africa exclusively for medical treatment or the performance of elective procedures, of hospitalization: Double the tariff applicable to a private patient in terms of Schedule B of the Regulations.

**Item 8: Use of hospital apparatus by a private [patients] and a private hospital patient[s] excluding an externally funded patient:**

<b>Croupettes:</b>	
Per day or part thereof .....	R 8,00
<b>Incubators:</b>	
Per day or part thereof .....	R 14,00
<b>Oxygen tents:</b>	
Per day or part thereof .....	R 12,00
<b>Bennett MA, Servo and Beares respirator, or equivalent (in ICU and high care ward only):</b>	
Per day or part thereof .....	R114,00
CUSA .....	R552,00
Lasers – Argon (ophthalmic) .....	R171,00
Lasers – Co2 (surgical) .....	R221,00
Oximeters (in theatre only) .....	R 24,00
Occutomes .....	R 73,00
Lasers – YAG (ophthalmic) .....	R193,00
Lasers – YAG (surgical) .....	R240,00
Gastroscope (Fibreoptic/flexible only) .....	R 37,00
Colonoscope (Fibreoptic/flexible only) .....	R 37,00

Monitors (3 channel) in ICU only:	
Per day or part thereof .....	R 36,00
Ventilators (Bennett PR2 or equivalent):	
Per day or part thereof .....	R 26,00
Duodenoscope (Fibreoptic/flexible only) .....	R 37,00
Sigmoidoscope (Fibreoptic/flexible only) .....	R 37,00
Bronchoscope (Rigid or flexible) .....	R 19,00
Laryngoscope (except when used for intubation) .....	R 19,00
Sinoscope (Fibreoptic/flexible only) .....	R 19,00
Electro-encephalography apparatus .....	R 68,00
Oesophagoscope .....	R 19,00
Laparoscope .....	R 19,00
Hysteroscope .....	R 19,00
Colposcope .....	R 19,00
Cysto Urethroscope .....	R 19,00
Arthroscope (with closed circuit television facilities and power tools) .....	R 37,00
Arthroscope (without the additional tools listed above) .....	R 19,00
Urological screening table (including all radiographical equipment) .....	R162,00

Item 9: Radiotherapy to a private and a private hospital patient[s] : According to the scale of benefits.”

#### Application of regulations

8. The provisions of these regulations shall not apply to a person —

- (a) who is an in-patient on the day immediately preceding 1 November 2000; or
- (b) whose admission and classification as an in-patient had been approved before 1 November 2000, and for the period ending on the date upon which he or she is discharged from the hospital concerned.

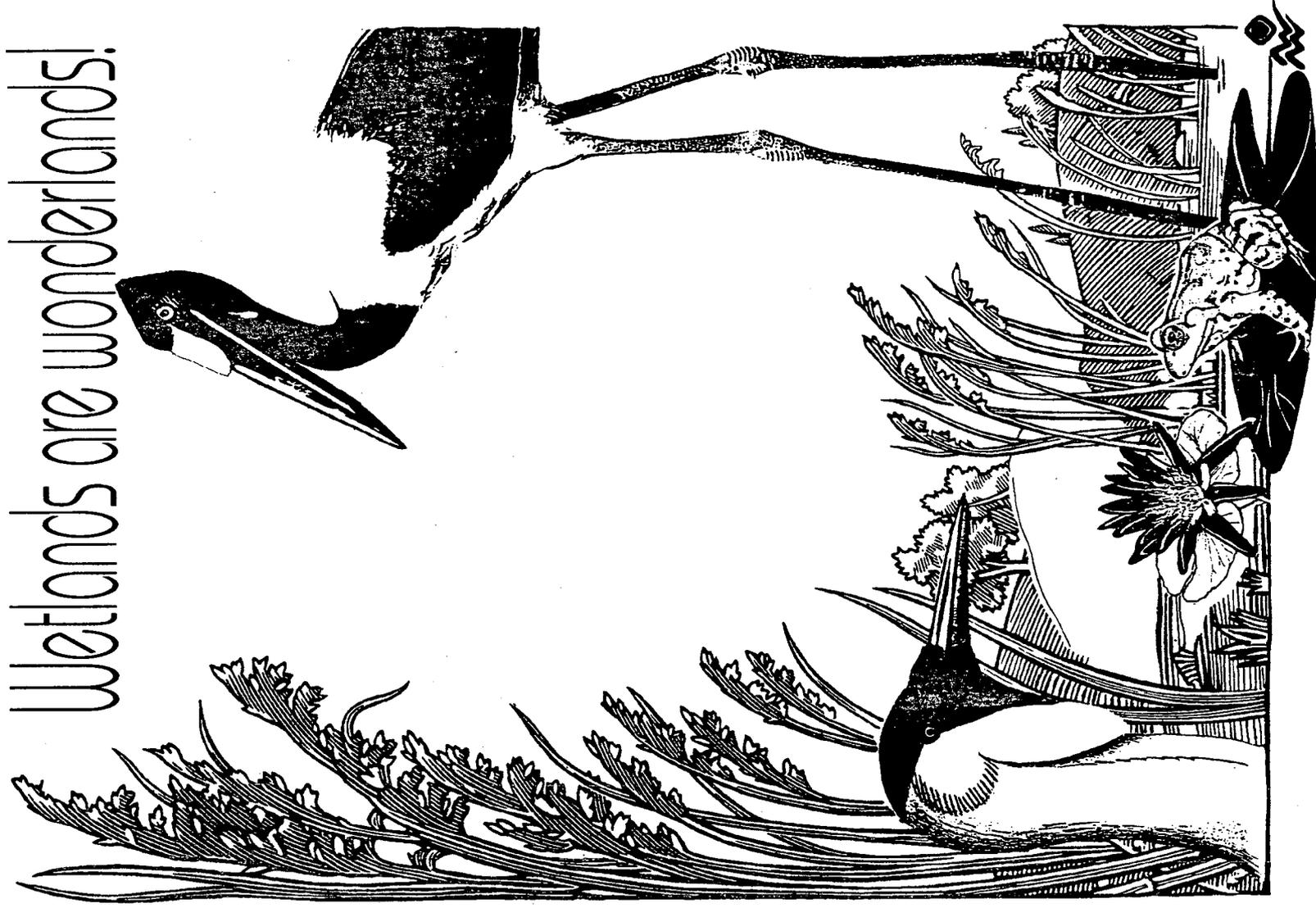
#### Short title and commencement

9. These regulations shall be called the Amendment Regulations relating to the classification of and fees payable by patients at provincial hospitals, and shall be deemed to have come into operation on 1 November 2000.



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