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Western Cape Department of Health: Uniform Patient Fee
Schedule Regulations for Health Care Services Rendered
by the Western Cape Department of Health, 2018

PROVINCIAL NOTICE

The following Provincial Notice is published for general information.

ADV. B. GERBER,
DIRECTOR-GENERAL

Provincial Legislature Building,
Wale Street,
Cape Town.

PROVINSIALE KENNISGEWING

Die volgende Provinsiale Kennisgewing word vir algemene inligting gepubliseer.

ADV. B. GERBER,
DIREKTEUR-GENERAAL

Provinsiale Wetgewer-gebou,
Waalstraat,
Kaapstad.

ISAZISO SEPHONDO

Esi Saziso sePhondo silandelayo sipapashwa ngenjongo yokunika iinkcukacha ngokubanzi.

ADV. B. GERBER,
UMLAWULI-JIKELELE

INdlu yoWiso-mthetho YePhondo,
Wale Street,
eKapa.

PROVINCIAL NOTICE

P.N. 46/2018

28 March 2018

**UNIFORM PATIENT FEE SCHEDULE REGULATIONS FOR HEALTH CARE SERVICES RENDERED
BY THE WESTERN CAPE DEPARTMENT OF HEALTH, 2018**

The Provincial Minister of Health in the Western Cape has, under section 2(1)(a) of the Western Cape Health Services Fees Act, 2008 (Act 5 of 2008), made the regulations set out in the Schedule.

SCHEDULE**Definitions**

1. In these regulations, a word or expression to which a meaning has been assigned in the Act has the same meaning and, unless the context indicates otherwise—

“**allied health practitioner**” means a person registered in terms of the—

(a) Health Professions Act, 1974 (Act 56 of 1974), as any of the following:

- (i) clinical psychologist;
- (ii) physiotherapist;
- (iii) occupational therapist;
- (iv) speech and hearing therapist;
- (v) paramedic;
- (vi) oral hygienist; or
- (vii) dental therapist;

(b) Social Service Professions Act, 1978 (Act 110 of 1978), as a social worker; or

(c) Allied Health Professions Act, 1982 (Act 63 of 1982);

“ambulance” means a vehicle specially equipped for the purpose of providing medical care to a sick or injured patient while transporting the patient to a DOH facility for medical treatment;

“ambulatory procedure tariff” means the tariff charged for a procedure performed by a health care professional in a procedure room or at the patient’s bedside, under local anaesthetic if required;

“anaesthesia tariff” means the tariff charged for the administration of a general anaesthetic or any other type of anaesthesia administered by a health care professional other than the health care professional performing the procedure for which the anaesthesia is required;

“assistive device tariff” means the tariff charged for any device supplied to the patient by a health care professional or an allied health care practitioner for the purpose of aiding a patient with a physical limitation, irrespective of whether such physical limitation is temporary or permanent;

“boarder” is a person who, with the written authority of the medical service manager or an officer whom the medical service manager has authorised to act on his or her behalf, is admitted because in the opinion of a health care professional the person’s presence is essential to the patient’s recovery in or at a hospital;

“confinement tariff” means the tariff charged for all modes of delivery of a baby from its mother, and includes the procedures listed in clause 1.2.2.1 of Schedule 1;

“consultation tariff” means the tariff charged for the clinical examination of a patient, or the interview and recording of a patient’s clinical history, or prescribing and administering treatment to a patient, or assisting the patient with advice;

“day patient tariff” means the tariff to be charged if a patient is admitted and discharged before 23:00 on the same day;

“dialysis tariff” means the tariff charged for peritoneal dialysis, haemodialysis or continuous veno-venous haemodialysis (CVVHD) prescribed by a health care professional;

“DOH” means the Western Cape Government: Department of Health;

“DOH facility” means an institution of the Western Cape Government: Department of Health that provides access to treatment for patients of the Province of the Western Cape;

“donor” means a person who voluntarily presents himself or herself at a state hospital specifically to donate blood, tissue or an organ for transplant purposes, or a person who dies in a hospital and whose family have agreed to the donation of blood, tissue or an organ;

“emergency medical services” means a private or state institution that is solely dedicated, staffed and equipped to do any or all of the following:

- (a) transport ill or injured persons;
- (b) offer pre-hospital or inter-hospital medical treatment to patients;
- (c) rescue a person from a medical rescue situation;

“emergency standby service” means an ambulance and crew available or present on request during any event at a specific place;

“externally funded patient” means a patient—

- (a) whose health services are funded or partly funded in terms of—
 - (i) the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993);
 - (ii) the Road Accident Fund Act, 1996 (Act 56 of 1996);
 - (iii) a medical scheme registered in terms of the Medical Schemes Act, 1998 (Act 131 of 1998); or

(iv) another state department, local authority, foreign government, or any other employer; or

(b) who exceeds the means test as implemented by the DOH;

“facility fee tariff” means the tariff reflecting the cost to the DOH for the provision of health care treatment services to patients;

“foreign national patient” means a patient from any country outside the borders of the Republic of South Africa;

“formally unemployed patient” means a person supported by the Unemployment Insurance Fund (UIF) in terms of the Unemployment Insurance Act, 2001 (Act 63 of 2001);

“full paying patient” means an externally funded patient and includes a patient treated by his or her own private doctor and certain categories of foreign national patients;

“health care professional” means a medical practitioner registered as such in terms of the Health Professions Act, 1974;

“high care unit” is a specially equipped unit where specially trained nursing practitioners are available at all times, supported by a health care professional on a standby basis;

“H0 patient” means the category of a patient as described in Schedule 2 of these regulations;

“H1 patient” means the category of a patient as described in Schedule 2 of these regulations;

“H2 patient” means the category of a patient as described in Schedule 2 of these regulations;

“H3 patient” means the category of a patient as described in Schedule 2 of these regulations;

“imaging tariff” means the tariff charged for any radiological procedure and intervention and imaging modality, as performed or prescribed by a health care professional to an inpatient or an outpatient, and performed while the patient is an inpatient or an outpatient;

“income threshold” means the assessment of a patient according to the means test;

“inpatient” is a patient who is admitted on the prescripts of a health care professional to an institution for treatment;

“inpatient tariff” means the tariff charged for services rendered while a patient occupies a bed in a DOH facility, and is calculated between the admission and discharge times and dates;

“intensive care unit” is a specially equipped unit which is set up for the intensive care of seriously ill patients and where health care professionals and specially trained nursing practitioners are available at all times;

“level 1 hospital” means a hospital where limited specialist or no specialist services are rendered, but basic diagnostic and therapeutic services are available;

“level 2 hospital” means a hospital that has at least two of the following specialist services: General Surgery, Orthopaedic Surgery, Internal Medicine, Paediatrics and Gynaecology and Obstetrics;

“level 3 hospital” means a hospital where all specialist services are continuously rendered, or those specialist services are rendered as determined by the Head of Department for the DOH;

“live-in child” is an infant who is admitted to a hospital but does not receive any nursing or medical care, and who is cared for and fed by the mother while she is a patient in such hospital;

“means test” means the assessment of a patient or a family to determine the categorisation of that patient or family for tariff purposes as contemplated in Schedule 2;

“medical report tariff” means the tariff charged for the completion of a report for insurance or any other purpose, completed by a health care professional within the nature and scope of his or her employment by the DOH;

“mortuary tariff” means the tariff charged for the storage of a deceased patient who died inside or outside of a DOH facility;

“nursing practitioner” means a person registered as such in terms of the Nursing Act, 2005 (Act 33 of 2005), as either of the following:

- (a) a nurse; or
- (b) a midwife;

“nursing practitioner tariff” means the tariff charged for services rendered by a nursing practitioner to a patient in a DOH facility, in the course and scope of the nursing practitioner’s employment by the DOH;

“oral health care professional” means a person registered in terms of the Health Professions Act, 1974, as any of the following:

- (a) dentist;
- (b) oral hygienist;
- (c) dental therapist;
- (d) community dentistry specialist;
- (e) maxillo-facial and oral surgeon;
- (f) prosthodontist;
- (g) orthodontist;
- (h) oral pathologist; or
- (i) oral medicine and periodontist specialist;

“oral health tariff” means the tariff charged for the consultation and treatment prescribed and performed by an oral health care professional within the course and scope of his or her employment by the DOH;

“outpatient” means a patient who is treated in an outpatient section or on an outpatient basis in a DOH facility;

“patient transport vehicle” means a vehicle other than an ambulance used for transporting patients not requiring specific care during the period of transportation;

“pharmacy tariff” means the tariff charged for the dispensing of medication to a patient on the basis of a prescription written by a health care professional in the course and scope of his or her employment by the DOH;

“private practitioner patient” means a patient treated in or at a state institution by a private health care professional;

“professional fee tariff” means the tariff charged by the DOH facility for health care services rendered by a health care professional, an allied health practitioner, an oral health care professional, or a nursing practitioner, in the course and scope of his or her employment by the DOH;

“prosthesis” is a surgically implanted artificial substitute for a diseased or missing part of the body;

“social grant” means a grant paid in terms of the Social Assistance Act, 2004 (Act 13 of 2004), and includes—

- (a) a care dependency grant;
- (b) a child support grant;
- (c) a disability grant;
- (d) a foster child grant;
- (e) an older persons’ grant;
- (f) a war veterans’ grant; and
- (g) social relief of distress;

“**specialised intensive care unit**” means an Intensive Care Unit (ICU), Cardio-Thoracic Intensive Care Unit (CTICU) or Neonatal Intensive Care Unit (NICU), where patients need to undergo or recover after having undergone specialised critical cardio-thoracic surgery, major vascular surgery or neuro-surgery involving the brain or spinal cord, as prescribed by a health care professional;

“**subsidised patient**” means a patient where the level of subsidisation depends on the means test;

“**surgically implanted prosthesis tariff**” means the tariff charged for a device implanted during a formal surgical procedure performed in a dedicated facility where aseptic technique is required, and the device is encapsulated within the body structure of a patient;

“**the Act**” means the Western Cape Health Services Fees Act, 2008 (Act 5 of 2008);

“**theatre procedure tariff**” means the tariff charged for all formal surgical procedures performed in a sterile operating theatre;

“**treatment tariff**” means the tariff charged for medical services rendered by an allied health practitioner in an individual or group context to a patient on an inpatient or outpatient basis;

“**UPFS**” means the Uniform Patient Fee Schedule.

Application

2. These regulations apply to—

- (a) full paying patients;
- (b) patients whose gross income equals or exceeds the means test; and
- (c) subsidised patients.

Payment of tariff

3. (1) A full paying patient, listed and categorised in Schedule 2, who receives any medical treatment or any medical services from a DOH facility must pay the applicable tariff for such medical treatment or medical services received in accordance with the tariff of fees and charges as set out in Schedules 4, 5 and 6.

(2) A subsidised patient, listed and categorised in Schedule 2, who receives any medical treatment or any medical services from a DOH facility, must pay the applicable tariff for such medical treatment or medical services received in accordance with the tariff of fees and charges as set out in Schedules 4, 5 and 6.

Patient categorisation

4. (1) All subsidised patients must be categorised by the DOH according to the prescripts contained in Schedule 2 of these Regulations.

(2) The practice notes contained in Schedule 1 serve as a guide to explain the various categories of patients and how the patients are categorised.

Repeal of regulations

5. The Uniform Patient Fee Schedule Regulations for Health Care Services Rendered by the Western Cape Department of Health, 2017, published in *Provincial Gazette Extraordinary* 7752 of 31 March 2017 under Provincial Notice 84 of 2017, are repealed.

Short title and commencement

6. These regulations are called the Uniform Patient Fee Schedule Regulations for Health Care Services Rendered by the Western Cape Department of Health, 2018, and come into operation on 1 April 2018.

SCHEDULE 1

PRACTICE NOTES ON APPLICATION OF UPFS TARIFFS

1.1 The following practice notes apply to tariffs applicable to patients:

1.1.1 The facility fee includes all consumables and ward stock pharmaceuticals, but excludes medication dispensed to a patient by a pharmacy and consumables specified as "Consumables not included in the facility fee".

1.1.2. The professional fee depends on the level of the ultimate professional responsible for the rendering of the service (ultimate responsible professional rule), and when more than one professional at different levels is involved in the rendering of services, the fee for the highest level professional is charged.

1.1.3. The tariff to be charged depends into which category a procedure falls.

1.2 TARIFFS

1.2.1 Anaesthesia Tariff

- 1.2.1.1 This tariff applies to the administration of a general - or other anaesthetic (conscious sedation, spinal- or epidural injections and anaesthetic blocks), administered by a health care professional other than the person doing the procedure.
- 1.2.1.2 This tariff is based on the type of procedure for which the anaesthetic is administered. The tariff is divided into three groups based on the complexity and average duration of the anaesthetic procedure.
- 1.2.1.3 The category of the anaesthetic is determined by applying the procedure codebook as set out in Schedule 3.2 of these regulations.
- 1.2.1.4 No additional charge is levied for supplies, drugs or gasses used in the course of the anaesthesia with the exception of high cost drugs or gasses that will be itemised according to pharmaceutical tariff.
- 1.2.1.5 There is no facility component for this tariff, since anaesthesia supplies are included in the facility component of the relevant procedure tariffs.

1.2.2 Confinement Tariff

- 1.2.2.1 This tariff applies to the following:
 - 1.2.2.1.1 all models of delivery, including caesarean section
 - 1.2.2.1.2 inductions of labour
 - 1.2.2.1.3 intrapartum paracervical and pudendal blocks
 - 1.2.2.1.4 intrapartum amnioscopy
 - 1.2.2.1.5 foetal blood sampling
 - 1.2.2.1.6 application of scalp leads
 - 1.2.2.1.7 symphysiotomy
 - 1.2.2.1.8 manual removal of placenta
 - 1.2.2.1.9 repair of cervical tears
 - 1.2.2.1.10 correction of uterine intervention
 - 1.2.2.1.11 drainage of vulva haematoma
 - 1.2.2.1.12 repair of second degree tear
 - 1.2.2.1.13 repair of third degree tear
 - 1.2.2.1.14 repair if episiotomy
 - 1.2.2.1.15 resuscitation of new-born by an obstetrician, and
 - 1.2.2.1.16 tracheal intubation of neonate
- 1.2.2.2 The inpatient stay of the mother is charged additional to the confinement tariff according to the inpatient tariff.
- 1.2.2.3 No inpatient tariff may be charged for the new-born baby, unless the baby is admitted into a high care unit or intensive care unit.
- 1.2.2.4 The category of the health care professional with overall responsibility for the confinement determines the tariff to be charged by the professional component of this tariff.
- 1.2.2.5 The anaesthetic tariff and imaging tariff must be charged additionally, where applicable.
- 1.2.2.6 False labour must be charged according to the inpatient tariff. — or outpatient visit (pending on whether the patient was admitted or evaluated as an outpatient) and services recorded accordingly.

1.2.3 Dialysis Tariff

- 1.2.3.1.1 This tariff must be charged per treatment session for peritoneal dialysis and includes the cost of the connection of a catheter, and all other consumables utilized but exclude dialysate
- 1.2.3.1.2 In the case of haemodialysis, the tariff to be charged is per treatment day and includes the preparation of the AV shunts, treatment, dialysate and all consumables.
- 1.2.3.2 A patient issued with dialysate or other related consumables for use at home, must be charged on an itemised basis according to the pharmaceutical tariff.
- 1.2.3.3 If a patient requires continuous veno-venous haemodialysis (CVVHD), the haemodialysis tariff is charged per day and the consumable utilized are itemised.

- 1.2.3.4 Plasmapheresis: Its blood purification procedure used to treat several autoimmune diseases. In the case of plasmapheresis, the tariff to be charged is per day and this includes the preparation of the machine and lines. The insertion of the catheter (eg CVP) must be charged separately.

1.2.4 Medical Report Tariff

- 1.2.4.1 The tariff applies for the completion of a medical report for insurance or any other purpose.
- 1.2.4.2 If a consultation or procedure, above that required for the purpose of the report, is performed, the relevant consultation tariff or procedure tariff must also be charged.
- 1.2.4.3 The tariff for copies of reports and notes are payable strictly in advance.

1.2.5 Imaging Tariff

- 1.2.5.1 This tariff includes all radiological, gamma camera, ultrasound and nuclear imaging modalities.
- 1.2.5.2 The tariff includes all radiological, gamma camera, lithotripsy and ultrasound and is inclusive of all consumables, films, and medication but excludes contrast media used.
- 1.2.5.3 Imaging procedures are divided into categories and the tariff to be charged depends on the category into which the procedure falls.
- 1.2.5.4 The codebook must be applied to determine the procedure and the category of the tariff as set out in Schedule 3.3 of these regulations.
- 1.2.5.5 If a radiologist or general practitioner report (written or interpretation) on the image, the professional component of the tariff must be charged.
- 1.2.5.6 In the event of private practitioners (responsible for the treatment in his/her rooms) refer the patient for radiological procedures to the public facility, the public facility shall levy both the facility and professional fee. If reporting is required, levy against the relevant professional fee, if not, the health care therapist rate applies.

1.2.6 Inpatient Tariff

- 1.2.6.1 The inpatient tariffs apply when a patient is admitted on prescription of a medical officer to a bed in a ward or where the patient requires inpatient treatment.
- 1.2.6.2 This tariff includes all medication consumables dispensed from ward stock to the patient for the duration of their stay.
- 1.2.6.3 The charge excludes theatre procedures, radiology and laboratory investigations, physiotherapy treatment, high cost pharmaceuticals (buy-outs) and discharge medication (TTO's) as well as consumables not included in the facility fee and blood and blood products etc.
- 1.2.6.4 The type of ward into which a patient is admitted and the length of stay calculated as 12-hour unit shall determine the tariff to be charged.
- 1.2.6.5 The inpatient boarder tariff applies to a person accompanying a patient, and receiving, accommodation and meals from the hospital.
- 1.2.6.6 The inpatient boarder tariffs are charged on a daily rate and are required to be settled in advance, unless prior arrangements have been made with the DOH facility.
- 1.2.6.7 An inpatient whos admitted and discharged on the same day before 23:00 must be charged the day patient tariff.
- 1.2.6.8 If an inpatient is admitted as a day patient and is discharged after 23:00 on the same day, the day patient fee must be cancelled and the applicable inpatient tariff must be charged.
- 1.2.6.9 If a patient is admitted before 12:00, and not discharged the same day, a tariff for the full day fee must be charged.
- 1.2.6.10 If a patient is admitted after 12:00, the half-day tariff must be charged for the day admission.
- 1.2.6.11 If the patient is transferred between different ward types during the same 24-hour period, the higher of the applicable inpatient tariff must be charged during the relevant 12-hour period in which the patient is transferred.
- 1.2.6.12 If a patient is discharged before 12h00, the half day tariff for the day of discharge must be charged.
- 1.2.6.13 If a patient is discharged after 12h00, a tariff for the full day must be charged for the day of discharge.
- 1.2.6.14 The intensive care tariff is charged when the unit is specially equipped and set up for the intensive care of seriously ill patients and where health care professionals and specially trained professional nursing staff are available at all times.
- 1.2.6.15 The specialised intensive care tariff is limited to 24hours on the prescription of the treating health care professional.
- 1.2.6.16 The high care is charged in a specially equipped unit where specially trained professional nursing staff is available at all times, supported by health care professionals on a standby basis.
- 1.2.6.17 Medication taken home by a patient must be charged as the same tariff as contemplated in the pharmacy tariff.
- 1.2.6.18 The professional fee depends on the level of the professional responsible for the ward to which the patient is admitted.

1.2.7 Mortuary Tariff

- 1.2.7.1 This tariff applies to the storage of a corpse and the tariff must be charged at a daily rate, after the first 48 hours once the post-mortem and identification process have been completed. The aforementioned in respect of the 48 hours includes weekends and public holidays.

1.2.8 Pharmacy Tariff

- 1.2.8.1 This tariff applies when medicines are dispensed by a pharmacist / pharmacy to patients on the basis of a prescription. This implies the itemisation of medication that is generally not included in a specific facility's ward stock and or high cost pharmaceuticals.
- 1.2.8.2 The itemised cost of such medication and the facility fee tariff must be charged per prescription.
- 1.2.8.3 The facility fee tariff is determined according to the level of the facility. Only one pharmacy facility fee per 24-hour period may be levied for prescriptions.
- 1.2.8.4 The actual purchase price including VAT plus 50% of the total amount must be charges per item dispensed to the patient.

1.2.9 Oral Health Tariffs

- 1.2.9.1 This tariff applies to medical treatment rendered by an oral health practitioner.
- 1.2.9.2 Oral procedures are grouped into categories depending on the complexity and cost of the procedure.
- 1.2.9.3 The oral health codebook as set out in Schedule 3.1 of these regulations must be applied to determine the procedure category
- 1.2.9.4 Dental Prosthesis used must be charged in addition to the oral health tariff.

1.2.10 Consultation Tariff

- 1.2.10.1 The tariff for an outpatient consultation applies when the health care professional personally takes down a patient's clinical history, performs an appropriate clinical examination or prescribes or administered treatment or assists the patient via advice.
- 1.2.10.2 The same tariff applies for each follow-up consultation, by a health care professional of an outpatient.
- 1.2.10.3 This tariff includes all consumables used during the consultation, but excludes medication dispensed to the outpatient by the pharmacy. BUT shall exclude consumables as otherwise specified as "Consumables not included in the facility fee" and also excludes medications dispensed to the patient.
- 1.2.10.4 An emergency consultation tariff must be charged for consultations in emergency or trauma departments.
- 1.2.10.5 The emergency consultation tariff must be charged for any consultation in an emergency or trauma department, irrespective of the time of day such consultation takes place.
- 1.2.10.6 If the procedure is performed at the time of the consultation, the consultation tariff and the procedure tariff must be charged.
- 1.2.10.7 Triage is the process of determining medical priority of patients with regard to treatment. This is not a chargeable service.

1.2.11 Minor Theatre Procedure Tariff

- 1.2.11.1 This tariff applies to minor theatre procedures, which require limited instrumentation and drapery, and is only doctor driven.
- 1.2.11.2 The procedures applicable to this tariff are grouped into four categories depending on the complexity and cost of the procedure.
- 1.2.11.3 The tariff to be charged depends into which category a procedure falls.
- 1.2.11.4 The tariff to be charged depends into which category a procedure falls as set out in Schedule 3.6 in these regulations.
- 1.2.11.5 The level of the ultimate professional performing the procedure determines the professional fee component

1.2.12 Major Theatre Procedure Tariff

- 1.2.12.1 This tariff applies to all procedure performed in an operating theatre.
- 1.2.12.2 The tariff includes theatre time, all consumables and medical gasses used during the procedure. The tariff excludes high cost pharmaceuticals e.g. Sevoflurane gas as well as consumables not included in the facility
- 1.2.12.3 The procedure applicable to this tariff is grouped into categories depending on the complexity and cost of the procedure.
- 1.2.12.4 The tariff to be charged depends on the category into which the procedure falls set out in Schedule 3.2 of these regulations
- 1.2.12.5 The level of the ultimate professional performing the procedure determines the professional fee component
- 1.2.12.6 In the event of more than one professional at different levels is involved in the procedure, the fee for the highest professional is charged.
- 1.2.12.7 Prosthesis used must be charged on an itemised basis in addition to the major theatre procedure tariff.

1.2.13 Treatment Tariff

- 1.2.13.1 This tariff applies to all supplementary health treatment performed by an allied health practitioner.
- 1.2.13.2 Different charges apply depending on whether the treatment is rendered in a group or individual context.
- 1.2.13.3 The adaption and fitting of an assistive device must be charged according to this tariff.

- 1.2.13.4 The initial assessment of a patient by an allied health practitioner in respect of an assistive device must be charged as a consultation tariff, and thereafter any subsequent treatment must be charged according to the treatment tariff.
- 1.2.13.5 The treatment is applicable to both in-and-outpatients.
- 1.2.13.6 The treatment tariff is a rate per contact with the patient.
- 1.2.13.7 The treatment facility fee and the nurse professional fee should be charged where a patient is referred to the hospital whenever a Nurse Practitioner has overall responsibility for the treatment of the patient referred for the purpose of the episode on an outpatient basis.

1.2.14 Emergency Medical Services Tariff

- 1.2.14.1 Ambulance Transport Tariff
 - 1.2.14.1.1 This tariff is applied to the treatment or transportation of a patient requiring treatment prior to admission to a hospital or specific care during transportation, in an ambulance.
 - 1.2.14.1.2 This tariff charged must be calculated from the point of collection to a hospital, and must be charged for every 50 (fifty) kilometres travelled, and are further determined by the level of medical treatment rendered by the emergency medical service to the patient.
 - 1.2.14.1.3 Three levels of care have been identified;
 - (i) Basic Life Support
 - (ii) Intermediate Life Support
 - (iii) Advance Life Support
- 1.2.14.2 Patient Transport Tariff
 - 1.2.14.2.1 This tariff applies to the transport of patients in a vehicle other than an ambulance where the patient does not require specific care prior to or during transportation.
 - 1.2.14.2.2 This tariff must be charged for every 100 kilometres travelled and calculated from the point of collecting the patient.
- 1.2.14.3 Rescue Tariff
 - 1.2.14.3.1 This tariff applies to the medical rescue of a person
 - 1.2.14.3.2 A specialised vehicle with appropriately trained rescue staff and specialised equipment that is dispatched to assist with the treatment, disentanglement, recovery and / or extraction of patients. Rescue services are based on a per incident charge, inclusive of all equipment utilised for the said purpose e.g. "Jaws-of-life".
 - 1.2.14.3.3 This tariff must be charged per incident or rescue
- 1.2.14.4 Standby Tariff
 - 1.2.14.4.1 This tariff must be charged for medical standby at special events and is charged at an hourly rate.
 - 1.2.14.4.2 An additional standby hourly rate must be charged for services provided for by health care professionals, allied health practitioners and nursing practitioners.
- 1.2.14.5 Air Transport Tariff
 - 1.2.14.5.1 This tariff charged must be calculated by taking the flying hours the patient was transported in the aircraft.
 - 1.2.14.5.2 Air Treatment and transportation refers to the treatment and transportation of a medical / trauma patient via Air ambulance; (Rotary or fixed wing).

1.2.15 Assistive Device Tariff or Surgical Implanted Prosthesis Tariff

- 1.2.15.1 The assistive device tariff applies when an assistive device is issued to a patient.
- 1.2.15.2 The itemised cost of the assistive device forms the facility fee component of the assistive device tariff.
- 1.2.15.3 The initial assessment of the patient's needs in respect of the assistive device must be charged at the outpatient consultation tariff.
- 1.2.15.4 Subsequent adaptations and fitting of the assistive device must be charged at the treatment tariff.
- 1.2.15.5 The surgically implanted prosthesis tariff applies when prosthesis is surgically implanted into a patient during a formal surgical procedure. The device is encapsulated within the body structure of a patient and includes fixatives such as pins, screws, K-wires, cement (palacos) and plates, as well as joint replacements, and pacemakers.
- 1.2.15.6 An assistive device must be charged on an itemised basis. In respect of the surgically implanted prosthesis, the actual purchasing price including VAT plus 15% on the total amount must be charged per item.
- 1.2.15.7 Dental laboratory devices/items are charged when dental laboratory items are issued to patients e.g. crowns, bridges and dentures.

1.2.16 Surgery for Non-Medical Reasons (Cosmetic Surgery) Tariff

- 1.2.16.1 This tariff applies to cosmetic surgery procedures on an elective basis for non-medical reasons.
- 1.2.16.2 The tariff to be charged depends on the category into which the procedure falls.
- 1.2.16.3 The codebooks set out the procedures and category of tariff that must be charged.
- 1.2.16.4 A deposit that covers 100% expected cost of such surgery must be paid to the DOH before the patient is admitted

1.2.17 Laboratory Tariff

- 1.2.17.1 This tariff applies to laboratory services rendered by the National Health Laboratory Services (NHLS) and the entity shall bill for these services.
- 1.2.17.2 The tariff for drawing of blood are set out in Schedule 4.

1.2.18 Radiation Oncology

- 1.2.18.1 The tariffs in respect of the above are set out in Schedule 5.

1.2.19 Nuclear Medicine

- 1.2.19.1 The tariffs is charged for nuclear procedures and radio isotopes and shall include radiological, gamma camera, and ultrasound – intervention, as well as imaging modalities prescribed and rendered to an inpatient or an outpatient
- 1.2.19.2 The tariff and procedures are set out in Schedule 6.1 of these regulations.

1.2.20 Ambulatory Procedure Tariff

- 1.2.20.1 This tariff applies to simple procedures performed in a procedure room or at the patient's bedside regardless of the facility available and the tariff shall include consumables used during the procedure except those consumables not included in the facility fee
- 1.2.20.2 The tariff may require local anaesthetic (infiltration or topical), but shall exclude general anaesthetic and conscious sedation
- 1.2.20.3 The procedures applicable to this tariff are grouped into two categories depending on the complexity and cost of the procedure.
- 1.2.20.4 The tariff to be charged depends into which category of the procedure.
- 1.2.20.5 The category of the procedure is determined by applying the procedure codebook and Ambulatory Procedure Guideline as set out in Schedule 3.5 of these regulations.
- 1.2.20.6 The professional fee tariff to be charged must be determined by the category of the health care professional responsible for the service. In the case of more than one professional responsible for rendering the service, the rule of the ultimate professional fee will still apply.

1.2.21 Blood and Blood Products Tariff

- 1.2.21.1 This tariff applies for blood and blood products administered to patients.
- 1.2.21.2 This tariff applies to blood screening, autogeneous transfusion etc.
- 1.2.21.3 This tariff shall exclude the specialised administered sets provided by Western Province Blood Transfusion Services(WPBTS) and the National Blood Institute(NBI).

1.2.22 Hyperbaric Oxygen Therapy

- 1.2.22.1 The tariff is defined for the treatment mode in which the patient is entirely enclosed in a pressure chamber of increased atmosphere pressure for medical treatment.

1.2.23 Consumables

- 1.2.23.1 This tariff is for consumables not covered in the facility fee.
- 1.2.23.2 This tariff applies to high cost theatre, ward consumables and buy-outs.
- 1.2.23.3 This item must be charged on an itemised basis, the actual purchasing price including VAT plus 15% on the total amount must be charged per item.

1.2.24 Autopsie Tariff

- 1.2.24.1 This tariff must be charged for the undertaking of a post mortem on a patient that has died in or outside the hospital, if the request is specifically received from the family or another third party.

1.2.25 Cremation Certificate Tariff

- 1.2.25.1 This tariff applies to the completion of a cremation certificate by the DOH/Forensic Pathology and is payable before the issuing of such certificate.
- 1.2.25.2 A tariff per certificate for the completion of a cremation certificate must be charged.

SCHEDULE 2

TARIFF CATEGORY, INCOME THRESHOLD AND NOTES IN RESPECT OF SUBSIDISED AND FULL PAYING PATIENTS

Patients are categorized into the following groups for the purpose of service fee determination and their ability to pay for health services. Patients are classified as a single or family unit. A Family unit includes a couple, a single parent or person with a dependant. A widow or widower with dependants is regarded as a family unit and without dependants a single person.

1. SUBSIDISED PATIENTS

1.1 FULLY SUBSIDISED PATIENTS (H0 TARIFF CATEGORY)

Group	Description
Social Pensioners	<p>Recipients of the following types of pension/grants are classified as social pensioners:</p> <p>Grant for Older Persons (OASP)</p> <p>Child support grant (CSG)</p> <p>War Veteran's Pension(WV)</p> <p>Care dependency grant(CD)</p> <p>Social Relief of Distress grant (SRD)</p> <p>Disability grant (DG)</p> <p>Foster Child care grant (FC)</p>
Formally Unemployed	<p>Persons supported by the Unemployment Insurance Fund (UIF). Proof of unemployment from Department of Labour must be produced.</p>

1.1.1 NOTES ON H0 PATIENTS

- Patients classified in the abovementioned group receive all services free of charge, except for certain exclusions as set out below. Free services are only applicable to the recipient of the pension/grant and the formally unemployed person.
- Patients may only be placed in the H0 tariff category if they provide proof that they:
 - are recipients of one of the social grants mentioned above and have provided written proof from social services indicating the recipient and the period of the social grant, and
 - are formally unemployed and have produced written proof from the the Department of Labour.
- Patients with no written proof:
 - formally unemployed persons who cannot produce the above-mentioned documents should be assessed according to the means test. A Sworn affidavit is not excepted as proof for formally unemployed persons.
 - Social pensioners in receipt of a grant other than an Old Age Grant who only present a SASSA card and proof of identification (ID) shall be assessed as H0 for 3 visits and thereafter according to the means test.
- Where a spouse of a formally unemployed person has an income, the means test must be applied, however where both spouses are formally unemployed the H0 tariff is applicable.

1.2 PARTIALLY SUBSIDISED PATIENTS (H1, H2, AND H3 TARIFF CATEGORIES)

Tariff Category	Individual/ Single Gross Income per annum	Household/ Family Unit Gross Income per Annum	Level 1, 2 and 3 Tariffs
H1	Less than R70 000	Less than R100 000	As per schedules 4, 5, 6 and 7
H2	Equal to or more than R70 000 but less than R250 000	Equal to or more than R100 000 but less than R350 000	As per schedules 4, 5, 6 and 7
H3	Equal to or more than R250 000	Equal to or more than R350 000	As per schedules 4, 5, 6 and 7

To determine the patient classification, patients are assessed according to their combined monthly gross income irrespective if they are married in or out of community of property.

1.2.1 NOTES ON H1, H2 AND H3 PATIENTS

- H1 patient tariffs are all inclusive, except for certain exclusions as indicated in Schedule 4 (UPFS for subsidised patients).
- Where H1 patients receive services/ procedures the equivalent of a consultation or inpatient fee must at least be raised.
- There is no differentiation on the type of consultation or type of bed in respect of H1 patients.
- The tariff applicable to H1 inpatients is for each 30 days or part thereof.
- H1 outpatients admitted after outpatient treatment are liable for the outpatient fee and the inpatient fee.
- H1 patients, who attend two or more clinics on the same day, are assessed for only one visit, irrespective of the number of clinics attended but only the most expensive clinic to be charged.
- H2 and H3 patients are charged per tariff grouping related to various health service activities (activity based costing).
- There is a differentiation between routine and emergency consultation and also with the bed type in respect of H2 and H3 patients.
- H2 and H3 patients, who attend two or more clinics on the same day, are assessed for each visit at each clinic.
- The inpatient tariffs for H2 and H3 patients are raised for every 12-hour period (day admission excluded)
- H2 and H3 outpatients admitted after outpatient treatment are liable for the outpatient fee and the admission.
- Where H2 and H3 patients are referred from one type of ward to another within the same 12-hour period, the higher tariff is applicable.
- An account must be raised for every 30-day period or part thereof in respect of long term patients (irrespective of their patient category)

1.3 In the following instances subsidised patients are classified as full paying patients:

- Members and dependants of a medical scheme;
- Patients treated by their private practitioner in a provincial institution;
- Patients receiving treatment in terms of the provision set out in the COIDA Act;
- Patients receiving treatment in terms of the provision set out in the RAF Act, and
- Patients treated on behalf of another State Department.

1.4 The following services are non-subsidised services and are excluded from subsidisation and should be paid in terms of the prescribe full paying tariffs:

- Issuing of medical reports and copies of x-rays, as well as the completion of certificates/forms;
- Accommodation for persons who accompany patients (patient companions);
- Cosmetic surgery;
- Contest fatherhood test (HLA and DNA typing);
- Immunisation for foreign travel purposes;
- Work evaluations;
- Autopsies, and
- Mortuary fees

2. FULL PAYING PATIENTS

The following categories of patients are classified as full paying patients:

2.1 EXTERNALLY FUNDED PATIENTS

A patient whose health services are funded or partly funded by a third party in terms of –

- The Medical Schemes Act, 1998 (Act 131 of 1998);
- The Road Accident Fund Act, 1996 (Act 56 of 1996);
- Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993);
- Another state department, local authority, foreign government, or any other funder, and
- Project research trail.

2.2 SELF-FUNDED PATIENTS

A patient whose is liable for the full upfs tariffs:

- A patient who chooses to be treated by a private practitioner in a state facility;
- Revenue Generation Projects;
- Foreign nationals not assessed according the prescribed means test.

2.3 NON-SUBSIDISED SERVICES

- The full paying tariff must be charged irrespective of the patient's financial classification as indicated in section 1.4 above.

2.4 NOTES ON FULL PAYING PATIENTS

- Full paying patients are charged per tariff grouping related to various health service activities (activity based costing);
- There is a differentiation between routine and emergency consultation and also with the bed type;
- Patients, who attend two or more clinics on the same day, are assessed for each visit at each clinic;
- The inpatient tariffs are raised for every 12-hour period (day admission excluded);
- Outpatients admitted after outpatient treatment are liable for the outpatient fee and the admission;
- Where patients are referred from one type of ward to another within the same 12-hour period, the higher tariff is applicable;
- An account must be raised for every 30-day period or part thereof in respect of long term patients.

SCHEDULE 3.1: ORAL HEALTH CODE BOOK

Ana P I

A. Diagnostic

Clinical Oral Evaluations

Full mouth examination, charting and treatment planning (see Rule 001)(8101)	B
Comprehensive consultation (8102)	B
Examination or consultation for a specific problem not requiring full mouth examination, charting and treatment planning (8104)	A
Re-examination - existing condition (8189)	A
Consultation - second opinion or advice (8190)	A

Radiographs/diagnostic Imaging

Intra-oral radiographs, per film (8107)	A
Maximum for 8107(8108)	B
Intra-oral radiograph - bitewing (8112)	A
Occlusal radiographs (8113)	B
Hand-wrist radiograph (8114)	B
Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA) (8115)	B
Extra-oral radiograph, cephalometric (8116)	B
Extra-oral radiograph, skull / facial bone (8118)	B

Tests And Laboratory Examinations

Study models - unmounted or mounted on a hinge articulator (8117)	A
Study models - mounted on a movable condyle articulator (8119)	B
Photographs (for diagnostic, treatment or dento-legal purposes) per photograph (8121)	A
Caries susceptibility tests (By arrangement) (8123)	A
Pulp Diagnostic test (8124)	A
Tracing and analysis of extra-oral film (8811)	A

B. Preventive

Dental Prophylaxis

Polishing only (including removal of plaque) - complete dentition (8155)	B
Scaling and polishing (8159)	B

Topical Fluoride Treatment (office Procedure)

Topical application of fluoride (prophylaxis excluded) - complete dentition (Excluding scaling and/or polishing)(8161)	B
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Other Preventive Services

Oral hygiene instructions (8151)	B
Follow-up visit for re-evaluation of oral hygiene (if no other preventative treatment is performed during the same visit) (8153)	A
Fissure sealant - per tooth (8163)	A
Mouth guard (8171)	A

Space Maintenance (passive Appliances)

Space maintainer - fixed, per abutment unit (8173)	B
Space maintainer - removable (all-inclusive fee) (8175)	B

C. Restorative

Amalgam Restorations (including Polishing)

Amalgam - one surface (8341)	B
Amalgam - two surfaces (8342)	B
Amalgam - three surfaces (8343)	B
Amalgam - four or more surfaces (8344)	B

Resin Restorations

Resin - crown, anterior primary tooth (direct) (8350)	B
Resin - one surface, anterior (8351)	B
Resin - two surfaces, anterior (8352)	B
Resin - three surfaces, anterior (8353)	B
Resin - four or more surfaces, anterior (8354)	B
Resin - one surface, posterior (8367)	B
Resin - two surfaces, posterior (8368)	B
Resin - three surfaces, posterior (8369)	B
Resin - four or more surfaces, posterior (8370)	B

Metal Inlays

Inlay, metallic - one surface, posterior (8361)	B
Inlay, metallic - two surfaces, posterior (8362)	B
Inlay, metallic - three surfaces, posterior (8363)	B
Inlay, metallic - four or more surfaces, posterior (8364)	C

Ceramic And/or Resin Inlays

Inlay, ceramic/resin - one surface (8371)	B
Inlay, ceramic/resin - two surfaces (8372)	B
Inlay, ceramic/resin - three surfaces (8373)	C
Inlay, ceramic/resin - four or more surfaces (8374)	C
Inlay - resin - one surface (8381)	B
Inlay / onlay - resin - two surfaces (8382)	C
Inlay / onlay - resin - three surfaces (8383)	C
Inlay / onlay - resin - four or more surfaces (8384)	C

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

Ana P I

Crowns - Single Restorations

Cast full crown (8401)	C
Cast three-quarter crown (8403)	C
Crown - ¾ porcelain / ceramic (8404)	C
Crown - resin laboratory, indirectly fabricated (8405)	C
Acrylic veneered crown (8407)	C
Porcelain jacket crown (8409)	C
Porcelain veneered crown (8411)	C
Provisional crown (8410)	B
Crown -implant / abutment supported, porcelain / ceramic (8536)	C
Crown – implant / abutment supported, porcelain with metal (8537)	C
Crown – implant / abutment supported, cast metal (8538)	C

Other Restorative Services

Re-cementing of inlays, crowns or bridges - per abutment (8133)	B
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 following the failure of a bridge (8135)	B
Remove retention post (prefabricated or cast) (8138)	A
Temporary crown placed as an emergency procedure (8137)	B
Re-burnishing and polishing of restorations - complete dentition (8157)	B
Removal of fractured post or instrument and/or bypassing fractured endodontic instrument (8330)	B
Prefomed post retention, per post (See Item 8379) (8345)	B
Pin retention for restoration, first pin (8347)	B
Pin retention for restoration, each additional pin (8348)	A
Carving or contouring a plastic restoration to accommodate an existing removable prosthesis (8349)	A
Composite veneers (Direct) (8355)	B
Prefomed metal crown (8357)	B
Prefabricated resin crown (8375)	B
Pin retention as part of cast restoration, irrespective of number of pins (8366)	B
Prefabricated post and core in addition to crown (8376)	B
Cast post and core – single (8391)	B
Cast post and core – double (8393)	B
Cast post and core – triple (8395)	B
Cast coping (8396)	B
Cast core with pins (8397)	B
Core build-up, including any pins (8398)	B
Facing replacement (8413)	B
Additional fee for provision of crown within an existing clasp or rest (8414)	A

D. Endodontics

Pulp Capping	
Pulp cap – direct (8301)	B
Indirect pulp capping (8303)	B
Pulpotomy	
Amputation of pulp (pulpotomy) (8307)	B
Preparatory Visits (obturation Not Done At Same Visit)	
Single-canal tooth, per visit (8332)	B
Multi-canal tooth, per visit (8333)	B
Obturation Of Root Canals At A Subsequent Visit	
Each additional canal - anteriors and premolars (8328)	B
First canal - anteriors and premolars (8335)	B
First canal – molars (8336)	B
Each additional canal – molars (8337)	B
Preparation And Obturation Of Root Canals Completed At A Single Visit	
Each additional canal - anteriors and premolars (8329)	B
First canal - anteriors and premolars (8338)	B
First canal – molars (8339)	C
Each additional canal – molars (8340)	B
Endodontic Retreatment	
Re-preparation of previously obturated canal, per canal (8334)	B
Apexification/recalcification Procedures	
Apexification of root canal, per visit (8305)	B
Apicoectomy/periradicular Services	
Apicoectomy including retrograde filling where necessary - incisors and canines (8229)	B
Other Endodontic Procedures	
Gross pulpal debridement, primary and permanent teeth.	
Pulp removal (pulpectomy) (8132)	B
Access through a prosthetic crown or inlay to facilitate root canal treatment (8136)	A
Bleaching of non-vital teeth, per tooth as a separate procedure (8325)	B
Each additional visit for bleaching of non-vital tooth as a separate procedure (8327)	B

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P	I
E. Periodontics		
Surgical Services (including Usual Postoperative Care)		
Gingivectomy-gingivoplasty, per quadrant (8185)	B	
Gingivectomy-gingivoplasty, per sextant (8186)	B	
Adjunctive Periodontal Services		
Root planing with or without periodontal curettage, per quadrant (8182)	B	
Root planing with or without periodontal curettage, per sextant (8184)	B	
Other Periodontal Services		
Periodontal screening (8176)	B	
Oral hygiene instruction for the periodontally compromised patient (8177)	B	
Oral hygiene evaluation for the periodontally compromised patient (8178)	A	
Plaque removal for the periodontally compromised patient (8179)	B	
Scaling and polishing for the periodontally compromised patient (8180)	B	
F. Prosthodontics (removable)		
Complete Dentures (including Routine Post-delivery Care)		
Maxillary and mandibular. Includes soft/metal bases, where applicable (8231)	C	
Maxillary or mandibular. Includes soft/metal bases, where applicable (8232)	C	
Immediate denture – maxillary (8244)	C	
Immediate denture – mandibular (8245)	C	
Partial Dentures (including Routine Post-delivery Care)		
Partial denture, one tooth (8233)	B	
Partial denture, two teeth (8234)	B	
Partial denture, three teeth (8235)	B	
Partial denture, four teeth (8236)	B	
Partial denture, five teeth (8237)	B	
Partial denture, six teeth (8238)	C	
Partial denture, seven teeth (8239)	C	
Partial denture, eight teeth (8240)	C	
Partial denture, nine or more teeth (8241)	C	
Metal (e.g. chrome cobalt, gold, etc.) base to partial denture, per denture (8281)	C	
Adjustments To Dentures		
Adjustment of denture (After six months or for patient of another practitioner) (8275)	A	
Repairs To Complete Or Partial Dentures		
Repair of denture or other intra-oral appliance (8269)	B	
Add clasp to existing partial denture (One or more clasps) (8270)	A	
Add tooth to existing partial denture (One or more teeth) (8271)	A	
Additional fee/benefit where one or more impressions are required for 8269, 8270 and 8271 (8273)	A	
Denture Rebase Procedures		
Re-model of denture (8261)	B	
Denture Reline Procedures		
Re-base of denture (laboratory) (8259)	B	
Reline of denture in selfcuring acrylic (intra-oral) (8263)	B	
Soft base re-line per denture (heat cured) (8267)	B	
Interim complete denture (8658)	C	
Interim partial denture (8659)	C	
Other Removable Prosthetic Services		
Cast gold clasp or rest per clasp or rest (8251)	A	
Wrought gold clasp or rest per clasp or rest (8253)	A	
Stainless steel clasp or rest per clasp or rest (8255)	B	
Lingual bar or palatal bar (8257)	B	
Tissue conditioner and soft self-cure interim re-line, per denture (8265)	B	
G. Maxillofacial Prosthetics		
H. Implant Services		
Endosteal Implants		
Placement of a single osseo-integrated implant per jaw (8194)	C	
Placement of a second osseo-integrated implant in the same jaw (8195)	B	
Placement of a third and subsequent osseo-integrated implant in the same jaw per implant (8196)	B	
Exposure of a single osseo-integrated implant and placement of a transmucosal element (8198)	B	
Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw (8199)	B	
Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant (8200)	B	

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P	I
I. Prosthodontics, Fixed		
Fixed Partial Denture Pontics		
Pontic - porcelain/ceramic (8415)	C	
Pontic - cast metal (8416)	C	
Pontic - resin with metal (8417)	C	
Pontic - porcelain fused to metal (8418)	C	
Provisional pontic (8419)	B	
Sanitary pontic (8420)	B	
Posterior pontic (8422)	B	
Anterior pontic (including premolars) (8424)	C	
Fixed Partial Denture Retainers - Inlays/onlays		
Bridge per abutment - only applicable to Maryland type bridges (8356)	B	
Fixed Partial Denture Retainers - Crowns		
Osseo-integrated abutment restoration, per abutment (8193)	C	
J. Oral And Maxillofacial Surgery		
Extractions		
Single tooth (8201)	B	
Each additional tooth in the same quadrant (8202)	A	
Surgical Extractions (includes Routine Postoperative Care)		
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (including cutting of gingiva and bone, removal of tooth structure and closure) (8209)	B	
Removal of unerupted or impacted tooth - first tooth (8210)	B	
Removal of unerupted or impacted tooth - second tooth (8211)	B	
Removal of unerupted or impacted tooth - each additional tooth (8212)	B	
Surgical removal of residual roots (cutting procedure) (includes cutting of soft tissue and bone, removal of tooth structure and closure) (8213)	B	
Surgical removal of residual roots (cutting procedure) each subsequent tooth root (Includes cutting of gingiva and bone, removal of tooth structure and closure) (8214)	B	
Other Surgical Procedures		
Biopsy - intra-oral (8188)	B	
Surgical exposure of impacted or unerupted teeth for orthodontic reasons (8215)	C	
Reduction Of Dislocation And Management Of Other Temporomandibular Joint Dysfunction		
Bite plate for the treatment of TMJ dysfunction, or occlusal guards.(8169)	B	
Repair Of Traumatic Wounds		
Appositioning (i.e., suturing) of soft tissue injuries (8192)	B	
K. Orthodontics		
L. Adjunctive General Services		
Unclassified Treatment		
Palliative [emergency] treatment for dental pain	B	
This is typically reported on a "per visit" basis for emergency treatment of dental pain where no other treatment item is applicable or applied for treatment of the same tooth (8131)		
Application of desensitising resin, per tooth (8166)	A	
Enamel microabrasion (8158)	A	
Local treatment of post-extraction haemorrhage - initial visit (Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia) (8221)	A	
Local treatment of post-extraction haemorrhage - each additional visit (8223)	A	
Treatment of septic socket - initial visit (8225)	A	
Treatment of septic socket - each additional visit (8227)	A	
Anaesthesia		
Inhalation sedation - first quarter-hour or part-thereof (8141)	A	
Inhalation sedation - each additional quarter-hour or part thereof (8143)	A	
Intravenous sedation (8144)	A	
Local anaesthetic, per visit	A	
Item 8145 includes the use of the Wand (8145)		
Use of own monitoring equipment in rooms for procedures performed under intravenous sedation (8147)	A	B
Professional Consultations		
Provision of a written treatment plan and quotation where prior authorisation is required by medical schemes (By Arrangement)(8106)	B	
Professional Visits		
Additional fee/benefit for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital) Not applicable where a practice offers an extended hours service as the norm (8129)	B	
Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit (8140)	B	

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P I
Drugs, Medicaments And Materials	
Intra-muscular or sub-cutaneous injection therapy, per injection (8183)	A
Miscellaneous Services	
Infection control, per dentist, per hygienist, per dental assistant, per visit (8109)	A
Provision of sterilised and wrapped instrumentation in consulting rooms	A
The use of this code is limited to heat, autoclave or vapour sterilised and wrapped instruments (8110)	
Treatment of hypersensitive dentine, per visit (8167)	A
Minor occlusal adjustment (8170)	B
Rubber dam, per arch (8304)	A
II. Oral Pathologists	
Consultation at rooms (9201)	B
Consultation at hospital, nursing home or house (9203)	B
Subsequent consultation (9205)	B
Night consultation (9207)	B
III. Specialist Prosthodontists	
A. Diagnostic Procedures	
Intra-oral radiographs, per film (8107)	A
Maximum for 8107 (8108)	B
Occlusal radiographs (8113)	B
Hand-wrist radiograph (8114)	B
Extra-oral radiograph, per film (I.e. Panoramic, cephalometric, PA) (8115)	B
Study models - unmounted (8117)	A
Study models - mounted on adjustable articulator (8119)	B
Diagnostic photographs, per photograph (8121)	A
Consultation (8501)	B
Occlusal analysis on adjustable articulator (8503)	B
Pantographic recording (8505)	B
Detailed clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation (8506)	B
Examination, diagnosis and treatment planning (8507)	B
Electrognathographic recording (8508)	B
Electrognathographic recording with computer analysis (8509)	C
Tracing and analysis of extra-oral film (8811)	A
B. Preventive Procedures	
Polishing only (including removal of plaque) - complete dentition (8155)	B
Scaling and polishing (8159)	B
Topical application of fluoride preparations - complete dentition (Excluding scaling and/or polishing) (8161)	B
Fissure sealant, per tooth (8163)	A
Sedative filling (8165)	B
Treatment of hypersensitive dentine, per visit (8167)	A
Oral hygiene instruction	B
(The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction) (8711)	
Oral hygiene evaluation (8713)	B
C. Treatment Procedures	
Emergency Treatment	
Emergency treatment for relief of pain (where no other tariff item is applicable) (8511)	B
Emergency crown (8513)	B
Recementing of inlay, crown or bridge, per abutment (8515)	B
Re-implantation of an avulsed tooth, including fixation as required (8517)	B
Provisional Treatment	
Provisional splinting - extracoronal wire, per sextant (8521)	B
Provisional splinting - extracoronal wire plus resin, per sextant (8523)	B
Provisional splinting - intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint (8527)	B
Provisional crown.	B
Crown utilised as an interim restoration of at least six weeks during restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to, changing vertical dimension, completing periodontal therapy or cracked tooth syndrome. This is not to be used as a temporary crown for a routine prosthetic restoration (8529)	
Preformed metal crown (8530)	B
Occlusal Adjustment	
Major occlusal adjustment (8551)	C
Minor occlusal adjustment (8553)	B
Ceramic And/or Resin Bonded Inlays And Veneers:	
Veneer - porcelain (laboratory) (8552)	

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P I
Veneer – resin laboratory (8554)	C
One surface (8555)	B
Two surfaces (8556)	C
Three surfaces (8557)	C
Four or more surfaces (8558)	C
Gold Foil Restorations	
Class I and Class VI (8561)	C
Class V (8563)	C
Class III (8565)	C
Gold Restorations	
One surface (8571)	B
Two surfaces (8572)	C
Three surfaces (8573)	C
Four or more surfaces (8574)	C
Pin retention (8577)	B
Posts And Copings	
Single post (8581)	B
Double post (8582)	B
Triple post (8583)	B
Copings (8587)	B
Cast core with pins (8589)	B
Preformed Posts And Cores	
Core build-up, including any pins (8591)	B
Prefabricated post and core in addition to crown (8593)	B
Implants	
Implant maintenance procedures - per implant (8590)	B
Crown - implant/abutment supported (8592)	C
Repair of implant supported prosthesis (8594)	A
Repair of implant abutment (8595)	A
Crown retainer - implant/abutment supported - porcelain/ceramic (8546)	C
Crown retainer - implant/abutment supported - porcelain with metal (8547)	C
Crown retainer - implant/abutment supported - cast metal (8548)	C
Exposure of a single osseo-integrated implant and placement of a transmucosal element (9190)	B
Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw (9191)	B
Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant (9192)	B
Connectors	
Connector bar – implant supported (8584)	D
Prefabricated abutment (8578)	B
Custom abutment (8579)	C
Implant supported removable complete over-denture (8533)	D
Implant supported fixed-detachable complete over-denture (8654)	D
Implanted supported fixed-detachable partial over-denture (8655)	C
Additional fee to implant supported fixed-detachable denture – per implant (8660)	B
Locks and milled rests (8597)	B
Precision attachments (8599)	B
Over-denture, complete (8652)	D
Over-denture, partial (8653)	C
Replacement of precision attachment (8657)	A
Crowns	
Cast three-quarter crown (8601)	C
Cast gold crown (8603)	C
Acrylic veneered gold crown (8605)	C
Porcelain jacket crown (8607)	C
Porcelain veneered metal crown (8609)	C
Bridges	
Sanitary pontic (8611)	C
Posterior pontic (8613)	C
Anterior pontic (8615)	C
Resin Bonded Retainers	
Inlay/onlay retainer - metal - two surfaces (8432)	C
Inlay/onlay retainer - metal - three surfaces (8433)	C
Inlay/onlay retainer - metal - four or more surfaces (8434)	C
Inlay/onlay retainer - porcelain - two surfaces (8436)	C
Inlay/onlay retainer - porcelain - three surfaces (8437)	C
Inlay/onlay retainer - porcelain - four or more surfaces (8438)	C
Per abutment (8617)	C
Crown retainer - full cast metal ((8441)	C
Crown retainer - 3/4 cast metal (8442)	C
Crown retainer - porcelain/ceramic (8443)	C
Crown retainer - 3/4 porcelain/ceramic (8444)	C

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P I
Crown retainer - porcelain with metal (8445)	C
Crown retainer - resin with metal (8446)	C
Provisional crown retainer (8447)	B
Other Fixed Prosthodontic Procedures	
Recement bridge (8514)	B
Remove bridge (8516)	B
Repair bridge (8518)	B
Connector bar (8585)	D
Stress breaker (8586)	C
Conservative Treatment For Temporomandibular Joint Dysfunction	
First visit for treatment of TMJ dysfunction (8621)	B
Follow-up visit for TMJ dysfunction (8623)	B
Bite plate for TMJ dysfunction (8625)	B
Root Canal Therapy	
Root canal therapy, first canal (8631)	C
Each additional canal (8633)	B
Re-preparation of previously obturated canal, per cana (8636)	B
Bleaching	
Bleaching of non-vital teeth, per tooth as a separate procedure (8325)	B
Each additional visit for bleaching of non-vital tooth as a separate procedure (8327)	B
Other Endodontic Procedure	
Apexification of root canal, per visit (8635)	B
Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure) (8637)	B
Removal of fractured post or instrument from root canal (8640)	B
Apicectomy including retrograde root filling where necessary - anterior teeth (9015)	B
Apicectomy including retrograde root filling where necessary - posterior teeth (9016)	C
Prosthetics (removable)	
Additional fee/benefit where impression is required for 8679 (8273)	A
Adjustment of denture (After six months or for a patient of another practitioner) (8275)	A
Complete upper and lower dentures without primary complications (8641)	C
Complete upper and lower dentures without major complications (8643)	D
Complete upper and lower dentures with major complications (8645)	D
Complete upper or lower denture without primary complications (8647)	C
Complete upper or lower denture without major complications (8649)	C
Complete upper or lower denture with major complications (8651)	C
Diagnostic dentures (inclusive of tissue conditioning treatment) (8661)	C
Remounting and occlusal adjustment of dentures (8662)	B
Chrome cobalt base or gold base for full denture (extra charge) (8663)	C
Remount of crown or bridge for extensive prosthetics (8664)	B
Re-base, per denture (8665)	B
Soft base, per denture (heat cured) (8667)	C
Tissue conditioner, per denture (8668)	B
Intra-oral reline of complete or partial denture (8669)	B
Metal (e.g. Chrome cobalt or gold) partial denture (8671)	C
Additional fee/benefit for altered cast technique for partial denture (8672)	B
Additive partial denture (8674)	C
Repairs (8679)	B
D. Maxillo-facial Prosthodontic Prostheses	
Maxillary Prostheses	
Surgical obturator - Modified denture (9101)	B
Surgical obturator - continuous base (9102)	B
Surgical obturator - split base (9103)	C
Interim obturator on existing denture (9104)	C
Interim obturator on new denture (9105)	D
Definitive obturator - open/ hollow box (9106)	C
Definitive obturator - silicone glove (9107)	C
Mandibular Resection Prostheses	
Prosthesis with guide flange (9108)	C
Prosthesis without guide flange (9109)	C
Prosthesis - Palatal augmentation (9110)	B
Glossal Resection Prostheses	
Simple prosthesis (9111)	C
Complex prosthesis (9112)	C
Radiotherapy Appliances	
Carriers - simple (9113)	C
Carriers - complex (9114)	C
Shields - simple (9115)	C

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P	I
Shields – complex (9116)	C	
Cone locators (9117)	C	
Chemotherapy Appliances		
Chemotherapeutic agent carriers (9118)	C	
Cleft Palate Prostheses		
Consultation and therapy at hospital/ nursing home/ residence (8855)	B	
Subsequent consultation (8856)	B	
Weekly maximum (8857)	C	
Neonatal Prostheses		
Passive presurgical prosthesis/ Neonatal feeding aid (9119)	C	
Active presurgical orthopaedic appliance – minor (9120)	C	
Active presurgical orthopaedic appliance – moderate (9121)	C	
Active presurgical orthopaedic appliance – severe (9122)	C	
Active presurgical orthopaedic appliance adjustment (9123)	B	
Intermediate/definitive Prostheses		
Speech aid/obturator with palatal modification (9125)	B	
Speech aid/obturator with velar modification (9126)	C	
Speech aid/ obturator with pharyngeal modification (9127)	C	
Speech aid/obturator adjustment (9128)	B	
Speech aid/obturator surgical prosthesis (9129)	C	
Speech Appliances		
Palatal lift (9130)	B	
Palatal stimulating (9131)	C	
Speech bulb (9132)	C	
Adjustments (9133)	B	
Extra-oral Appliances		
Auricular prosthesis - simple (9135)	C	
Auricular prosthesis – complex (9136)	D	
Nasal prosthesis - simple (9137)	C	
Nasal prosthesis - complex (9138)	D	
Ocular prosthesis – conformer (9139)	C	
Ocular prosthesis using modified stock appliance (9140)	C	
Ocular prosthesis using custom appliance (9141)	D	
Orbital prosthesis - simple (excluding ocular section (9142)	C	
Orbital prosthesis - complex (excluding ocular section (9143)	D	
Other body prostheses – simple (9148)	C	
Other body prostheses – complex (9149)	D	
Surgical facial prostheses – simple (9150)	C	
Surgical facial prostheses – complex (9151)	C	
Cranial prosthesis (9155)	C	
Custom Implants		
Cranial - acrylic, elastomeric, metallic (9156)	C	
Facial – simple (9157)	B	
Facial – complex (9158)	C	
Ocular - custom made (9159)	B	
Body - special prosthesis (9160)	C	
Surgical Appliances		
Splints – simple (9161)	B	
Splints – complex (9162)	C	
Templates – simple (9163)	B	
Templates – complex (9164)	C	
Conformers – simple (9165)	B	
Conformers – complex (9166)	C	
Trismus Appliances		
Trismus appliance – simple (9167)	B	
Trismus appliance – complex (9168)	C	
Orthoses (for paralysed patients (9169)	C	
Facial palsy appliances (9170)	C	
Oral splints (per commissure) (9171)	B	
Dynamic oral retractors (per arm) (9172)	B	
Attendance In Theatre		
Attendance in theatre, per hour (9175)	B	
IV. Specialists In Oral Medicine And Periodontics/Periodontists		
Diagnostic Procedures		
Intra-oral radiographs, per film (8107)	A	

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P I
Maximum for 8107 (8108)	B
Occlusal radiographs (8113)	B
Hand-wrist radiograph (8114)	B
Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA) (8115)	B
Study models – unmounted (8117)	A
Study models - mounted on adjustable articulator (8119)	B
Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit (8140)	B
Consultation (8701)	B
Detailed clinical examination, records, radiographic interpretation, probing, percussion, diagnosis, treatment planning and case presentation for periodontal and/or implant cases(8703)	B
Periodic re-examination (8705)	B
Periodontal screening (8707)	B
Oral hygiene instruction (The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction) (8711)	B
Oral hygiene evaluation (8713)	B
Full mouth clinical plaque removal (8714)	B
Scaling (8715)	B
Occlusal adjustment per visit (8721)	B
Provisional splinting - extracoronal wire, per sextant (8723)	B
Provisional splinting - extracoronal wire plus resin, per sextant (8725)	B
Provisional splinting - intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint (8727)	B
Tracing and analysis of extra-oral film (8811)	A
Temporomandibular Joint Procedures	
Bite plate for TMJ dysfunction (8625)	B
Surgical Procedures	
Periodontal abscess - treatment of acute phase (with or without flap procedure) (8731)	B
Root planing with or without periodontal curettage, per quadrant (8737)	B
Root planing with or without periodontal curettage, per sextant (8739)	B
Gingivectomy-gingivoplasty, per quadrant (8741)	B
Gingivectomy-gingivoplasty, per sextant (8743)	B
Flap operation with root planing and curettage and which may include not more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, clinical crown lengthening, per quadrant(8749)	C
As item 8749, per sextant (8751)	C
Flap operation with root planing and curettage and will include more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, clinical crown lengthening, per quadrant (8753)	C
As item 8753, per sextant (8755)	C
Flap operation with bone removal to increase the clinical crown length of a single tooth (as an isolated procedure) (8756)	C
Frenectomy (8757)	C
Surgical exposure of impacted or unerupted teeth for orthodontic reasons (8758)	C
Pedicle flapped graft e.g. lateral sliding double papilla, rotated and similar (as an isolated procedure) (8759)	B
Apicectomy including retrograde filling where necessary - anterior teeth When Code 8760 is part of a flap operation that requires an apicectomy, Modifier 8006 applies (8760)	B
Masticatory mucosal autograft extending across more than four teeth (isolated procedure) (8762)	C
Wedge resection (as an isolated procedure) (8763)	B
Apicectomy including retrograde filling where necessary, posterior teeth When Code 8764 is part of a flap operation that requires an apicectomy, Modifier 8006 applies (8764)	C
Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure) (8765)	B
Bone regenerative/ repair procedure excluding cost of regenerative material as part of a flap operation as described in Items 8749, 8751, 8753 and 8755, per procedure (8766)	B
Any other periodontal procedure involving a single tooth (8768)	B
Submucosal connective tissue autograft (isolated procedure) (8772)	C
Harvesting of autogenous grafts (intra-oral)(8979)	B
Alveolar ridge augmentation across 1 to 2 adjacent tooth sites (9008)	B
Alveolar ridge augmentation across 3 or more tooth sites (9009)	C
Sinus lift procedure (9010)	C
Implant Procedures	
Masticatory mucosal autograft extending across not more than four teeth (isolated procedure) (8761)	C
Bone regenerative/ repair procedure at a single site (8767)	C
Subsequent removal of membrane used for guided tissue regeneration procedure (8769)	B
Placement of endosteal implant, per implant (9182)	C
Placement of a single osseo-integrated implant per jaw (9183)	C
Placement of a second osseo-integrated implant in the same jaw (9184)	C
Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant (9185)	B
Exposure of a single osseo-integrated implant and placement of a transmucosal element(9190)	B
Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw(9191)	B
Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant.(9192)	B
Implant removal	B
This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure.(9198)	B

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P I
Oral Medical Procedures	
Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain-dysfunction: Straight forward case (8781)	B
Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain dysfunction: Complex case (8782)	B
Subsequent consultation for same disease/condition (8783)	B
Biopsy - incisional/excisional (e.g. epulis)(8785)	B
Surgical treatment of soft tissue tumours (e.g. epulis) (8786)	B
Any other procedure connected with the practice of oral medicine (8787)	B
V. Specialist Orthodontists	
Consultations	
First consultation(8801)	B
Subsequent consultation, retention and/ or post-treatment consultation (8803)	B
Records And Investigations	
Intra-oral radiographs, per film (8107)	A
Maximum for 8107 (8108)	B
Occlusal radiograph (8113)	B
Hand-wrist radiograph (8114)	B
Extra-oral radiograph, per film (I.e. panoramic, cephalometric, PA) (8115)	B
Study models - unmounted (8117)	A
Study models - mounted on adjustable articulator (8119)	B
Diagnostic photographs, per photograph (8121)	A
Tracing and analysis of extra-oral film (8811)	A
Diagnosis and treatment planning (8837)	B
Orthodontic diagnostic setup (8839)	B
Orthognathic Surgery And Treatment Planning	
Treatment planning for orthognathic surgery (8840)	B
Retainers, Repairs And/or Replacements	
Removable: Repairs(8846)	B
Removable: Replacement(8847)	B
Fixed: Repair or replacement per unit (As a result of the patient's negligence) (8848)	B
Retainer (8849)	B
Treatment Of Mpds	
First consultation (8850)	B
Subsequent consultation (8851)	B
Bite plate for TMJ dysfunction (8852)	B
Occlusal Adjustment	
Major occlusal adjustment (8853)	C
Minor occlusal adjustment (8854)	B
Cleft Palate Therapy	
Consultation and therapy at hospital, nursing home, or residence (8855)	B
Subsequent consultation (8856)	B
Weekly maximum (8857)	C
Neonatal Prosthesis	
Passive presurgical prosthesis/ Neonatal feeding aid (9119)	C
Active presurgical orthopaedic appliance – minor (9120)	C
Active presurgical orthopaedic appliance - moderate(9121)	C
Active presurgical orthopaedic appliance – severe (9122)	C
Active presurgical orthopaedic appliance – adjustment (9123)	B
Removable Appliance Therapy	
Removable (single) (8862)	C
Removable (per additional) (8863)	C
Functional Appliance Therapy	
Functional appliance (8858)	C
Partial Fixed Appliance Therapy - Preliminary Treatment	
Minor fixed appliance (8861)	C
Maxillary or mandibular arch (8865)	D
Combined maxillary and mandibular arch (8866)	D
Single Arch Treatment	
Mild (8867)	D
Moderate (8868)	D
Severe (8869)	D
Class I Malocclusions	
Mild (8873)	D
Moderate (8875)	E
Severe (8877)	E
Severe plus complications (8879)	E

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P	I
Class Ii And Iii Malocclusions		
Mild (8881)	E	
Moderate (8883)	E	
Severe (8885)	E	
Severe plus complications (8887)	E	
Single Arch Treatment		
Mild (8841)	D	
Moderate (8842)	D	
Severe (8843)	E	
Class I Malocclusions		
Mild (8874)	E	
Moderate (8876)	E	
Severe (8878)	E	
Severe plus complications (8880)	E	
Class Ii And Iii Malocclusions		
Mild (8882)	E	
Moderate (8884)	E	
Severe (8886)	E	
Severe plus complications (8888)	E	

VI. Specialist Maxillo- Facial And Oral Surgeons

Consultations And Visits		
Consultation at consulting rooms (8901)	B	
Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation (8902)	B	
Consultation at hospital, nursing home or house (8903)	B	
Subsequent consultation at consulting rooms, hospital, nursing home or house (8904)	B	
Weekend visits and night visits between 18h00 - 07h00 the following day (8905)	B	
Subsequent consultations, per week, to a maximum of (8907)	B	
Investigations And Records		
Intra-oral radiographs, per film (8107)	A	
Maximum for 8107 (8108)	B	
Occlusal radiographs (8113)	B	
Hand-wrist radiograph (8114)	B	
Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA)(8115)	B	
Study models - unmounted (8117)	A	
Study models - mounted on adjustable articulator (8119)	B	
Diagnostic photographs - per photograph (8121)	A	
Tracing and analysis of extra-oral film (8811)	A	
Biopsies - intra-ora l(8917)	B	
Biopsy of bone – needle (8919)	B	
Biopsy of bone – open (8921)	C	
Orthognathic Surgery And Treatment Planning		
Treatment planning for orthognathic surgery (8840)	B	
Extractions During A Single Visit		
Single tooth (8201)	B	
Each additional tooth in the same quadrant (8202)	A	
Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia) (8931)	B	
Treatment of haemorrhage in the case of blood dyscrasias, e.g. haemophilia, per week (8933)	C	
Treatment of post-extraction septic socket where patient is referred by another registered person (8935)	B	
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (includes cutting of gingiva and bone, removal of tooth structure and closure (8937)	B	
Alveotomy or alveolectomy - concurrent with or independent of extractions (per jaw) (8957)	C	
Auto-transplantation of tooth (See Rule 011 and Notes 2 and 3) (8961)	C	
Removal Of Roots		
Surgical removal of residual roots (cutting procedure) (includes cutting of soft tissue and bone, removal of tooth structure and Closure (8953)	B	
Unerrupted Or Impacted Teeth		
First tooth (8941)	C	
Second tooth (8943)	B	
Third tooth (8945)	B	
Fourth and subsequent tooth (8947)	B	
Diverse Procedures		
Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication (8908)	C	
Closure of oral antral fistula - acute or chronic (8909)	C	
Caldwell-Luc procedure (8911)	B	
Emergency tracheotomy (8958)	B	

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P	I
Pharyngostomy (8959)		B
Harvest iliac crest graft (8962)		B
Harvest rib graft (8963)		B
Harvest cranium graft (8964)		B
Peripheral neurectomy (8965)		C
Functional repair of oronasal fistula (local flaps) (8966)		C
Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage) (8977)		C
Harvesting of autogenous grafts (intra-oral) (8979)		B
Removal of internal fixation devices, per site (9048)		B
Cysts Of Jaws		
Intra-oral approach (8967)		C
Extra-oral approach (8969)		C
Neoplasms		
Surgical treatment of soft tissue tumours (8971)		B
Surgical treatment of tumours of the jaws (8973)		C
Hemiresection of jaw, with splintage of segments (8975)		C
Para-orthodontic Surgical Procedures		
Surgical exposure of impacted or unerupted teeth for orthodontic reasons (8981)		C
Corticotomy - first tooth (8983)		C
Corticotomy - adjacent or subsequent tooth (8984)		B
Frenectomy (8985)		C
Surgical Preparation Of Jaws For Prosthetics		
Reduction of mylohyoid ridges, per side (8987)		C
Torus mandibularis reduction, per side (8989)		C
Torus palatinus reduction (8991)		C
Reduction of hypertrophic tuberosity, per side (8993)		B
Gingivectomy, per jaw (8995)		C
Sulcoplasty/Vestibuloplasty (8997)		C
Repositioning mental foramen and nerve, per side (9003)		C
Lateralization of inferior dental nerve (including bone grafting) (9004)		C
Total alveolar ridge augmentation by bone graft (9005)		C
Total alveolar ridge augmentation by alloplastic material (9007)		C
Alveolar ridge augmentation across 1 to 2 adjacent tooth sites (9008)		B
Alveolar ridge augmentation across 3 or more tooth sites (9009)		C
Sinus lift procedure (9010)		C
Sepsis		
Incision and drainage of pyogenic abscesses (intra-oral approach) (9011)		B
Extra-oral approach, e.g. Ludwig's angina (9013)		B
Apicectomy including retrograde filling where necessary - anterior teeth (9015)		B
Apicectomy including retrograde filling where necessary, posterior teeth (9016)		C
Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible (9017)		C
Sequestrectomy - intra-oral, per sextant and/or per ramus (9019)		B
Treatment Of Associated Soft Tissue Injuries		
Minor (9021)		B
Major (F)		C
Dento-alveolar fracture, per sextant (9024)		B
Mandibular Fractures		
Treatment by closed reduction, with intermaxillary fixation (9025)		C
Treatment of compound fracture, involving eyelet wiring (9027)		C
Treatment by metal cap splintage or Gunning's splints (9029)		C
Treatment by open reduction with restoration of occlusion by splintage (9031)		C
Maxillary Fractures With Special Attention To Occlusion		
Le Fort I or Guerin fracture (9035)		C
Le Fort II or middle third of face (9037)		C
Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage (9039)		D
Zygoma/orbit		
Gillies or temporal elevation (9041)		C
Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation (9043)		C
Requiring multiple osteosynthesis and/ or grafting (9045)		D
Functional Correction Of Malocclusions		
Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation) (9047)		D
Anterior segmental osteotomy of mandible (Köle) (9049)		D
Total subapical osteotomy (9050)		D
Genioplasty (9051)		C
Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy) (9052)		D
Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure (9055)		D
Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure (9057)		D
Le Fort I osteotomy - one piece(9059)		D

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

	Ana P I
Le Fort I osteotomy with inferior repositioning and inter positional grafting (9060)	D
Palatal osteotomy (9061)	C
Le Fort I osteotomy - multiple segments (9062)	D
Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic deformities (9063)	D
Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary Disjunction (9065) (Note: If performed in theatre to be billed under oral health)	E
Surgical assisted maxillary or mandibular expansion (9066)	C
Functional tongue reduction (partial glossectomy) (9069)	C
Geniohyoidotomy (9071)	C
Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure) (9072)	D
Temporomandibular Joint Procedures	
Coronoidectomy (intra-oral approach) (9053)	C
● Bite plate for TMJ dysfunction (9073)	B
Diagnostic arthroscopy (9074)	C
Condylectomy or coronoidectomy or both (extra-oral approach) (9075)	C
Arthrocentesis TMJ/ Arthroscintese TMG (9076)	C
Intra-articular injection, per injection (9077)	B
Trigger point injection, per injection (9079)	B
Condyle neck osteotomy (Ward/ Kostecka) (9081)	C
Temporomandibular joint arthroplasty (9083)	C
Reduction of temporomandibular joint dislocation without anaesthetic (9085)	B
Reduction of temporomandibular joint dislocation, with anaesthetic (9087)	B
Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation (9089)	C
Reduction of temporomandibular joint dislocation requiring open reduction (9091)	C
Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy) (9092)	D
Salivary Glands	
Removal of salivary calculus (9093)	B
Removal of sublingual salivary gland (9095)	C
Removal of salivary gland (extra-oral) (9096)	C
Implants	
Masticatory mucosal autograft extending across not more than four teeth (isolated procedure) (8761)	C
Bone regenerative/ repair procedure at a single site (8767)	C
Subsequent removal of membrane used for guided tissue regeneration procedure (8769)	B
Submucosal connective tissue autograph (isolated procedure) (8772)	C
Placement of Zygomaticus fixture, per fixture (9046)	C
Placement of sub-periosteal implant - Preparatory procedure/operation (9180)	C
Placement of sub-periosteal implant prosthesis/ operation (9181)	C
Placement of endosteal implant, per implant (9182)	C
Placement of a single osseo-integrated implant per jaw (9183)	C
Placement of a second osseo-integrated implant in the same jaw (9184)	C
Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant (9185)	B
Exposure of a single osseo-integrated implant and placement of a transmucosal element (9190)	B
Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw (9191)	B
Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant (9192)	B
Implant removal	
This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and Closure (9198)	B
Cleft Lip And Palate	
Repair of cleft hard palate (unilateral) (9220)	D
Repair of cleft hard palate (bilateral, one procedure) (9222)	D
Repair of cleft hard palate (bilateral, in two procedures) (9224)	D
Repair of cleft soft palate (without muscle reconstruction) (9226)	D
Repair of soft palatum (with muscle reconstruction) (9228)	D
Repair of submucosal cleft and/or bifid uvula (with muscle reconstruction) (9230)	D
Velopharyngeal reconstruction (uncomplicated) (9232)	D
Velopharyngeal reconstruction (complicated type) (9234)	D
Functional repair of oro-nasal fistula (distant flaps - in a single procedure) (9238)	C
Functional repair of oro-nasal fistula (distant flaps - in two procedures) (9240)	D
Secondary periosteal swivel flaps for bone induction (9246)	C
Lip adhesion (9248)	C
Unilateral cleft lip repair (without muscle reconstruction) (9250)	C
Unilateral cleft lip repair (with muscle reconstruction) (9252)	C
Bilateral cleft lip repair (without muscle reconstruction) (9254)	C
Bilateral cleft lip repair (with muscle reconstruction) (9256)	D
Anterior nasal floor repair (between alveolus) (9258)	C
Partial revision of secondary cleft lip deformity (9260)	C
Total revision of secondary cleft lip deformity (with functional muscle reconstruction) (9262)	C
Abbe-flap (in two stages) (9264)	C
Columella reconstruction (9266)	C
Partial reconstruction of nose due to cleft deformity (9268)	C
Complete reconstruction of the nose due to cleft deformity (9270)	C
Paranasal augmentation for nasal base deviation (9272)	C

NB: LAB FEES TO BE CHARGED WHERE NECESSARY

SCHEDULE 3.2: UPFS PROCEDURE CODE BOOK**Ana P I**

1	Injections, Infusions And Inhalation Sedation		
1.1	Injections, Infusions, And Inhalation Sedation Treatment		
	Inhalation Sedation		
	Use of analgesic nitrous oxide for alcohol and other withdrawal states (0203)		A
	Intravenous Treatment (see Note: How To Charge For Intravenous Infusions)		
	Intravenous infusions (cutdown or push-in) (patients under two years): Cutdown and/or insertion of cannula – chargeable once per 24 hours (0205)		A
	Intravenous infusions (push-in) (patients over two years): Insertion of cannula - chargeable once per 24 hours (0206)		A
	Intravenous infusions (cutdown) (patients over two years): Cutdown and insertion of cannula - chargeable once per 24 Hours (0207)		A
	Venesection		
	Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations) (0208)		A
	Umbilical artery cannulation at birth (0209)		A
	Exchange transfusion: First and subsequent (including after-care) (0211)		B
	Intravenous Treatment With Cytostatic Agents		
	Chemotherapy: Intramuscular or subcutaneous: per injection.(0213)		A
	Chemotherapy: Intravenous bolus technique: per injection.(0214)		A
	Chemotherapy: Intravenous infusion technique: per injection.(0215)		A
2	Integumentary System		
2.1	Allergy		
	Patch Tests		
	First patch (0217)		A
	Additional patch (0219)		A
	Skin Prick Tests		
	Skin-prick testing: Insect vemon, latex and drugs (0218)		A
	Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergens (0220)		A
	Delayed hypersensitivity testing (Type IV reaction): per antigen (0221)		A
2.2	Skin (general)		
	Intralesional Injection Into Areas Of Pathology E.g. Keloids		
	Single (0222)		A
	Multiple (0223)		A
	Epilation: per session (0225)		A
	Special treatment of severe acne cases, including draining of cysts, expressing of comedones and/or steaming, abrasive cleaning of skin and UVR per session (0227)	A	A
	PUVA Treatment (0228)		A
	PUVA: Follow-up or maintenance once a week (0229)		A
	UVR-Treatment (0230)		A
	UVR-Follow-up - for use of ultraviolet lamp (0231)		A
	Biopsy Without Suturing		
	First lesion (0233)	A	A
	Subsequent lesions (0234)	A	A
	Maximum for multiple additional lesions (0235)	A	A
	Deep skin biopsy by surgical incision and suturing (0237)	A	A
	Treatment Of Benign Skin Lesion By Chemo-cryotherapy		
	First Lesion (0241)	A	A
	Subsequent lesions (0242)	A	A
	Maximum for multiple additional lesions (0243)	A	A
	Repair of nail bed (0244)	A	A
	Removal Of Benign Lesion By Curetting Under Local Or General Anaesthesia Followed By		
	First Lesion (0245)	A	A
	Subsequent lesions, each (0246)	A	A
	Removal Of Malignant Lesions By Curetting Under Local Or General Anaesthesia Followed By		
	First Lesion (0251)	A	A
	Subsequent lesions, each (0252)	A	A
	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail (0255)	A	A
	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 (0257)	A	B
	Removal of foreign body superficial to deep deep fascia (except hands) (0259)	A	B
	Removal of foreign body deep to deep fascia (except hands) (0261)	A	A

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Kurtin Planing For Acne Scarring		
Whole face (0271)	B	C
Extensive (0273)	B	B
Limited (0275)	B	A
Subsequent planing of whole face within 12 months (0277)	B	B
Surgical treatment for axillary hyperhidrosis (0279)	B	B
Laser Treatment For Small Skin Lesions		
First lesion (0280)	A	B
Subsequent lesions (0281)	A	B
Maximum for multiple additional lesions (0282)	A	B
Laser Treatment For Large Skin Lesions		
Limited area (0283)	A	B
Extensive area (0284)	A	B
Whole face or other areas of equivalent size or larger (0285)	A	C
2.3 Major Plastic Repair (Rule: Only to be charged for medical indicated Procedures; otherwise cosmetic tariff grouping applies)		
Large skin grafts, composite skin grafts, large full thickness free skin grafts (0289)	B	C
Reconstructive procedures (including all stages) and skin graft by myocutaneous or fasciocutaneous flap (0290)	B	D
Reconstructive procedures (including all stages) grafting by microvascular reanastomosis (0291)	C	D
Distant flaps: First stage (0292)	B	C
Contour grafts (0293)	B	C
Vascularised bone graft with or without soft tissue with one or more sets microvascular anastomoses (0294)	C	D
Local skin flaps (large, complicated) (0295)	B	C
Other procedures of major technical nature (0296)	B	C
Subsequent major procedures for repair of same lesion (0297)	B	B
Lower abdominal dermo lipectomy (0298)	C	C
Major abdominal lipectomy with repositioning of umbilicus (0299)	C	D
2.4 Lacerations, Scars, Tumours, Cysts And Other Skin Lesions		
Stitching Of Soft-tissue Injuries		
Stitching of wound (with or without local anaesthesia): Including normal after-care (0300)	A	B
Multiple stitching of wound stitched at same session (0301)	A	A
Deep laceration involving limited muscle damage (0302)	B	B
Deep laceration involving extensive muscle damage (0303)	B	B
Major debridement of wound, sloughectomy or secondary suture (0304)	B	A
Needle biopsy - soft tissue (0305)	A	B
Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude (0307)	A	A
Each additional small procedure done at the same time (0308)	A	A
Radical excision of nailbed (0310)	A	A
Excision of large benign tumour (more than 5 cm) (0311)	A	A
Extensive resection for malignant soft tissue tumour including muscle (0313)	B	B
Requiring repair by large skin graft or large local flap or other procedures of similar magnitude (0314)	B	B
Requiring repair by small skin graft or small local flap or other procedures of similar magnitude (0315)	B	A
2.5 Breasts (Rule: Only to be charged for medical indicated Procedures; otherwise cosmetic tariff grouping applies)		
Fine needle aspiration for soft tissue (all body areas) (0316)		B
Aspiration of cyst or tumour (0317)	A	A
Mastotomy with exploration, drainage of abscess or removal of mammary implant (0319)	A	A
Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma (0321)	A	B
Subareola cone excision of ducts or wedge excision of breast (0323)	A	B
Wedge excision of breast and axillary dissection (0324)	C	C
Total mastectomy (0325)	C	C
Total mastectomy with axillary gland biopsy (0327)	C	C
Total mastectomy with axillary gland dissection (0329)	C	D
Nipple and areola reconstruction (0330)	B	B
Subcutaneous Mastectomy For Disease Of Breast; Including Reconstruction But Excluding Cost		
Unilateral (0331)	B	C
Bilateral (0333)	B	D
Removal of breast implant by means of capsulectomy: Unilateral (0334)	B	C
Removal of breast implant by means of capsulectomy: Bilateral (03340)	B	D
Implantation of internal subpectoral mammary prosthesis in post mastectomy patients.(0335)	B	C
Reduction: Mammoplasty For Pathological Hypertrophy		
Unilateral (0337)	C	C
Bilateral (0339)	C	D
Gynaecomastia		
Unilateral (0341)	A	B
Bilateral (0343)	B	C
2.6 Burns		
Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours) (0351)	B	D
Tangential excision and grafting: Small (0353)	B	B
Tangential excision and grafting: Large (0354)	C	C

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2.7 Hands (skin)			
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 (0355)	C	B	
Small skin graft in acute hand injury (0357)	C	A	
Release of extensive skin contracture and or excision of scar tissue with major skin graft resurfacing (0359)	C	C	
Z-plasty (0361)	B	B	
Local flap and skin graft (0363)	B	C	
Cross finger flap (all stages) (0365)	B	C	
Palmar flap (all stages) (0367)	B	C	
Distant flap: First stage (0369)	B	C	
Distant flap: Subsequent stage (0371)	A	B	
Transfer neurovascular island flap (0373)	B	C	
Syndactyly: Separation of, including skin graft for one web (0374)	B	C	
Dupuytren's Contracture			
Fasciotomy (0375)	A	A	
Fasciectomy (0376)	A	C	
2.8 Acupuncture (Rule: charge Allied Health Professional Fee where applicable)			
Standard acupuncture (0377)			A
Laser acupuncture using more than 6 points (0378)			A
Electro-acupuncture (0379)			A
Scalp acupuncture (0380)			A
Micro-acupuncture (ear, hand) (0381)			A
3 Musculo-skeletal System			
3.1 Bones			
3.1.1 Fractures (reduction – open/closed Under General Anaesthetic)			
Scapula (0383)	A		
Clavicle (0387)	A		
Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure (0388)	B	C	
Humerus (0389)	A	B	
Radius and/or Ulna (0391)	A	B	
Open reduction of both radius and ulna (0392)	A	C	
Carpal bone (0402)	A	B	
Bennett's fracture-dislocation (0403)	A	A	
Metacarpal: Simple (0405)	A	A	
Finger Phalanx: Distal			
Simple (0409)	A		
Compound (0411)	A	A	
Proximal Or Middle			
Simple (0413)	A	A	
Compound (0415)	A	B	
Pelvis			
Closed (0417)	B		
Operative reduction and fixation (0419)	B	D	
Femur: Neck or Shaft (0421)	A	C	
Patella (0425)	A	A	
Tibia with or without fibula (0429)	A	B	
Fibula shaft (0433)	A		
Malleolus of ankle (0435)	A	A	
Fracture-dislocation of ankle (0437)	A	B	
Open reduction Talus fracture (0438)	A	B	
Tarsal bones and Os calcis (0439)	A	A	
Calcaneus reduction (0440)	A	B	
Metatarsal reduction (0441)	A	A	
Toe Phalanx			
Distal: Simple.(0443)	A		
Compound (0445)	A	A	
Other			
Simple (0447)	A	A	
Compound (0449)	A	A	
Sternum And/or Ribs			
Closed (0451)	C		
Open reduction and fixation of multiple fractured ribs for flail chest (0452)	C	C	
Spine: With Or Without Paralysis			
Cervical (0455)	C		
Rest (0456)	C		
Compression Fracture			
Cervical (0461)	C		
Rest (0462)	C		

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	Spinous Or Transverse Processes		
	Cervical (0463)	C	
	Rest (0464)	C	
3.1.1.1	Operations For Fractures		
	Fractures involving large joints (includes the item for the relative bone) (0465)	C	D
	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (Rule: If a patient goes back to theatre for the removal of the above under general anesthetic, only the relating anaesthetic category as per codes 0883-0886 can be charged for procedure 0473 includes the removal thereof) (0473)	B	A
	Bonegrafting Or Internal Fixation: Only to be charged for Mal - Or Non-union		
	Femur, Tibia, Humerus, Radius and Ulna (0475)	C	D
	Other bones (0479)	C	C
3.1.2	Bony Operations		
3.1.2.1	Bone Grafting		
	Resection of bone or tumour with or without grafting (0497)	C	D
	Resection of bone or tumour with or without grafting. Does not include digits (0498)	C	D
	Grafts To Cysts		
	Large bones (0499)	B	C
	Small bones (0501)	B	B
	Cartilage graft (0503)	B	C
	Inter-metacarpal bone graft (0505)	B	C
	Removal of autogenous bone for grafting (0507)	A	A
3.1.2.2	Acute Or Chronic Osteomyelitis		
	Sternum sequestrectomy and drainage: Including six weeks after-care (0512)	A	B
3.1.2.3	Osteotomy		
	Sternum: Repair of pectus excavatum (0514)	B	D
	Sternum: Repair of pectus carinatum (0515)	B	D
	Pelvic (0516)	B	D
	Femoral: Proximal (0521)	B	D
	Knee Region		
	Children (0523)	B	B
	Adults (0527)	B	D
	Os Calcis (Dwyer operation) (0528)	B	B
	Metacarpal and phalanx: Corrective for mal-union or rotation (0530)	B	B
	Rotational osteotomy of tibia and fibula - stand alone procedure (0531)	B	C
	Rotation osteotomies of the Radius, Ulna or Humerus (0532)	B	C
	Osteotomy, single metatarsal (0533)	A	A
	Multiple metatarsal osteotomies (0534)	B	C
3.1.2.4	Exostosis		
	Exostosis: Excision: Readily accessible sites (0535)	A	A
	Exostosis: Excision: Less accessible sites (0537)	A	B
3.1.2.5	Biopsy		
	Needle Biopsy: Spine (no after-care) (0539)	A	A
	Needle Biopsy: Other sites (no after-care) (0541)	A	A
	Open Needle Biopsy		
	Readily accessible site (0543)	B	
	Less accessible site (0545)	B	
3.2	Joints		
3.2.1	Dislocations		
	Clavicle: either end (0547)	A	A
	Shoulder (0549)	A	A
	Elbow (0551)	A	A
	Wrist (0552)	A	B
	Perilunar trans-scaphoid fracture dislocation (0553)	A	B
	Lunate (0555)	A	B
	Carpometacarpal dislocation (0556)	A	A
	Metacarpophalangeal or interphalangeal joints (hand) (0557)	A	A
	Hip (0559)	A	B
	Knee (0561)	A	B
	Patella (0563)	A	A
	Ankle (0565)	A	B
	Sub-Talar dislocation (0567)	A	B
	Intertarsal or Tarsometatarsal or Midtarsal (0569)	A	B
	Metatarsophalangeal or interphalangeal joints (foot) (0571)	A	A
3.2.2	Operations For Dislocations		
	Recurrent dislocation of shoulder (0578)	B	C
	Recurrent dislocation of all other joints (0579)	B	C
3.2.3	Capsular Operations		
	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care) (0582)	A	A

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Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care) (0583)	A	B	
Capsulectomy digital joint (0585)	A	B	
Multiple percutaneous capsulectomies of metacarpophalangeal joints (0586)	A	B	
Release of digital joint contracture (0587)	B	B	
3.2.4 Synovectomy			
Digital joint (0589)	B	B	
Large joint (0592)	B	C	
Tendon synovectomy (0593)	B	B	
3.2.5 Arthrodesis			
Shoulder (0597)	B	C	
Elbow (0598)	B	C	
Wrist (0599)	B	C	
Digital joint (0600)	B	B	
Hip (0601)	B	D	
Knee (0602)	B	C	
Ankle (0603)	B	C	
Sub-talar (0604)	B	B	
Stabilization of foot (triple-arthrodesis) (0605)	B	C	
Mid-tarsal wedge resection (0607)	B	C	
3.2.6 Arthroplasty			
Debridement large joints (0614)	B	C	
Excision medial or lateral end of clavicle (0615)	B	B	
Shoulder: Acromioplasty (0617)	B	C	
Shoulder: Partial replacement (0619)	C	D	
Shoulder: Total replacement (0620)	C	D	
Elbow: Excision head of radius (0621)	B	B	
Elbow: Excision (0622)	B	C	
Elbow: Partial replacement (0623)	B	C	
Elbow: Total replacement (0624)	C	D	
Wrist: Excision distal end of ulna (0625)	B	B	
Wrist: Excision single bone (0626)	B	B	
Wrist: Excision proximal row (0627)	B	C	
Wrist: Total replacement (0631)	B	C	
Digital Joint: Total replacement (0635)	C	C	
Hip: Total replacement (0637)	C	D	
Hip: Cup (0639)	C	D	
Hip: Prosthetic replacement of femoral head (0641)	C	D	
Hip: Girdlestone (0643)	C	D	
Knee: Partial replacement (0645)	C	D	
Knee: Total replacement (0646)	C	D	
Ankle: Total replacement (0649)	C	C	
Ankle: Astragalectomy (0650)	B	C	
3.2.7 Miscellaneous (joints)			
Aspiration of joint or intra-articular injection (not including after-care) (0661)	A	A	
Multiple Intra-articular Injections For Rheumatoid Arthritis (excluding After-care)			
First joint (0663)	A	A	
Additional (0665)	A	A	
Arthroscopy (excluding after-care) (0667)	A	A	
Manipulation large joint under general anaesthetic (not including after-care) Hip (0669)	A	A	
Rule: The consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic: Hip – Charge anaesthetic fee only, if performed under general anaesthetics (0670)	A		
Meniscectomy or operation for other internal derangement of knee (0673)	B	B	
3.2.8 Joint Ligament Reconstruction Or Suture			
Ankle: Collateral (0675)	B	C	
Knee: Collateral (0677)	B	C	
Knee: Cruciate (0678)	B	C	
Ligament augmentation procedure of knee (0679)	B	D	
Digital joint ligament (0680)	B	B	
3.3 Amputations			
3.3.1 Specific Amputations			
Fore-quarter amputation (0682)	B	D	
Through shoulder (0683)	B	C	
Upper arm or fore-arm (0685)	B	B	
Partial amputation of the hand: One ray (0687)	A	B	
Part of or whole of finger (0691)	A	A	
Hindquarter amputation (0693)	B	D	
Through hip joint region (0695)	B	C	
Through thigh (0697)	B	C	
Below knee, through knee or Syme (0699)	B	C	
Trans metatarsal or trans tarsal (0701)	A	B	
Foot: One ray (0703)	A	B	
Toe (0705)	A	B	

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3.3.2	Post-amputation Reconstruction		
	Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler (0706)	A	B
	Krukenberg reconstruction (0707)	C	C
	Metacarpal transfer (0709)	B	C
	Pollicization of the finger (to include all stages) (0711)	B	D
	Toe to thumb transfer (0712)	B	D
3.4	Muscles, Tendons And Fasciae		
3.4.1	Investigations:		
	Electromyography (0713)	A	B
	Electromyographic neuromuscular junctional study, including edrophonium response (0714)	A	A
	Strength duration curve per session (0715)	A	A
	Electrical examination of single nerve or muscle (0717)	A	A
	Oxidative study for mitochondrial function (0718)	B	A
	Voltage integration during isometric contraction (0721)	A	A
	Tonometry with edrophonium (0723)	A	A
	Isometric tension studies with edrophonium (0725)	A	A
	Cranial Reflex Study (both Early And Late Responses) Supra Occulofacial Or Corneo-facial Or		
	Unilateral (0727)	A	A
	Bilateral (0728)	A	A
	Tendon reflex time (0729)	A	A
	Limb-brain somatosensory studies (per limb) (0730)	A	A
	Visio and audio-sensory studies (0731)	A	A
	Motor nerve conduction studies (single nerve) (0733)	B	A
	Examinations of sensory nerve conduction by sweep averages (single nerve) (0735)	A	A
	Biopsy for motor nerve terminals and end plates (0737)	A	A
	Combined muscle biopsy with end plates and nerve terminal biopsy (0739)	B	A
	Muscle fatigue studies (0740)	A	A
	Muscle biopsy (0741)	B	A
	Global fee for all muscle studies, including histochemical studies (0742)	C	C
3.4.2	Decompression Operations		
	Major compartmental decompression (0743)	A	B
	Fasciotomy only (0744)	A	A
3.4.3	Muscle And Tendon Repair		
	Biceps humeri (0745)	B	B
	Removal of calcification in Rotator cuff (0746)	A	B
	Rotator cuff (0747)	B	B
	Muscle and tendon repair: Debridement rotator cuff (0748)	A	B
	Muscle and tendon repair: Scapulopexy - stand alone procedure (0749)	B	C
	Infrapatellar or quadriceps tendon (0755)	B	B
	Achilles tendon (0757)	B	B
	Other single tendon (0759)	A	B
	Tendon or ligament injection (0763)	A	A
	Flexor Tendon Suture		
	Primary (per tendon) (0767)	A	B
	Secondary (per tendon) (0769)	A	C
	Extensor Tendon Suture		
	Primary (per tendon) (0771)	A	B
	Secondary (per tendon) (0773)	A	B
	Repair of Boutonniere deformity or Mallet finger (0774)	B	B
3.4.4	Tendon Graft		
	Free tendon graft (0775)	B	C
	Reconstruction of pulley for flexor tendon (0776)	B	A
	Finger		
	Flexor (0777)	B	C
	Extensor (0779)	B	B
	Two stage flexor tendon graft using silastic rod (0780)	B	C
3.4.5	Tenolysis		
	Tendon freeing operation, except where specified elsewhere (0781)	B	B
	Carpal tunnel syndrome (0782)	B	B
	De Quervain (0783)	B	A
	Trigger finger (0784)	B	A
	Flexor tendon freeing operation following free tendon graft or suture (0785)	B	C
	Extensor tendon freeing operation following graft or suture (0787)	B	B
	Intrinsic tendon release per finger (0788)	B	B
	Central tendon tenotomy for Boutonniere deformity (0789)	B	B
3.4.6	Tenodesis		
	Digital joint (0790)	A	B

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3.4.7	Muscle Tendon And Fascia Transfer		
	Single tendon transfer (0791)	B	B
	Multiple tendon transfer (0792)	C	B
	Hamstring to quadriceps transfer (0793)	C	B
	Pectoralis major or Latissimus dorsi transfer to biceps tendon (0794)	C	D
	Tendon transfer at elbow (0795)	C	B
	Iliopsoas at hip (0796)	C	C
	Knee (Eggers) (0797)	C	B
	Hand Tendons		
	Radial club hand repair - stand alone procedure (0802)	C	D
	Single tendon transfer (first) (0803)	B	B
	Substitution for intrinsic paralysis of hand (0809)	C	C
	Opponens transfers (0811)	C	B
3.4.8	Muscle Slide Operations And Tendon Lengthening		
	Percutaneous Tenotomy: All sites (0812)	A	A
	Torticollis (0813)	B	B
	Scalenotomy (0815)	B	B
	Scalenotomy with excision of first rib (0817)	B	C
	Tennis elbow (0821)	C	B
	Open release elbow (Mitals) - stand alone procedure (0822)	B	C
	Excision or slide for Volkmann's Contracture (0823)	C	C
	Hip: Open muscle release (0825)	B	B
	Knee: Quadricepsplasty (0829)	B	C
	Knee: Open tenotomy (0831)	B	B
	Calf (0835)	B	B
	Open elongation tendon Achilles (0837)	B	B
	Percutaneous "Hoke" elongation tendo Achilles (0838)	A	B
	Foot: Plantar fasciotomy (0845)	A	B
	Foot: Postero-medial release for club-foot (0846)	C	C
3.5	Bursae And Ganglia		
	Excision		
	Semimembranosus (0847)	B	B
	Prepatellar (0849)	A	A
	Olecranon (0851)	A	A
	Small bursa or ganglion (0853)	A	A
	Compound palmar ganglion or synovectomy (0855)	A	B
	Aspiration or injection (no after-care) (0857)	A	B
3.6	Miscellaneous		
3.6.1	Leg Equalisation And Congenital Hips And Feet		
	Leg shortening (0859)	C	D
	Leg lengthening (0861)	C	D
	Epiphysiodesis at one level (0863)	C	B
	Initial Non-operative Reduction And Application Of Plastercast		
	One hip (0865)	A	B
	Two hips (0867)	A	C
	Open reduction of congenital dislocation of the hip (0868)	C	C
	Subsequent plaster (0869)	A	A
	Manipulation And Plaster		
	One foot (0873)	A	A
	Ponseti technique assistant (0874)	A	A
3.6.2	Removal Of Internal Fixatives Or Prosthesis		
	Removal of internal fixatives or prosthesis: Readily accessible (0883)	A	
	Removal of internal fixatives or prosthesis: Less accessible (0884)	B	
	Removal of prosthesis for infection soon after operation (0885)	B	
	Late removal of infected total joint replacement prosthesis (including six weeks after-care) (0886)	C	
3.7	Plasters (exclusive of aftercare)		
	Limb cast (excluding after-care) (0887)	A	B
	Spica, plaster jacket or hinged cast brace (excluding after-care) (0889)	B	A
	Turnbuckle cast (excluding after-care) (0891)	B	B
	Adjustment or repair of turnbuckle cast (excluding after-care) (0893)	A	B
3.8	Special Areas		
3.8.1	Foot And Ankle		
	Club foot: Revision club foot release - stand alone procedure (0895)	C	D
	Club foot: Posterior release only - stand alone procedure (0896)	C	D
	Excision tarsal coalition - stand alone procedure (0900)	B	B
	One foot (0897)	C	B
	Tenotomy, single tendon (0901)	C	A
	Hammer toe: one toe (0903)	C	A

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	Fillet of Toe or Ruiz-Mora procedure (0905)	C	A
	Arthrodesis Hallux (0906)	B	B
	Silver bunionectomy or similar for Hallux Valgus (0907)	B	B
	Excision arthroplasty (0909)	B	B
	Cheilectomy or metatarsophangeal implant Hallux (0910)	B	C
	Metatarsal osteotomy or Lapidus or similar or Chevron (0911)	B	B
	Hallux Valgus double osteotomy etc. (5730)	B	C
	Distal soft tissue procedure for Hallux Valgus (5731)	B	C
	Aitkin procedure or similar (5732)	B	C
	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID) (5734)	B	B
	Repair angular deformity toe (lesser toes) (5735)	B	B
	Sesamoidectomy (5736)	B	B
	Repair major foot tendons e.g. Tib Post (5737)	B	C
	Repair of dislocating peroneal tendons (5738)	B	C
	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot (5739)	B	C
	Steindler strip - plantar fascia (5740)	B	B
	Kelikian syndactily (one web space) (5741)	B	B
	Tendon transfer foot (5742)	B	C
	Capsulotomy metatarsophalangeal joints: Foot (5743)	B	B
3.8.2	Big Toe		
3.8.3	Reimplantations		
	Replant of amputated upper limb proximal to wrist joint (0912)	C	D
	Replantation of thumb (0913)	C	D
	Replantation of a single digit (to be motivated), for multiple digits (0914)	C	D
	Replantation operation through the palm (0915)	C	D
3.8.4	Hands: (note: Skin: See Integumentary System)		
	Tumours		
	Epidermoid cysts (0919)	A	A
	Ganglion or fibroma (0920)	A	A
	Nodular synovitis (Giant cell tumour of tendon sheath) (0921)	A	B
	Removal Of Foreign Bodies Requiring Incision		
	Under local anaesthetic (0922)	A	A
	Under general or regional anaesthetic (0923)	A	A
	Crushed Hand Injuries		
	Initial extensive soft tissue toilet under general anaesthetic (sliding scale) (0924)	A	A
	Subsequent dressing changes under general anaesthetic (0925)	B	A
3.8.5	Spine		
	Excision of one vertebral body, for a lesion within the body (no decompression) (0927)	C	C
	Excision of each additional vertebral segment for a lesion within the body (no decompression) (0928)	C	C
	Manipulation of spine under general anaesthetic: (no after-care) (0929)	B	A
	Posterior osteotomy of spine: One vertebral segment (0930)	C	D
	Posterior spinal fusion: One level (0931)	C	D
	Posterior osteotomy of spine: Each additional vertebral segment (0932)	C	D
	Anterior spinal osteotomy with disc removal: One vertebral segment (0933)	C	D
	Anterior spinal osteotomy with disc removal: Each additional vertebral segment (0936)	C	D
	Anterior fusion base of skull to C2 (0938)	C	D
	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon (0939)	B	C
	Trans-thoracic anterior exposure of the spine if done by a second surgeon (0940)	B	C
	Anterior interbody fusion: One level (0941)	C	D
	Anterior interbody fusion: Each additional level (0942)	C	D
	Posterior fusion: Occiput to C2 (0944)	C	D
	Posterior spinal fusion: Each additional level (0946)	C	D
	Posterior interbody lumbar fusion: One level (0948)	C	D
	Posterior interbody lumbar fusion: Each additional interspace (0950)	C	D
	Excision of coccyx (0959)	B	B
	Costo-transversectomy (0961)	B	C
	Antero-lateral decompression of spinal cord or anterior debridement (0963)	C	D
3.8.6	Spinal Deformities		
	Posterior fusion for spinal deformity: Up to 6 levels (0952)	C	D
	Posterior fusion for spinal deformity: 7 to 12 levels (0954)	C	D
	Posterior fusion for spinal deformity: 13 or more levels (0955)	C	D
	Anterior fusion for spinal deformity 2 or 3 levels (0956)	C	D
	Anterior fusion for spinal deformity: 4 to 7 levels (0957)	C	D
	Anterior fusion for spinal deformity: 8 or more levels (0958)	C	D
3.8.7	All Spinal Problems		
	Laminectomy with decompression of nerve roots and disc removal: One level (0943)	C	C
	Posterior non-segmental instrumentation (0960)	B	C
	Posterior segmental instrumentation: 2 to 6 vertebrae (0962)	B	C
	Posterior segmental instrumentation: 7 to 12 vertebrae (0964)	B	C
	Posterior segmental instrumentation: 13 or more vertebrae (0966)	B	C
	Anterior instrumentation: 2 to 3 vertebrae (0968)	B	C
	Skull or skull-femoral traction including two weeks after-care (0969)	B	B
	Anterior instrumentation: 4 to 7 vertebrae (0970)	B	C

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	Halo-splint and POP jacket including two weeks after-care (0971)	B	
	Anterior instrumentation: 8 or more vertebrae (0972)	B	C
	Additional pelvic fixation of instrumentation other than sacrum (0974)	B	B
	Reinsertion of instrumentation (5750)	B	D
	Removal of posterior non-segmental instrumentation (5751)	B	C
	Removal of posterior segmental instrumentation (5752)	B	C
	Removal of anterior instrumentation (5753)	B	C
	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels (5755)	A	D
	Laminectomy with full decompression for spondylolisthesis (Gill procedure) (5756)	A	D
	Laminectomy for decompression without foraminotomy or diskectomy more than two levels (5757)	A	D
	Laminectomy with decompression of nerve roots and disc removal: Each additional level (5758)	A	D
	Laminectomy for decompression diskectomy etc., revision operation (5759)	B	D
	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level (5760)	A	D
	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level (5761)	A	D
	Anterior disc removal and spinal decompression cervical: One level (5763)	A	D
	Anterior disc removal and spinal decompression cervical: Each additional level (5764)	A	D
	Vertebral corpectomy for spinal decompression: One level (5765)	A	D
	Vertebral corpectomy for spinal decompression: Each additional level	A	D
	Use of microscope in spinal or intracranial procedures (5770)	A	A
3.9	Facial Bone Procedures		
	Repair of orbital floor (blowout fracture) (0987)	C	C
	Genioplasty (0988)	B	C
	Open Reduction And Fixation Of Central Mid-third Facial Fracture With Displacement		
	Le Fort I (0989)	B	C
	Le Fort II (0990)	C	D
	Le Fort III (0991)	C	D
	Le Fort I Osteotomy (0992)	C	D
	Palatal Osteotomy (0993)	C	D
	Le Fort II Osteotomy (team fee) (0994)	C	D
	Le Fort III Osteotomy (team fee) (0995)	C	D
	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla (0996) without displacement.	B	C
	Mandible: Fractured Nose And Zygoma		
	Open reduction and fixation (0997)	C	D
	Closed reduction by inter-maxillary fixation (0999)	B	C
	Temporo-mandibular joint: Reconstruction for dysfunction (1001)	C	C
	Manipulation: Immobilisation and follow-up of fractured nose (1003)	A	B
	Nasal fracture without manipulation (1005)	A	A
	Mandibulectomy (1007)	C	D
	Maxillectomy(1009)	C	D
	Bone graft to mandible (1011)	C	C
	Adjustment of occlusion by ramisection (1012)	C	C
	Fracture of arch of zygoma without displacement (1013)	B	A
	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures, recent fractures (within four weeks) (1015)	B	B
	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; (after four weeks) (1017)	B	C
4	Respiratory System		
4.1	Nose And Sinuses		
	Flexible nasopharyngolaryngoscope examination (1018)	A	A
	ENT endoscopy with rigid endoscope (1019)	A	B
	Septum perforation repair, by any method (1020)	B	B
	Functional reconstruction of nasal septum (1022)	C	B
	Insertion of silastic obturator into nasal septum perforation (1024)	B	A
	Intranasal antrostomy (1025)	B	A
	Dacrocystorhinostomy (1027)	B	C
	Turbinectomy, uni- or bilaterall (1029)	B	A
	Endoscopic turbinectomy: laser or microdebrider (1030)	B	B
	Removal of single nasal polyp (1031)	A	B
	Removal of multiple polyps in hospital under general anaesthetic (1033)	B	A
	Autogenous nasal bone transplant: Bone removal included (1034)	C	B
	Functional endoscopic sinus surgery: Unilateral (1035)	B	B
	Bilateral functional endoscopic sinus surgery (1036)	B	C
	Diathermy To Nose Or Pharynx Exclusive Of Consultation Fee, Uni- Or Bilateral		
	Under local anaesthetic (1037)		A
	Under general anaesthetic (1039)	B	A

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Severe Epistaxis, Requiring Hospitalisation			
Control severe epistaxis Anterior plugging (1041)	B	B	
Control severe epistaxis Anterior and posterior plugging (1043)	B	B	
Ligation anterior ethmoidal artery (1045)	B	A	
Caldwell-Luc operation (unilateral) (1047)	B	B	
Ligation internal maxillary artery (1049)	B	B	
Vidian neurectomy (transantral or transnasal) (1050)	B	B	
Removal nasopharyngeal fibroma (1051)	C	D	
Instrumental examination of the nasopharynx including biopsy under general anaesthetic (1052)	B	A	
Frontal sinus drainage, trephin operation (1053)	B	B	
Antroscopy through the canine fossa (uni- or bilateral) (1054)	A	A	
External frontal ethmoidectomy (1055)	B	C	
External ethmoidectomy and/or sphenoidectomy (1057)	B	C	
Sublabial transseptal sphenoidotomy (1058)	B	B	
Frontal osteomyelitis (1059)	B	C	
Obliteration of frontal sinus (1060)	B	C	
Lateral rhinotomy (1061)	B	C	
Excision nasolabial cyst (1062)	B	D	
Removal of foreign bodies from nose (1063)	A	A	
Removal of foreign body from nose under general anaesthetic (1065)	A	A	
Proof puncture at rooms (unilateral) (1067)	A	A	
Proof puncture, uni- or bilateral under general anaesthetic (1069)	A	A	
Proetz treatment (1071)	A	A	
Septum abscess, including after-care (1077)			A
Septum abscess, under general anaesthetic (1079)	A	A	
Oro-antral fistula (without Caldwell-Luc) (1081)	B	B	
Choanal atresia: Intranasal approach (1083)	B	B	
Choanal atresia: Transpalatal approach (1084)	B	C	
Total reconstruction of the nose: including reconstruction of nasal septum (septoplasty) nasal pyramid (osteotomies) and nose tip (1085)	C	D	
Sub-total reconstruction consisting of any two of the following: septoplasty, osteotomies, nasal tip reconstruction (1087)	B	C	
Forehead Rhinoplasty (all Stages)			
Total (1089)	C	D	
Partial (1091)	C	D	
Rhinophyma without skin graft (1093)	B	B	
Full nasal reconstruction for secondary cleft lip deformity (1095)	C	D	
Partial nasal reconstruction for cleft lip deformity (1097)	B	C	
Columella reconstruction or lengthening (1099)	B	B	
4.2 Throat			
Tonsillectomy (dissection of tonsils) (1101)	B	B	
Laser tonsillectomy (1102)	B	B	
Removal of adenoids (1105)	B	A	
Laser assisted functional reconstruction of palate and uvula (1106)	B	B	
Opening of quinsy under local anaesthetic (1107)	B	B	
Laser assisted functional reconstruction of palate and uvula. (1108)	B	B	
Opening of quinsy under general anaesthetic (1109)	B	A	
Ludwig's Angina: Drainage (1110)	B	A	
Post tonsillectomy or adenoidectomy haemorrhage (1111)	B	A	
Pharyngeal pouch operation (1112)	C	C	
Retropharyngeal abscess internal approach (1113)	B	A	
Retropharyngeal abscess external approach (1115)	B	B	
Functional reconstruction of palate and uvula (1116)	C	B	
4.3 Larynx			
Laryngeal intubation (1117)			A
Laryngeal stroboscopy with video capture (1118)	B		A
Laryngectomy			
Laryngectomy without block dissection of the neck (1119)	C	D	
Botulinum toxin injection for adductor dysphonia (1123)			A
Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding aftercare) (1125)	B	B	
Post laryngectomy for voice restoration (1126)	C	B	
Tracheotomy (1127)	B	B	
Endolaryngeal operations using a laser (1128)	B	B	
External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor paralysis, laryngo- fissure (1129)	C	C	
Direct Laryngoscopy			
Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used) (1130)	B		A
Plus foreign body removal (1131)	B		B

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4.4 Bronchial Procedures			
Bronchoscopy			
Diagnostic bronchoscopy (1132)	B	B	
With removal of foreign body (1133)	B	B	
Bronchoscopy with use of laser (1134)	B	B	
With bronchography (1135)	B	B	
Nebulisation (per 24 hrs) (1136)	A	A	
Bronchial lavage (1137)	B	B	
Thoracotomy: for broncho-pleural fistula (including ruptured bronchus, any cause) (1138)	C	D	
4.5 Pleura			
Pleural needle biopsy: (no after-care) (1139)	A	B	
Insertion of intercostal catheter (under water drainage) (1141)	A	A	
Intra-pleural block (1142)	B	A	
Paracentesis chest: Diagnostic (1143)	A	B	
Paracentesis chest: Therapeutic (1145)	A	A	
Pneumothorax: Induction (diagnostic) (1147)	B	A	
Pleurectomy (1149)	C	C	
Decortication of lung (1151)	C	D	
Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc) (1153)	A	B	
4.6 Pulmonary Procedures			
4.6.1 Surgical			
Needle biopsy lung: (no after-care) (1155)	B	A	
Pneumonectomy (1157)	C	D	
Pulmonary lobectomy (1159)	C	D	
Segmental lobectomy (1161)	C	D	
Excision Tracheal Stenosis			
Cervical (1163)	C	D	
Intra thoracic (1164)	C	D	
Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks (1167)	C	C	
Thoracoplasty: Complete (1168)	C	C	
Thoracoplasty: Limited/osteoplastic (1169)	C	C	
Drainage empyema (including six weeks after treatment) (1171)	B	C	
Drainage of lung abscess (including six weeks after treatment) (1173)	B	C	
Thoracotomy (limited): For lung or pleural biopsy (1175)	B	B	
Major: Diagnostic, as for inoperable carcinoma (1177)	C	C	
Thoracoscopy (1179)	B	B	
Unilateral lung transplant (1181)	C	D	
Harvesting donor lung: Unilateral (Rule: donor procedure: please refer to relevant policies) (1182)	B	B	
Excision Or Plication Of Emphysematous Cyst			
Unilateral (1183)	C	C	
Bilateral synchronous (Median sternotomy) (1184)	C	D	
Re-exploration following sternal dehiscence (1185)	C	B	
4.6.2 Pulmonary Function Tests			
Flow volume test: Inspiration/expiration (1186)	B	A	
Flow volume test: Inspiration/expiration pre- and post-bronchodilator (1188)	B	A	
Forced expirogram only (1189)	A	A	
Determination of resistance to airflow in paediatric patients, impulse oscilimetry (1190)	A	A	
N2 single breath distribution (1191)	A	A	
Peak expiratory flow only (1192)	A	A	
Functional residual capacity or residual volume: helium, nitrogen open circuit, or other method (1193)		A	
Thoracic gas volume (1195)		B	
Determination of resistance to airflow, oscillatory or plethysmographic methods (1196)		A	
Compliance and resistance, using oesophageal balloon (1197)	B	B	
Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent, with subsequent spirometrics (1198)		B	
Pulmonary stress testing: simple (eg. prolonged exercise test for bronchospasm with pre- and post-spirometry) (1199)		B	
Carbon monoxide diffusing capacity, any method (1200)		A	
Maximum inspiratory/expiratory pressure (1201)	A	A	
4.7 Intensive Care: (in Intensive Care Or High Care Unit) Respiratory, Cardiac, General			
4.7.1 Neonatal Procedures			
Insertion of central venous catheter via peripheral vein in neonates (1202)	B	A	
4.7.2 Tariff Items For Intensive Care			
4.7.3 Procedures			
Ventilation			
Insertion of arterial pressure cannula (1215)	A	A	
Insertion of Swan Ganz catheter for haemodynamic monitoring (1216)	B	A	
Insertion of central venous line via peripheral vein (1217)	B	A	
Insertion of central venous line via subclavian or jugular veins (1218)	A	A	
Professional fee for managing a patient-controlled analgesic pump: Once off charge per patient. (Rule: Not applicable to UPFS – included in inpatient tariff grouping) (1221)	B	A	

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4.8	Hyperbaric Oxygen Therapy (See new tariff grouping 22)		
5.	Mediastinal Procedures		
	Mediastinal tumours (1222)	C	D
	Mediastinoscopy (1223)	B	B
	Mediastinotomy (1224)	B	B
	Excision of malignant chest wall tumours involving sternum and multiple ribs (1225)	C	D
	Removal of single rib with a lesion (1226)	C	D
6.	Cardiovascular System		
6.1	General		
	Global adult/neonatal resuscitation fee. (1127)	B	C
	Physician's Fee For Interpreting An Ecg		
	Without effort.(this interpretation code is included in procedure 1232) (1230)		A
	Without and with effort.(this interpretation code is included in procedure 1233) (1231)		A
	Electrocardiogram		
	Without effort (per 24hrs) (1232)		A
	Without and with effort (per 24 hrs) (1233)		A
	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus (1234)		A
	Multi-stage treadmill test (1235)		A
	ECG without effort: Under 4 years (per 24 hrs) (1236)		A
	24 Hour ambulatory ECG monitoring (holter) (per 24 hrs) (1239)		A
	Signal averaged electrocardiogram (1240)		B
	Two week event triggered ambulatory ECG monitoring (1244)		A
	Angiography cerebral: First two series (1245)	B	A
	Angiography peripheral: Per limb.(1246)	B	A
	Cardioversion for arrhythmias (any method) with doctor in attendance (1247)	B	B
	Paracentesis of pericardium (1248)	B	A
	Cardiological supervision of Dobutamine magnetic resonance stress testing (1271)		A
6.2	Invasive Cardiology		
6.2.1	Cardiac Catheterisation		
	Right and left cardiac catheterisation without coronary angio-graphy (with or without biopsy) (1249)	B	B
	Endomyocardial biopsy (1250)	B	B
	Transseptal puncture (1251)	B	B
	Left heart catheterisation with coronary angiography (with or without biopsy) (1252)	B	B
	Right heart catheterisation (with or without biopsy) (1253)	B	B
	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts (1254)	B	A
	Tilt test (1255)	B	
6.2.2	Electrophysiological Study		
	Ventricular stimulation study (1256)	B	C
	Full electrophysiological study (1257)	B	D
6.2.3	Pacemakers		
	Permanent - single chamber (1258)	B	C
	Permanent - dual chamber (1259)	B	C
	AV nodal ablation (1260)	B	D
	Accessory pathway ablation (1261)	B	D
	Electrophysiological mapping (1262)	B	D
	Insertion transvenous implantable defibrillator (1263)	C	C
	Test for implantable transvenous defibrillator (1264)	B	B
	Renewal of pacemaker unit only, team fee (1265)	B	B
	Resiting pacemaker generator (1266)	B	B
	Repositioning of catheter electrode (1267)	B	A
	Threshold testing: Own equipment (1268)		A
	Threshold testing (1269)		B

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Programming of atrio-ventricular sequential pacemaker (1270)			A
Insertion of temporary pacemaker (1273)	B		B
Termination of arrhythmia - programmed stimulation and lead insertion of temporary pacer (1275)	B		C
6.2.4 Percutaneous Transluminal Angioplasty			
Single lesion (1276)	C		C
Second lesion (1278)	C		A
Third or subsequent lesions (each) (1280)	C		A
Use of balloon procedures including	C		C
- Atrial septostomy			
- Pulmonary valve valvuloplasty			
- Aortic valve valvuloplasty			
- Coarctation dilation			
- Mitral valve valvuloplasty (1282)			
Atherectomy: single lesion: first cardiologist (1284)			D
Insertion of intravascular stent: first cardiologist (1286)			B
Use of balloon procedures including			D
- Arterial septostomy			
- Pulmonary valve valvuloplasty			
- Aortic valve valvuloplasty			
- Coarctation dilation			
- Mitral valve valvuloplasty			
- Closure atrial septal defect			
- Closure of patent ductus arteriosus (1290)			
6.2.5 Paediatric Cardiac Catheterisation			
Paediatric cardiac catheterisation (1288)	C		C
Paediatric cardiac catheterisation: Infants below the age of one year (1289)	C		C
6.3 Cardiac Surgery			
Patent ductus arteriosus (1294)	C		D
Pericardiectomy for constrictive pericarditis (1295)	C		D
Coarctation of aorta (1297)	C		D
Systemo-pulmonary anastomosis (1299)	C		D
Mitral valvotomy: Closed heart technique (1301)	C		D
Heart transplant (1302)	C		D
Harvesting donor heart. (Rule: donor procedure: please refer to relevant policies) (1303)	B		B
Operative implantation of cardiac pacemaker by thoracotomy (1305)	C		C
Re-exploration after cardiac-surgery (1307)	C		C
Heart and lung transplant (1308)	C		D
Harvesting donor heart and lungs. (Rule: donor procedure: please refer to Annexure H and relevant policies) (1309)	B		B
Pericardial drainage (1311)	B		B
6.3.1 Open Heart Surgery			
Evaluation of coronary angiogram by cardio-thoracic surgeon			A
Repeat open heart surgery (additional fee above procedure fee)(1320)	C		C
Stand-by fee for coronary angioplasty. (1321)	B		A
6.3.1.1 Congenital Conditions			
Atrial Septal Defect			
Osteum secundum (1323)	C		D
Sinus venosus or osteum primum (1325)	C		D
Ventricular septal defect (1327)	C		D
Falot's tetralogy (1329)	C		D
Pulmonary stenosis (1330)	C		D
Transposition of large vessels (venous repair) (1331)	C		D
Transposition of great arteries (arterial repair) (1332)	C		D

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	Ebstein's Anomaly (1333)	C	D
	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal) (1334)	C	D
	Total anomalous venous drainage (1335)	C	D
	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia (1336)	C	D
	Creation of atrial septal defect by thoracotomy with or without cardiac bypass (1337)	C	D
	Fontan type repair (1338)	C	D
6.3.1.2	Acquired Conditions		
	Mitral valve replacement (1339)	C	D
	Mitral valvuloplasty (1340)	C	D
	Aortic valve replacement (1341)	C	D
	Tricuspid annulo plasty (1342)	C	C
	Double valve replacement (1343)	C	D
	Acute dissecting aneurysm repair (1344)	C	D
	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest (1345)	C	D
	Aorta-coronary Bypass Operation (including Interpretation Of Angiogram)		
	Harvesting of saphenous veins: Unilateral (1346)	A	B
	Harvesting of saphenous veins: Bilateral (1347)	A	C
	Utilizing saphenous veins (1348)	C	D
	Additional arterial implant: any artery (1349)	C	D
	Additional double arterial implant: any artery (1350)	C	D
	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm (1351)	C	D
	Cardiac aneurysm (1352)	C	D
	Ascending/descending thoracic aortic aneurysm repair (1353)	C	D
	Arrhythmia surgery (1354)	C	D
	Cardiac tumour (1355)	C	D
	Insertion and removal of intra-aortic balloon pump (1356)	C	C
	Harvesting of radial artery (1358)	A	C
6.4	Peripheral Vascular System		
6.4.1	Investigations		
	Skin Temperature Test		
	Response to reflex heating (1357)		A
	Response to reflex cooling (1359)		A
	Cold sensitivity test (1361)		A
	Oscillometry test (1363)		A
	Sweat test (1365)		A
	Transcutaneous Oximetry		
	Transcutaneous oximetry - single site (1366)		A
6.4.2	Arterio-venous Abnormalities:		
6.4.3	Arteries :		
6.4.3.1	Aorta-iliac And Major Branches		
	Abdominal Aorta And Iliac Artery		
	Unruptured (1372)	C	D
	Ruptured(1373)	C	D
	Grafting and/or thrombo-endarterectomy for thrombosis (1375)	C	D
	Aorta bifemoral graft, including proximal and distal endarterectomy and preparation for anastomosis (1376)	C	D
6.4.3.2	Iliac Artery		
	Prosthetic grafting and/or Thrombo-endarterectomy (1379)	C	D
6.4.3.3	Peripheral		
	Prosthetic grafting (1385)	C	C

	Ana	P	I
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.) (1396)	C	C	
Grafting Vein			
Vein grafting proximal to knee joint (1387)	C	D	
Distal to knee joint (1388)	C	D	
Endarterectomy when not part of another specified procedure (1389)	C	C	
Carotid endarterectomy (1390)	C	D	
Embolectomy			
Peripheral embolectomy transfemoral (1393)	B	C	
Miscellaneous Arterial Procedures			
Arterial suture: trauma (1395)	B	B	
Profundoplasty (1397)	B	C	
Distal tibial (Ankle region) (1399)	C	D	
Femoro-femoral (1401)	C	C	
Carotid-subclavian (1402)	C	D	
Axillo-femoral: (Bifemoral + 50%) (1403)	C	D	
6.4.4 Veins			
Ligation of saphenous vein (1407)	A	A	
Placement of Hickman catheter or similar (1408)	B	B	
Ligation Of Inferior Vena Cava:			
Abdominal (1410)	B	C	
"umbrella" Operation On Inferior Vena Cava :			
Abdominal (1412)	B	B	
Combined Procedure For Varicose Veins: Ligation Of Saphenous Vein, Stripping, Multiple Ligation			
Unilateral (1413)	B	B	
Bilateral (1415)	B	C	
Extensive sub-fascial ligation of perforating veins (1417)	B	B	
Lesser varicose vein procedures (1419)	A	A	
Compression Sclerotherapy Of Varicose Veins			
Per injection to a maximum of nine injections per leg (1421)	A	A	
Thrombectomy			
Inferior vena cava (Trans abdominal) (1425)	C	C	
Ilio-femoral (1427)	B	C	
6.4.5 Portal Hypertension			
Porto-caval shunt (1429)	C	D	
6.5 Cardiac Rehabilitation			
Phase II: Exercise rehabilitation (charge Allied Health Professional fee where applicable) (1431)			A
Phase III: Exercise rehabilitation (charge Allied Health Professional fee where applicable) (1432)			A
7 Lympho-reticular System			
7.1 Spleen			
Splenectomy			
Splenectomy (In all cases) (1435)	C	C	
Splenorrhaphy (1436)	C	C	
7.2 Lymph Nodes And Lymphatic Channels			
Excision Of Lymph Node For Biopsy			
Neck or axilla (1439)	A	B	
Groin (1441)	A	B	
Simple excision of lymph nodes for tuberculosis (1443)	A	B	
Radical Excision Of Lymph Nodes Of Neck: Total			
Unilateral.(1445)	C	D	
Suprahyoid unilateral (1447)	C	C	
Radical excision of lymph nodes of axilla.(1449)	C	C	
Radical Excision Of Lymph Nodes Of Groin			
Ilio-inguinal (1451)	C	C	
Inguinal (1453)	C	C	
Retroperitoneal lymphadenectomy including pelvic, aortic and renal nodes (1455)	C	D	
Bone Marrow Biopsy			
By trephine (1457)	A	A	
Simple aspiration of marrow by means of trocar or cannula (1458)	A	B	

	Ana	P	I
Staging laparotomy for lymphoma (including splenectomy) (1459)	B	C	
Bone Marrow Transplantation			
Cryopreservation of bone marrow or peripheral blood stem cells (1450)	B	A	
Plasma/cell separation using designated cell separator equipment (1454)	B	A	
8 Digestive System			
8.1 Oral Cavity			
Surgical biopsy of tongue or palate: Under general anaesthetic (1463)	A	A	
Surgical biopsy of tongue or palate: Under local anaesthetic (1465)	A	A	
Drainage of intra-oral abscess (1467)	A	A	
Local excision of mucosal lesion of oral cavity (1469)	A	A	
Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure (1471)	C	D	
Complicated reconstruction following major ablative procedure for head and neck cancer (1473)	C		
Cleft palate: Repair primary deformity with or without pharyngoplasty (1475)	C	D	
Cleft palate: Secondary repair (1477)	C	C	
Velopharyngeal reconstruction with myoneurovascular transfer (dynamic repair) (1478)	C	C	
Velopharyngeal reconstruction with or without pharyngeal flap (static repair) (1479)	C	C	
Repair of oronasal fistula (large) e.g. distant flap (1480)	C	C	
Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage (1481)	C	B	
Repair of oronasal fistula (large): Second stage (1482)	C	B	
Alveolar periosteal or other flaps for arch closure (1483)	B	B	
Closure of anterior nasal floor (1486)	C	B	
8.2 Lips			
Local excision of benign lesion of lip (1485)	A	A	
Resection for lip malignancy (1487)	B	B	
Cleft Lip			
Lip adhesion (cleft lip) (1484)	B	B	
Repair unilateral cleft lip (with muscle reconstruction) (1489)	B	C	
Repair bilateral cleft lip (with muscle reconstruction) (one of two stages) (1490)	B	C	
Repair bilateral cleft lip (with muscle reconstruction) (one stage) (1491)	B	D	
Repair bilateral cleft lip (second stage) (1492)	B	C	
Total revision of secondary cleft lip deformities (1493)	B	C	
Partial revision of secondary cleft lip deformity (1494)	B	B	
Abbé or Estlander type flap (all stages included) (1495)	B	C	
Vermilionectomy (1497)	B	B	
Lip reconstruction following an injury: Direct repair (1499)	B	B	
Lip Reconstruction Following An Injury Or Tumour Removal			
Flap repair (1501)	B	C	
Total reconstruction (first stage) (1503)	B	C	
Subsequent stages (see item 0299) (1504)	B	B	
8.3 Tongue			
Partial glossectomy (1505)	B	C	
Local excision of lesion of tongue (1507)	A	A	
8.4 Palate, Uvula And Salivary Glands			
Wide excision of lesion of palate (1509)	B	B	
Radical resection of palate (including skin graft) (1511)	C	C	
Excision of granula (1513)	B	A	
Excision of sublingual salivary gland (1515)	B	B	
Excision of submandibular salivary gland (1517)	B	C	
Excision of submandibular salivary gland with suprahyoid dissection (1519)	C	C	
Excision of submandibular salivary gland with radical neck dissection (1521)	C	D	
Local resection of parotid tumour (1523)	B	B	
Partial parotidectomy (1525)	C	C	
Total parotidectomy with preservation of facial nerve (1526)	C	D	
Total parotidectomy (1527)	C	C	
Extracapsular Parotidectomy (1529)	C	D	
Drainage of parotid abscess (1531)	A	A	
Closure of salivary fistula (1533)	B	B	

	Ana	P	I
Dilatation of salivary duct (1535)	B	A	
Operative removal of salivary calculus (1537)	B	A	
Meatotomy: Salivary duct (1539)	B	A	
Branchial cyst and/or fistula: Excision (1541)	B	B	
Excision of cystic hygroma (1543)	B	B	
Ludwig's Angina: Drainage (1544)	B	A	
8.5 Oesophagus			
Oesophagoscopy with rigid instrument: First and subsequent (1545)	B	A	
Oesophageal acid perfusion test (1547)		A	
Oesophagoscopy with dilatation of stricture (1549)	B	B	
With removal of foreign body.(1550)	B	B	
With insertion of indwelling oesophageal tube (1551)	B	B	
Injection of oesophageal varices (endoscopy inclusive) (1552)	B	B	
Subsequent injection of oesophageal varices (endoscopy inclusive) (1553)	B	B	
Per-oral small bowel biopsy (1554)	B	A	
Repair of tracheal oesophageal fistula and oesophageal atresia (1555)	C	D	
Oesophageal dilatation (1557)	B	A	
Oesophagectomy			
Two stage (1559)	C	D	
Three stage (1560)	C	D	
Thoraco-abdominal oesophagogastrectomy (1561)	C	D	
Hiatus Hernia And Diaphragmatic Hernia Repair			
With anti-reflux procedure (1563)	C	D	
With Collis Nissen oesophageal lengthening procedure (1565)	C	D	
Private fee: Gastroplasty (1566)	B	D	
Bochdalek hernia repair in newborn (1567)	C	C	
Hiatus hernia and diaphragmatic repair: Revision after previous repair (1568)	C	D	
Heller's operation (1569)	C	C	
Insertion of indwelling oesophageal tube – laparotomy (1575)	B	B	
Oesophageal motility (4 channel + pneumograph) (1578)	C	B	
Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach (1579)	C	D	
Oesophageal motility (6 Channel + pneumograph + pH pull-through) (1580)	C	B	
Removal of benign oesophageal tumours (1581)	C	D	
Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia) (1582)	C	B	
Excision of intrathoracic oesophageal diverticulum (1583)	C	C	
24 Hour oesophageal pH studies (1584)			B
8.6 Stomach			
Upper gastro-intestinal fibre-optic endoscopy (1587)	B	B	
Plus polypectomy (1588)	B	C	
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(1589)	B	B	
Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach) (1591)	B	B	
Augmented histamine test: Gastric intubation with x-ray screening (1593)	A	A	
Gastrostomy or Gastrotomy (1597)	B	B	
Gastrotomy with suture repair of bleeding ulcer (1598)	B	C	
Pyloromyotomy (Rammstedt) (1599)	B	B	
Local excision of ulcer or benign neoplasm (1601)	B	B	
Vagotomy			
Abdominal (1603)	B	C	
Thoracic (1604)	B	C	
Truncal or selective with drainage procedures (1605)	B	C	
Vagotomy and antrectomy (1607)	B	D	
Highly selective vagotomy (1609)	B	C	
Pyloroplasty (1611)	B	B	
Gastroenterostomy (1613)	B	B	
Suture of perforated gastric or duodenal ulcer or wound or injury (1615)	B	C	
Partial gastrectomy (1617)	C	D	
Total gastrectomy (1619)	C	D	
Revision of gastrectomy or gastro-enterostomy (1621)	C	D	
Gastro-oesophageal operation for portal hypertension (Tanner) (1625)	C	D	

	Ana	P	I
8.7 Duodenum			
Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy) (1626)	B	B	
Duodenal intubation (under X-ray screening) (1627)	A	A	
Duodenal intubation with biliary drainage after gall bladder stimulation (1629)	A	A	
Duodenal intubation: Under three years (1631)	A	A	
8.8 Intestines			
H2 breath test (intestines) (1632)			A
Complete test using lactose or lactulose (1633)			A
Enterotomy or Enterostomy (1634)	B	B	
Intestinal obstruction of the newborn (1635)	C	C	
Operation for relief of intestinal obstruction (1637)	C	C	
Resection of small bowel with enterostomy or anastomosis (1639)	C	C	
Entero-enterostomy or entero-colostomy for bypass (1641)	C	B	
Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: (1643)	B	B	
Suture of intestine (small or large): Perforated ulcer, wound or injury (1645)	B	B	
Closure of intestinal fistula (1647)	B	C	
Excision of Meckel's diverticulum (1649)	B	B	
Excision of lesion of mesentery (1651)	B	B	
Laparotomy for mesenteric thrombosis (1652)	C	D	
Total Fibre-optic Colonoscopy			
Including biopsy (1653)	B	B	
Fibre-optic colonoscopy with removal of polyps (1654)	B	C	
Left sided fibre-optic colonoscopy (1656)	B	B	
Right or left hemicolectomy or segmental colectomy (1657)	C	D	
Reconstruction of colon after Hartman's procedure (1658)	B	C	
Colotomy: Including removal of tumour or foreign body (1661)	B	B	
Total colectomy (1663)	C	D	
Colostomy or ileostomy isolated procedure (1665)	B	C	
Continent ileostomy pouch (all types) (1666)	C	D	
Colostomy Closure (1667)	B	C	
Revision of ileostomy pouch (1668)	C	D	
Total proctocolectomy and ileostomy (1669)	C	D	
Proctocolectomy, ileostomy and ileostomy pouch (1670)	C	D	
Colomyotomy (Reilly operation) (1671)	B	C	
8.9 Appendix			
Drainage of appendix abscess (1673)	B	C	
Appendectomy (1675)	B	B	
8.10 Rectum And Anus			
Fibre-optic sigmoidoscopy (rectum and anus) (1676)	A	B	
Sigmoidoscopy: First and subsequent, with or without biopsy (1677)	A	A	
Fibre-optic sigmoidoscopy, plus polypectomy (1678)	A	B	
Sigmoidoscopy with removal of polyps, first and subsequent (1679)	A	A	
Proctoscopy With Removal Of Polyps			
First time (1681)	A	A	
Subsequent times (1683)	A	A	
Endoscopic fulguration of tumour (1685)	B	A	
Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary (1687)	C	D	
Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy (1688)	B	D	
Perineal resection of rectum (1689)	C	B	
Abdomino-perineal Resection Of Rectum			
Abdominal surgeon (1691)	C	D	
Perineal surgeon (1692)	B	B	
Local excision of rectal tumour (posterior approach) (1693)	B	C	
Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour (1695)	C	D	
Repair Of Prolapsed Rectum: Abdominal			
Roscoe Graham Moskovitz (1697)	C	D	
Ivalon sponge (1699)	C	C	
Perineal (1701)	C	C	
Thierisch suture (1703)	B	A	
Incision and drainage of peri-anal abscess (1705)	A	A	

	Ana	P	I
Drainage of submucous abscess (1707)	A	A	
Drainage of ischio-rectal abscess (1709)	A	B	
Excision of pelvi-rectal fistula (1711)	B	C	
Excision of fistula-in-ano (1713)	A	B	
Operation for fissure-in-ano (1715)	A	A	
Rubber band ligation of haemorrhoids: per haemorrhoid (1719)	A	A	
Sclerosing injection for haemorrhoids: per injection (1721)		A	
Haemorrhoidectomy (1723)	A	B	
Drainage of external thrombosed pile (1725)	A	A	
Multiple procedures (haemorrhoids, fissure, etc.) (1727)	A	B	
Biopsy of ano-rectal wall, for congenital megacolon (1728)	B	B	
Excision of anal skin tags (1729)	A	A	
Operation for low imperforate anus (1731)	C	B	
Anoplasty: Y-V-plasty (1733)	C	A	
Anal sphincteroplasty for incontinence (1735)	C	B	
Dilation of ano-rectal stricture (1737)	A	A	
Closure of recto-vesical fistula (1739)	C	C	
Closure of recto-urethral fistula (1741)	C	C	
Bio-feedback training for faecal incontinence during anorectal manometry (1742)		A	
8.11 Liver			
Needle biopsy of liver (1743)	A	A	
Biopsy of liver by laparotomy (1745)	B	B	
Drainage of liver abscess or cyst (1747)	B	B	
Body composition measured by bio-electrical impedance (1748)	A	A	
Hemi-hepatectomy			
Right (1749)	C	D	
Left (1751)	C	D	
Extended right or left hepatectomy (1752)	C	D	
Partial or segmental hepatectomy (1753)	C	D	
Hepatico-jejunostomy (1754)	C	D	
Liver transplant (1755)	C	D	
Harvesting donor hepatectomy. (Rule: donor procedure: please refer to relevant policies) (1756)	B	C	
Suture of liver wound or injury (1757)	B	C	
8.12 Biliary Tract			
Cholecystostomy (1759)	B	C	
Cholecystectomy (1761)	C	C	
Cholecystectomy and operative cholangiogram (1762)	C	C	
With exploration of common bile duct (1763)	C	D	
Exploration of common bile duct: Secondary operation (1765)	C	D	
Reconstruction of common bile duct (1767)	C	D	
Resection bile duct tumour with reconstruction (1768)	C	D	
Cholecysto-enterostomy or gastrostomy (1769)	B	C	
Endoscopic placement of bilioduodenal endoprosthesis (1770)	C	C	
Endoscopic placement of a nasobiliary stent (1772)	C	B	
Transduodenal sphincteroplasty (1773)	C	C	
Balloon dilatation of common bile duct strictures (1774)	C	B	
Excision choledochal cyst with reconstruction (1775)	C	D	
Porto-enterostomy for biliary atresia (1777)	C	D	
8.13 Pancreas			
Pancreas: ERCP: Endoscopy + catheterisation of pancreas duct or choledochus (1778)	C	B	
Endoscopic exploration of the common bile duct performed following endoscopic retrograde choangiography to be added to ERCP (item 1778): Add (1779)	C	B	
Gastric and duodenal intubation (1780)		A	
Procedure (1781)		A	
Endoscopic sphincterotomy (1782)	C	B	
Drainage of pancreatic abscess (1783)	B	C	
Debridement pancreatic necrosis (1784)	C	C	
Internal drainage of pancreatic cyst (1785)	B	C	
Internal drainage of pancreatic cyst with Roux-Y (1786)	C	D	
Operative pancreatogram: Add (1787)	A	A	
Biopsy of pancreas (1788)	A	B	
Pancreatico-duodenectomy (1789)	C	D	
Local, partial or subtotal pancreatectomy (1791)	C	C	
Distal pancreatectomy with internal drainage (1793)	C	D	
Triple anastomosis for carcinoma of pancreas (1795)	C	C	

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8.14	Peritoneal Cavity		
	Pneumo-peritoneum		
	First (1797)	B	A
	Repeat (1799)	B	A
	Peritoneal lavage (1800)		A
	Diagnostic paracentesis: Abdomen (1801)		B
	Therapeutic paracentesis: Abdomen (1803)		A
	Add to open procedure where procedure was performed through a laparoscope (1807)	B	A
	Laparotomy (1809)	B	C
	Radical removal of retro-peritoneal malignant tumours: including sacro-coccygeal and pre-sacral (1810)	C	D
	Suture of burst abdomen (1811)	B	B
	Laparotomy for control of surgical haemorrhage (1812)	B	B
	Drainage of subphrenic abscess (1813)	B	C
	Drainage Of Other Intra-peritoneal Abscess (excluding Appendix Abscess)		
	Drainage of other intra-peritoneal abscess (excluding appendix abscess): Transabdominal (1815)	B	C
	Transrectal drainage of pelvic abscess (1817)	A	B
9	Herniae		
	Inguinal Or Femoral Hernia		
	Adult (1819) Unilateral	B	B
	Adult (18190) Bilateral	B	C
	Child, under 14 years (1821) Unilateral	B	B
	Child, under 14 years (18210) Bilateral	B	C
	Inguinal hernia: Infant under one year (1823) Unilateral	B	B
	Inguinal hernia: Infant under one year (18230) Bilateral	B	C
	Recurrent inguinal or femoral hernia (1825)	B	C
	Strangulated hernia requiring resection of bowel (1827)	C	C
	Epigastric hernia (1829)	B	A
	Umbilical Hernia		
	Adult (1831)	B	B
	Child under 14 years (1833)	B	A
	Incisional hernia (1835)	B	C
	Implantation of mesh or other prosthesis for incisional, inguinal or ventral hernia repair (List separately in addition to item for the Incisional, inguinal or ventral hernia repair) (1836)	B	B
	Repair of omphalocele in new-born (one or more procedures) (1837)	B	D
10	Urinary System		
10.1	Kidney		
	Renal biopsy ,per kidney, open (1839)	B	B
	Renal biopsy (needle) (1841)	A	A
	Nephrectomy:		
	Primary nephrectomy (1853)	C	C
	Secondary nephrectomy (1855)	C	D
	Radical nephrectomy with regional lymphadenectomy for tumour (1857)	C	D
	Partial (1859)	C	D
	Symphysiotomy for horse-shoe kidney (1861)	B	D
	Nephro-ureterectomy (1863)	C	D
	Nephrotomy with drainage nephrostomy (1865)	B	C
	Nephrolithotomy (1869)	B	C
	Nephrolithotomy: Multiple calculi: repeat open operation (1870)	C	D
	Staghorn stone – surgical (1871)	B	D
	Suture renal laceration (renorrhaphy) (1873)	B	C
	Percutaneous aspiration cyst: Nephrostomy, pyelostomy (1875)	A	A
	Operation for renal cyst: Marsupialisation or excision (1877)	B	C
	Closure renal fistula (1879)	B	C
	Pyeloplasty (1881)	C	C
	Pyelostomy (1883)	B	C
	Pyelolithotomy (1885)	C	C
	Complicated pyelolithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation) (1887)	C	C
	Nephrectomy for Allograft: Living or dead (1889)	C	C
	Perinephric abscess or renal abscess: Drainage (1891)	B	C
	Aberrant renal vessels: Repositioning with pyeloplasty (1893)	C	C
	Auto transplantation of kidney (1894)	C	D
	Allo transplantation of kidney (1895)	C	D
10.2	Ureter		
	Ureterorrhaphy: Suture of ureter (1897)	B	C
	Lumbar approach (1898)	B	C
	Ureteroplasty (1899)	B	C

	Ana P	I
Ureterolysis (1901)	B	B
Lumbar approach (1902)	B	C
Ureterectomy only (1903)	B	B
Ureterolithotomy (1905)	B	B
Cutaneous Ureterostomy:		
Unilateral (1907)	B	B
Bilateral (1909)	B	C
Uretero-enterostomy:		
Unilateral (1911)	C	B
Bilateral (1913)	C	C
Uretero-ureterostomy (1915)	C	B
Transuretero-ureterostomy (1917)	C	C
Closure of ureteric fistula (1919)	C	C
Immediate deligation of ureter (1921)	B	C
Ureterolysis for retrocaval ureter with anastomosis (1923)	B	C
Uretero-pyelostomy (1925)	B	C
Uretero-neo-cystostomy:		
Unilateral (1927)	C	C
Bilateral (1929)	C	D
With Boariplasty (1931)	C	C
Uretero-sigmoidostomy with rectal bladder and colostomy (1933)	C	C
Uretero-ileal conduit (1935)	C	D
Replacement Of Ureter By Bowel Segment:		
Unilateral (1937)	C	D
Bilateral (1939)	C	D
Ureterostomy-in-situ:		
Unilateral (1941)	B	B
Bilateral (1943)	B	C
10.3 Bladder		
Instillation of radio-opaque material for cystography or urethrocytography (1945)	A	A
Instillation of anti-carcinogenic agent, excluding hydrodilataion of bladder (1947)	A	A
Cystoscopy: (1949)	A	A
And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral (1951)	B	A
J J Stent catheter (1952)	B	A
With hydrodilataion of the bladder for interstitial cystitis (1953)	B	A
Urethroscopy (1954)	B	A
And bilateral ureteric catheterisation with differential function studies requiring additional attention time (1955)	B	B
With dilatation of the ureter or ureters (1957)	B	A
With manipulation of ureteral calculus (1959)	B	A
With removal of foreign body or calculus from urethra or bladder (1961)	B	A
With fulguration or treatment of minor lesions, with or without biopsy (1963)	B	A
And control of haemorrhage and blood clot evacuation (1964)	B	A
And catheterisation of the ejaculatory duct (1965)	B	A
With ureteric meatotomy: Unilateral or bilateral (1967)	B	A
And cold biopsy (1969)	B	A
With cryosurgery for bladder or prostatic disease (1971)	B	B
With incision fulguration, or resection of bladderneck and/or posterior urethra for congenital valves or obstructive hypertrophic bladderneck in a child (1973)	B	B
Ultraviolet cystoscopy for bladder tumour (1975)	B	A
Optic urethrotomy (1976)	A	B
Transurethral resection of ejaculatory duct (1977)	B	A
Internal Urethrotomy:		
Female (1979)	A	A
Male (1981)	A	A
Transurethral resection of bladder tumour (1983)	C	B
Transurethral resection of bladder tumours: Large multiple tumours (1984)	C	B
Transurethral Resection Of Bladderneck:		
Female or child (1985)	C	B
Male (1986)	C	B
Litholapaxy (1987)	C	B
Cystometrogram (1989)	C	B
Flowmetric bladder, studies with videocystograph (1991)	C	B
Without videocystograph (1992)	C	B
Voiding cysto-urethrogram (1993)	C	B
Rigiscan examination (1994)		B
Percutaneous aspiration of bladder (1995)	A	A
Bladder catheterisation - male (1996)	A	A

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Bladder catheterisation - female (1997)		A
Percutaneous cystostomy (1999)	A	A
Total Cystectomy:		
After previous urinary diversion (2001)	C	D
With conduit construction and ureteric anastomosis (2003)	C	D
Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone (2005)	C	D
Cystectomy with continent urinary diversion (e.g. Kocks Pouch) (2006)	C	D
Partial cystectomy (2007)	C	C
Continent urinary diversion without cystectomy (e.g. Kocks Pouch) (2008)	C	D
Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters (2009)	C	D
Reversion of temporary conduit (2010)	B	D
Partial cystectomy with uretero-neo-cystostomy (2011)	C	C
Reversion of conduit with major urinary tract reconstruction (2012)	B	D
Diverticulectomy (independent procedure): Multiple or single (2013)	B	B
Suprapubic cystostomy (2015)	B	B
Abdomino-neo-urethrostomy (2016)	B	C
Open loop fulguration or excision of bladder tumour (2017)	B	B
Operation for vesico-vaginal or urethra- vaginal fistula (2019)	C	C
Repair of vesico vaginal fistula: Abdominal approach (2020)	C	C
Vesico-plication (Hamilton Stewart) (2021)	C	B
Vesico-urethrapexy for correction or urinary incontinence: Abdominal approach (2023)	C	C
Vesico-urethrapexy with rectus sling (2025)	C	C
Open Operation For Ureterocele:		
Unilateral (2027)	C	B
Bilateral (2029)	C	C
Reconstruction Of Ectopic Bladder Exclusive Of Orthopaedic Operation (if Required):		
Initial (2031)	C	C
Subsequent (2033)	C	A
Cutaneous vesicostomy (2035)	C	B
Cystoplasty, cysto-urethraplasty, vesicolysis (2037)	C	B
Operation for ruptured bladder (2039)	B	B
Enterocystoplasty (2041)	C	C
Enterocystoplasty plus bowel anastomosis (2042)	C	D
Cysto-lithotomy (2043)	B	B
Excision of patent-urachus or urachal cyst (2045)	B	B
Drainage of perivesical or prevesical abscess (2047)	A	B
Evacuation Of Clots From Bladder:		
Other than post-operative (2049)	A	A
Post-operative (2050)	B	
Simple bladder lavage: Including catheterization (2051)	A	A
Bladder Neck Plasty:		
Male (2053)	B	B
Female (2057)	B	B
10.4 Urethra		
Open Biopsy Of Urethra:		
Male (2059)	A	A
Female (2061)	A	A
Dilatation Of Urethral Stricture: By Passage Sound:		
Initial (male) (2063)	A	A
Subsequent (male) (2065)	A	A
By passage of filiform and follower (male) (2067)	A	A
Dilatation of female urethra (2069)	A	A
Urethrorraphy: Suture of urethral wound or injury (2071)	B	B
External urethrotomy: Pendulous urethra (anterior) (2073)	B	B
Urethraplasty: Pendulous Urethra		
First stage (2075)	B	B
Second stage (2077)	B	C
Reconstruction of female urethra (2079)	B	C
Reconstruction or repair of male anterior urethra (one stage) (2081)	B	C
Reconstruction Or Repair Of Prostatic Or Membranous Urethra		
First stage (2083)	B	C
Second stage (2085)	B	C
If done in one stage (2086)	B	D
Urethral diverticulectomy: Male or female (2087)	B	C
Peri-urethral teflon injection: Male or female - including cystoscopy (item 1949) (2088)	A	B
Marsupialisation of urethral diverticula: Male or female (2089)	B	A

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	Total Urethrectomy		
	Female (2091)	B	C
	Male (2093)	B	C
	Drainage of simple localised perineal urinary extravasation (2095)	A	A
	Drainage of extensive perineal urinary extravasation (2097)	B	B
	Fulguration for urethral caruncle or polyp (2099)	A	A
	Excision of urethral caruncle (2101)	A	A
	Simple urethral meatotomy (2103)	A	A
	Incision Of Deep Peri-urethral Abscess		
	Female (2105)	A	A
	Male (2107)	A	A
	Badenoch pull-through for intractable stricture or incontinence (2109)	B	C
	External sphincterotomy (2111)	B	B
	Drainage of Skene gland abscess or cyst (2113)	A	A
	Operation for correction of male urinary incontinence with or without introduction of prostheses (2115)	C	C
	Urethral meatoplasty (2116)	B	A
	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure) (2117)	A	A
	Closure of urethrovaginal fistula: Including diversionary procedures (2121)	C	C
11	Male Genital System		
11.1	Penis		
	Biopsy of penis (independent procedure) (2123)	A	A
	Destruction Of Condylomata: Chemo- Or Cryotherapy:		
	Limited number (see item 2317) (2125)	A	A
	Multiple extensive (2127)	A	A
	Electrodesiccation:		
	Limited number (2129)	A	A
	Multiple extensive (2131)	A	A
	Circumcision:		
	Ligation of abnormal venous drainage (2132)	A	A
	Clamp procedure (2133)	A	A
	Surgical excision other than by clamp or dorsal slit, any age (2137)	A	A
	Dorsal slit of prepuce (independent procedure) (2139)	A	A
	Plastic Operation On Penis		
	Plastic operation for insertion of prostheses (2141)	C	B
	For straightening of chordee e.g. hypospadias with or without mobilisation of urethra (2143)	C	B
	For straightening of chordee with transplantation of prepuce (2145)	C	B
	For injury: Including fracture of penis and skin graft if required (2147)	C	C
	For epispadias distal to the external sphincter (2149)	C	C
	Plastic operation for epispadias with incontinence (2153)	C	C
	Induction of artificial erection (2154)	A	A
	Hypospadias		
	Urethral reconstruction (2155)	C	C
	Subsequent procedures for repair of urethra: Total (2157)	B	B
	Urethraplasty: Complete, one stage for hypospadias (2159)	C	D
	Total Amputation Of Penis		
	Without gland dissection (2161)	B	C
	With gland dissection (2163)	C	D
	Partial Amputation Of Penis		
	With gland-dissection (2165)	C	C
	Without gland-dissection (2167)	B	B
	Injection procedure for Peyronies disease (2169)	A	A
	Priapism Operation		
	Irrigation of corpora cavernosa for priapism (2171)	A	A
	Shunt procedure: Any type (2173)	C	C
	Stab shunt (2174)	B	A
11.2	Testis And Epididymis		
	Testis biopsy, needle (independent procedure) (2175)	A	A
	Testis Biopsy, Incisional: Independent Procedure		
	Unilateral (2177)	A	A
	Bilateral (2179)	A	A
	Biopsy of epididymis, needle (2181)	A	A
	Puncture aspiration hydrocoele with or without injection of medication (2183)	A	A

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Operation for maldescended testicle: Including herniotomy (2185)	B	B
Operation for torsion appendix testis (2187)	B	A
Operation for torsion testis with fixation of contralateral testis (2189)	B	B
Orchidectomy (total Or Subcapsular):		
Unilateral (2191)	B	B
Bilateral (2193)	B	C
Radical operation for malignant testis: Excluding gland dissection (2195)	B	B
Operation for hydrocoele or spermatocele (2197)	B	A
Varicocelectomy (2199)	B	A
Abdominal ligation of spermatic vein for varicocele (2201)	B	A
Epididymectomy:		
Unilatera (2203)	B	B
Bilateral (2205)	B	B
Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy (2207)	A	A
Vasotomy: Unilateral or bilateral (2209)	A	A
Vasogram, Seminal Vesiculogram:		
Unilateral (2210)	B	B
Bilateral (2211)	B	B
Insertion of testicular prosthesis: Independent procedure (2212)	B	A
Suture or repair of testicular injury (2213)	B	A
Incision and drainage of testis or epididymis e.g. abscess or haematoma (2215)	B	B
Excision of local lesion of testis or epididymis (2217)	B	A
Vaso-vasostomy:		
Unilateralm (2219)	A	B
Bilateral (2221)	A	B
Epididymo-vasostomy:		
Unilateral (2223)	A	B
Bilateral (2225)	A	B
Incision and drainage of scrotal wall abscess (2227)	A	A
Excision of Mullerian duct cyst (2229)	B	C
Excision of lesion of spermatic cord (2231)	A	B
Seminal Vesiculectomy (2233)	B	C
11.3 Prostate		
Biopsy prostate: Needle or punch, single or multiple, any approach (2235)	A	A
Biopsy, prostate, incisional, any approach (2237)	B	B
Transurethral drainage of prostatic abscess (2239)	B	A
Perineal drainage of prostatic abscess (2241)	B	B
Trans-urethral cryo-surgical removal of prostate (2243)	B	B
Trans-urethral resection of prostate (2245)	C	C
Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer (2247)	B	A
Trans-urethral resection of post-operative bladder neck contracture (2249)	B	B
Prostatectomy: Perineal:		
Sub-total (2251)	C	C
Radica (2253)	C	D
Pelvic lymphadenectomy (2254)	C	C
Supra-pelvic, transvesical (2255)	C	C
Retropubic:		
Sub-total (2257)	C	C
Radical (2259)	C	D
Prostate brachytherapy (2260)	B	C
12 Female Genital System		
12.1 Vulva And Introitus		
Removal of tag or polyp (2271)	A	A
Removal of small superficial benign lesions (2272)	A	A
Biopsy with suture in theatre (excluding after-care) (2273)	A	A
Laser therapy of vulva and/or vagina (colposcopically directed) (2274)	A	B
Reduction labial hypertrophy (2275)	B	B
Removal of extensive benign vulva tumour (2277)	B	B
Secondary Perineal Repair		
Repair second degree tear (2279)	B	A
Repair third degree tear (2280)	B	B
Excision of inclusion cyst (2281)	B	A
Hymenectomy (2283)	B	A

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Drainage haematocolpos (2285)	A	A	
Clitoris repair for injury: Including skin graft if required (2287)	B	B	
Clitoral reduction (2288)	B	C	
Denervation or alcohol infiltration vulva (Woodruff) (2289)	A	A	
Vulva: Undercutting skin (ball) (2291)	B	A	
Vulva and introitus: Drainage of abscess (2293)	A	A	
Bartholin Gland			
Bartholin abscess marsupialization (2295)	A	A	
Bartholin gland excision (2297)	A	A	
Bartholin radical excision for malignant lesion (2299)	B	D	
Operation For Enlarging Introitus			
Fenton plasty (2301)	B	A	
Bilateral Z-plasty (2303)	B	B	
Vulvectomy			
Partial vulvectomy (2305)	B	C	
Vulvectomy (2307)	B	C	
Radical vulvectomy with bilateral lymphadenectomy (2309)	C	D	
Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection (2311)	C	D	
12.2 Vaginal Procedures And Operations			
Artificial insemination (2312)	A	A	
Examination under anaesthetic when no other procedures are performed (rule: for gynaecology procedures only) (2313)	A	A	
Intra uterine insemination (2314)	A	A	
Simms Huhner test plus wet smear (2315)			B
Destruction Of Condylomata By Chemo-, Cryo- Or Electrotherapy, Or Harmonic Scalpel:			
First lesion (2316)	A	A	
Limited repeat (2317)	A	A	
Widespread (2318)	A	A	
Excision of cysts or tumours (2319)	A	A	
Drainage of vaginal abscess (2321)	A	A	
Pudendal nerve block (2322)			A
Reconstruction of vagina after atresia (2323)	C	B	
Construction Of Artificial Vagina:			
Construction of artificial vagina: Labial fusion (2325)	C	C	
Construction of artificial vagina: Macindoe type (2327)	C	C	
Construction of vagina: Bowel pull-through operation: Two surgeons: Each (2329)	C	C	
Vaginal septum removal (2331)	B	B	
Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh (2333)	C	C	
Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape (2334)	C	C	
Vaginal prolapse: Vaginal approach: Sacrospinous fixations (2335)	B	C	
Vaginal prolapse: Vaginal approach: Use of mesh or tape (2336)	B	C	
Colpotomy			
Colpotomy: Diagnostic (excluding after-care) (2339)	A	A	
Colpotomy: Therapeutic, with or without sterilisation (2341)	B	B	
Vaginal Hysterectomy			
Vaginal hysterectomy. Without repair (2343)	C	C	
Vaginal hysterectomy. With repair (2345)	C	D	
Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy (2357)	C	D	
Vaginal hysterectomy and repair for total prolapse (2361)	C	D	
Fothergill or Manchester repair operation (2363)	C	C	
Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy) (2365)	C	C	
Posterior repair alone (2366)	B	B	
Other operations for prolapse: Anterior repair - with or without posterior repair (2367)	B	C	
Uterovesical fistula (2368)	C	C	
Repair of Vesico- or urethro-vaginal fistula (2369)	C	C	
Repair of V.V.F. - Obstetric or radiation (2370)	C	C	
Closure of uretero-vaginal fistula (2371)	C	C	
Closure of uretero-vaginal fistula: Obstetric or radiation (2372)	C	C	
Closure of recto-vaginal fistula (2373)	C	B	
Closure of recto-vaginal fistula: Obstetric or radiation (2374)	C	C	
Colpocleisis (2375)	B	B	
Le Fort operation (2377)	B	B	
Schauta operation (2379)	C	D	
Vaginectomy (2381)	C	D	
Synchronous combined hysterocolpectomy (2383)	C	D	
Vaginal laceration or trauma: Repair (2385)	B	A	

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12.3 Cervix		
Paracervical nerve block (2389)	A	
Cervix: Canal reconstruction (2391)	B	C
Cryo- or electro-cauterisation, or Lletz of cervix (2392)		A
Cryo- or electro-cauterisation, or Lletz of cervix: Under anaesthetic (2395)	B	A
Laser or harmonic scalpel treatment of the cervix (2396)	A	B
Dilation of cervix for stenosis and insertion prosthesis and Budge suture (2397)	B	A
Biopsy		
Punch biopsy (excluding after-care) (2399)	A	A
Biopsy during pregnancy (excluding after-care) (2400)	A	A
Wedge biopsy: Cervix (excluding after-care) (2403)	A	A
Biopsy: Wedge during pregnancy: Cervix (excluding after-care) (2404)	A	A
Cone biopsy: Cervix (excluding after-care) (2405)	A	A
Amputation: Cervix (2407)	B	B
Cervix encirclage: McDonald stitch (2409)	B	A
Cervix encirclage: Shirodkar suture (2411)	B	A
Cervix encirclage: Lash (2413)	B	A
Cervix encirclage: Removal items 2409 and 2411 without anaesthetic (2415)		A
Cervix: Removal items 2409 and 2411 with anaesthetic in theatre (2416)	A	A
Repair Of Tears		
Emmet repair of tears (2417)	B	A
Sturmdorff repair of tears (2418)	B	A
Extirpation Of Cervical Stump		
Extirpation of cervical stump: Vaginal (2421)	C	B
Extirpation of cervical stump: Abdominal (2423)	C	B
Removal of cervical polyps (excluding after-care) (2425)	A	A
Removal of cervical myomata (2427)	B	A
Colposcopy		
Colposcopy (excluding after-care) (2429)	A	A
12.4 Uterus		
Embryo transfer (2433)	B	A
Endometrial biopsy (excluding after-care) (2434)	A	A
Hysteroscopy		
Hysterosalpingogram (excluding after-care) (2435)	A	A
Hysteroscopy (excluding after-care) (2436)	B	A
Hysteroscopy and D&C (excluding after-care) (2437)	B	A
Hysteroscopy and removal of uterine septum (excluding after-care) (2438)	B	B
Hysteroscopy and division of endometrial and endocervical bands (excluding after-care) (2439)	B	A
Hysteroscopy and polypectomy (excluding after-care) (2440)	B	B
Hysteroscopy and myomectomy (excluding after-care) (2441)	B	B
Insertion of I.U.C.D. (excluding after-care) (2442)	A	B
Evacuation Of Uterus		
D&C: (excluding after-care) (2443)	A	A
Fractional D&C (excluding after-care) (2444)	A	A
Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation (2445)	B	A
Evacuation of uterus, incomplete abortion: After 12 weeks gestation (2447)	B	B
Termination of pregnancy before 12 weeks (2448)	B	A
Evacuation: Missed abortion: Before 12 weeks gestation (2449)	B	A
Evacuation: Missed abortion: After 12 weeks gestation (2451)	B	B
Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin (2452)	B	A
Evacuation hydatidiform mole (2453)	B	B
Evacuation uterus post-partum (2455)	B	A
Ventrosuspension (2461)	B	B
Uteroplasty: Strassman (2463)	C	B
Uteroplasty: Tompkins (2465)	C	B
Myomectomy (2467)	C	B
Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy (2469)	B	B
Total abdominal hysterectomy: With or without unilateral/ bilateral salpingo-oophorectomy – uncomplicated (2471)	B	C
Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy (2473)	B	C
Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim) (2475)	B	D
Abdominal hysterotomy with or without sterilization (2477)	B	C
Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance (2478)	B	C
Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance (2479)	B	C
Laparoscopy during hysteroscopy and endometrial ablation (Item 2478 and item 2479) (2480)	B	B

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12.5 Fallopian Tubes			
Insufflation Fallopian tubes (excluding after-care) (2481)	A	A	
Salpingolysis (2483)	B	B	
Salpingostomy (2485)	B	C	
Tuboplasty tubal anastomosis or re-implantation (2487)	C	C	
Ectopic pregnancy under 12 weeks (salpingectomy) (2489)	C	B	
Ectopic pregnancy under 12 weeks (salpingostomy) (2490)	C	C	
Ectopic pregnancy - after 12 weeks (2491)	C	C	
Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons (2492)	B	B	
Laparoscopy			
Diagnostic laparoscopy (excluding after-care) (2493)	B	B	
Plus aspiration of a cyst (excluding after-care) (2496)	B	B	
Plus sterilization (2497)	B	B	
Plus biopsy (excluding after-care) (2499)	B	B	
Plus ablation of endometriosis by laser, harmonic scalpel or cautery (2500)	B	B	
Plus cauterisation and/or lysis of adhesions (2501)	B	B	
Plus aspiration of follicles (IVF) (excluding after-care) (2502)	B	B	
Plus ovarian drilling: add (2503)	B	B	
Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT) (2504)	B	C	
Plus laparoscopic uterosacral nerve ablation: add (2505)	B	B	
Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST) (2506)			A
12.6 Ovaries			
Wedge resection of ovaries, unilateral (2525)	B	B	
Wedge resection of ovaries, bilateral (25250)	B	C	
Removal of ovarian tumour or cyst (2527)	B	B	
Oophorectomy: Unilateral (2529)	B	B	
Oophorectomy: Bilateral (25290)	B	C	
Ovarian carcinoma debulking and omentectomy (2531)	C	D	
Ovarian carcinoma - Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy (2532)	C	D	
12.7 Miscellaneous Procedures			
Exenteration			
Exenteration: Anterior (2535)	C	D	
Posterior exenteration (2537)	C	D	
Exenteration total (2539)	C	D	
Presacral neurectomy (2541)	C	B	
Moschowitz operation (2543)	C	B	
Operations For Stress Incontinence			
Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item) (2544)	B	C	
Marshall-Marchetti-Kranz: Operation (2545)	B	C	
Urethro-vesicopexy (Abdominal approach) (2546)	B	C	
Burch colposuspension (2547)	B	C	
Operation for stress incontinence: Use of tape (2548)	B	C	
Sacro-colposuspension with or without mesh (2549)	C	C	
Urethro-vesicopexy (combined abdominal and vaginal approach) (2550)	B	C	
Laparotomy (2551)	B	C	
Removal benign retroperitoneal tumour (2552)	C	C	
Radical removal of malignant retro-peritoneal tumour (2553)	C	D	
Drainage of pelvic abscess per abdomen (2554)	B	C	
Drainage of pelvic abscess per vagina (refer item 2341) (2556)	B	B	
Drainage intra-abdominal abscess - delayed closure (2558)	B	D	
Surgery for moderate endometriosis (AFS stages 2 + 3) any method (2560)	C	C	
Surgery for severe endometriosis (AFS stage 4 - rectovaginal septum), any method (may not be used with another procedure) (2561)	C	C	
Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (2562)	A	A	
Implantation hormone pellets (excluding after-care) (2565)	A	A	
Ligation of internal iliac vessels (when not part of another procedure) (2570)	B	C	
13 Obstetric Procedures			
13.1 Pre-natal Care And Procedures			
External cephalic version (excluding after-care) (2603)			A
Amniocentesis (excluding after-care).Rule: Ultrasound code for amniocentesis (5026) to be charged in addition (2605)			A
Amnioscopy (excluding after-care) (2607)			A
Intra-uterine transfusion of foetus or cordocentesis (2609)			B
Tocardiography pre-natal and intrapartum (excluding after-care) (per 24 hrs) (2610)			A
Chorion villus sampling (excluding after-care) (2611)			A

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13.2 Confinements			
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) (2614)	B	B	
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) (2615)	B	B	
13.3 Operative Procedures (excluding Antenatal Care)			
Caesarean – hysterectomy (2653)	C	D	
Post-partum hysterectomy (2657)	C	D	
Abdominal operation for ruptured gravid uterus: Repair (2669)	C	C	
14 Nervous System			
14.1 Diagnostic Procedures			
Visual evoked potentials (V.E.P.): Unilateral (2681)			B
Bilateral (2682)			B
Electro-retinography (Ganzfeld method): Unilateral (2683)			B
Bilateral (2684)			B
Electro-oculography: Unilateral (2685)			B
Bilateral (2686)			B
V.E.P. stable condition: (photic drive) Unilateral (2687)			B
Bilateral (2689)			B
Total fee for full evaluation of visual tracts, including bilateral electroretinography and V.E.P. (2690)			B
Somatosensory evoked potentials (S.E.P.) single nerve examination to brachial- or lumbosacral plexus, spinal cord and cortex (2703)			A
Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment (2705)			A
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(2707)			C
Evaluation of cognitive evoked potential with visual or audiology stimulus (2708)			B
Full spinogram including bilateral median and posterior-tibial studies (2709)			B
Electro-encephalography (2711)			B
Sleep Electro-encephalography			
Lumbar puncture and/or intrathecal injections (2713)			A
Cisternal puncture and/or intrathecal injections (2714)			A
8 Hour ambulatory EEG monitoring (Holter) (2716)			B
Sleep electro-encephalography - infants that fit into a perambulator (6001)			B
Sleep electro-encephalography - adults and children over infant age (6003)			B
Electroencephalogram monitoring: Monitoring for localisation of cerebral seizure pre-operative localisation): Each full 24 hour period (6010)	A		D
Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24 hour period of monitoring (6011)			C
Electromyography.			
First (2717)			B
Subsequent (2718)			B
Overnight polysomnogram and sleep staging (2720)			B
Daytime polysomnogram (2722)			B
Multiple sleep latency test (2723)			B
Overnight continuous positive airways pressure (CPAP) titration – charge per 24 hrs including BPAP (2724)			C
Angiography Carotis			
Unilateral (2725)	B		A
Bilateral (2726)	B		A
Vertebral artery: Direct needling (2727)	B		A
Vertebral catheterization (2729)	B		A
Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714) (2730)	A		B
Air Encephalography And Posterior Fossa Tomography			
Injection of air (independent procedure) (2731)	B		B
Cortical Stimulation (2733)	A		B
Sodium Amytal Testing (WADA test) (2734)	A		B
Visual field charting on Bjerrum Screen (2737)			A
Ventricular Needling Without Burring			
Tapping only (2739)	B		A
Plus introduction of air and/or contrast dye for ventriculography (2741)	B		C
Subdural Tapping:			
First sitting (2743)	A		A
Subsequent (2745)	A		A

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14.2	Introduction Of Burr Holes For:		
	Ventriculography (2747)	B	C
	Catheterisation for ventriculography and/or drainage (2749)	B	C
	Biopsy of brain tumor (2751)	B	C
	Subdural haematoma or hygroma (2753)	B	C
	Subdural empyema (2755)	B	C
	Brain abscess (2757)	B	C
14.3	Nerve Procedures:		
	Nerve Biopsy:		
	Peripheral (2759)	A	A
	Cranial nerves: Extra-cranial (2763)	A	A
	Nerve conduction studies (see item 0733 and 3285) (2765)	B	B
	Botulinum Toxin Injections		
	For blepharospasm (6005)		B
	For hemifacial spasm (6006)		B
	For adductor dysphonia (6007)		B
	In extra-ocular muscles (6008)		B
	For spasmodic torticollis and/or cranial dystonia (6009)		B
14.3.1	Nerve Repair Or Suture:		
	Suture brachial plexus (see also items 2837 and 2839)(2767)	C	D
	Suture: Large Nerve:		
	Primary (2769)	B	B
	Secondary (2771)	B	C
	Digital Nerve:		
	Primary (2773)	B	B
	Secondary (2775)	B	B
	Nerve Graft:		
	Simple (2777)	C	C
	Fascicular:		
	First fasciculus (2779)	C	C
	Each additional fasciculus (2781)	C	C
	Nerve flap: To include all stages (2783)	B	C
	Facio-accessory or facio-hypoglossal anastomosis (2785)	C	B
	Grafting of facial nerve (2787)	C	C
14.3.2	Neurectomy:		
	Trigeminal Ganglion:		
	Injection of alcohol (2789)	A	C
	Injection of cortisone (2791)	A	B
	Coagulation through high frequency (2793)	A	C
	Procedures For Pain Relief:		
	Intrathecal injections for pain (2799)	A	B
	Plexus nerve block (2800)	B	A
	Epidural injection for pain (2801)		A
	Peripheral nerve block (2802)	A	A
	Alcohol Injection In Peripheral Nerves For Pain:		
	Unilateral (2803)	A	A
	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique) (2804)	A	A
	Bilateral (2805)	A	B
	Peripheral nerve section for pain (2809)	A	A
	Pudendal neurectomy: Bilateral (2811)	A	B
	Obturator or Stoffels (2813)	B	B
	Interdigital (2815)	B	A
	Excision: Neuroma: Peripheral (2825)	C	B
14.3.3	Other Nerve Procedures:		
	Transposition of ulnar nerve (2827)	B	B
	Neurolysis:		
	Minor (2829)	B	A
	Major (2831)	B	B
	Digital (2833)	B	B
	Scalenotomy (2835)	B	B
	Brachial plexus, suture or neurolysis (item 2767) (2837)	C	D
	Total brachial plexus exposure with graft, neurolysis and transplantation (2839)	C	D
	Carpal Tunnel (2841)	B	B

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Lumbar Sympathectomy:		
Unilateral (2843)	B	C
Bilateral (2845)	B	D
Cervical Sympathectomy:		
Trans-thoracic approach (use item 2847 or item 2848 as appropriate) (2846)	C	D
Unilateral (2847)	B	C
Bilateral (2848)	B	D
Sympathetic Block: Other Levels:		
Unilateral (2849)	A	A
Bilateral (2851)	A	A
Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion (2853)	A	A
14.4 Skull Procedures:		
Removal Of Skull Tumour: With Or Without Plastic Repair:		
Small (2855)	C	C
Major (2857)	C	C
Repair Of Depressed Fracture Of Skull: Without Brain Laceration:		
Major (2859)	B	C
Small (2860)	B	C
With Brain Lacerations:		
Small (2861)	B	C
Major (2862)	B	D
Cranioplasty (2863)	C	D
Encephalocele (excluding frontal) (2864)	C	C
Craniostenosis:		
Few sutures (2865)	C	C
Multiple sutures (2867)	C	D
14.5 Shunt Procedures:		
Ventriculo-cisternostomy (2869)	B	D
Ventriculo-caval shunt (2871)	C	D
Ventriculo-peritoneal shunt (2873)	B	D
Theco-peritoneal C.S.F. shunt (2875)	B	D
14.6 Aneurysm Repair:		
Repair of aneurysms or arteriovenous anomalies (Intracranial) (2876)	C	D
Extracranial to intracranial vessel (2877)	C	D
Posterior fossa arteriovenous anomalies (2878)	C	D
14.7 Posterior Fossa Surgery:		
Neurectomy:		
Glossopharyngeal nerve (2879)	C	D
Eighth Nerve:		
Intracranial (2881)	C	D
Extracranial (2883)	B	D
Subtemporal section of the trigeminal nerve (2884)	C	D
Trigeminal tractotomy (2885)	C	D
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 (2886)	C	D
Vestibular nerve (2887)	C	D
Posterior Fossa Tumour Removal:		
Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma, cholesteatoma (2889)	C	D
Glioma, secondary deposits (2891)	C	D
Abscess (2893)	C	D
Intracranial (2895)	C	D
Extracranial (2897)	C	D
Hemispherectomy (2898)	C	D
14.7.1 Supratentorial Procedures:		
Craniectomy for extra-dural haematoma or empyema (2899)	C	D
14.8 Craniotomy For:		
Extra-dural orbital decompression or excision of orbital tumour (2900)	C	D
Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, Pineal tumours, pituitary adenoma, total excision craniopharyngioma/ pharyngioma(2901)	C	D
Abscess, Glioma (2903)	C	D

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Haematoma, foreign body: Cerebral or cerebellar (2904)	C	D
Focal epilepsy: Excision of cortical scar (2905)	C	D
With anterior fossa meningocele and repair of bony skull defect (2906)	C	D
Temporal lobectomy (2907)	C	D
Torkildsen anastomosis (2908)	C	D
CSF-leaks (2909)	C	D
Removal of arteriovenous malformation (2910)	C	D
14.8.1 Stereo-tactic Cerebral And Spinal Cord Procedures:		
First sitting (2911)	B	D
Repeat (2913)	B	C
Transnasal hypophysectomy (2915)	C	D
Transfrontal hypophysectomy (2916)	C	D
Transnasal hypophyseal implants (2917)	C	C
14.9 Spinal Operations:		
Chordotomy:		
Unilateral (2923)	C	C
Open (2925)	C	D
Rhizotomy:		
Extradural, but intraspinal (2927)	C	D
Intradural: (2928)	C	D
Removal Of Spinal Cord Tumour: Intramedullar:		
Posterior approach (2929)	C	D
Anterio-lateral approach (2930)	C	D
Extramedullary, But Intradural:		
Posterior approach (2931)	C	D
Anterio-lateral approach (2932)	C	D
Intraspinal, but extradural: Posterior approach (2933)	C	D
Transcutaneous chordotomy (2935)	C	C
Repair of meningocele, involving nerve tissue (2937)	C	C
Simple (2938)	C	C
Excision of arterial vascular malformations and cysts of the spinal cord (2939)	C	D
Lumbar osteophyte removal (2940)	C	C
Cervical or thoracic osteophyte removal (2941)	C	D
14.10 Arterial Ligations:		
Carotis:		
Trauma (2951)	C	B
For aneurysm (A.V. anomaly) (2953)	C	C
Removal of carotid body tumour (without vascular reconstruction) (2955)	C	C
14.11 Medical Psychotherapy		
14.12 Physical Treatment Methods:		
Electro-convulsive treatment (ECT): per session (2970)	B	A
Intravenous anti-depressive medication through infusion: Per push in (Maximum 1 push in per 24 hours) (2971)	B	A
15 Endocrine System		
15.1 Thyroid:		
Partial lobectomy (2983)	C	C
Total lobectomy (2985)	C	C
Subtotal thyroidectomy (2987)	C	C
Total thyroidectomy (2989)	C	C
Thyroglossal cyst or fistula excision (2991)	B	B
15.2 Parathyroid:		
Exploration of parathyroid glands for hyperparathyroidism including removal (2993)	C	D

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15.3	Adrenals:		
	Adrenalectomy: Unilateral (2995)	C	C
	Bilateral exploration of adrenal glands: Including removal (2997)	C	D
15.4	Hypophysis:		
	Transethmoidal hypophysectomy (2999)	C	D
	Transnasal hypophysectomy (see item 2915) (3000)	C	D
15.5	General:		
	Implantation of pellets (excluding after-care) (3001)		A
16	Eye		
16.1	Procedures		
	Gonioscopy (3002)		A
	Fundus contact lens or 90 D lens examination (3003)		A
	Peripheral fundus examination with indirect ophthalmoscope (3004)		A
	Endothelial cell count (3005)		A
	Keratometry (3006)		A
	Potential acuity measurement (3007)		A
	Contrast sensitivity test (3008)		A
	Orthoptic consultation.(to be charged as a consultation tariff) (3010)		A
	Orthoptic subsequent sessions. (Rule: Charge as a consultation tariff – no procedure charge) (3011)		A
	Pre-surgical retinal examination before retinal surgery (3012)		A
	Ocular motility assessment comprehensive examination (3013)		A
	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes) (3014)		A
	Charting of visual field with manual perimeter (3015)		A
	Retinal threshold test without storage facilities (3016)		A
	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs (3017)		B
	Retinal threshold trend evaluation (additional to item 3017) (3018)		A
	Ocular muscle function with Hess screen or perimeter (3019)		A
	Special Eye Investigations:		
	Pachymetry: per eye. Only in addition to corneal surgery (3020)		A
	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations (3021)		A
	Digital fluorescein video angiography (3022)	B	B
	Digital indocyanine video angiography (3023)	B	B
	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039 (3024)	A	A
	Electronic tonography (3025)		A
	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum (3026)	A	A
	Fundus photography (3027)		A
	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye (3028)	A	A
	Anterior segment microphotography (3029)		A
	Fluorescein angiography, for one or both eyes in one sitting (excluding colour photography) (3031)		A
	Eyelid and orbit photography (3032)		A
	Interpretation of items 3022, 3023 and 3031 referred by other clinician (not applicable to UPFS – not to be charged) (3033)		A
	Determination of lens implant power per eye (3034)		A
	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 (not applicable to UPFS – not to be charged) (3035)		A
	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) (3036)		A
16.2	Retina:		
	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy (3037)	C	D
	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye (3039)	B	B
	Pan retinal photocoagulation (per eye): done in one sitting (3041)	B	C
	Removal of encircling band and/or buckling material (3044)	B	B
16.3	Cataract:		
	Intra-capsular (3045)	B	C
	Extra-capsular (including capsulotomy) (3047)	B	C
	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (3049)	B	A
	Repositioning of intra ocular lens (3050)	B	B
	Needling or capsulotomy (3051)	B	B
	Laser capsulotomy (3052)	A	B

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	Removal of lenticulus (3057)	B	C	
	Exchange of intra ocular lens (3058)	B	B	
	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded) (3059)	B	C	
	Implantation of aqueous shunt device/seton in glaucoma, e.g. Ahmed or Molteno valve or Collagen implants. Additional to item 3061 (3062)	B	A	
16.4	Glaucoma:			
	Drainage operation (3061)	B	C	
	Implantation of aqueous shunt device/seton in glaucoma, e.g. Ahmed or Molteno valve or Collagen implants. Additional to item 3061 (3062)	B	A	
	Cyclocryotherapy or cyclodiathermy (3063)	B	B	
	Laser trabeculoplasty (3064)	B	B	
	Removal of blood from anterior chamber (3065)	B	B	
	Goniotomy (3067)	B	C	
16.5	Intra-ocular Foreign Body:			
	Anterior to Iris (3071)	B	B	
	Posterior to Iris (including prophylactic thermal treatment to retina) (3073)	B	C	
16.6	Strabismus:			
	Adjustment of sutures if not done at the time of the operation (3074)			A
	Operation on one or two muscles (3075)	B	C	
	Operation on three or four muscles (3076)	B	C	
	Subsequent operation one or two muscles (3077)	B	B	
	Subsequent operation on three or four muscles (3078)	B	C	
16.7	Globe:			
	Transcleral biopsy (3079)	B	B	
	Examination of eyes under general anaesthetic where no surgery is done (3080)	A	B	
	Treatment of minor perforating injury (3081)	B	B	
	Treatment of major perforating injury (3083)	B	C	
	Enucleation or Evisceration (3085)	B	B	
	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis (3087)	B	C	
	Hydroxyapatite insertion (additional to item 3087): (3088)	A	A	
	Subconjunctival injection if not done at time of operation (3089)	A	A	
	Intra vitreal injection drug (3090)	A	A	
	Retrolubar injection (if not done at time of operation) (3091)	A	A	
	External laser treatment for superficial lesions (3092)			A
	Treatment of tumors of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation (3093)	B	C	
	Implantation of intra vitreal drug delivery system (3094)	B	C	
	Biopsy of vitreous body or anterior chamber contents (3095)	B	B	
	Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy (3096)	B	B	
	Anterior vitrectomy (3097)	B	D	
	Removal of silicon from globe (3098)	B	D	
	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement (3099)	C	D	
	Lensectomy done at time of posterior vitrectomy (3100)	B	A	
16.8	Orbit:			
	Drainage of orbital abscess (3101)	B	B	
	Removal of tumour (3103)	B	C	
	Removal orbital prosthesis (3104)	B	B	
	Exenteration (3105)	C	D	
	Orbitotomy requiring bone flap (3107)	B	C	
	Eye socket reconstruction (3108)	B	C	
	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously (3109)	C	D	
	Second stage hydroxyapatite implantation (3110)	B	B	
16.9	Cornea:			
	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery (3114)	A	B	
	Astigmatic correction with T cuts or wedge resection following intra ocular surgery, penetrating keratoplasty or trauma (3116)	B	C	

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Removal of foreign body. (3117)	A	A
Curettage of cornea after removal of foreign body (3118)		A
Tattooing. Rule: Charge as per cosmetic tariff groupng (3119)	B	A
Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (3120)		B
Graft (Lamellar of fullthickness) (3121)	C	D
Epikeratophakia (3122)		D
Insertion of intra-corneal or intrascleral prosthesis for refractive surgery (3123)	B	C
Removal of corneal stitches under microscope (maximum of 2 procedures) (3124)	A	A
Keratectomy or conjunctival flap (3125)	B	B
Cauterization of cornea (by chemical, thermal or cryotherapy methods) (3127)	A	A
Radial keratotomy or keratoplasty for astigmatism (Rule: cosmetic unless medical reasons can be proved) (3128)	B	C
Pterygium or conjunctival cyst or conjunctival tumor (3130)	B	A
Paracentesis (3131)	B	A
Lamellar keratectomy (per eye) for refractive surgery (LK, ALK, MLK) (3132)	B	C
Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used – stand alone procedure (3134)	A	B
Conjunctival flap or graft (not for use with pterygium surgery) (3136)	A	B
Removal corneal epithelium and chelating agent for band keratopathy (3138)	A	B
16.10 Ducts:		
Probing and/or syringing, per duct (3133)	A	A
Insertion of polythene tubes (additional): Unilateral (3135)	B	A
Excision of lacrimal sac: Unilateral (3137)	B	B
Dacryocystorhinostomy (Single) with or without polythene tube (3139)	B	C
Sealing of punctum (3141)	A	A
Sealing Punctum with plugs: Per eye (3142)	A	A
Three-snip operation (3143)	A	A
Repair Of Canaliculus:		
Primary procedure (3145)	B	B
Secondary procedure (3147)	B	C
16.11 Iris:		
Iridectomy or iridotomy by open operation as isolated procedure (3149)	B	B
Excision of iris tumour (3151)	B	C
Iridectomy or iridotomy by laser or photo-coagulation as isolated procedure (maximum one procedure) (3153)	B	B
Iridocyclectomy for tumour (3155)	C	D
Division of anterior synechiae as isolated procedure (3157)	B	B
Repair iris: Anterior chamber reconstruction (3158)	A	B
16.12 Lids:		
Tarsorrhaphy (3161)	B	A
Excision of superficial lid tumour (3163)	B	A
Repair of skin lacerations of the lid (3165)	B	A
Diathermy to wart on lid margin (3167)	A	A
Electrolysis of any number of eyelashes (per eye) (Rule: Charge as per cosmetic tariff groupng) (3169)		A
Excision of Meibomian cyst (3171)	A	B
Epicanthal folds (3173)	B	B
Botulinum toxin injection for blepharospasm (3174)	A	B
Botulinum toxin injection in extra-ocular muscles (3175)	A	B
Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material.(3176)	B	C
16.12.1 Entropion Or Ectropion By:		
Cautery (3177)	A	A
Suture (3179)	B	A
Open operation (3181)	B	B
Free skin, mucosal grafting or flap (3183)	B	C
16.12.2 Reconstruction Of Eyelid:		
Staged Procedures For Partial Or Total Loss Of Eyelid		
First stage (3185)	B	C
Subsequent stage (3187)	B	C
Full thickness eyelid laceration for tumour or injury: Direct repair (3189)	B	B
Blepharoplasty: upper lid for improvement in function (3191)	B	B
Blepharoplasty lower eyelid plus fat pad (3172)	A	B
16.13 Ptosis:		
Repair by superior rectus, levator or frontalis muscle operation (3193)	B	C

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	Ptosis: By Lesser Procedure E.g. Sling Operation:		
	Unilateral (3195)	B	B
	Bilateral (3197)	B	C
16.14	Conjunctiva:		
	Repair of conjunctiva by grafting (3199)	B	B
	Repair of lacerated conjunctiva (3200)	B	A
16.15	General:		
17	Ear		
17.1	External Ear (pinna):		
	Major Congenital Deformity Reconstruction Of External Ear:		
	Unilateral (3267)	C	B
	Bilateral (3269)	C	C
	Excision of superficial pre-auricular fistula (3270)	B	A
	Excision of complicated pre-auricular fistula (3272)	B	B
17.2	External Ear Canal:		
	Removal of foreign body under general anaesthetic (3205)	A	A
	Meatus Atresia:		
	Repair of stenosis of cartilaginous portion (3215)	B	C
	Congenital (3217)	B	D
	Removal of osteoma from meatus: Solitary (3219)	B	B
	Removal of osteoma from meatus: Multiple (3221)	B	C
17.3	Middle Ear:		
	Microscopic examination of tympanic membrane including microsuction (3206)		A
	Unilateral myringotomy (3207)	B	A
	Bilateral myringotomy (3209)	B	A
	Unilateral myringotomy with insertion of ventilation tube (3211)	B	A
	Bilateral myringotomy with insertion of unilateral ventilation tube (3212)	B	A
	Bilateral myringotomy with insertion of bilateral ventilation tubes (3213)	B	B
	Reconstruction of middle ear ossicles (ossiculoplasty) (3214)	C	C
	Exploratory tympanotomy (3237)	B	A
	Myringoplasty (3243)	B	B
	Functional reconstruction of tympanic membrane (3245)	C	D
	Stapedotomy and stapedectomy (3249)	B	D
	Cortical mastoidectomy (3257)	C	B
	Radical mastoidectomy (excluding minor procedures) (3259)	C	C
	Muscle grafting to mastoid cavity without tympanoplasty (3261)	C	C
	Autogenous bone graft to mastoid cavity (3263)	C	C
	Tympanomastoidectomy (3264)	C	D
	Reconstruction of posterior canal wall, following radical mastoid (3265)	C	D
	Gentamycin instillation into the middle ear for Ménière's disease (myringotomy excluded) (3266)	B	A
17.4	Facial Nerve:		
17.4.1	Facial Nerve Tests:		
	Percutaneous stimulation of the facial nerve (3223)	B	A
	Electroneurography (ENOG) (3224)	B	B
17.4.2	Facial Nerve Surgery:		
	Exploration Of Facial Nerve:		
	Exploration of tympanomastoid segment (3227)	C	D
	Grafting of the tympanomastoid segment (including item 3227) (3228)	C	D
	Extratemporal grafting of the facial nerve (3230)	C	D
	Facio-accessory or facio-hypoglossal anastomosis (3232)	C	B
17.5	Inner Ear:		
17.5.1	Audiometry: (Rule: charge Allied Health Professional Fee where applicable)		
	Short latency brainstem evoked potentials (A.E.P.) neurological examination, single decibel unilateral (2691)		A
	Bilateral (2692)		B
	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels (2693)		A
	Bilatera l (2694)		B

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Audiology 40Hz response: unilateral (2695)	A	
Bilateral (2696)	A	
Mid- and long latency auditory evoked potentials: unilateral (2697)	A	
Bilateral (2698)	A	
Electro-cochleography: unilateral (2699)	A	
Bilateral (2700)	B	
Total fee for audiological evaluation including bilateral A.E.P. and bilateral electro-cochleography 2702)	A	B
Otoacoustic emission performed as a screening test (3248)	A	A
Otoacoustic emission (high risk patients only) (3250)	A	B
Pure tone audiometry (air conduction) (3273)	A	
Pure tone audiometry (bone conduction with masking) (3274)	A	
Impedance audiometry (tympanometry) (3275)	A	
Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc. (3276)	A	
Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score) (3277)	A	
Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.) (3278)	A	
17.5.2 Balance Tests: (Rule: charge Allied Health Professional Fee where applicable)		
Minimal caloric test (excluding consultation fee) (3251)	A	
Bithermal Halpike caloric test (excluding consultation fee) (3252)	A	
Electro-nystagmography for spontaneous and positional nystagmus (3253)	B	
Video nystagmoscopy (monocular) (3254)	B	
Caloric test done with electronystagmography (3255)	B	
Video nystagmoscopy (binocular) (3256)	B	
Otolith repositioning manoeuvre (3258)	B	A
17.5.3 Inner Ear Surgery:		
Labyrinthectomy via the middle ear or mastoid (3233)	C	D
Endolymphatic sac surgery (3240)	C	D
Fenestration and occlusion of the posterior semicircular canal (F.O.S.) for benign paroxysmal positioning vertigo (BPPV) (3244)	C	D
Cochlear implant surgery (3246)	C	D
17.6 Microsurgery Of The Skull Base:		
17.6.1 Middle Fossa Approach (i.e Transtemporal Or Supralabyrinthine):		
Facial nerve: Exploration of the labyrinthine segment (3229)	C	D
Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment included) (5221)	C	D
Facial nerve surgery inside the internal auditory canal (if grafting required and harvesting of graft included) (5222)	C	D
Vestibular neurectomy, removal of supralabyrinthine tumours, or similar procedures (5223)	C	D
Removal of acoustic neuroma via the middle fossa approach (5224)	C	D
17.6.2 Translabyrinthine Approach:		
Acoustic neuroma removal translabyrinthine (3239)	C	D
Cochleo-vestibular neurectomy (5227)	C	D
Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting and graft removal included) (5229)	C	D
17.6.3 Transotic Approach To The Cerebellopontine Angle:		
Removal of acoustic neuroma or cyst of the internal auditory cana ((5232)	C	D
17.6.4 Infratemporal Fossa Approach Type A:		
Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours (5235)	C	D
17.6.5 Infratemporal Fossa Approach Type B:		
Removal of tumour of the petrous apex (5238)	C	D
Removal of tumour of the clivus (5239)	C	D
17.6.6 Infratemporal Approach Type C:		
Removal of nasopharyngeal angiofibroma or carcinoma (5242)	C	D
Removal of tumour from the infratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx (5243)	C	D
17.6.7 Subtotal Petrosectomy:		
Subtotal petrosectomy for removal of temporal bone tumour (5246)	C	D
Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity (5247)	C	D
17.6.8 Petrosectomy And Radical Dissection Of Petromandibular Fossa:		
Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland (5250)	C	D
Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland (5251)	C	D
Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland (5252)	C	D

	Ana	P	I
Ultrasonic therapy (3281)			A
Shortwave diathermy (3282)			A
Sensory nerve conduction studies (3284)			B
Motor nerve conduction studies (3285)			B
Spinal joint and ligament injection (3287)			A
Epidural injection (3288)			A
Multiple injections - First joint (3289)			A
Additional joint (3290)			A
Tendon or ligament injection (3291)			A
Aspiration of joint or intra-articular injection (3292)			A
Aspiration or injection of bursa or ganglion (3293)			A
Paracervical nerve block (3294)			A
Paravertebral root block – unilateral (3295)			A
Paravertebral root block – bilateral (3296)			A
Manipulation of spine (3297)			A
Spinal traction (3298)			A
Manipulation of large joints under general anaesthesia: Hip (3299)	A		A
Muscle fatigue studies (3301)			A
Strength duration curve per session (3302)			A
Electromyography (3303)			B

SCHEDULE 3.3: RADIOLOGY CODE BOOK

	Ana	P	I
X-ray skeletal survey under five years (00110)			B
X-ray skeletal survey over five years (00115)			B
X-ray sinogram any region (00120)			B
X-ray with mobile unit in other facility (00130)			A
X-ray control view in theatre any region (00135)			A
X-ray fluoroscopy any region (00140)			A
X-ray fluoroscopy guidance for biopsy, any region (00145)			B
X-ray C-Arm (equipment fee only, not procedure) per half hour (00150)			A
X-ray C-arm fluoroscopy in theatre per half hour (procedure only) (00155)			A
X-ray fixed theatre installation (equipment fee only) (00160)			A
X-ray examination contrast material (00190)			Vary
Ultrasound with mobile unit in other facility (00210)			A
Ultrasound intra-operative study (00220)	A		B
Ultrasound guidance (00230)			C
Ultrasound guidance for tissue ablation (00240)			C
Ultrasound limited Doppler study any region (00250)			B
CT planning study for radiotherapy (00310)			D
CT guidance (separate procedure) (00320)			C
CT guidance, with diagnostic procedure (00330)			C
CT guidance and monitoring for tissue ablation (00340)			D
CT examination contrast material (00390)			Vary
MR study of the whole body for metastases screening (00410)	B		E
MR Spectroscopy any region (00420)	B		D
MR guidance for needle replacement (00430)	B		D
MR low field strength imaging of peripheral joint any region (00440)	B		B
MR planning study for radiotherapy or surgical procedure (00450)			D
MR planning study for radiotherapy or surgical procedure, with contrast (00455)			D
Analogue monoplane screening table (00510)			D
Analogue monoplane table with DSA attachment (00520)			D
Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment (00530)			D
Digital monoplane screening table (00540)			E
Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment (00550)			E
Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment (00560)			E
Angiography and interventional examination contrast material (00590)			Vary
Skull and Brain			
X-ray of the skull (10100)			A
X-ray tomography of the skull (10110)			B
X-ray shuntogram for VP shunt (10120)			C
Ultrasound of the brain – Neonatal (10200)	A		B
Ultrasound of the brain including Doppler (10210)			C
Ultrasound of the intracranial vasculature, including B mode, pulse and colour Doppler (10220)			C
CT Brain uncontrasted (10300)	B		D
CT Brain with contrast only (10310)	B		D
CT Brain pre and post contrast (10320)	B		D
CT brain pre and post contrast for perfusion studies (10325)	B		D
CT angiography of the brain (10330)	B		E
CT of the brain pre and post contrast with angiography (10335)	B		E
CT brain for cranio-stenosis including 3D (10340)	B		D
CT Brain stereotactic localization (10350)	B		C
CT base of skull coronal high resolution study for CSF leak (10360)	B		D
MR of the brain, limited study (10400)	B		D
MR of the brain uncontrasted (10410)	B		E
MR of the brain with contrast (10420)	B		E
MR of the brain pre and post contrast (10430)	B		E
MR of the brain pre and post contrast, for perfusion studies (10440)	B		E
MR of the brain plus angiography (10450)	B		E
MR of the brain pre and post contrast plus angiography (10460)	B		E
MR angiography of the brain uncontrasted (10470)	B		E
MR angiography of the brain contrasted (10480)	B		E
MR of the brain, with diffusion studies(10485)	B		E
MR of the brain, pre and post contrast, with diffusion studies, (10490)	B		E
MR study of the brain plus angiography plus diffusion, uncontrasted (10492)	B		E
MR of the brain pre and post contrast plus angiography and diffusion (10495)	B		E
Arteriography of intracranial vessels: 1 - 2 vessels (10500)	B		D
Arteriography of intracranial vessels: 3 - 4 vessels (10510)	B		E
Arteriography of extra-cranial (non-cervical) vessels (10520)	B		D
Arteriography of intracranial and extra-cranial (non-cervical) vessels (10530)	B		E
Arteriography of intracranial vessels (4) plus 3 D rotational angiography (10540)	B		E
Arteriography of intracranial vessels (1) plus 3D rotational angiography (10550)	B		D
Venography of dural sinuse (10560)	B		D

	Ana P	I
Facial bones and nasal bones		
X-ray of the facial bones (11100)		A
X-ray tomography of the facial bones (11110)		B
X-ray of the nasal bones (11120)		A
CT of the facial bones (11300)	B	D
CT of the facial bones with 3D reconstructions (11310)	B	D
CT of the facial bones/soft tissue, pre and post contrast (11320)	B	D
MR of the facial soft tissue (11400)	B	E
MR of the facial soft tissue pre and post contrast (11410)	B	E
MR of the facial soft tissue plus angiography, with contrast (11420)	B	E
MR angiography of the facial soft tissue (11430)	B	E
Orbits, lacrimal glands and tear ducts		
X-ray orbits less than three views (12100)		A
X-ray of the orbits, three or more views, including foramina (12110)		B
X-ray of the orbits for foreign body (12120)		A
X-ray tomography of the orbits (12130)		B
X-ray dacryocystography (12140)	B	A
Ultrasound of the orbit/eye (12200)		B
Ultrasound of the orbit/eye including Doppler (12210)		C
CT of the orbits single plane (12300)	B	C
CT of the orbits, more than one plane (12310)	B	D
CT of the orbits pre and post contrast single plane (12320)	B	D
CT of the orbits pre and post contrast multiple planes (12330)	B	D
MR of the orbits (12400)	B	E
MR of the orbitae, pre and post contrast (12410)	B	E
Paranasal sinuses		
X-ray of the paranasal sinuses, single view (13100)		A
X-ray of the paranasal sinuses, two or more views (13110)		A
X-ray tomography of the paranasal sinuses (13120)		B
X-ray of the naso-pharyngeal soft tissue (13130)		A
CT of the paranasal sinuses single plane, limited study (13300)	B	B
CT of the paranasal sinuses, two planes, limited study (13310)	B	C
CT of the paranasal sinuses, any plane, complete study (13320)	B	C
CT of the paranasal sinuses, more than one plane, complete study (13330)	B	D
CT of the paranasal sinuses, any plane, complete study: pre and post contrast (13340)	B	D
CT of the paranasal sinuses, more than one plane, complete study; pre and post contrast (13350)	B	D
MR of the paranasal sinuses (13400)	B	E
MR of the paranasal sinuses, pre and post contrast (13410)	B	E
Mandible, teeth and maxilla		
X-ray of the mandible(14100)		A
X-ray orthopantomogram of the jaws and teeth (14110)		A
X-ray maxillofacial cephalometry (14120)	A	A
X-ray of the teeth single quadrant (14130)		A
X-ray of the teeth more than one quadran (14140)		A
X-ray of the teeth full mouth (14150)		A
X-ray tomography of the teeth per side (14160)		A
CT of the mandible (14300)		D
CT of the mandible, pre and post contrast (14310)		D
CT mandible with 3D reconstructions (14320)		D
CT for dental implants in the mandible (14330)		D
CT for dental implants in the maxilla (14340)		D
MR of the mandible/maxilla (14400)	B	E
MR of the mandible/maxilla, pre and post contrast (14410)	B	E
TM Joints		
X-ray temporo-mandibular joint, left (15100)		A
X-ray temporo-mandibular joint, right (15110)		A
X-ray tomography temporo-mandibular joint, left (15120)		A
X-ray tomography temporo-mandibular joint, right (15130)		A
X-ray arthrography of the temporo-mandibular joint, left (15140)	A	A
X-ray arthrography of the temporo-mandibular joint, right (15150)	A	A
Ultrasound temporo-mandibular joints, one or both sides (15200)	A	B
CT of the temporo-mandibular joints (15300)	B	D
CT of the temporo-mandibular joints plus 3D reconstructions (15310)	B	D
CT arthrogram of the temporo-mandibular joints (15320)	B	D
MR of the temporo-mandibular joints (15400)	B	E
MR of the temporo-mandibular joints, pre and post contrast (15410)	B	E
MR arthrogram of the temporo-mandibular joints (15420)	B	E
Mastoids and internal auditory canal		
X-ray of the mastoids, unilateral(16100)		A
X-ray of the mastoids, bilateral(16110)		B
X-ray tomography of the petro-temporal bone, unilateral(16120)		A
X-ray tomography of the petro-temporal bone, bilateral (16130)		A
X-ray internal auditory canal, bilateral (16140)		B
X-ray tomography of the internal auditory canal, bilateral (16150)		B
CT of the mastoids (16300)	B	B
CT of the internal auditory canal (16310)	B	D
CT of the internal auditory canal, pre and post contrast (16320)	B	D
CT of the ear structures, limited study (16330)	B	B

	Ana	P	I
CT of the middle and inner ear structures, high definition including all reconstructions in various planes (16340)	B		D
MR of the internal auditory canals, limited study (16400)	B		D
MR of the internal auditory canals, pre and post contrast, limited study (16410)	B		E
MR of the internal auditory canals, pre and post contrast, complete study (16420)	B		E
MR of the ear structures (16430)	B		E
MR of the ear structures, pre and post contrast (16440)	B		E
Sella turcica			
X-ray of the sella turcica (17100)			A
X-ray tomography of the sella turcica (17110)			B
CT of the sella turcica/hypophysis (17300)	B		C
CT of the sella turcica/hypophysis, pre and post contrast (17310)	B		D
MR of the hypophysis (17400)	B		D
MR of the hypophysis, pre and post contrast (17410)	B		E
Salivary glands and floor of the mouth			
X-ray of the salivary glands and ducts for calculus (18100)			A
X-ray of the salivary glands and ducts for calculus (18110)			A
X-ray sialography, per gland (18120)			A
Ultrasound of the salivary glands/floor of the mouth (18200)			B
CT of the salivary glands, uncontrasted (18300)	B		C
CT of the salivary glands/floor of the mouth, pre and post contrast (18310)	B		D
CT sialography (18320)	B		D
MR of the salivary glands/floor of the mouth (18400)	B		E
MR of the salivary glands/floor of the mouth, pre and post contrast (18410)	B		E
Neck			
X-ray of soft tissue of the neck (20100)			A
X-ray of the larynx including tomography (20110)			A
X-ray laryngography (20120)			A
X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording (20130)			C
Ultrasound of the thyroid (20200)			B
Ultrasound of soft tissue of the neck (20210)			B
Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour Doppler (20220)	B		B
Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour Doppler (20230)	B		D
Ultrasound study of the venous system of the neck including pulse and colour Doppler (20240)	B		B
CT of the soft tissues of the neck (20300)	B		C
CT of the soft tissues of the neck, with contrast (20310)	B		D
CT of the soft tissues of the neck, pre and post contrast (20320)	B		D
CT angiography of the extracranial vessels in the neck (20330)	B		E
CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain (20340)	B		E
CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain plus a pre and post contrast study of the brain (20350)	B		E
MR of the soft tissue of the neck (20400)	B		E
MR of the soft tissue of the neck, pre and post contrast (20410)	B		E
MR of the soft tissue of the neck and uncontrasted angiography (20420)	B		E
MR angiography of the extracranial vessels in the neck, without contrast (20430)	B		E
MR angiography of the extracranial vessels in the neck, with contrast (20440)	B		E
MR angiography of the extra and intracranial vessels with contrast (20450)	B		E
MR angiography of the intra and extra cranial vessels plus brain, without contrast (20460)	B		E
MR angiography of the intra and extra cranial vessels plus brain, with contrast (20470)	B		E
Arteriography of cervical vessels: carotid 1 - 2 vessels (20500)	B		D
Arteriography of cervical vessels: vertebral 1 - 2 vessels (20510)	B		D
Arteriography of cervical vessels: carotid and vertebral (20520)	B		E
Arteriography of aortic arch and cervical vessels (20530)	B		E
Arteriography of aortic arch, cervical and intracranial vessels (20540)	B		E
Venography of jugular and vertebral veins (20550)	B		D
Thorax			
Chest wall, pleura, lungs and mediastinum			
X-ray of the chest, single view (30100)			A
X-ray of the chest two views, PA and lateral (30110)			B
X-ray of the chest complete with additional views (30120)			B
X-ray of the chest complete including fluoroscopy (30130)			B
X-ray tomography of the chest (30140)			B
X-ray of the ribs (30150)			A
X-ray of the chest and ribs (30155)			B
X-ray of the thoracic inlet (30160)			A
X-ray of the sterno-clavicular joints (30170)			A
X-ray tomography of the sterno-clavicular joint (30175)			B
X-ray of the sternum (30180)			A
X-ray tomography of the sternum (30185)			B
Ultrasound of the chest wall, any region (30200)			B
Ultrasound of the pleural space (30210)			B
Ultrasound of the mediastinal structures (30220)			B
CT of the chest, limited study (30300)	B		B

	Ana	P	I
CT of the chest uncontrasted (30310)	B		D
CT of the chest contrasted (30320)	B		D
CT of the chest, pre and post contrast (30330)	B		D
CT of the chest, limited high resolution study (30340)	B		B
CT of the chest, complete high resolution study (30350)	B		D
CT of the chest, complete high resolution study with additional prone and expiratory studies (30355)	B		D
CT of the chest for pulmonary embolism (30360)	B		E
CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs (30370)	B		E
MR of the chest (30400)	B		E
MR of the chest with uncontrasted angiography (30410)	B		E
MR of the chest, pre and post contrast (30420)	B		E
Oesophagus			
X-ray barium swallow (31100)	A		B
X-ray 3 phase dynamic contrasted swallow (31105)	B		C
X-ray barium swallow, double contrast (31110)	B		C
X-ray barium swallow with cinematography (31120)	B		C
Aorta and large vessels			
Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure (32200)	B		B
Ultrasound intravascular (IVUS) first vessel (32210)	B		B
Ultrasound intravascular (IVUS) subsequent vessels (32220)	B		B
CT angiography of the aorta and branches (32300)	B		E
CT angiography of the thoracic and abdominal aorta and branches (32305)	B		E
CT angiography of the pulmonary vasculature (32310)	B		E
MR angiography of the aorta and branches (32400)	B		E
MR angiography of the pulmonary vasculature (32410)	B		E
Arteriography of thoracic aorta (32500)	B		D
Arteriography of bronchial intercostal vessels alone (32510)	B		D
Arteriography of thoracic aorta, bronchial and intercostal vessels (32520)	B		E
Arteriography of pulmonary vessels (32530)	B		E
Arteriography of heart chambers, coronary arteries (32540)	B		D
Venography of thoracic vena cava (32550)	A		D
Venography of vena cava, azygos system (32560)	A		E
Venography patency of A-port or other central line (32570)	A		C
Heart			
Ultrasound study of the heart for foetal or paediatric cases including Doppler (33205)	B		C
Ultrasound study of the heart, including Doppler (33200)			B
Ultrasound study of the heart trans-oesophageal (33210)			B
Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel (33220)	B		B
CT anatomical/functional study of the heart (33300)	B		D
CT angiography of heart vessels (33310)	B		E
MR of the heart, anatomical study (33400)	B		E
MR of the heart, anatomical and functional study (33410)	B		E
MR of the heart, pre and post contrast (33420)	B		E
MR angiography of the heart vessels (33430)	B		E
MR of the heart, anatomical, functional and coronary angiography (33440)	B		E
Mamma			
X-ray mammography including ultrasound (34100)			B
X-Ray mammography unilateral, including ultrasound (34101)			B
X-ray mammography galactography (34105)			C
X-ray mammography study for localization (34110)			B
X-ray stereotactic mammography – localization (34120)			C
X-ray stereotactic mammography – biopsy (34130)	B		B
X-ray of biopsy specimen of the mamma (34140)			A
X-ray Mammotome hand held biopsy apparatus (34150)			C
Ultrasound study of the breast (34200)			B
Ultrasound guided aspiration FNA/localisation of the breast (34205)	B		B
Computer assisted diagnosis for mammography (34300)			A
MR study of the breast (34400)	B		E
MR study of the breast pre and post contrast (34410)	B		E
Abdomen and Pelvis			
Abdomen/stomach/bowel			
X-ray of the abdomen (40100)			A
X-ray of the abdomen supine and erect, or decubitus (40105)			B
X-ray of the abdomen multiple views including chest (40110)			C
X-ray tomography of the abdomen (40120)			B
X-ray barium meal single contrast (40140)			B
X-ray barium meal double contrast (40143)			C
X-ray barium meal double contrast with follow through (40147)			C
X-ray small bowel enteroclysis (meal) (40150)			B
X-ray small bowel meal follow through single contrast (40153)			C
X-ray small bowel meal with pneumocolon (40157)			D

	Ana	P	I
X-ray large bowel enema single contrast (40160)			B
X-ray large bowel enema double contrast (40165)			C
X-ray guided gastro oesophageal intubation (40170)			A
X-ray guided duodenal intubation (40175)			A
X-ray defaecogram (40180)			B
X-ray guided reduction of intussusception (40190)			B
Ultrasound study of the abdominal wall (40200)			B
Ultrasound study of the whole abdomen including the pelvis (40210)			B
CT study of the abdomen (40300)	B		D
CT study of the abdomen with contrast (40310)	B		D
CT study of the abdomen pre and post contrast (40313)	B		D
CT of the pelvis (40320)	B		D
CT of the pelvis with contrast (40323)	B		D
CT of the pelvis pre and post contrast (40327)	B		D
CT of the abdomen and pelvis (40330)	B		D
CT of the abdomen and pelvis with contrast (40333)	B		D
CT of the abdomen and pelvis pre and post contrast (40337)	B		D
CT triphasic study of the liver, abdomen and pelvis pre and post contrast (40340)	B		D
CT of the chest, abdomen and pelvis without contrast (40345)	B		D
CT of the chest, abdomen and pelvis with contrast (40350)	B		D
CT of the chest triphasic of the liver, abdomen and pelvis with contrast (40355)	B		E
CT of the base of skull to symphysis pubis with contrast (40360)	B		E
CT colonoscopy (40365)	B		D
MR of the abdomen (40400)	B		E
MR of the abdomen pre and post contrast (40410)	B		E
MR of the pelvis, soft tissue (40420)	B		E
MR of the pelvis, soft tissue, pre and post contrast (40430)	B		E
Liver, spleen, gall bladder and pancreas			
X-ray ERCP including screening (41100)	B		B
X-ray cholangiography intra-operative (41110)	B		B
X-ray T-tube cholangiography post operative (41120)	B		B
X-ray transhepatic percutaneous cholangiography (41130)	B		B
Ultrasound study of the upper abdomen (41200)			B
Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis (41210)			C
CT of the abdomen triphasic study – liver (41300)	B		D
MR study of the liver/pancreas (41400)	B		E
MR study of the liver/pancreas pre and post contrast (41410)	B		E
MRCP (41420)	B		D
MR study of the abdomen with MRCP (41430)	B		E
MR study of the abdomen pre and post contrast with MRCP (41440)	B		E
Renal tract			
X-ray tomography of the renal tract (42100)			B
X-ray excretory urogram including tomography (42110)			B
X-ray excretory urogram including tomography with micturating study (42115)			B
X-ray cystography (42120)			B
X-ray urethrography (42130)			B
X-ray micturating cysto-urethrography (42140)			B
X-ray retrograde/prograde pyelography (42150)	A		B
X-ray prograde pyelogram – percutaneous (42160)	A		D
Ultrasound study of the renal tract including bladder (42200)			B
Ultrasound doppler for resistive index in vessels of transplanted kidney (42205)			B
Ultrasound study of the renal arteries including Doppler (42210)			C
CT of the renal tract for a stone (42300)	B		D
MR of the renal tract for obstruction (42400)	B		D
MR of the kidneys without contrast (42410)	B		E
MR of the kidneys pre and post contrast (42420)	B		E
Reproductive system			
X-ray pelvimetry single (43100)			B
X-ray pelvimetry multiple views (43110)			B
X-ray hystero-salpingography (43120)	A		A
X-ray hystero-salpingography with introduction of contrast (43130)	A		C
Ultrasound study of the pelvis transabdominal (43200)			B
Ultrasound study of the female pelvis transvaginal (43205)			B
Ultrasound study of the prostate transrectal (43210)	B		B
Ultrasound transrectal prostate volume for brachytherapy (43215)	B		B
Ultrasound study of the testes (43220)			B
Ultrasound study for male impotence including doppler and injection of vaso constrictor (43225)	A		C
Ultrasound guided transvaginal aspiration for ova (43230)	B		B
Ultrasound guided amniocentesis (43240)	B		B
Ultrasound study of the pregnant uterus, first trimester (43250)			B
Ultrasound study of the pregnant uterus, second trimester (43260)			B
Ultrasound study of the pregnant uterus, third trimester, first visit (43270)			B
Ultrasound study of the pregnant uterus, third trimester, follow-up visit (43273)			B
Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit (43277)			C

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Ultrasound doppler of the umbilical cord for resistive index (43280)		B
CT pelvimetry – Topogram (43300)		B
MR study of pelvic reproductive organs - limited study (43400)	B	D
MR study for pelvimetry (43405)	B	D
MR study of pelvic reproductive organs - complete – uncontrasted (43410)	B	C
MR study of pelvic reproductive organs - complete – pre and post contrast (43420)	B	E
Aorta and vessels		
Ultrasound study of abdominal aorta and branches including Doppler (44200)		C
Ultrasound study of the IVC and pelvic veins including Doppler (44205)		C
CT angiography of abdominal aorta and branches (44300)	B	E
CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen (44305)	B	E
CT angiography of the pelvis (44310)	B	E
CT angiography of the abdominal aorta and pelvis (44320)	B	E
CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis (44325)	B	E
CT portogram (44330)	B	E
MR angiography of abdominal aorta and branches (44400)	B	E
Arteriography of abdominal aorta alone (44500)	B	D
Arteriography of aorta plus coeliac, mesenteric branches (44503)	B	E
Arteriography of aorta plus renal, adrenal branches (44505)	B	E
Arteriography of aorta plus renal, non-visceral branches (44507)	B	E
Arteriography of coeliac, mesenteric vessels alone (44510)	B	E
Arteriography of renal, adrenal vessels alone (44515)	B	D
Arteriography of non-visceral abdominal vessels alone (44517)	B	E
Arteriography of internal and external iliac vessels alone (44520)	B	E
Venography of internal and external iliac veins alone (44525)	B	E
Corpora cavernosography (44530)	B	D
Vasography, vesiculography (44535)	B	D
Venography of inferior vena cava (44540)	B	D
Venography of hepatic veins alone (44543)	B	E
Venography of inferior vena cava and hepatic veins (44545)	B	E
Venography of lumbar azygos system alone (44550)	B	D
Venography of inferior vena cava and lumbar azygos veins (44555)	B	E
Venography of renal, adrenal veins alone (44560)	B	D
Venography of inferior vena cava and renal/adrenal veins (44565)	B	E
Venography of spermatic, ovarian veins alone (44570)	B	D
Venography of inferior vena cava, renal, spermatic, ovarian veins (44573)	B	E
Venography indirect splenoportogram (44580)	B	D
Venography direct splenoportogram (44583)	B	D
Venography transhepatic portogram (44587)	B	D
Spine, Pelvis and Hips		
General		
X-ray of the spine scoliosis view AP only (50100)		B
X-ray of the spine scoliosis view AP and lateral (50105)		C
X-ray of the spine scoliosis view AP and lateral including stress views (50110)		C
X-ray bone densitometry (50120)		C
X-ray guided lumbar puncture (50130)	A	B
X-ray guided cisternal puncture cisternogram (50140)	A	D
CT quantitative bone mineral density (50300)	B	B
Arteriogram of the spinal column and cord, all vessels (50500)	B	E
Venography of the spinal, paraspinal veins (50510)	A	E
Cervical		
X-ray of the cervical spine, stress views only (51100)		A
X-ray of the cervical spine, one or two views (51110)		A
X-ray of the cervical spine, more than two views (51120)		B
X-ray of the cervical spine, more than two views including stress views (51130)		B
X-ray Tomography cervical spine (51140)		B
X-ray myelography of the cervical spine (51160)	B	B
X-ray discography cervical spine per level (51170)	A	B
CT of the cervical spine limited study (51300)	B	C
CT of the cervical spine – regional study (51310)	B	C
CT of the cervical spine – complete study (51320)	B	D
CT of the cervical spine pre and post contrast (51330)	B	D
CT myelography of the cervical spine (51340)	B	D
CT myelography of the cervical spine following myelogram (51350)	B	D
MR of the cervical spine, limited study (51400)	B	D
MR of the cervical spine and cranio-cervical junction (51410)	B	E
MR of the cervical spine and cranio-cervical junction pre and post contrast (51420)	B	E
Thoracic		
X-ray of the thoracic spine, one or two views (52100)		A
X-ray of the thoracic spine, more than two views (52110)		B
X-ray tomography thoracic spine (52120)		B
X-ray of the thoracic spine, more than two views including stress views (52140)		B
X-ray myelography of the thoracic spine (52150)	B	B

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CT of the thoracic spine limited study (52300)	B	C
CT of the thoracic spine – regional study (52305)	B	C
CT of the thoracic spine complete study (52310)	B	D
CT of the thoracic spine pre and post contrast (52320)	B	E
CT myelography of the thoracic spine (52330)	B	D
CT myelography of the thoracic spine following myelogram (52340)	B	D
MR of the thoracic spine, limited study (52400)	B	D
MR of the thoracic spine (52410)	B	E
MR of the thoracic spine pre and post contrast (52420)	B	E
Lumbar		
X-ray of the lumbar spine – stress study only (53100)		A
X-ray of the lumbar spine, one or two views (53110)		A
X-ray of the lumbar spine, more than two views (53120)		B
X-ray of the lumbar spine, more than two views including stress views (53130)		B
X-ray tomography lumbar spine (53140)		B
X-ray myelography of the lumbar spine (53160)	B	B
X-ray discography lumbar spine per level (53170)	B	B
CT of the lumbar spine limited study (53300)	B	C
CT of the lumbar spine – regional study (53310)	B	C
CT of the lumbar spine complete study (53320)	B	D
CT of the lumbar spine pre and post contrast (53330)	B	D
CT myelography of the lumbar spine (53340)	B	D
CT myelography of the lumbar spine following myelogram (53350)	B	D
MR of the lumbar spine, limited study (53400)	B	D
MR of the lumbar spine (53410)	B	E
MR of the lumbar spine pre and post contrast (53420)	B	E
Sacrum		
X-ray of the sacrum and coccyx (54100)		A
X-ray of the sacro-iliac joints (54110)		B
X-ray tomography – sacrum and/or coccyx (54120)		B
CT of the sacrum – limited study (54300)	B	B
CT of the sacrum – complete study – uncontrasted (54310)	B	D
CT of the sacrum with contrast (54320)	B	D
CT of the sacrum pre and post contrast (54330)	B	D
MR of the sacrum (54400)	B	E
MR of the sacrum pre and post contrast (54410)	B	E
Pelvis		
X-ray of the pelvis (55100)		A
X-ray tomography – pelvis (55110)		B
CT of the bony pelvis limited (55300)	B	C
CT of the bony pelvis complete uncontrasted (55310)	B	D
CT of the bony pelvis complete 3D recon (55320)	B	D
CT of the bony pelvis with contrast (55330)	B	D
CT of the bony pelvis – pre and post contrast (55340)	B	D
MR of the bony pelvis (55400)	B	E
MR of the bony pelvis pre and post contrast (55410)	B	E
Hips		
X-ray of the left hip (56100)		A
X-ray of the right hip (56110)		A
X-ray pelvis and hips (56120)		B
X-ray tomography – hip (56130)		B
X-ray of the hip/s – stress study (56140)		B
X-ray arthrography of the hip joint including introduction contrast (56150)		C
X-ray guidance and introduction of contrast into hip joint only (56160)		B
Ultrasound of the hip joints (56200)		B
CT of hip – limited (56300)	B	C
CT of hip – complete (56310)	B	D
CT of hip – complete with 3D recon (56320)	B	D
CT of hip with contrast (56330)	B	D
CT of hip pre and post contrast (56340)	B	D
MR of the hip joint/s, limited study (56400)	B	D
MR of the hip joint/s (56410)	B	E
MR of the hip joint/s, pre and post contrast (56420)	B	E
Upper limbs		
General		
X-ray upper limbs - any region - stress studies only (60100)		A
X-ray upper limbs - any region – tomography (60110)		B
Ultrasound upper limb – soft tissue - any region (60200)		B
Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour Doppler (60210)		B
Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour Doppler (60220)		B
Ultrasound peripheral venous system upper limbs including pulse and colour Doppler for deep vein thrombosis(60230)		B
Ultrasound peripheral venous system upper limbs including pulse and colour Doppler (60240)		C

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CT of the upper limbs limited study (60300)	B		C
CT angiography of the upper limb (60310)	B		E
MR of the upper limbs limited study, any region (60400)	B		D
MR angiography of the upper limb (60410)	B		E
Arteriogram of subclavian, upper limb arteries alone, unilateral (60500)	B		D
Arteriogram of subclavian, upper limb arteries alone, bilateral (60510)	B		E
Arteriogram of aortic arch, subclavian, upper limb, unilateral (60520)	B		D
Arteriogram of aortic arch, subclavian, upper limb, bilateral (60530)	B		E
Venography, antegrade of upper limb veins, unilateral (60540)	B		B
Venography, antegrade of upper limb veins, bilateral (60550)	B		D
Venography, retrograde of upper limb veins, unilateral (60560)	B		B
Venography, retrograde of upper limb veins, bilateral (60570)	B		E
Venography, shuntogram, dialysis access shunt (60580)	B		D
Shoulder			
X-ray of the left clavicle (61100)			A
X-ray of the right clavicle (61105)			A
X-ray of the left scapula (61110)			A
X-ray of the right scapula (61115)			A
X-ray of the left acromio-clavicular joint (61120)			A
X-ray of the right acromio-clavicular joint (61125)			A
X-ray of acromio-clavicular joints plus stress studies bilateral (61128)			B
X-ray of the left shoulder (61130)			A
X-ray of the right shoulder (61135)			A
X-ray of the left shoulder plus subacromial impingement views (61140)			B
X-ray of the right shoulder plus subacromial impingement views (61145)			B
X-ray of the left subacromial impingement views only (61150)			B
X-ray of the right subacromial impingement views only (61155)			B
X-ray arthrography shoulder joint including introduction of contrast (61160)			C
X-ray guidance and introduction of contrast into shoulder joint only (61170)			B
Ultrasound of the left shoulder joint (61200)			B
Ultrasound of the right shoulder joint (61210)			B
CT of the left shoulder joint – uncontrasted (61300)	B		D
CT of the right shoulder joint – uncontrasted (61305)	B		D
CT of the left shoulder – complete with 3D recon (61310)	B		D
CT of the right shoulder – complete with 3D recon (61315)	B		D
CT of the left shoulder joint - pre and post contrast (61320)	B		D
CT of the right shoulder joint - pre and post contrast (61325)	B		D
MR of the left shoulder (61400)	B		E
MR of the right shoulder (61405)	B		E
MR of the left shoulder pre and post contrast (61410)	B		E
MR of the right shoulder pre and post contrast (61415)	B		E
Humerus			
X-ray of the left humerus (62100)			A
X-ray of the right humerus (62105)			A
CT of the left upper arm (62300)	B		D
CT of the right upper arm (62305)	B		D
CT of the left upper arm contrasted (62310)	B		D
CT of the right upper arm contrasted (62315)	B		D
CT of the left upper arm pre and post contrast (62320)	B		D
CT of the right upper arm pre and post contrast (62325)	B		D
MR of the left upper arm (62400)	B		E
MR of the right upper arm (62405)	B		E
MR of the left upper arm pre and post contrast (62410)	B		E
MR of the right upper arm pre and post contrast (62415)	B		E
Elbow			
X-ray of the left elbow (63100)			A
X-ray of the right elbow (63105)			A
X-ray of the left elbow with stress (63110)			B
X-ray of the right elbow with stress (63115)			B
X-ray arthrography elbow joint including introduction of contrast (63120)			C
X-ray guidance and introduction of contrast into elbow joint only (63130)			B
Ultrasound of the left elbow joint (63200)			B
Ultrasound of the right elbow joint (63205)			B
CT of the left elbow (63300)	B		D
CT of the right elbow (63305)	B		D
CT of the left elbow – complete with 3D recon (63310)	B		D
CT of the right elbow – complete with 3D recon (63315)	B		D
CT of the left elbow contrasted (63320)	B		D
CT of the right elbow contrasted (63325)	B		D
CT of the left elbow pre and post contrast (63330)	B		D
CT of the right elbow pre and post contrast (63335)	B		D
MR of the left elbow (63400)	B		E
MR of the right elbow (63405)	B		E
MR of the left elbow pre and post contrast (63410)	B		E
MR of the right elbow pre and post contrast (63415)	B		E

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Forearm			
X-ray of the left forearm (64100)			A
X-ray of the right forearm (64105)			A
X-ray peripheral bone densitometry (64110)			A
CT of the left forearm (64300)	B		D
CT of the right forearm (64305)	B		D
CT of the left forearm contrasted (64310)	B		D
CT of the right forearm contrasted (64315)	B		D
CT of the left forearm pre and post contrast (64320)	B		D
CT of the right forearm pre and post contrast (64325)	B		D
MR of the left forearm (64400)	B		E
MR of the right forearm (64405)	B		E
MR of the left forearm pre and post contrast (64410)	B		E
MR of the right forearm pre and post contrast (64415)	B		E
Hand and Wrist			
X-ray of the left hand (65100)			A
X-ray of the right hand (65105)			A
X-ray of the left hand – bone age (65110)			A
X-ray of a finger (65120)			A
X-ray of the left wrist (65130)			A
X-ray of the right wrist (65135)			A
X-ray of the left scaphoid (65140)			A
X-ray of the right scaphoid (65145)			A
X-ray of the left wrist, scaphoid and stress views (65150)			B
X-ray of the right wrist, scaphoid and stress views (65155)			B
X-ray arthrography wrist joint including introduction of contrast (65160)			C
X-ray guidance and introduction of contrast into wrist joint only (65170)			B
Ultrasound of the left wrist (65200)			B
Ultrasound of the right wrist (65210)			B
CT of the left wrist and hand (65300)	B		D
CT of the right wrist and hand (65305)	B		D
CT of the left wrist and hand - complete with 3D recon (65310)	B		D
CT of the right wrist and hand - complete with 3D recon (65315)	B		D
CT of the left wrist and hand contrasted (65320)	B		D
CT of the right wrist and hand contrasted (65325)	B		D
CT of the left wrist and hand pre and post contrast (65330)	B		D
CT of the right wrist and hand pre and post contrast (65335)	B		D
MR of the left wrist and hand (65400)	B		E
MR of the right wrist and hand (65405)	B		E
MR of the left wrist and hand pre and post contrast (65410)	B		E
MR of the right wrist and hand pre and post contrast (65415)	B		E
Lower Limbs			
General			
X-ray lower limbs - any region- stress studies only (70100)			B
X-ray lower limbs - any region-tomography (70110)			B
X-ray of the lower limbs full length study (70120)			B
Ultrasound lower limb – soft tissue - any region (70200)			B
Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler (70210)			B
Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler (70220)			B
Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis (70230)			C
Ultrasound peripheral venous system lower limbs including pulse and colour doppler in erect and supine position including all compression and reflux manoeuvres, deep and superficial systems bilaterally (70240)			C
CT of the lower limbs limited study (70300)	B		C
CT angiography of the lower limb (70310)	B		E
CT angiography abdominal aorta and outflow lower limbs (70320)	B		E
MR of the lower limbs limited study (70400)	B		D
MR angiography of the lower limb (70410)	B		E
MR angiography of the abdominal aorta and lower limbs (70420)	B		E
Angiography of pelvic and lower limb arteries unilateral (70500)	B		D
Angiography of pelvic and lower limb arteries bilateral (70505)	B		E
Angiography of abdominal aorta, pelvic and lower limb vessels unilateral (70510)	B		D
Angiography of abdominal aorta, pelvic and lower limb vessels bilateral (70515)	B		E
Angiography translumbar aorta with full peripheral study (70520)	B		D
Venography, antegrade of lower limb veins, unilateral (70530)	B		B
Venography, antegrade of lower limb veins, bilateral (70535)	B		D
Venography, retrograde of lower limb veins, unilateral (70540)	B		B
Venography, retrograde of lower limb veins, bilateral (70545)	B		E
Lymphangiography, lower limb, unilateral (70560)	B		D
Lymphangiography, lower limb, bilateral (70565)	B		E

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Femur		
X-ray of the left femur (71100)		A
X-ray of the right femur (71105)		A
CT of the left femur (71300)	B	D
CT of the right femur (71305)	B	D
CT of the left upper leg contrasted (71310)	B	D
CT of the right upper leg contrasted (71315)	B	D
CT of the left upper leg pre and post contrast (71320)	B	D
CT of the right upper leg pre and post contrast (71325)	B	D
MR of the left upper leg (71400)	B	E
MR of the right upper leg (71405)	B	E
MR of the left upper leg pre and post contrast (71410)	B	E
MR of the right upper leg pre and post contrast (71415)	B	E
Knee		
X-ray of the left knee one or two views (72100)		A
X-ray of the right knee one or two views (72105)		A
X-ray of the left knee, more than two views (72110)		A
X-ray of the right knee, more than two views (72115)		A
X-ray of the left knee including patella (72120)		B
X-ray of the right knee including patella (72125)		B
X-ray of the left knee with stress views (72130)		B
X-ray of the right knee with stress views (72135)		B
X-ray of left patella (72140)		A
X-ray of right patella (72145)		A
X-ray both knees standing – single view (72150)		A
X-ray arthrography knee joint including introduction of contrast (72160)		C
X-ray guidance and introduction of contrast into knee joint only (72170)		B
Ultrasound of the left knee joint (72200)		B
Ultrasound of the right knee joint (72205)		B
CT of the left knee (72300)	B	D
CT of the right knee (72305)	B	D
CT of the left knee complete study with 3D reconstructions (72310)	B	D
CT of the right knee complete study with 3D reconstructions (72315)	B	D
CT of the left knee contrasted (72320)	B	D
CT of the right knee contrasted (72325)	B	D
CT of the left knee pre and post contrast (72330)	B	D
CT of the right knee pre and post contrast (72335)	B	D
MR of the left knee (72400)	B	E
MR of the right knee (72405)	B	E
MR of the left knee pre and post contrast (72410)	B	E
MR of the right knee pre and post contrast (72415)	B	E
Lower Leg		
X-ray of the left lower leg (73100)		A
X-ray of the right lower leg (73105)		A
CT of the left lower leg (73300)	B	D
CT of the right lower leg (73305)	B	D
CT of the left lower leg contrasted (73310)	B	D
CT of the right lower leg contrasted (73315)	B	D
CT of the left lower leg pre and post contrast (73320)	B	D
CT of the right lower leg pre and post contrast (73325)	B	D
MR of the left lower leg (73400)	B	E
MR of the right lower leg (73405)	B	E
MR of the left lower leg pre and post contrast (73410)	B	E
MR of the right lower leg pre and post contrast (73415)	B	E
Ankle and Foot		
X-ray of the left ankle (74100)		A
X-ray of the right ankle (74105)		A
X-ray of the left ankle with stress views (74110)		B
X-ray of the right ankle with stress views (74115)		B
X-ray of the left foot (74120)		A
X-ray of the right foot (74125)		A
X-ray of the left calcaneus (74130)		A
X-ray of the right calcaneus (74135)		A
X-ray of both feet – standing – single view (74140)		A
X-ray of a toe (74145)		A
X-ray of the sesamoid bones one or both sides (74150)		A
X-ray arthrography ankle joint including introduction of contrast (74160)		C
X-ray guidance and introduction of contrast into ankle joint (74170)		B
Ultrasound of the left ankle (74210)		B
Ultrasound of the right ankle (74215)		B
Ultrasound of the left foot (74220)		B
Ultrasound of the right foot (74225)		B
Ultrasound bone densitometry (74290)		A
CT of the left ankle/foot (74300)	B	D
CT of the right ankle/foot (74305)	B	D
CT of the left ankle/foot – complete with 3D recon (74310)	B	D
CT of the right ankle/foot – complete with 3D recon (74315)	B	D

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CT of the left ankle/foot contrasted (74320)	B		D
CT of the right ankle/foot contrasted (74325)	B		D
CT of the left ankle/foot pre and post contrast (74330)	B		D
CT of the right ankle/foot pre and post contrast (74335)	B		D
MR of the left ankle (74400)	B		E
MR of the right ankle (74405)	B		E
MR of the left ankle pre and post contrast (74410)	B		E
MR of the right ankle pre and post contrast (74415)	B		E
MR of the left foot (74420)	B		E
MR of the right foot (74425)	B		E
MR of the left foot pre and post contrast (74430)	B		E
MR of the right foot pre and post contrast (74435)	B		E
Intervention			
General			
Percutaneous abscess, cyst drainage, any region (80600)			C
Fine needle aspiration biopsy, any region (80605)	A		B
Cutting needle, trochar biopsy, any region (80610)	A	A	B
Tumour/cyst ablation chemical (80620)			D
Tumour ablation radio frequency, per lesion (80630)			D
Insertion of CVP line in radiology suite (80640)	C		C
Peripheral central venous line insertion (80645)			C
Infiltration of a peripheral joint, any region (80650)			B
Neuro intervention			
Intracranial aneurysm occlusion, direct (81600)	C		E
Intracranial arteriovenous shunt occlusion (81605)	C		E
Dural sinus arteriovenous shunt occlusion (81610)	C		E
Extracranial arteriovenous shunt occlusion (81615)	C		E
Extracranial arterial embolisation (head and neck) (81620)	C		E
Carotidocavernous fistula occlusion (81625)	C		E
Intracranial angioplasty for stenosis, vasospasm (81630)	C	D	E
Intracranial stent placement (including PTA) (81632)	C	D	E
Temporary balloon occlusion test (81635)	C		E
Permanent carotid or vertebral artery occlusion (including occlusion test) (81640)	B		E
Intracranial aneurysm occlusion with balloon remodeling (81645)	B	B	E
Intracranial aneurysm occlusion with stent assistance (81650)	B	B	E
Intracranial thrombolysis, catheter directed (81655)	B	B	E
Nerve block, head and neck, per level (81660)	B		B
Neurolysis, head and neck, per level (81665)	B		D
Nerve block, head and neck, radio frequency, per level (81670)	B		C
Nerve block, coeliac plexus or other regions, per level (81680)	B		C
Thorax			
Chest drain insertion (82600)	A		B
Trachial, bronchial stent insertion (82605)	B	B	D
Gastrointestinal			
Oesophageal stent insertion (83600)	C		C
GIT balloon dilation (83605)	B	B	D
GIT stent insertion (non-oesophageal) (83610)	C		D
Percutaneous gastrostomy, jejunostomy (83615)	A	B	D
Hepatobiliary			
Percutaneous biliary drainage, external (84600)	B		D
Percutaneous external/internal biliary drainage (84605)	B		D
Permanent biliary stent insertion (84610)	B	C	D
Drainage tube replacement (84615)			D
Percutaneous bile duct stone or foreign object removal (84620)	C		D
Percutaneous gall bladder drainage (84625)	B		D
Percutaneous gallstone removal, including drainage (84630)	B	B	E
Transjugular liver biopsy (84635)	B	B	D
Transjugular intrahepatic Portosystemic shunt (84640)	C		E
Transhepatic Portogram including venous sampling, pressure studies (84645)	C		E
Transhepatic Portogram with embolisation of varices (84650)	C		E
Percutaneous hepatic tumour ablation (84655)			C
Percutaneous hepatic abscess, cyst drainage (84660)	A	A	C
Hepatic chemoembolization (84665)			E
Hepatic arterial infusion catheter placement (84670)	B	C	D
Urogenital			
Percutaneous nephrostomy, external drainage (85600)	B	B	D
Percutaneous double J stent insertion including access (85605)	B	B	D
Percutaneous renal stone, foreign body removal including access (85610)	C		D
Percutaneous nephrostomy tract establishment (85615)	B	B	D
Change of nephrostomy tube (85620)			C
Percutaneous cystostomy (85625)	A		C
Urethral balloon dilatation (85630)	A	A	B
Urethral stent insertion (85635)	A		D
Renal cyst ablation (85640)			B
Renal abscess, cyst drainage (85645)	B		C
Fallopian tube recanalization (85655)	B	C	D

	Ana	P	I
Spinal			
Spinal vascular malformation embolization (86600)	C		E
Vertebroplasty per level (86605)	C	B	D
Facet joint block per level, uni- or bilateral (86610)			C
Spinal nerve block per level, uni- or bilateral (86615)			C
Epidural block (86620)			C
Chemoneurolysis, including discogram (86625)			C
Spinal nerve ablation per level (86630)			C
Vascular			
Percutaneous transluminal angioplasty: aorta, IVC (87600)	C		D
Percutaneous transluminal angioplasty: iliac (87601)	C		D
Percutaneous transluminal angioplasty: femoropopliteal (87602)	C	B	D
Percutaneous transluminal angioplasty: subpopliteal (87603)	C		D
Percutaneous transluminal angioplasty: brachiocephalic (87604)	C		D
Percutaneous transluminal angioplasty: subclavian, axillary (87605)	C		D
Percutaneous transluminal angioplasty: extracranial carotid (87606)	C		E
Percutaneous transluminal angioplasty: extracranial vertebral (87607)	C		E
Percutaneous transluminal angioplasty: renal (87608)	C		D
Percutaneous transluminal angioplasty: coeliac, mesenteric (87609)	C	B	E
Aorta stent-graft placement (87620)	C	C	E
Stent insertion (including PTA): aorta, IVC (87621)	C		D
Stent insertion (including PTA): iliac (87622)	C	C	D
Stent insertion (including PTA): femoropopliteal (87623)	C		D
Stent insertion (including PTA): subpopliteal (87624)	C		D
Stent insertion (including PTA): brachiocephalic (87625)	C		D
Stent insertion (including PTA): subclavian, axillary (87626)	C		E
Stent insertion (including PTA): extracranial carotid (87627)	C		E
Stent insertion (including PTA): extracranial vertebral (87628)	C		D
Stent insertion (including PTA): renal (87629)	C		E
Stent insertion (including PTA): coeliac, mesenteric (87630)	C		E
Stent-graft placement: iliac (87631)	C	C	E
Stent-graft placement: femoropopliteal (87632)	C	C	E
Stent-graft placement: brachiocephalic (87633)	C	C	E
Stent-graft placement: subclavian, axillary (87634)	C	C	E
Stent-graft placement: extracranial carotid (87635)	C	C	E
Stent-graft placement: extracranial vertebral (87636)	C	C	E
Stent-graft placement: renal (87637)	C	C	E
Stent-graft placement: coeliac, mesenteric (87638)	C	C	E
Thrombolysis in angiography suite, per 24 hours (87650)			D
Aspiration, rheolytic thrombectomy (87651)			E
Atherectomy, per vessel (87652)	B	D	E
Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion (87653)	C		D
Percutaneous sclerotherapy, vascular malformation (87655)	B	B	D
Embolisation, mesenteric (87660)	B	C	E
Embolisation, renal (87661)	B	C	E
Embolisation, bronchial, intercostals (87662)	B	C	E
Embolisation, pulmonary arteriovenous shunt (87663)	B	C	E
Embolisation, abdominal, other vessels (87664)	B	C	E
Embolisation, thoracic, other vessels (87665)	B	C	E
Embolisation, upper limb (87666)	B	C	E
Embolisation, lower limb (87667)	B	C	E
Embolisation, pelvis, non-uterine (87668)	B	C	E
Embolisation, uterus (87669)	B	C	E
Embolisation, spermatic, ovaria veins (87670)	B	C	E
Inferior vena cava filter placement (87680)	B	C	D
Intravascular foreign body removal (87681)	C	D	D
Revision of access port (tunnelled or implantable) (87682)	A	B	C
Removal of access port (tunnelled or implantable) (87683)	A	B	C
Superior petrosal venous sampling (87690)			E
Pancreatic stimulation test (87691)			E
Transportal venous sampling (87692)			E
Adrenal venous sampling (87693)			E
Parathyroid venous sampling (87694)			E
Renal venous sampling (87695)			E
Lithotripsy			
Lithotripsy is a non-invasive procedure used to break up stones inside the patient's body.			
1 st Electro Shock wave Lithotripsy (56245)			E
2 nd Electro Shock wave Lithotripsy (56246)			E
1 st Laser Lithotripsy (56222)			E
2 nd Laser Lithotripsy (56223)			E

SCHEDULE 3.4: COSMETIC SURGERY CODE BOOK

Cosmetic Category	Anaesthetics Category	Procedure	Bilateral/Unilateral	System Codes
Cat C	Cat B	Other procedures of major technical nature	N/a	C1601
Cat C	Cat C	Lower abdominal dermo lipectomy	N/a	C1602
Cat D	Cat c	Major abdominal lipectomy with repositioning of umbilicus	N/a	C1603
Cat B	Cat B	Nipple and areola reconstruction	Bilateral	C1604
Cat C	Cat B	Mastectomy for sex change procedure	Bilateral	C1605
Cat B	Cat A	Gynaecomastia	Unilateral	C1606
Cat C	Cat B	Gynaecomastia	Bilateral	C1607
Cat C	Cat C	Gastric bypass procedure	N/a	C1608
Cat B	Cat B	Penis: Plastic operation for insertion of prostheses	N/a	C1609
Cat A	Cat A	Penis: Induction of artificial erection	N/a	C1610
Cat A	Cat A	Liposuction 45min	Per anatomical area	C1611
Cat A	Cat A	Liposuction 60min	Per anatomical area	C1612
Cat A	Cat A	Laser treatment 30min (resurfacing)	N/a	C1613
Cat A	Cat A	Liposuction 90min	Per anatomical area	C1614
Cat A	Cat A	Dermabrasion (Face)	N/a	C1615
Cat A	Cat A	Laser treatment 60min	N/a	C1616
Cat A	Cat A	Breast prostheses	unilateral	C1617
Cat A	Cat A	Prominent ear reduction	unilateral	C1618
Cat A	Cat A	Laser treatment 90min	N/a	C1619
Cat B	Cat B	Nipple reconstruction	Bilateral	C1620
Cat B	Cat B	Blepharoplasty	Bilateral	C1621
Cat B	Cat B	Nose reconstruction	N/a	C1622
Cat B	Cat B	Forehead lift	N/a	C1623
Cat B	Cat B	Mastopexy	Bilateral	C1624
Cat B	Cat B	Wedge resection	Unilateral	C1625
Cat B	Cat B	Gluteal lipectomy	Unilateral	C1626
Cat C	Cat C	Rhytedectomy (forehead)	N/a	C1627
Cat C	Cat C	Abdominoplasty	N/a	C1628
Cat C	Cat C	Breast Reduction (Reduction Mammoplasty)	Bilateral	C1629
Cat C	Cat C	Rhytedectomy	N/a	C1630
Cat D	Cat C	Abdominoplasty & Breast Reduction	Bilateral	C1631
Cat C	Cat B	Le Fort I	N/a	C1632
Cat D	Cat C	Le Fort II	N/a	C1633
Cat D	Cat C	Le Fort III	N/a	C1634
Cat D	Cat C	Le Fort Osteotomy	N/a	C1635
Cat D	Cat C	Palatal Osteotomy	N/a	C1636
Cat A	Cat B	Reconstruction of nasal septum	N/a	C1637
Cat A	Cat B	Intranasal antrostomy	N/a	C1638
Cat C	Cat C	Forehead Rhinoplasty (Total)	N/a	C1639

Cosmetic Category	Anaesthetics Category	Procedure	Bilateral/Unilateral	System Codes
Cat B	Cat B	Forehead Rhinoplasty (Partial)	N/a	C1640
Cat B	Cat B	Columella reconstruction or lengthening	N/a	C1641
Cat A	Cat B	Introitus Fenton Plasty	N/a	C1642
Cat B	Cat B	Introitus Z-plasty	Bilateral	C1643
Cat C	Cat C	Construction of artificial penis	N/a	C1644
Cat C	Cat C	Construction of artificial vagina (Labial fusion)	N/a	C1645
Cat C	Cat C	Construction of artificial vagina (Macindoe type)	N/a	C1646
Cat C	Cat C	Construction of vagina (Bowel pull-through operation)	N/a	C1647
Cat B	Cat B	Construction Vaginal septum removal	N/a	C1648
Cat C	Cat C	Hysterectomy for sex change	N/a	C1649
Cat A		Electrolysis of any number of eyelashes (per eye)	N/a	C1650
Cat A	Cat A	Blepharoplasty Upper lid	Bilateral	C1651

SCHEDULE 3.5: UPFS Code Book

Ambulatory Procedures Guideline

1. The Code Book serves as a guideline and there may be exceptions to the rule in the application thereof.
2. The UPFS schedule does not prescribe the scope of practice of a particular health service / category or health care provider.
3. Neither does it confine the performing of procedures or services to the attending practitioner only etc.

Code:	Description:	Category
0205	Insertion of I.V. line children under two years (per 24 hour)	A
0206	Insertion of I.V. line adult (per 24 hour)	A
0208	Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	A
0213	Chemotherapy: Intramuscular or subcutaneous: per injection	A
0214	Chemotherapy: Intravenous bolus technique: per injection	A
0215	Chemotherapy: Intravenous infusion technique: per injection	A
0217	Patch Tests first patch	A
0218	Skin-prick testing: Insect venom, latex and drugs	A
0219	Each additional patch	A
0220	Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergens	A
0221	Delayed hypersensitivity testing (Type IV reaction): per antigen	A
0222	Intralesional Injection Into Areas Of Pathology E.g. Keloids Single	A
0223	Multiple	A
0225	Epilation: per session	A
0227	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
0228	PUVA Treatment	A
0229	PUVA: Follow-up or maintenance once a week.	A
0230	UVR-Treatment	A
0231	UVR-Follow-up	A
0280	Laser Treatment For Small Skin Lesions First lesion	B
0281	Subsequent lesions	B
0282	Maximum for multiple additional lesions	B

Code:	Description:	Category
0283	Laser Treatment For Large Skin Lesions Limited area	B
0300	Stitching of wound	B
0305	Needle biopsy - soft tissue	B
0316	Breasts Fine needle aspiration for soft tissue (all areas)	B
0377	Acupuncture Standard acupuncture	A
0378	Laser acupuncture using more than 6 points	A
0379	Electro-acupuncture	A
0380	Scalp acupuncture	A
0381	Micro-acupuncture (ear, hand)	A
0661	Aspiration of joint or intra-articular injection (not including after-care), modifier 0005 not applicable	A
0663	Multiple Intra-articular Injections For Rheumatoid Arthritis (excluding After-care) First joint	A
0665	Additional	A
0715	Strength duration curve per session	A
0717	Electrical examination of single nerve or muscle	A
0718	Oxidative study for mitochondrial function	A
0721	Voltage integration during isometric contraction	A
0723	Tonometry with edrophonium	A
0725	Isometric tension studies with edrophonium	A
0727	Cranial Reflex Study (both Early And Late Responses) Supra Occulofacial Or Corneo-facial Or Unilateral	A
0728	Bilateral	A
0729	Tendon reflex time	A
0730	Limb-brain somatosensory studies (per limb)	A
0731	Visio and audio-sensory studies	A
0733	Motor nerve conduction studies (single nerve)	A
0737	Biopsy for motor nerve terminals and end plates	A
0740	Muscle fatigue studies	A
0741	Muscle biopsy	A
0763	Tendon or ligament injection	A
0857	Bursae and ganglion Aspiration or injection (no after-care)	B
0887	Limb cast (excluding after-care)	B
0891	Turnbuckle cast (excluding after-care)	B
0893	Adjustment or repair of turnbuckle cast (excluding after-care)	B
1003	Manipulation: Immobilisation and follow-up of fractured nose	B
1019	ENT endoscopy with rigid endoscope	B
1031	Removal of single nasal polyp	B
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	B
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	B
1063	Removal of foreign bodies from nose at rooms	A
1071	Proetz treatment	A
1107	Opening of quinsy	B

Code:	Description:	Category
1117	Laryngeal intubation	A
1136	Nebulisation (per 24 hour)	A
1139	Pleural needle biopsy: (no after-care)	B
1143	Paracentesis chest: Diagnostic	B
1145	Paracentesis chest: Therapeutic	A
1147	Pneumothorax: Induction (diagnostic)	B
1153	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc)	B
1186	Flow volume test: Inspiration/expiration	A
1188	Flow volume test: Inspiration/expiration pre- and post bronchodilator (first consultation)	A
1189	Forced expirogram only	A
1191	N2 single breath distribution	A
1192	Peak expiratory flow only	A
1193	Functional residual capacity or residual volume: helium, nitrogen open circuit, or other method	A
1195	Thoracic gas volume	B
1196	Determination of resistance to airflow, oscillatory or plethysmographic methods	A
1197	Compliance and resistance, using oesophageal balloon	B
1198	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent, with subsequent spirometrics	B
1199	Pulmonary stress testing; simple (e.g. prolonged exercise test for bronchospasm with pre- and post-spirometry)	B
1200	Carbon monoxide diffusing capacity, any method	A
1201	Maximum inspiratory/expiratory pressure	A
1232	ECG (per 24 hour)	A
1233	ECG: Without and with effort (per 24 hour)	A
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	A
1235	Multi-stage treadmill test	A
1236	ECG without effort: Under 4 years (per 24 hour)	A
1239	24 Hour ambulatory ECG monitoring (holter) (per 24 hour)	A
1240	Signal averaged electrocardiogram	B
1244	Two week event triggered ambulatory ECG monitoring	A
1255	Tilt test	B
1269	Threshold testing	B
1357	Response to reflex heating	A

Code:	Description:	Category
1359	Response to reflex cooling	A
1361	Cold sensitivity test	A
1363	Oscillometry test	A
1365	Sweat test	A
1421	Compression Sclerotherapy Of Varicose Veins Per injection to a maximum of nine injections per leg	A
1431	Cardiac Rehabilitation Phase II: Exercise rehabilitation	A
1432	Cardiac Rehabilitation Phase III: Exercise rehabilitation	A
1458	Simple aspiration of marrow by means of trocar or cannula	B
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	A
1578	Oesophageal motility (4 channel + pneumograph	B
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through	B
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia	B
1584	24 Hour oesophageal pH studies	B
1593	Augmented histamine test: Gastric intubation with x-ray screening	A
1632	H2 breath test (intestines)	A
1633	Complete test using lactose or lactulose	A
1780	Gastric and duodenal intubation	A
1801	Diagnostic paracentesis: Abdomen	B
1803	Therapeutic paracentesis: Abdomen	A
1989	Cystometrogram	B
1991	Flowmetric bladder, studies with videocystograph	B
1992	Without videocystograph	B
1993	Voiding cysto-urethrogram	B
1994	Rigiscan examination	B
1996	Insertion of urine catheter male	A
1997	Insertion of urine catheter female	A
2051	Simple bladder lavage: Including catheterisation	A
2154	Induction of artificial erection	A
2210	Vasogram, Seminal Vesiculogram: Unilateral	B
2211	Vasogram, Seminal Vesiculogram: Bilateral	B
2315	Simms Huhner test plus wet smear	B
2442	Insertion of I.U.C.D. (excluding after-care)	B
2565	Implantation hormone pellets (excluding after-care)	A
2603	External cephalic version (excluding after-care))	A
2610	Foetal heart tracing test (per 24 hour)	A
2681	Visual evoked potentials (V.E.P.): Unilateral	B
2682	VEP: Bilateral	B
2683	Electro-retinography (Ganzfeld method): Unilateral	B

Code:	Description:	Category
2684	Electro-retinography: Bilateral	B
2685	Electro-oculography: Unilateral	B
2686	Electro-oculography: Bilateral	B
2687	V.E.P. stable condition: (photic drive) Unilateral	B
2689	Bilateral	B
2690	Total fee for full evaluation of visual tracts, including bilateral electroretinography and V.E.P	B
2691	Audiometry: Short latency brainstem evoked potentials (A.E.P.) neurological examination, single decibel unilateral	A
2692	Bilateral	B
2693	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels	A
2694	Bilateral	B
2695	Audiology 40Hz response: unilateral	A
2696	Bilateral	A
2697	Mid- and long latency auditory evoked potentials: unilateral	A
2698	Bilateral	A
2699	Electro-cochleography: unilateral	A
2700	Bilateral	B
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	A
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	B
2709	Full spinogram including bilateral median and posterior-tibial studies	B
2711	Electro-encephalography	B
2716	8 Hour ambulatory EEG monitoring (Holter)	B
2720	Overnight polysomnogram and sleep staging	B
2722	Daytime polysomnogram	B
2723	Multiple sleep latency test	B
2731	Air Encephalography And Posterior Fossa Tomography Injection of air (independent procedure)	B
2737	Visual field charting on Bjerrum Screen	A
2765	Nerve conduction studies	B
2799	Intrathecal injections for pain	B
2803	Alcohol Injection In Peripheral Nerves For Pain: Unilateral	A
2805	Bilateral	B
2853	Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	A
2971	Intravenous anti-depressive medication through infusion: Per push in (Maximum 1 push in per 24 hours)	A
3001	Implantation of pellets (excluding after-care)	A
3002	Gonioscopy	A

Code:	Description:	Category
3003	Fundus contact lens or 90 D lens examination	A
3004	Peripheral fundus examination with indirect ophthalmoscope	A
3005	Endothelial cell count	A
3006	Keratometry	A
3007	Potential acuity measurement	A
3008	Contrast sensitivity test	A
3012	Pre-surgical retinal examination before retinal surgery	A
3013	Ocular motility assessment comprehensive examination	A
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	A
3015	Charting of visual field with manual perimeter	A
3016	Retinal threshold test without storage facilities	A
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs	B
3018	Retinal threshold trend evaluation (additional to item 3017)	A
3019	Ocular muscle function with Hess screen or perimeter	A
3020	Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	A
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	A
3025	Electronic tonography	A
3027	Fundus photography	A
3029	Anterior segment microphotography	A
3032	Eyelid and orbit photography	A
3034	Determination of lens implant power per eye	A
3117	Removal of foreign body	A
3171	Excision of Meibomian cyst	B
3174	Botulinum toxin injection for blepharospasm	B
3175	Botulinum toxin injection in extra-ocular muscles	B
3206	Microscopic examination of tympanic membrane including microsuction	A
3223	Percutaneous stimulation of the facial nerve	A
3251	Balance Tests: Minimal caloric test (excluding consultation fee)	A
3252	Bithermal Halpike caloric test (excluding consultation fee)	A
3253	Electro-nystagmography for spontaneous and positional nystagmus	B
3254	Video nystagmoscopy (monocular)	B
3256	Video nystagmoscopy (binocular)	B
3258	Otolith repositioning manoeuvre	A
3273	Pure tone audiometry (air conduction)	A
3274	Pure tone audiometry (bone conduction with masking)	A

Code:	Description:	Category
3275	Impedance audiometry (tympanometry)	A
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	A
3277	Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score)	A
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	A
3281	Ultrasonic therapy	A
3282	Short wave diathermy	A
3284	Sensory nerve conduction studies	B
3285	Motor nerve conduction studies	B
3289	Multiple injections - First joint	A
3290	Each additional joint	A
3291	Tendon or ligament injection	A
3292	Aspiration of joint or intra-articular injection	A
3293	Aspiration or injection of bursa or ganglion	A
3297	Manipulation of spine	A
3298	Spinal traction	A
3301	Muscle fatigue studies	A
3302	Strength duration curve per session	A
6001	Sleep electro-encephalography - infants that fit into a perambulator	B
6003	Sleep electro-encephalography - adults and children over infant age	B
6005	Botulinum Toxin Injections For blepharospasm	B
6006	For hemifacial spasm	B
6007	Botulinum toxin injection for adductor dysphonia	B
6008	In extra-ocular muscles	B
6009	For spasmodic torticollis and/or cranial dystonia	B

SCHEDULE 3.6: UPFS Code Book

Minor Theatre Procedures

1. The Code Book serves as a guideline and there may be exceptions to the rule in the application thereof.
2. The UPFS schedule does not prescribe the scope of practice of a particular health service/category or health care provider.
3. Neither does it confine the performing of procedures or services to the attending practitioner only, etc.

Code:	Description:	Ana:	Cat:
0209	Umbilical artery cannulation at birth		A
0211	Exchange transfusion: First and subsequent (including after-care)		B
0233	Biopsy Without Suturing First lesion	A	A
0234	Subsequent lesions	A	A
0235	Maximum for multiple additional lesions	A	A
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	A	A
0241	Treatment Of Benign Skin Lesion By Chemo-cryotherapy First Lesion	A	A
0242	Subsequent lesions	A	A
0243	Maximum for multiple additional lesions	A	A
0244	Repair of nail bed	A	A
0245	Removal Of Benign Lesion By Curetting Under Local Or General Anaesthesia Followed By First Lesion	A	A
0246	Subsequent lesions	A	A
0251	Removal Of Malignant Lesions By Curetting Under Local Or General Anaesthetic followed by first lesion	A	A
0252	Subsequent lesions	A	A
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	A	A
0259	Removal of foreign body superficial to deep deep fascia (except hands)	A	B
0301	Multiple stitching of wound stitched at same session	A	A
0302	Deep laceration involving limited muscle damage	B	B
0303	Deep laceration involving extensive muscle damage	B	B
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	A	A
0308	Each additional small procedure done at the same time	A	A
0310	Radical excision of nailbed	A	A
0317	Aspiration of cyst or tumor	A	A
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	B	D

Code:	Description:	Ana:	Cat:
0541	Needle Biopsy: Other sites (no after-care)	A	A
0547	Dislocations Clavicle: either end	A	A
0549	Shoulder	A	A
0551	Elbow	A	A
0552	Wrist	A	B
0553	Perilunar trans-scaphoid fracture dislocation	A	B
0555	Lunate	A	B
0556	Carpometacarpal dislocation	A	A
0557	Metacarpophalangeal or interphalangeal joints (hand)	A	A
0571	Metatarsophalangeal or interphalangeal joints (foot)	A	A
0713	Electromyography	A	B
0714	Electromyographic neuromuscular junctional study, including edrophonium response	A	A
0730	Limb-brain somatosensory studies (per limb)		A
0731	Visio and audio – sensory studies		A
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	A	A
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	B	A
0742	Global fee for all muscle studies, including histochemical studies	C	C
0865	Initial Non-operative Reduction And Application Of Plastercast One hip	A	B
0867	Two hips	A	C
0873	Manipulation And Plaster One foot	A	A
0874	Ponseti technique assistant		A
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	B	A
0922	Removal Of Foreign Bodies Requiring Incision Under local anaesthetic	A	A
0923	Removal Of Foreign Bodies Requiring Incision Under general or regional anaesthetic	A	A
0969	Skull or skull-femoral traction including two weeks after-care		B
0971	Halo-splint and POP jacket including two weeks after-care		B
1018	Flexible nasopharyngolaryngoscope examination	A	A
1024	Insertion of silastic obturator into nasal septum perforation	B	A
1037	Diathermy To Nose Or Pharynx Exclusive Of Consultation Fee, Uni- Or Bilateral Under local anaesthetic.		A
1045	Ligation anterior ethmoidal artery	B	A
1054	Antroscopy through the canine fossa (uni- or bilateral)	A	A
1067	Proof puncture (unilateral)	A	A
1077	Septum abscess, including after-care		A
1106	Laser assisted functional reconstruction of palate and uvula	B	B
1108	Laser assisted functional reconstruction of palate and uvula: Follow-up operation performed by the same surgeon	B	B
1118	Laryngeal stroboscopy with video capture	B	A

Code:	Description:	Ana:	Cat:
1127	Tracheotomy	B	B
1128	Endolaryngeal operations using a laser	B	B
1130	Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	B	A
1131	Plus foreign body removal	B	B
1132	Diagnostic bronchoscopy	B	B
1133	With removal of foreign body	B	B
1134	Bronchoscopy with use of laser	B	B
1135	With bronchography	B	B
1137	Bronchial lavage (only Anaesthetic category)	B	B
1141	Insertion of intercostal catheter (under water drainage)	A	A
1142	Intra-pleural block.	B	A
1147	Pneumothorax: Induction (diagnostic)	B	A
1155	Needle biopsy lung: (no after-care)	B	A
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	A	A
1202	Insertion of central venous catheter via peripheral vein in neonates	B	A
1215	Insertion of arterial pressure cannula	A	A
1216	Insertion of Swan Ganz catheter for haemodynamic monitoring	B	A
1217	Insertion of central venous line via peripheral vein	B	A
1218	Insertion of central venous line via subclavian or jugular veins	A	A
1227	Global Adult / Neonatal resuscitation fee	B	C
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	B	B
1248	Paracentesis of pericardium	B	A
1256	Electrophysiological Study Ventricular stimulation study	B	C
1257	Full electrophysiological study	B	D
1262	Electrophysiological mapping		D
1264	Test for implantable transvenous defibrillator	B	B
1266	Resiting pacemaker generator		B
1270	Programming of atrio-ventricular sequential pacemaker		A
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	A	A
1273	Insertion of temporary pacemaker	B	B
1275	Termination of arrhythmia - programmed stimulation and lead insertion of temporary pacer	B	C
1450	Cryopreservation of bone marrow or peripheral blood stem cells	B	A
1454	Plasma/cell separation using designated cell separator equipment	B	A
1457	Bone Marrow Biopsy By trephine	A	A
1467	Drainage of intra-oral abscess	A	A
1469	Local excision of mucosal lesion of oral cavity	A	A
1485	Local excision of benign lesion of lip	A	A
1507	Local excision of lesion of tongue	A	A

Code:	Description:	Ana:	Cat:
1544	Ludwig's Angina: Drainage	B	A
1545	Oesophagoscopy with rigid instrument: First and subsequent	B	A
1547	Oesophagoscopy with Oesophageal acid perfusion test		A
1549	Oesophagoscopy with dilatation of stricture	B	B
1550	With removal of foreign body	B	B
1551	With insertion of indwelling oesophageal tube	B	B
1552	Injection of oesophageal varices (endoscopy inclusive)	B	B
1553	Subsequent injection of oesophageal varices (endoscopy inclusive)	B	B
1554	Per-oral small biopsy	B	A
1557	Oesophageal dilatation	B	A
1587	Upper gastro-intestinal fibre-optic endoscopy	B	B
1588	Plus polypectomy	B	C
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictors and/or scleroses (endoscopic haemostasis)	B	B
1591	Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach)	B	B
1627	Duodenal intubation (under X-ray screening)		A
1629	Duodenal intubation with biliary drainage after gall bladder stimulation		A
1631	Duodenal intubation: Under three years	A	A
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), Oesophagus through ileum: Doctor interpretation and report	B	B
1653	Total Fibre-optic Colonoscopy (including biopsy)	B	B
1654	Fibre-optic colonoscopy with removal of polyps	B	C
1656	Left sided fibre-optic colonoscopy	B	B
1676	Fibre-optic sigmoidoscopy (rectum and anus)	A	B
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	A	A
1678	Fibre-optic sigmoidoscopy, plus polypectomy	A	B
1679	Sigmoidoscopy with removal of polyps, first and subsequent	A	A
1681	Proctoscopy With Removal Of Polyps First time	A	A
1683	Subsequent times	A	A
1685	Endoscopic fulguration of tumor	B	A
1707	Drainage of submucous abscess	A	A
1748	Body composition measured by bio-electrical impedance	A	A
1780	Gastric and duodenal intubation		A
1781	Pancreas procedure		A
1800	Peritoneal lavage		A
1945	Instillation of radio-opaque material for cystography or urethrocytography	A	A
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydrodilatation of bladder	A	A
1949	Cystoscopy	A	A
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	B	A

Code:	Description:	Ana:	Cat:
1952	J J Stent catheter	B	A
1953	With hydrodilatation of the bladder for interstitial cystitis	B	A
1954	Urethroscopy	B	A
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	B	B
1957	With dilatation of the ureter or ureters	B	A
1959	With manipulation of ureteral calculus	B	A
1961	With removal of foreign body or calculus from urethra or bladder	B	A
1963	With fulguration or treatment of minor lesions, with or without biopsy	B	A
1975	Ultraviolet cystoscopy for bladder tumor	B	A
1995	Percutaneous aspiration of bladder	A	A
1999	Percutaneous cystostomy	A	A
2015	Suprapubic cystostomy	B	B
2049	Evacuation Of Clots From Bladder: Other than post-operative	A	A
2069	Dilatation of female urethra	A	A
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy		B
2125	Destruction Of Condylomata: Chemo- Or Cryotherapy: Limited number	A	A
2127	Multiple extensive	A	A
2129	Electrodesiccation: Limited number	A	A
2131	Multiple extensive	A	A
2132	Circumcision: Ligation of abnormal venous drainage	A	A
2133	Circumcision: Clamp procedure	A	A
2137	Circumcision: Surgical excision other than by clamp or dorsal slit	A	A
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	A	A
2169	Injection procedure for Peyronies disease	A	A
2312	Artificial insemination		A
2314	Intra uterine insemination		A
2322	Pudendal nerve block		A
2389	Paracervical nerve block		A
2392	Cryo- or electro-cauterisation, or Lletz of cervix		A
2415	Cervix encirclage: Removal items 2409 and 2411 without anaesthetic		A
2433	Uterus Embryo transfer	B	A
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)		A
2605	Amniocentesis (excluding after-care)		A
2607	Amnioscopy (excluding after-care)		A
2609	Intra-uterine transfusion of foetus or cordocentesis		B
2611	Chorion villus sampling (excluding after-care)		A
2703	Somatosensory evoked potentials (S.E.P.) single nerve examination to brachial- or lumbosacral plexus, spinal cord and Cortex		A

Code:	Description:	Ana:	Cat:
2707	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
2713	Lumbar puncture and/or intrathecal injections		A
2714	Cisternal puncture and/or intrathecal injections		A
2717	Electromyography First		B
2718	Subsequent		B
2724	Overnight continuous positive airways pressure (CPAP) titration per 24 hours		C
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)	A	B
2733	Cortical Stimulation	A	B
2734	Sodium Amytal Testing (WADA test)	A	B
2800	Plexus nerve block	B	A
2801	Epidural injection for pain		A
2802	Peripheral nerve block	A	A
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	A	A
2809	Peripheral nerve section for pain	A	A
2849	Sympathetic Block: Other Levels: Unilateral	A	A
2851	Sympathetic block other levels: Bilateral	A	A
2970	Electro-convulsive treatment (ECT): Each time	B	A
3022	Digital fluorescein video angiography	B	B
3023	Digital indocyanine video angiography (3023)	B	B
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	A	A
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	A	A
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	A	A
3031	Fluorescein angiography, for one or both eyes in one sitting (excluding colour photography)		A
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)		A
3074	Strabismus: Adjustment of sutures if not done at the time of the operation.		A
3090	Intra vitreal injection drug	A	A
3092	External laser treatment for superficial lesions		A
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery	A	B
3118	Curettage of cornea after removal of foreign body		A
3124	Removal of corneal stitches under microscope (maximum of 2 procedures)		A

Code:	Description:	Ana:	Cat:
3127	Cauterization of cornea (by chemical, thermal or cryotherapy methods)	A	A
3133	Ducts: Probing and/or syringing, per duct	A	A
3138	Removal corneal epithelium and chelating agent for band keratopathy	A	B
3142	Sealing Punctum with plugs: Per eye	A	A
3163	Excision of superficial lid tumour	B	A
3165	Repair of skin lacerations of the lid	B	A
3167	Diathermy to wart on lid margin	A	A
3224	Electroneurography (ENOG)	B	B
3248	Otoacoustic emission performed as a screening test	A	A
3255	Caloric test done with electronystagmography		B
3287	Spinal joint and ligament injection		A
3288	Epidural injection		A
3294	Paracervical nerve block		A
3295	Paravertebral root block – unilateral		A
3296	Paravertebral root block – bilateral		A
3303	Electromyography		B
6010	Electroencephalogram monitoring: Monitoring for localisation of cerebral seizure pre-operative localisation): Each full 24 hour period	A	D
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24 hour period of monitoring		C

SCHEDULE 3.7: Nuclear Medicine Procedure Code Book

	Ana P	I
Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton (00900)		B
Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT (00903)		D
Nuclear Medicine study - Venous thrombosis regional (00906)		C
Nuclear Medicine study - Tumour whole body (00909)		B
Nuclear Medicine study - Tumour whole body multiple studies (00912)		D
Nuclear Medicine study - Tumour whole body and SPECT (00915)		D
Nuclear Medicine study - Tumour whole body multiple studies & SPECT (00918)		D
Nuclear Medicine study - Infection whole body (00921)		D
Nuclear Medicine study - infection whole body with SPECT (00924)		D
Nuclear Medicine study - infection whole body multiple studies (00927)		B
Nuclear Medicine study - infection whole body with SPECT multiple studies (00930)		D
Nuclear Medicine study - Bone marrow imaging limited area (00933)		C
Nuclear Medicine study - Bone marrow imaging whole body (00936)		A
Nuclear Medicine study - Bone marrow imaging limited area multiple studies (00939)		D
Nuclear Medicine study - Bone marrow imaging whole body multiple studies (00942)		D
Nuclear Medicine study - Spleen imaging only - haematopoietic (00945)		C
Nuclear Medicine therapy - Hyperthyroidism (00960)		B
Nuclear Medicine therapy - Thyroid carcinoma and metastases (00965)		A
Nuclear Medicine therapy - Intra-cavity radio-active colloid therapy (00970)		A
Nuclear Medicine therapy - Interstitial radio-active colloid therapy (00975)		A
Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate (00980)		A
Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy (00985)		A
Nuclear Medicine Isotope (00990)		
Identification code for the use of isotope with a procedure. Appropriate codes to be supplied.		
Nuclear Medicine Substrate (00991)		
PET/CT scan whole body without contrast (00956)		E
PET/CT scan whole body with contrast (00957)		E
PET scan local (00950)		A
PET/CT local (00951)		A
PET/CT local with contrast (00952)		A
PET/CT scan whole body (00955)		E
Head		
Skull and Brain		
Codes 10100 (skull) and 10110 (tomography) may be combined.		
Nuclear Medicine study - Bone regional, static (10900)		C
Nuclear Medicine study - Bone regional, static, with flow (10905)		D
Nuclear Medicine study - Bone regional, static with SPECT (10910)		C
Nuclear Medicine study - Bone regional, static, with flow, with SPECT (10915)		D
Nuclear Medicine study - Brain, planar, complete, static (10920)		B
Nuclear Medicine study - Brain complete static with vascular flow (10925)		C
Nuclear Medicine study - Brain, planar, complete, static, with SPECT (10930)		B
Nuclear Medicine study - Brain, planar, complete, static, with flow, with SPECT (10935)		D
Nuclear Medicine study - CSF flow imaging cisternography (10940)		C
Nuclear Medicine study - Ventriculography (10945)		A
Nuclear Medicine study - Shunt evaluation static, planar (10950)		A
Nuclear Medicine study - CFS leakage detection and localization (10955)		B
Nuclear medicine study - CSF SPECT (10960)		A
Orbits, lacrimal glands and tear ducts		
Nuclear Medicine study - Dacrocystography (12900)		A
Salivary glands and floor of the mouth		
Nuclear Medicine study - Salivary gland imaging (18900)		B
Soft Tissue		
Nuclear Medicine study - Tumour localisation planar, static (19900)		B
Nuclear Medicine study - Tumour localisation planar, static, multiple studies (19905)		D
Nuclear Medicine study - Tumour localisation planar, static and SPECT (19910)		D
Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT (19915)		D
Nuclear medicine study - Infection localisation planar, static (19920)		B
Nuclear medicine study - Infection localisation planar, static, multiple studies (19925)		D
Nuclear medicine study - Infection localisation planar, static and SPECT (19930)		D
Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT (19935)		D
Thyroid (Nuclear Medicine)		
Nuclear Medicine study - Thyroid, single uptake (21900)		A
Nuclear medicine study - Thyroid, multiple uptake (21910)		B
Nuclear medicine study - Thyroid imaging with uptake (21920)		A
Nuclear medicine study - Thyroid imaging (21930)		A
Nuclear medicine study - Thyroid imaging with vascular flow (21940)		B
Nuclear medicine study - Thyroid suppression/stimulation (21950)		B
Parathyroid (Nuclear Medicine)		
Nuclear Medicine study - Parathyroid, planar, static (22900)		B
Nuclear medicine study - Parathyroid, planar, static, multiple (22910)		C
Nuclear medicine study - Parathyroid, planar, static with subtraction technique (22920)		B
Nuclear medicine study - Parathyroid SPECT (22930)		A

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Soft Tissue

Nuclear Medicine study - Tumour localisation planar, static (29900)	B
Nuclear medicine study - Tumour localisation planar, static, multiple studies (29905)	D
Nuclear medicine study - Tumour localisation planar, static and SPECT (29910)	D
Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT (29915)	D
Nuclear medicine study - Tumour localisation planar, static (29920)	B
Nuclear medicine study - Infection localisation planar, static, multiple studies (29925)	D
Nuclear medicine study - Infection localisation planar, static and SPECT (29930)	D
Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT (29935)	D
Nuclear medicine study - Regional lymph node mapping, static, planar (29940)	B
Nuclear medicine study - Regional lymph node mapping, static, planar, multiple (29945)	D
Nuclear medicine study - Lymph node localisation with gamma probe (29950)	A

Thorax

Nuclear Medicine study - Lung perfusion (30900)	A
Nuclear Medicine study - Lung ventilation, aerosol (30910)	C
Nuclear Medicine study - Lung perfusion and ventilation (30920)	B
Nuclear Medicine study - Lung ventilation using radio-active gas (30930)	A
Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas (30940)	B
Nuclear medicine study - Muco-ciliary clearance study dynamic (30950)	C
Nuclear medicine study - alveolar permeability (30960)	C
Stand alone code. Not to be combined with 30910.	
Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation (30970)	B

Heart

Nuclear Medicine study - Cardiac shunt detection (33900)	A
Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion single study (33905)	A
Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion multiple studies (33910)	D
Nuclear Medicine study - Cardiac blood pool imaging, gated SPECT (33915)	A
Nuclear medicine study - Cardiac blood pool imaging, first pass technique (33920)	C
Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi) planar, non gated (33925)	C
Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi) planar, non gated (33930)	B
Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (non gated) (33935)	B
Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT non gated (33940)	B
Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (gated) (33945)	B
Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT (gated) (33950)	B
Nuclear medicine study - Plus wall movement and ejection fraction, SPECT (33955)	A
Nuclear medicine study - Cardiac hot spot imaging (infarction) planar (33960)	C
Nuclear medicine study - Cardiac hot spot imaging (infarction) SPECT (33965)	A
Nuclear Medicine study - Multi stage treadmill ECG test (33970)	A

Soft Tissue

Nuclear medicine study - Tumour localisation planar, static (39900)	B
Nuclear medicine study - Tumour localisation planar, static, multiple studies (39905)	D
Nuclear medicine study - Tumour localisation planar, static and SPECT (39910)	D
Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT (39915)	D
Nuclear medicine study - Infection localisation planar, static (39920)	B
Nuclear medicine study - Infection localisation planar, static, multiple studies (39925)	D
Nuclear medicine study - Infection localisation planar, static and SPECT (39930)	D
Nuclear medicine study - Infection localisation planar, static, multiple studies, SPECT (39935)	D
Nuclear medicine study - Regional lymph node mapping, static, planar (39940)	C
Nuclear medicine study - Regional lymph node mapping, static, planar, multiple (39945)	D
Nuclear medicine study - Lymph node localisation with gamma probe (39950)	A

Abdomen and Pelvis**Abdomen/stomach/bowel**

Nuclear Medicine study - Gastro oesophageal reflux and emptying (40900)	B
Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies (40905)	D
Nuclear Medicine study - Gastro intestinal protein loss (40910)	C
Nuclear Medicine study - Gastro intestinal protein loss multiple studies (40915)	D
Nuclear Medicine study - Acute GIT bleed static/dynamic (40920)	C
Nuclear medicine study - Acute GIT bleed multiple studies (40925)	B
Nuclear medicine study - Meckel's localization (40930)	B
Nuclear medicine study - Gastric mucosa imaging (40935)	B
Nuclear medicine study - colonic transit multiple studies (40940)	C

Liver, spleen, gall bladder and pancreas

Nuclear Medicine study - Liver and spleen, planar views only (41900)	B
Nuclear Medicine study - Liver and spleen, with flow study (41905)	C
Nuclear Medicine study - Liver and spleen, planar views SPECT (41910)	B
Nuclear Medicine study - Liver and spleen, with flow study and SPECT (41915)	D
Nuclear Medicine study - Hepatobiliary system planar static/dynamic (41920)	C
Nuclear Medicine study - hepatobiliary tract including flow (41925)	C
Nuclear medicine study - Hepatobiliary system planar, static/dynamic multiple studies (41930)	B
Nuclear medicine study - Hepatobiliary tract including flow multiple studies (41935)	D
Nuclear medicine study - Gall bladder ejection fraction (41940)	A
Nuclear medicine study - Biliary gastric reflux study (41945)	B

Renal tract

Nuclear Medicine study - Renal imaging, static (e.g. DMSA) (42900)	A
Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow (42905)	C
Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT (42910)	D

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Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT (42915)	D
Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow (42920)	B
Nuclear Medicine study – Renovascular study, baseline (42930)	C
Nuclear Medicine study – Renovascular study, with intervention (42940)	C
Nuclear medicine study - indirect voiding cystogram (42950)	B
Reproductive system	
Nuclear medicine study - Radio pharmaceutical voiding cystogram (43950)	C
Nuclear medicine study - Testicular imaging (43960)	A
Nuclear medicine study - hystero-salpingography (43970)	C
Soft Tissue	
Nuclear Medicine study – Tumour localisation planar, static (49900)	B
Nuclear Medicine study – Tumour localisation planar, static, multiple studies (49905)	D
Nuclear Medicine study – Tumour localisation planar, static and SPECT (49910)	D
Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT (49915)	D
Nuclear medicine study – Infection localisation planar, static (49920)	B
Nuclear medicine study – Infection localisation planar, static, multiple studies (49930)	D
Nuclear medicine study – Infection localisation planar, static and SPECT (49940)	D
Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT (49950)	D
Nuclear medicine study – Regional lymph node mapping dynamic (49960)	A
Nuclear medicine study – Regional lymph node mapping, static, planar (49965)	C
Nuclear medicine study – Regional lymph node mapping, static, planar, multiple (49970)	D
Nuclear medicine study – Regional lymph node mapping SPECT (49975)	A
Nuclear medicine study – Lymph node localisation with gamma probe (49980)	A
Spine, Pelvis and Hips	
Cervical	
Nuclear Medicine study – Bone regional cervical (51900)	C
Nuclear Medicine study – Bone tomography regional cervical (51910)	A
Nuclear Medicine study – with flow (51920)	A
Thoracic	
Nuclear Medicine study – Bone regional dorsal (52900)	C
Nuclear Medicine study – Bone tomography regional dorsal (52910)	A
Nuclear Medicine study – with flow (52920)	A
Lumbar	
Nuclear medicine study – Bone regional lumbar (53900)	C
Nuclear medicine study – Bone tomography regional lumbar (53910)	A
Nuclear medicine study – with flow (53920)	A
Pelvis	
Nuclear medicine study – Bone regional pelvis (55900)	C
Nuclear medicine study – Bone tomography regional pelvis (55910)	A
Nuclear medicine study – with flow (55920)	A
Hips	
Nuclear medicine study – Bone regional pelvis (56900)	C
Nuclear medicine study – Bone limited static plus flow (56910)	C
Nuclear medicine study – Bone tomography regional (56920)	A
Upper limbs	
Nuclear medicine study – Venogram upper limb (60900)	D
Humerus	
Nuclear medicine study – Bone limited/regional static (62900)	C
Nuclear medicine study – Bone limited static plus flow (62905)	C
Nuclear medicine study – Bone tomography regional (62910)	A
Elbow	
Nuclear medicine study – Bone limited/regional static (63905)	C
Nuclear medicine study – Bone limited static plus flow (63910)	C
Nuclear medicine study – Bone tomography regional (63915)	A
Forearm	
Nuclear medicine study – Bone limited/regional static (64900)	C
Nuclear medicine study – Bone limited static plus flow (64905)	C
Nuclear medicine study – Bone tomography regional (64910)	A
Hand and Wrist	
Nuclear Medicine study – bone limited/regional static (65900)	C
Nuclear Medicine study – bone limited static plus flow (65905)	C
Nuclear Medicine study – bone tomography regional (65910)	A
Soft Tissue	
Nuclear medicine study – Tumour localisation planar, static (69900)	B
Nuclear medicine study – Tumour localisation planar, static, multiple studies (69905)	D
Nuclear medicine study – Tumour localisation planar, static and SPECT (69910)	D
Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT (69915)	D
Nuclear medicine study – Infection localisation planar, static (69920)	B
Nuclear medicine study – Infection localisation planar, static, multiple studies (69925)	D
Nuclear medicine study – Infection localisation planar, static and SPECT (69930)	D
Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT (69935)	D
Nuclear medicine study – Regional lymph node mapping dynamic (69940)	A
Nuclear medicine study – Regional lymph node mapping, static, planar (69945)	C

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Nuclear medicine study – Regional lymph node mapping, static, planar, multiple (69950)	D
Nuclear medicine study – Regional lymph node mapping SPECT (69955)	A
Nuclear medicine study – Lymph node localisation with gamma probe (69960)	A
Lower Limbs	
Nuclear medicine study – Venogram lower limb (70900)	D
Femur	
Nuclear Medicine study – bone limited/regional static (71900)	C
Nuclear Medicine study – Bone limited static plus flow (71905)	C
Nuclear Medicine study – Bone tomography regional (71910)	A
Knee	
Nuclear Medicine study – Bone limited/regional static (72900)	C
Nuclear Medicine study – Bone limited static plus flow (72905)	C
Nuclear Medicine study – Bone tomography regional (72910)	A
Lower Leg	
Nuclear Medicine study – bone limited/regional static (73900)	C
Nuclear Medicine study – bone limited static plus flow (73905)	C
Nuclear Medicine study – bone tomography regional (73910)	A
Ankle and Foot	
Nuclear Medicine study – Bone limited/regional static (74900)	C
Nuclear Medicine study – Bone limited static plus flow (74905)	C
Nuclear Medicine study – Bone tomography regional (74910)	A
Soft Tissue	
Nuclear Medicine study – Tumour localisation planar, static (79900)	B
Nuclear Medicine study – Tumour localisation planar, static, multiple studies (79905)	D
Nuclear Medicine study – Tumour localisation planar, static and SPECT (79910)	D
Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT (79915)	D
Nuclear Medicine study – Infection localisation planar, static (79920)	B
Nuclear Medicine study – Infection localisation planar, static, multiple studies (79925)	D
Nuclear Medicine study – Infection localisation planar, static and SPECT (79930)	D
Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT (79935)	D
Nuclear Medicine study – Regional lymph node mapping dynamic (79940)	A
Nuclear Medicine study – Regional lymph node mapping, static, planar (79945)	C
Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies (79950)	D
Nuclear Medicine study – Regional lymph node mapping and SPECT (79955)	A
Nuclear Medicine study – Lymph node localisation with gamma probe (79960)	A

SCHEDULE 4.1 BILLING TARIFFS**UPFS Fee Schedule for Full Paying Patients (Externally Funded, Foreigners, RGP and Patients With Private Doctor Incl): 1 APRIL 2018**

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE							
				LEVEL 1		LEVEL 2		LEVEL 3			
				R	c	R	c	R	c		
01	Anaesthetics										
0111	Anaesthetics Cat A – General medical practitioner	Procedure	223								
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	336								
0121	Anaesthetics Cat B – General medical practitioner	Procedure	381								
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	573								
0131	Anaesthetics Cat C – General medical practitioner	Procedure	1 340								
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	2 011								
02	Confinement										
0210	Natural Birth – Facility Fee	Incident		4 136		4 136				4 815	
0211	Natural Birth – General medical practitioner	Incident	2 244								
0212	Natural Birth – Specialist medical practitioner	Incident	2 896								
0213	Natural Birth – Nursing practitioner	Incident	2 714								
0220	Caesarean Section – Facility Fee	Incident		6 512		6 512				7 579	
0221	Caesarean Section – General medical practitioner	Incident	2 244								
0222	Caesarean Section – Specialist medical practitioner	Incident	2 896								
03	Dialysis										
0310	Haemo – Facility Fee	Day		1 483		1 483				1 699	
0311	Haemo-dialysis – General medical practitioner	Day	281								
0312	Haemo-dialysis – Specialist medical practitioner	Day	353								
0320	Peritoneal Dialysis – Facility Fee	Session		229		229				260	
0321	Peritoneal Dialysis – General medical practitioner	Session	46								
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	55								
0330	Plasmapheresis – Facility Fee	Day		1 483		1 483				1 699	
0331	Plasmapheresis – General medical practitioner	Day	281								
0332	Plasmapheresis – Specialist medical practitioner	Day	353								
04	Medical Reports										
0411	Medical Report – General medical practitioner	Report		412		412				444	
0412	Medical Report – Specialist medical practitioner	Report		555		555				587	
0421	Copies of Medical Reports, records, X-Rays reports, completion of certificates / forms - General medical practitioner	Copy		277		277				309	
0422	Copies of Medical Reports, records, X-Rays reports, completion of certificates / forms - Specialist medical practitioner	Copy		350		350				382	
0425	Copies of X-Rays films, Ultrasounds etc.	Copy		277		277				309	
0430	Functional Assessment Report – Facility Fee			286		286				349	
0431	Functional Assessment Report – General Medical Practitioner		808								
0432	Functional Assessment Report – Specialist medical practitioner		1 650								
0434	Functional Assessment Report – Allied health practitioner		808								
0440	Copies of Specialized Radiology (MRI, CT & Nuclear) Reports	Copy		1 052		1 052				1 052	

05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		76	76	84
0511	Radiology, Cat A – General medical practitioner	Procedure	74			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	138			
0514	Radiology, Cat A – Allied health practitioner	Procedure	73			
0520	Radiology, Cat B – Facility Fee	Procedure		207	207	237
05	Imaging (cont)					
0521	Radiology, Cat B – General medical practitioner	Procedure	199			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	387			
0524	Radiology, Cat B – Allied health practitioner	Procedure	194			
0530	Radiology, Cat C – Facility Fee	Procedure		480	480	548
0531	Radiology, Cat C – General medical practitioner	Procedure	309			
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	947			
0540	Radiology, Cat D – Facility Fee	Procedure		959	959	1 095
0541	Radiology, Cat D – General medical practitioner	Procedure	615			
0542	Radiology, Cat D – Specialist	Procedure	1 891			
0550	Radiology, Cat E – Facility Fee	Procedure		2 445	2 445	2 795
0551	Radiology, Cat E – General medical practitioner	Procedure	2 264			
0552	Radiology, Cat E – Specialist	Procedure	4 721			
06	Inpatients					
0620	Inpatient High care – Facility Fee	12 hours		1 179	1 474	2 111
0621	Inpatient High Care – General medical practitioner	12 hours	81			
0622	Inpatient High Care – Specialist medical practitioner	12 hours	157			
0630	Inpatient Intensive care – Facility Fee	12 hours		3 873	3 873	4 630
0631	Inpatient Intensive Care – General medical practitioner	12 hours	92			
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	175			
0650	Day patient – Facility Fee	Day		633	800	1 170
0651	Day patient – General medical practitioner	Day	158			
0652	Day patient – Specialist medical practitioner	Day	276			
0653	Day patient – Nursing practitioner	Day	92			
0660	Inpatient Boarder – Facility Fee	12 hours		181	181	181
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	12 hours	16			
0670	Inpatient General ward – Facility Fee	12 hours		381	487	915
0671	Inpatient General Ward – General medical practitioner	12 hours	79			
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	136			
0673	Inpatient General Ward – Nursing medical practitioner (MOU)	12 hours	52			
0680	Inpatient Chronic care – Facility Fee	12 hours		223	223	223
0681	Inpatient Chronic care – General medical practitioner	12 hours	24			
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	57			
0683	Inpatient Chronic care – Nursing practitioner	12 hours	19			
0690	Inpatient Specialised Intensive Care – Facility Fee	12 hours		6 173	6 173	6 173
0691	Inpatient Specialised Intensive Care – General medical practitioner	12 hours	276			
0692	Inpatient Specialised Intensive Care – Specialist medical practitioner	12 hours	525			
07	Mortuary					
0710	Mortuary – Facility Fee	Day		194	194	220
0720	Cremation Certificate Facility Fee	Certificate		194	194	220

08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		34	34	42
0815	Item Fee	Item	Varies			
0816	Pharmaceutical - TTO	Item	Varies			
0817	Pharmaceutical - Chronic	Item	Varies			
0818	Pharmaceutical – Oncology	Item	Varies			
0819	Pharmaceutical – Immune suppressant drugs	Item	Varies			
09	Oral Health (Hospitals)					
0910	Oral Care Cat A – Facility Fee	Procedure		28	28	32
0911	Oral Care Cat A – General practitioner	Procedure	42			
0912	Oral Care Cat A – Specialist practitioner	Procedure	50			
0914	Oral Care Cat A – Allied health practitioner	Procedure	37			
0920	Oral Care Cat B – Facility Fee	Procedure		86	86	102
0921	Oral Care Cat B – General practitioner	Procedure	98			
0922	Oral Care Cat B – Specialist practitioner	Procedure	155			
0924	Oral Care Cat B – Allied health practitioner	Procedure	79			
0930	Oral Care Cat C – Facility Fee	Procedure		535	535	614
0931	Oral Care Cat C – General practitioner	Procedure	592			
0932	Oral Care Cat C – Specialist practitioner	Procedure	1 018			
0940	Oral Care Cat D – Facility Fee	Procedure		2 107	2 107	2 412
0941	Oral Care Cat D – General practitioner	Procedure	1 819			
0942	Oral Care Cat D – Specialist practitioner	Procedure	3 732			
0950	Oral Care Cat E – Facility Fee	Procedure		7 099	7 099	8 112
0951	Oral Care Cat E – General practitioner	Procedure	6 117			
0952	Oral Care Cat E – Specialist practitioner	Procedure	12 554			
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		94	94	113
1011	Outpatient Consultation – General medical practitioner	Visit	104			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	241			
1013	Outpatient Consultation – Nursing practitioner	Visit	60			
1014	Outpatient Consultation – Allied health practitioner	Visit	62			
1020	Emergency Consultation – Facility Fee	Visit		189	189	227
1021	Emergency Consultation – General medical practitioner	Visit	158			
1022	Emergency Consultation – Specialist medical practitioner	Visit	361			
1023	Emergency Consultation – Nursing practitioner	Visit	92			
1024	Emergency Consultation – Allied health practitioner	Visit	94			
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		446	446	534
1111	Minor Procedure Cat A – General medical practitioner	Procedure	155			
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	297			
1120	Minor Procedure Cat B – Facility Fee	Procedure		446	446	534
1121	Minor Procedure Cat B – General medical practitioner	Procedure	229			
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	517			
1130	Minor Procedure Cat C – Facility Fee	Procedure		446	446	534
1131	Minor Procedure Cat C – General medical practitioner	Procedure	360			
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	808			
1140	Minor Procedure Cat D – Facility Fee	Procedure		446	446	534
1141	Minor Procedure Cat D – General medical practitioner	Procedure	950			
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	2 142			

12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		1 442	2 111	2 436
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	155			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	297			
1220	Theatre Procedure Cat B – Facility Fee	Procedure		2 182	3 202	3 686
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	229			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	517			
1230	Theatre Procedure Cat C – Facility Fee	Procedure		3 749	5 501	6 348
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	360			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	808			
1240	Theatre Procedure Cat D – Facility Fee	Procedure		9 613	14 100	16 248
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	950			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	2 142			
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		60	60	73
1313	Supplementary Health Treatment – Nursing practitioner	Contact	53			
1314	Supplementary Health Treatment – Allied health practitioner	Contact	53			
1320	Supplementary Health Group Treatment – Facility Fee	Contact		47	47	52
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	37			
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km		400	400	400
1420	Basic life support – Facility Fee	50km		1 091	1 091	1 091
1430	Intermediate life support – Facility Fee	50km		1 475	1 475	1 475
1440	Advanced life support – Facility Fee	50km		2 453	2 453	2 453
1450	Emergency service standby – Facility Fee	Once-off fee		529	529	529
1451	Emergency service standby – General medical practitioner	Hour	710			
1452	Emergency service standby – Specialist medical practitioner	Hour	955			
1453	Emergency service standby – Nursing practitioner	Hour	403			
1455	Emergency service standby – Emergency care practitioner (basic)	Hour	166			
1456	Emergency service standby – Emergency care practitioner (intermediate)	Hour	255			
1457	Emergency service standby – Emergency care practitioner (advanced)	Hour	446			
1490	Emergency service standby – Facility Fee	Additional 50km		244	244	244
1460	Rescue – Facility Fee	Incident		1 168	1 168	1 168
1461	Rescue – General medical practitioner	Incident	1 752			
1462	Rescue – Specialist medical practitioner	Incident	2 625			
1463	Rescue – Nursing practitioner	Incident	1 168			
1465	Rescue – Basic life support practitioner	Incident	179			
1466	Rescue – Intermediate life support practitioner	Incident	214			
1467	Rescue – Advanced life support practitioner	Incident	487			
1470	Emergency transport air services fixed wing	Flying Hour		10 749	10 749	10 749
1480	Emergency transport air services helicopter	Flying Hour		11 806	11 806	11 806
15	Assistive Devices & Prosthesis					
1510	Assistive Devices - Item Fee	Item	Varies			
1520	Prosthetic Devices – Item Fee	Item	Varies			
1530	Dental Items – Item Fee	Item	Varies			
1540	Assistive Devices – Repairs to item	Item	Varies			

16	<i>Cosmetic Surgery</i>					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		3 034	3 034	3 465
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1 749			
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2 619			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6 821	6 821	7 796
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	2 072			
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	3 109			
1630	Cosmetic Surgery Cat C – Facility Fee	Procedure		11 017	11 017	12 592
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3 503			
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	5 254			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		18 610	18 610	21 267
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	3 930			
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	5 783			
17	<i>Laboratory Services</i>					
1700	Drawing of Blood	Per Contact		37	37	37
1710	Laboratory Tests	Varies				
18	<i>Radiation Oncology</i>					
1800	Radiation Oncology (NHRPL less VAT)	Procedure	Varies			
19	<i>Nuclear Medicine</i>					
1900	Itemisation of Radiopharmaceuticals (Isotopes)	Item	Varies			
1910	Nuclear Medicine Cat A – Facility Fee	Procedure		682	682	682
1912	Nuclear Medicine Cat A – Specialist practitioner	Procedure	338			
1920	Nuclear Medicine Cat B – Facility Fee	Procedure		682	682	682
1922	Nuclear Medicine Cat B – Specialist practitioner	Procedure	1 019			
1930	Nuclear Medicine Cat C – Facility Fee	Procedure		682	682	682
1932	Nuclear Medicine Cat C – Specialist practitioner	Procedure	2 037			
1940	Nuclear Medicine Cat D – Facility Fee	Procedure		682	682	682
1942	Nuclear Medicine Cat D – Specialist practitioner	Procedure	3 056			
1950	Nuclear Medicine Cat E – Facility Fee	Procedure		1 322	1 322	1 322
1952	Nuclear Medicine Cat E – Specialist practitioner	Procedure	3 969			
20	<i>Ambulatory Procedures</i>					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		143	143	175
2011	Ambulatory Procedure Cat A – General Medical Practitioner	Procedure	52			
2012	Ambulatory Procedure Cat A – Specialist Medical Practitioner	Procedure	103			
2013	Ambulatory Procedure Cat A – Nursing Practitioner	Procedure	31			
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	31			
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		143	143	175
2021	Ambulatory Procedure Cat B – General Medical Practitioner	Procedure	74			
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	113			
2023	Ambulatory Procedure Cat B – Nursing Practitioner	Procedure	42			
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	42			
21	<i>Blood and Blood Products</i>					
2100	Blood and Blood Products	Itemisation				
22	<i>Hyperbaric Oxygen Therapy</i>					
2210	Hyperbaric Oxygen Therapy – Facility Fee	Session		1 496	1 496	1 496
2211	Hyperbaric Oxygen Therapy – General Medical Practitioner	Session	632			
2212	Hyperbaric Oxygen Therapy – Specialist Medical Practitioner	Session	632			
2220	Hyperbaric Oxygen Therapy – Emergency Facility fee	Session		1 506	1 506	1 506
2221	Hyperbaric Oxygen Therapy – General Medical Practitioner	Session	921			
2222	Hyperbaric Oxygen Therapy – Specialist Medical Practitioner	Session	921			

23	Consumables (Not included in Facility Fee)					
2300	Consumables not included in the facility fee	Item	Varies			
24	Autopsies					
2410	Autopsy – Facility Fee	Per Case		94	94	113
2411	Autopsy – General medical practitioner	Per Case	104			
2412	Autopsy – Specialist medical practitioner	Per Case	241			

SCHEDULE 4.2 UPFS TARIFFS
UPFS Fee Schedule for H3 Patients: 1 APRIL 2018

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R	R	R
				c	c	c
01	Anaesthetics					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	67			
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	101			
0121	Anaesthetics Cat B – General medical practitioner	Procedure	114			
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	172			
0131	Anaesthetics Cat C – General medical practitioner	Procedure	402			
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	603			
02	Confinement					
0210	Natural Birth – Facility Fee	Incident		} Free Services		
0211	Natural Birth – General medical practitioner	Incident				
0212	Natural Birth – Specialist medical practitioner	Incident				
0213	Natural Birth – Nursing practitioner	Incident				
0220	Caesarean Section – Facility Fee	Incident				
0221	Caesarean Section – General medical practitioner	Incident				
0222	Caesarean Section – Specialist medical practitioner	Incident				
03	Dialysis					
0310	Haemo – Facility Fee	Day		445	445	510
0311	Haemo-dialysis – General medical practitioner	Day	84			
0312	Haemo-dialysis – Specialist medical practitioner	Day	106			
0320	Peritoneal Dialysis – Facility Fee	Session		69	69	78
0321	Peritoneal Dialysis – General medical practitioner	Session	14			
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	17			
0330	Plasmapheresis – Facility Fee	Day		445	445	510
0331	Plasmapheresis – General medical practitioner	Day	84			
0332	Plasmapheresis – Specialist medical practitioner	Day	106			
04	Medical Reports					
0411	Medical Report – General medical practitioner	Report		412	412	444
0412	Medical Report – Specialist medical practitioner	Report		555	555	587
0421	Copies of Medical Reports, records, X-Rays reports, completion of certificates / forms - General medical practitioner	Copy		277	277	309
0422	Copies of Medical Reports, records, X-Rays reports, completion of certificates / forms - Specialist medical practitioner	Copy		350	350	382
0425	Copies of X-Rays films, Ultrasounds etc.	Copy		277	277	309
0430	Functional Assessment Report – Facility Fee			286	286	349
0431	Functional Assessment Report – General Medical Practitioner		808			
0432	Functional Assessment Report – Specialist medical practitioner		1 650			
0434	Functional Assessment Report – Allied health practitioner		808			
0440	Copies of Specialized Radiology (MRI, CT & Nuclear) Reports	Copy		1 052	1 052	1 052

05	Imaging					
0510	Radiology, Cat A – Facility Fee	Procedure		23	23	25
0511	Radiology, Cat A – General medical practitioner	Procedure	22			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	41			
0514	Radiology, Cat A – Allied health practitioner	Procedure	22			
0520	Radiology, Cat B – Facility Fee	Procedure		62	62	71
0521	Radiology, Cat B – General medical practitioner	Procedure	60			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	116			
0524	Radiology, Cat B – Allied health practitioner	Procedure	58			
0530	Radiology, Cat C – Facility Fee	Procedure		144	144	164
0531	Radiology, Cat C – General medical practitioner	Procedure	93			
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	284			
0540	Radiology, Cat D – Facility Fee	Procedure		288	288	329
0541	Radiology, Cat D – General medical practitioner	Procedure	185			
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	567			
0550	Radiology, Cat E – Facility Fee	Procedure		734	734	839
0551	Radiology, Cat E – General medical practitioner	Procedure	679			
0552	Radiology, Cat E – Specialist	Procedure	1 416			
06	Inpatients					
0620	Inpatient High care – Facility Fee	12 hours		354	442	633
0621	Inpatient High Care – General medical practitioner	12 hours	24			
0622	Inpatient High Care – Specialist medical practitioner	12 hours	47			
0630	Inpatient Intensive care – Facility Fee	12 hours		1 162	1 162	1 389
0631	Inpatient Intensive Care – General medical practitioner	12 hours	28			
0632	Inpatient Intensive Care– Specialist medical practitioner	12 hours	53			
0650	Day patient – Facility Fee	Day		190	240	351
0651	Day patient – General medical practitioner	Day	47			
0652	Day patient – Specialist medical practitioner	Day	83			
0653	Day patient – Nursing practitioner	Day	28			
0660	Inpatient Boarder – Facility Fee	12 hours		54	54	54
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	12 hours	5			
0670	Inpatient General ward – Facility Fee	12 hours		114	146	275
0671	Inpatient General Ward – General medical practitioner	12 hours	24			
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	41			
0673	Inpatient General Ward – Nursing medical practitioner (MOU)	12 hours	16			
0680	Inpatient Chronic care – Facility Fee	12 hours		67	67	67
0681	Inpatient Chronic care – General medical practitioner	12 hours	7			
0682	Inpatient Chronic care – Specialist medical practitioner	12 hours	17			
0683	Inpatient Chronic care – Nursing practitioner	12 hours	6			
0690	Inpatient Specialised Intensive Care – Facility Fee	12 hours		1 852	1 852	1 852
0691	Inpatient Specialised Intensive Care – General medical practitioner	12 hours	83			
0692	Inpatient Specialised Intensive Care – Specialist medical practitioner	12 hours	158			
07	Mortuary					
0710	Mortuary – Facility Fee	Day		194	194	220
0720	Cremation Certificate – Facility Fee	Certificate		194	194	220

08	Pharmaceutical					
0810	Medication Fee – Facility Fee	Prescription		10	10	13
0815	Item Fee	Item	Varies			
0816	Pharmaceutical - TTO	Item	Varies			
0817	Pharmaceutical - Chronic	Item	Varies			
0818	Pharmaceutical – Oncology	Item	Varies			
0819	Pharmaceutical – Immune suppressant drugs	Item	Varies			
09	Oral Health (Hospitals)					
0910	Oral Care Cat A – Facility Fee	Procedure		8	8	10
0911	Oral Care Cat A – General practitioner	Procedure	13			
0912	Oral Care Cat A – Specialist practitioner	Procedure	15			
0914	Oral Care Cat A – Allied health practitioner	Procedure	11			
0920	Oral Care Cat B – Facility Fee	Procedure		26	26	31
0921	Oral Care Cat B – General practitioner	Procedure	29			
0922	Oral Health Cat B – Specialist practitioner	Procedure	47			
0924	Oral Care Cat B – Allied health practitioner	Procedure	24			
0930	Oral Care Cat C – Facility Fee	Procedure		161	161	184
0931	Oral Care Cat C – General practitioner	Procedure	178			
0932	Oral Care Cat C – Specialist practitioner	Procedure	305			
0940	Oral Care Cat D – Facility Fee	Procedure		632	632	724
0941	Oral Care Cat D – General practitioner	Procedure	546			
0942	Oral Care Cat D – Specialist practitioner	Procedure	1 120			
0950	Oral Care Cat E – Facility Fee	Procedure		2 130	2 130	2 434
0951	Oral Care Cat E – General practitioner	Procedure	1 835			
0952	Oral Care Cat E – Specialist practitioner	Procedure	3 766			
10	Consultations					
1010	Outpatient Consultation – Facility Fee	Visit		28	28	34
1011	Outpatient Consultation – General medical practitioner	Visit	31			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	72			
1013	Outpatient Consultation – Nursing practitioner	Visit	18			
1014	Outpatient Consultation – Allied health practitioner	Visit	19			
1020	Emergency Consultation – Facility Fee	Visit		57	57	68
1021	Emergency Consultation – General medical practitioner	Visit	47			
1022	Emergency Consultation – Specialist medical practitioner	Visit	108			
1023	Emergency Consultation – Nursing practitioner	Visit	28			
1024	Emergency Consultation – Allied health practitioner	Visit	28			
11	Minor Theatre Procedures					
1110	Minor Procedure Cat A – Facility Fee	Procedure		134	134	160
1111	Minor Procedure Cat A – General medical practitioner	Procedure	47			
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	89			
1120	Minor Procedure Cat B – Facility Fee	Procedure		134	134	160
1121	Minor Procedure Cat B – General medical practitioner	Procedure	69			
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	155			
1130	Minor Procedure Cat C – Facility Fee	Procedure		134	134	160
1131	Minor Procedure Cat C – General medical practitioner	Procedure	108			
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	242			
1140	Minor Procedure Cat D – Facility Fee	Procedure		134	134	160
1141	Minor Procedure Cat D – General medical practitioner	Procedure	285			
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	643			

12	Major Theatre Procedures					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		433	633	731
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	47			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	89			
1220	Theatre Procedure Cat B – Facility Fee	Procedure		655	961	1 106
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	69			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	155			
1230	Theatre Procedure Cat C – Facility Fee	Procedure		1 125	1 650	1 904
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	108			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	242			
1240	Theatre Procedure Cat D – Facility Fee	Procedure		2 884	4 230	4 874
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	285			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	643			
13	Treatments					
1310	Supplementary Health Treatment – Facility Fee	Contact		18	18	22
1313	Supplementary Health Treatment – Nursing practitioner	Contact	16			
1314	Supplementary Health Treatment – Allied health practitioner	Contact	16			
1320	Supplementary Health Group Treatment – Facility Fee	Contact		14	14	16
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	11			
14	Emergency Medical Services					
1410	Patient transport service – Facility Fee	100km		60	60	60
1420	Basic life support – Facility Fee	50km		164	164	164
1430	Intermediate life support – Facility Fee	50km		221	221	221
1440	Advanced life support – Facility Fee	50km		368	368	368
1450	Emergency service standby – Facility Fee	Once-off fee	N.A			
1451	Emergency service standby – General medical practitioner	Hour				
1452	Emergency service standby – Specialist medical practitioner	Hour				
1453	Emergency service standby – Nursing practitioner	Hour				
1455	Emergency service standby – Emergency care practitioner (basic)	Hour				
1456	Emergency service standby – Emergency care practitioner (intermediate)	Hour				
1457	Emergency service standby – Emergency care practitioner (advanced)	Hour				
1490	Emergency service standby – Facility Fee	Additional 50km				
1460	Rescue – Facility Fee	Incident		175	175	175
1461	Rescue – General medical practitioner	Incident	263			
1462	Rescue – Specialist medical practitioner	Incident	394			
1463	Rescue – Nursing practitioner	Incident	175			
1465	Rescue – Basic life support practitioner	Incident	27			
1466	Rescue – Intermediate life support practitioner	Incident	32			
1467	Rescue – Advanced life support practitioner	Incident	73			
1470	Emergency transport air services fixed wing	50km		1 612	1 612	1 612
1480	Emergency transport air services helicopter	50km		1 771	1 771	1 771
15	Assistive Devices & Prosthesis					
1510	Assistive Devices - Item Fee	Item	Varies			
1520	Prosthetic Devices – Item Fee	Item	Varies			
1530	Dental Items – Item Fee	Item	Varies			
1540	Assistive Devices – Repairs to item	Item	Varies			

16	<i>Cosmetic Surgery</i>					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		3 034	3 034	3 465
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	1 749			
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	2 619			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		6 821	6 821	7 796
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	2 072			
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	3 109			
1630	Cosmetic Surgery Cat C – Facility Fee	Procedure		11 017	11 017	12 592
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	3 503			
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	5 254			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		18 610	18 610	21 267
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	3 930			
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	5 783			
17	<i>Laboratory Services</i>					
1700	Drawing of Blood	Per Contact		11	11	11
1710	Laboratory Tests	Varies				
18	<i>Radiation Oncology</i>					
1800	Radiation Oncology (NHRPL less VAT)	Procedure	Varies			
19	<i>Nuclear Medicine</i>					
1900	Itemisation of Radiopharmaceuticals (Isotopes)	Item	Varies			
1910	Nuclear Medicine Cat A – Facility Fee	Procedure		205	205	205
1912	Nuclear Medicine Cat A – Specialist practitioner	Procedure	101			
1920	Nuclear Medicine Cat B – Facility Fee	Procedure		205	205	205
1922	Nuclear Medicine Cat B – Specialist practitioner	Procedure	306			
1930	Nuclear Medicine Cat C – Facility Fee	Procedure		205	205	205
1932	Nuclear Medicine Cat C – Specialist practitioner	Procedure	611			
1940	Nuclear Medicine Cat D – Facility Fee	Procedure		205	205	205
1942	Nuclear Medicine Cat D – Specialist practitioner	Procedure	917			
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure		397	397	397
1952	Positron Emission Tomography (PET) Cat E – Specialist practitioner	Procedure	1 191			
20	<i>Ambulatory Procedures</i>					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		43	43	53
2011	Ambulatory Procedure Cat A – General Medical Practitioner	Procedure	16			
2012	Ambulatory Procedure Cat A – Specialist Medical Practitioner	Procedure	31			
2013	Ambulatory Procedure Cat A – Nursing Practitioner	Procedure	9			
2014	Ambulatory Procedure Cat A – Allied Health Worker	Procedure	9			
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		43	43	53
2021	Ambulatory Procedure Cat B – General Medical Practitioner	Procedure	22			
2022	Ambulatory Procedure Cat B – Specialist Medical Practitioner	Procedure	34			
2023	Ambulatory Procedure Cat B – Nursing Practitioner	Procedure	13			
2024	Ambulatory Procedure Cat B – Allied Health Worker	Procedure	13			
21	<i>Blood and Blood Products</i>					
2100	Blood and Blood Products	Itemisation				
22	<i>Hyperbaric Oxygen Therapy</i>					
2210	Hyperbaric Oxygen Therapy – Facility Fee	Session		449	449	449
2211	Hyperbaric Oxygen Therapy – General Medical Practitioner	Session	190			
2212	Hyperbaric Oxygen Therapy – Specialist Medical Practitioner	Session	190			
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		452	452	452

22	<i>Hyperbaric Oxygen Therapy (cont)</i>					
2221	Emergency Hyperbaric Oxygen Therapy – General Medical Practitioner	Session	276			
2222	Emergency Hyperbaric Oxygen Therapy – Specialist Medical Practitioner	Session	276			
23	<i>Consumables (Not included in Facility Fee)</i>					
2300	Consumables not included in the facility fee	Item	Varies			
24	<i>Autopsies</i>					
2410	Autopsy – Facility Fee	Per Case		94	94	113
2411	Autopsy – General medical practitioner	Per Case	104			
2412	Autopsy – Specialist medical practitioner	Per Case	241			

NOTE: (1) Interest will be charged on overdue invoices
(2) Legal costs incurred and
(3) Any ancillary costs which may be levied by third parties may also be added

SCHEDULE 4.3 UPFS TARIFFS
UPFS Fee Schedule for Subsidised Patients (H0, H1 and H2 patients): 1 APRIL 2018

CODE	DESCRIPTION	BASIS	Tariff Category	LEVELS							
				LEVEL 1		LEVEL 2		LEVEL 3			
				R	c	R	c	R	c		
01	Anaesthetics										
0111	Anaesthetics Cat A – General medical practitioner	Procedure	H0	_____		Free		_____			
			H1	Included in the consultation/inpatient fee							
			H2	45		45		45			
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	H0	_____		Free		_____			
			H1	Included in the consultation/inpatient fee							
			H2	65		65		65			
0121	Anaesthetics Cat B – General medical practitioner	Procedure	H0	_____		Free		_____			
			H1	Included in the consultation/inpatient fee							
			H2	75		75		75			
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	H0	_____		Free		_____			
			H1	Included in the consultation/inpatient fee							
			H2	115		115		115			
0131	Anaesthetics Cat C – General medical practitioner	Procedure	H0	_____		Free		_____			
			H1	Included in the consultation/inpatient fee							
			H2	270		270		270			
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	H0	_____		Free		_____			
			H1	Included in the consultation/inpatient fee							
			H2	400		400		400			
02	Confinement/Pregnant Women										
0211	Natural Birth – General medical practitioner	Incident	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	_____		Free		_____			
0212	Natural Birth – Specialist medical practitioner	Incident	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	_____		Free		_____			
0213	Natural Birth – Nursing practitioner	Incident	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	_____		Free		_____			
0221	Caesarean Section – General medical practitioner	Incident	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	_____		Free		_____			
0222	Caesarean Section – General medical practitioner	Incident	H0	_____		Free		_____			
			H1	_____		Free		_____			
			H2	_____		Free		_____			
03	Dialysis										
0311	Haemo-dialysis – General medical practitioner	Day	H0	_____		Free		_____			
			H1	Included in the consultation/inpatient fee							
			H2	350		350		395			
0312	Haemo-dialysis – Specialist medical practitioner	Day	H0	_____		Free		_____			
			H1	Included in the consultation/inpatient fee							
			H2	365		365		410			
0321	Peritoneal Dialysis – General medical practitioner	Session	H0	_____		Free		_____			
			H1	Included in the consultation/inpatient fee							
			H2	55		55		60			

With certain exclusions

03	<i>Dialysis (contd.)</i>					
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	H0	Free		
			H1	Included in the consultation/inpatient fee		
			H2	55	55	60
0331	Plasmapheresis – General medical practitioner	Day	H0	Free		
			H1	Included in the consultation/inpatient fee		
			H2	350	350	395
0332	Plasmapheresis – Specialist medical practitioner	Day	H0	Free		
			H1	Included in the consultation/inpatient fee		
			H2	365	365	410
04	<i>Medical Reports</i>					
0411	Medical Report – General medical practitioner	Report	H0	412	412	444
			H1	412	412	444
			H2	412	412	444
0412	Medical Report – Specialist medical practitioner	Report	H0	555	555	587
			H1	555	555	587
			H2	555	555	587
0421	Copies of Medical reports/records/X-Rays reports/completion of Certificate/Forms – General medical practitioner	Copy	H0	277	277	309
			H1	277	277	309
			H2	277	277	309
0422	Copies of Medical reports/records/X-Rays reports/completion of Certificate/Forms – Specialist medical practitioner	Copy	H0	350	350	382
			H1	350	350	382
			H2	350	350	382
0425	Copies of X-rays films, Ultrasounds etc.	Copy	H0	277	277	309
			H1	277	277	309
			H2	277	277	309
0431	Functional Assessment Report – General Medical Practitioner	Report	H0	1 094	1 094	1 157
			H1	1 094	1 094	1 157
			H2	1 094	1 094	1 157
0432	Functional Assessment Report – Specialist medical practitioner	Report	H0	1 936	1 936	1 999
			H1	1 936	1 936	1 999
			H2	1 936	1 936	1 999
0434	Functional Assessment Report – Allied health practitioner	Report	H0	1 094	1 094	1 157
			H1	1 094	1 094	1 157
			H2	1 094	1 094	1 157
0440	Copies of Specialized Radiology (MRI, CT, Nuclear) Reports	Copy	H0	1 052	1 052	1 052
			H1	1 052	1 052	1 052
			H2	1 052	1 052	1 052
05	<i>Imaging</i>					
0511	Radiology, Cat A – General medical practitioner	Procedure	H0	Free		
			H1	Included in the consultation/inpatient fee		
			H2	30	30	30
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	H0	Free		
			H1	Included in the consultation/inpatient fee		
			H2	45	45	45
0514	Radiology, Cat A – Allied health practitioner	Procedure	H0	Free		
			H1	Included in the consultation/inpatient fee		
			H2	30	30	30
0521	Radiology, Cat B – General medical practitioner	Procedure	H0	Free		
			H1	Included in the consultation/inpatient fee		
			H2	80	80	85

05		Imaging (contd)					
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	115	115	120	
0524	Radiology, Cat B – Allied health practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	80	80	85	
0531	Radiology, Cat C – General medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	155	155	170	
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	285	285	300	
0541	Radiology, Cat D – General medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	315	315	345	
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	570	570	600	
0551	Radiology, Cat E – General medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	945	945	1 015	
0552	Radiology, Cat E – Specialist medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	1 435	1 435	1 505	
06		Inpatients					
0621	Inpatient High Care – General medical practitioner	30 day or part 12 hours	H0	—————	Free	—————	
			H1	60	80	140	
			H2	90	110	155	
0622	Inpatient High Care – Specialist medical practitioner	30 day or part 12 hours	H0	—————	Free	—————	
			H1	75	90	150	
			H2	95	115	160	
0631	Inpatient Intensive Care – General medical practitioner	30 day or part 12 hours	H0	—————	Free	—————	
			H1	60	80	140	
			H2	275	275	330	
0632	Inpatient Intensive Care– Specialist medical practitioner	30 day or part 12 hours	H0	—————	Free	—————	
			H1	75	90	150	
			H2	280	280	335	
0651	Day patient – General medical practitioner	Day	H0	—————	Free	—————	
			H1	60	75	130	
			H2	55	65	90	
0652	Day patient – Specialist medical practitioner	Day	H0	—————	Free	—————	
			H1	60	75	100	
			H2	65	75	100	
0653	Day patient – Nursing practitioner	Day	H0	—————	Free	—————	
			H1	60	60	85	
			H2	50	60	85	
0663	Inpatient Boarder/Live-in child/Patient companions – Nursing practitioner	30 day or part	H0	20	20	20	
		30 day or part	H1	20	20	20	
		12 hours	H2	20	20	20	
0671	Inpatient General Ward – General medical practitioner	30 day or part 12 hours	H0	—————	Free	—————	
			H1	66	80	140	
			H2	30	40	70	

06	<i>Inpatients (contd.)</i>					
0672	Inpatient General Ward – Specialist medical practitioner	30 day or part	H0	—	Free	—
		12 hours	H1	75	90	150
			H2	35	45	75
0673	Inpatient General Ward – Nursing medical practitioner (MOU)	30 day or part	H0	—	Free	—
		12 hours	H1	30	40	70
			H2	30	40	70
0681	Inpatient Chronic Care – General medical practitioner	30 day or part	H0	—	Free	—
		12 hours	H1	20	20	20
			H2	20	20	20
0682	Inpatient Chronic Care – Specialist medical practitioner	30 day or part	H0	—	Free	—
		12 hours	H1	20	20	20
			H2	20	20	20
0683	Inpatient Chronic Care – Nursing practitioner	30 day or part	H0	—	Free	—
		12 hours	H1	20	20	20
			H2	20	20	20
0691	Inpatient Specialised Intensive Care – General medical practitioner	30 day or part	H0	—	Free	—
		12 hours	H1	65	80	140
			H2	450	450	450
0692	Inpatient Specialised Intensive Care – Specialist medical practitioner	30 day or part	H0	—	Free	—
		12 hours	H1	75	90	150
			H2	465	465	465
07	<i>Mortuary</i>					
0710	Mortuary – Facility Fee	Day	H0	194	194	220
			H1	194	194	220
			H2	194	194	220
0720	Cremation Certificate – Facility Fee	Certificate	H0	194	194	220
			H1	194	194	220
			H2	194	194	220
08	<i>Pharmaceutical</i>					
0810	Medication Fee – Facility Fee	Prescription	H0	—	Free	—
			H1	—	Free	—
			H2	5	5	10
0815	Item Fee (20% of actual purchasing price (VAT included) plus 50% for overheads)	Item	H0	—	Free	—
			H1	Included in the consultation/inpatient fee		
			H2	20 % of the full costs		
0816	Pharmaceutical - TTO	Item	H0	—	Free	—
			H1	Included in the consultation/inpatient fee		
			H2	20 % of the full costs		
0817	Pharmaceutical - Chronic	Item	H0	—	Free	—
			H1	Included in the consultation/inpatient fee		
			H2	20 % of the full costs		
0818	Pharmaceutical - Oncology	Item	H0	—	Free	—
			H1	Included in the consultation/inpatient fee		
			H2	20 % of the full costs		
0819	Pharmaceutical – Immune suppressant drugs	Item	H0	—	Free	—
			H1	Included in the consultation/inpatient fee		
			H2	20 % of the full costs		

09	Oral Health					
			H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
0911	Oral Care Cat A – General practitioner	Procedure	H2	15	15	15
0912	Oral Care Cat A – Specialist practitioner	Procedure	H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
			H2	15	15	15
0914	Oral Care Cat A – Allied health practitioner	Procedure	H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
			H2	10	10	10
0921	Oral Care Cat B – General practitioner	Procedure	H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
			H2	35	35	40
0922	Oral Health Cat B – Specialist practitioner	Procedure	H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
			H2	45	45	50
0924	Oral Care Cat B – Allied health practitioner	Procedure	H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
			H2	30	30	35
0931	Oral Care Cat C – General practitioner	Procedure	H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
			H2	225	225	245
0932	Oral Care Cat C – Specialist practitioner	Procedure	H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
			H2	310	310	330
0941	Oral Care Cat D – General practitioner	Procedure	H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
			H2	785	785	845
0942	Oral Care Cat D – Specialist practitioner	Procedure	H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
			H2	1 165	1 165	1 225
0951	Oral Care Cat E – General practitioner	Procedure	H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
			H2	2 645	2 645	2 845
0952	Oral Care Cat E – Specialist practitioner	Procedure	H0	—————	Free	—————
			H1	Included in the consultation/inpatient fee		
			H2	3 930	3 930	4 130
10	Consultations					
			H0	—————	Free	—————
			H1	40	40	45
1011	Outpatient Consultation – General medical practitioner	Visit	H2	40	40	45
1012	Outpatient Consultation – Specialist medical practitioner	Visit	H0	—————	Free	—————
			H1	70	70	75
			H2	70	70	75
1013	Outpatient Consultation – Nursing practitioner	Visit	H0	—————	Free	—————
			H1	30	30	35
			H2	30	30	35

10	Consultations (contd)				
1014	Outpatient Consultation – Allied health practitioner	Visit	H0	Free	
			H1	30	35
			H2	30	35
1021	Emergency Consultation – General medical practitioner	Visit	H0	Free	
			H1	40	45
			H2	70	75
1022	Emergency Consultation – Specialist medical practitioner	Visit	H0	Free	
			H1	70	75
			H2	110	115
1023	Emergency Consultation – Nursing practitioner	Visit	H0	Free	
			H1	30	35
			H2	60	65
1024	Emergency Consultation – Allied health practitioner	Visit	H0	Free	
			H1	30	35
			H2	60	65
11	Minor Theatre Procedures				
1111	Minor Procedure Cat A – General medical practitioner	Procedure	H0	Free	
			H1	Included in the consultation/inpatient fee	
			H2	120	135
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	H0	Free	
			H1	Included in the consultation/inpatient fee	
			H2	150	165
1121	Minor Procedure Cat B – General medical practitioner	Procedure	H0	Free	
			H1	Included in the consultation/inpatient fee	
			H2	135	150
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	H0	Free	
			H1	Included in the consultation/inpatient fee	
			H2	195	210
1131	Minor Procedure Cat C – General medical practitioner	Procedure	H0	Free	
			H1	Included in the consultation/inpatient fee	
			H2	160	175
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	H0	Free	
			H1	Included in the consultation/inpatient fee	
			H2	250	265
1141	Minor Procedure Cat D – General medical practitioner	Procedure	H0	Free	
			H1	Included in the consultation/inpatient fee	
			H2	280	295
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	H0	Free	
			H1	Included in the consultation/inpatient fee	
			H2	520	535
12	Major Theatre Procedures				
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	H0	Free	
			H1	Included in the consultation/inpatient fee	
			H2	320	515
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	H0	Free	
			H1	Included in the consultation/inpatient fee	
			H2	350	545

12	Major Theatre Procedures (contd)						
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	480	685	780	
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	540	745	840	
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	820	1 170	1 340	
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	910	1 260	1 430	
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	2 115	3 010	3 440	
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	H0	—————	Free	—————	
			H1	Included in the consultation/inpatient fee			
			H2	2 355	3 250	3 680	
13	Treatments/Supplementary Health Services						
1313	Supplementary Health Treatment – Nursing practitioner	Contact	H0	—————	Free	—————	
			H1	10	10	10	
			H2	20	20	25	
1314	Supplementary Health Treatment – Allied health practitioner	Contact	H0	—————	Free	—————	
			H1	10	10	10	
			H2	20	20	25	
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	H0	—————	Free	—————	
			H1	10	10	10	
			H2	15	15	15	
14	Emergency Medical Services						
1410	Patient transport service – Facility Fee	100km	H0	—————	Free	—————	
			H1	20	20	20	
			H2	40	40	40	
1420	Basic life support – Facility Fee	50km	H0	—————	Free	—————	
			H1	55	55	55	
			H2	110	110	110	
1430	Intermediate life support – Facility Fee	50km	H0	—————	Free	—————	
			H1	55	55	55	
			H2	150	150	150	
1440	Advanced life support – Facility Fee	50km	H0	—————	Free	—————	
			H1	55	55	55	
			H2	245	245	245	
1450	Emergency service standby – Facility Fee	Once-off fee	H0 H1 H2	N.A			
1451	Emergency service standby – General medical practitioner	Hour	H0 H1 H2				
1452	Emergency service standby – Specialist medical practitioner	Hour	H0 H1 H2				
1453	Emergency service standby – Nursing practitioner	Hour	H0 H1 H2				

14	<i>Emergency Medical Services (contd.)</i>					
1455	Emergency service standby – Emergency care practitioner (basic)	Hour	H0 H1 H2	N.A		
1456	Emergency service standby – Emergency care practitioner (intermediate)	Hour	H0 H1 H2			
1457	Emergency service standby – Emergency care practitioner (advanced)	Hour	H0 H1 H2			
1490	Emergency service standby – Facility Fee	Additional 50km	H0 H1 H2			
1461	Rescue – General medical practitioner	Incident	H0	_____	Free	_____
			H1	150	150	150
			H2	290	290	290
1462	Rescue – Specialist medical practitioner	Incident	H0	_____	Free	_____
			H1	190	190	190
			H2	380	380	380
1463	Rescue – Nursing practitioner	Incident	H0	_____	Free	_____
			H1	120	120	120
			H2	230	230	230
1465	Rescue – Basic life support practitioner	Incident	H0	_____	Free	_____
			H1	70	70	70
			H2	135	135	135
1466	Rescue – Intermediate life support practitioner	Incident	H0	_____	Free	_____
			H1	70	70	70
			H2	135	135	135
1467	Rescue – Advanced life support practitioner	Incident	H0	_____	Free	_____
			H1	70	70	70
			H2	165	165	165
1470	Emergency transport air services – fixed wing	50km	H0	_____	Free	_____
			H1	535	535	535
			H2	1 075	1 075	1 075
1480	Emergency transport air services – helicopter	50km	H0	_____	Free	_____
			H1	590	590	590
			H2	1 180	1 180	1 180
15	<i>Assistive Devices & Prosthesis</i>					
1510	Assistive devices/Orthotic Aids	Item	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	5% of full costs		
1520	Prosthesis (75 % of actual purchasing price (VAT included) plus 15% overheads)	Item	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	5% of full costs		
1530	Dental Items – Item Fee	Item	H0	_____	Free	_____
			H1	5% of full costs		
			H2	10% of full costs		
1540	Assistive Devices – Repairs to item	Item	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	5% of full costs		

16	<i>Cosmetic Surgery</i>					
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	H0	4 783	4 783	5 214
			H1	4 783	4 783	5 214
			H2	4 783	4 783	5 214
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	H0	5 653	5 653	6 084
			H1	5 653	5 653	6 084
			H2	5 653	5 653	6 084
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	H0	8 893	8 893	9 868
			H1	8 893	8 893	9 868
			H2	8 893	8 893	9 868
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	H0	9 930	9 930	10 905
			H1	9 930	9 930	10 905
			H2	9 930	9 930	10 905
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	H0	14 520	14 520	16 095
			H1	14 520	14 520	16 095
			H2	14 520	14 520	16 095
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	H0	16 271	16 271	17 846
			H1	16 271	16 271	17 846
			H2	16 271	16 271	17 846
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	H0	22 540	22 540	25 197
			H1	22 540	22 540	25 197
			H2	22 540	22 540	25 197
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	H0	24 393	24 393	27 050
			H1	24 393	24 393	27 050
			H2	24 393	24 393	27 050
17	<i>Laboratory Services</i>					
1700	Drawing of Blood	Per contact	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	5	5	5
1710	Laboratory Tests	Varies	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	20% of the full costs (actual price and 15% overheads)		
18	<i>Radiation Oncology</i>					
1800	Radiation Oncology (NHRPL) less VAT	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	20% of the full costs		
19	<i>Nuclear Medicines</i>					
1900	Itemisation of Isotopes	Item	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	20% of actual costs		
1912	Nuclear Medicine Cat A – Specialist practitioner	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	205	205	205
1922	Nuclear Medicine Cat B – Specialist practitioner	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	340	340	340
1932	Nuclear Medicine Cat C – Specialist practitioner	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	540	540	540
1942	Nuclear Medicine Cat D – Specialist practitioner	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	745	745	745

1952	Nuclear Medicine Cat E – Specialist practitioner		H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	1 060	1 060	1 060
20	<i>Ambulatory Procedures</i>					
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	40	40	45
2012	Ambulatory Procedure Cat A –Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	50	50	55
2013	Ambulatory Procedure Cat A –Nursing practitioner	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	35	35	40
2014	Ambulatory Procedure Cat A –Allied Health Worker	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	35	35	40
2021	Ambulatory Procedure Cat B –General medical practitioner	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	45	45	50
2022	Ambulatory Procedure Cat B –Specialist medical practitioner	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	55	55	60
2023	Ambulatory Procedure Cat B –Nursing practitioner	Procedure	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	40	40	45
2024	Ambulatory Procedure Cat B –Allied Health Worker		H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	40	40	45
21	<i>Blood and Blood Products</i>					
2100	Blood and Blood Products	Itemisation	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	20% of actual costs		
22	<i>Hyperbaric Oxygen Therapy</i>					
2200	Hyperbaric Oxygen Therapy – Facility Fee	Per hour or part thereof	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
2211	Hyperbaric Oxygen Therapy – General medical practitioner	Session	H2	425	425	425
2212	Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	H2	425	425	425
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	H2	485	485	485
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	H2	485	485	485
23	<i>Consumables (Not included in Facility Fee)</i>					
2300	Consumables not included in the facility fee	Item	H0	_____	Free	_____
			H1	Included in the consultation/inpatient fee		
			H2	20% of actual costs		
24	<i>Autopsies</i>					
2411	Autopsies – General medical practitioner	Per Case	H0	198	198	217
			H1	198	198	217
			H2	198	198	217

2412	Autopsies – Specialist medical practitioner	Per Case	H0	335	335	354
			H1	335	335	354
			H2	335	335	354
25	<i>Cosmetic Surgery (Training Purposes)</i>					
2510	Cosmetic Surgery Cat A – Facility Fee (Training)	Procedure		n/a	n/a	841
2511	Cosmetic Surgery Cat A – General practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	424
2512	Cosmetic Surgery Cat A – Specialist practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	636
2520	Cosmetic Surgery Cat B – Facility Fee (Training)	Procedure		n/a	n/a	1891
2521	Cosmetic Surgery Cat B – General practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	503
2522	Cosmetic Surgery Cat B – Specialist practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	754
2530	Cosmetic Surgery Cat C – Facility Fee (Training)	Procedure		n/a	n/a	3054
2531	Cosmetic Surgery Cat C – General practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	850
2532	Cosmetic Surgery Cat C – Specialist practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	1275
2540	Cosmetic Surgery Cat D – Facility Fee (Training)	Procedure		n/a	n/a	5158
2541	Cosmetic Surgery Cat D – General practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	954
2542	Cosmetic Surgery Cat D – Specialist practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	1430

SCHEDULE 5.1: FULL PAYING (Externally Funded. Foreigners, RGP and Patients with Private Doctor incl.) and H3 PATIENTS:			
RADIATION ONCOLOGY 2018			
GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST			
(a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services. (b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment.			
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes		
Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values			
20.1	Kilovolt therapy		
20.2	Radium therapy		
20.3	Isotope therapy		
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope		
20.4	Megavolt therapy		
20.5	Beta-ray therapy with strontium-90-applicator		
20.6	Planning of therapy		
20.7	Technical aids		
20.8	Oncological surgical procedures		
20.9	Special procedures		
20.10	Chemotherapy		
Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient.			
Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities			
		SP Value	GP Value
		R	R
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy)		460
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee		261

Non-infusional chemotherapy: Consultations are charged separately.			
Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately.			
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities (consultations to be charged separately)	1 713	1 368
5794	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	848	848
20.11	Radiation Therapy Planning		
20.11.1	Manual Radiotherapy Planning Procedures		
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	545	
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest -TECHNICAL COMPONENT	1 295	
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	731	
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	1 707	
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	999	
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	2 332	
20.11.2	Conventional Radiotherapy Planning Procedures		
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	2 219	

5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	5 180	
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	3 063	
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	7 254	
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	3 884	
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	9 068	
20.11.3	Three Dimensional Radiotherapy Planning Procedures		
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	3 133	
5620	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	12 743	
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	5 318	
5621	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	17 843	
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	7 229	
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	22 303	
20.11.4	Intensity Modulated Radiotherapy Planning Procedures		
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	8 227	
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	25 001	
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	3 028	
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	12 501	
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT)	9 826	

5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	28 360	
20.11.5	Kilovolt Radiation Treatment		
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	639	
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	1 493	
20.11.6	Short Course Radiation Treatment		
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	1 289	
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	3 218	
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	1 931	
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	4 505	
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	2 482	
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	5 792	
20.11.7	Weekly Radiation Treatment Sessions		
20.11.7.1	Weekly Radiation Treatment Sessions - Conventional Techniques		
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	2 202	
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	5 143	
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	3 218	
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	7 509	
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	3 610	
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	8 415	
20.11.7.2	Weekly Radiation Treatment Sessions - Advanced Techniques		
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT	3 079	
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	7 188	
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	4 314	
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	10 064	
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	5545	

5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	12 940	
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	4 551	
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	10 616	
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	10 783	
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	25 163	
20.11.8	Stereotactic Radiation		
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	48 511	
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	113 195	
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	55 789	
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	130 177	
20.12	Brachytherapy		
20.12.1	Isotope/Applicator Therapy		
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included - PROFESSIONAL COMPONENT	480	
5670	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included - TECHNICAL COMPONENT	962	
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included - PROFESSIONAL COMPONENT	962	
5672	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included - TECHNICAL COMPONENT	1 920	
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included PROFESSIONAL COMPONENT	2 664	
5673	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included TECHNICAL COMPONENT	5 326	

20.12.2	Brachytherapy Implants		
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included - PROFESSIONAL COMPONENT	953	
5682	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included - TECHNICAL COMPONENT	1 908	
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included - PROFESSIONAL COMPONENT	3 487	
5683	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included - TECHNICAL COMPONENT	6 973	
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included - PROFESSIONAL COMPONENT	4 649	
5685	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included - TECHNICAL COMPONENT	9 295	
20.12.3	Brachytherapy Treatment		
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included - PROFESSIONAL COMPONENT	2 716	
5690	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included - TECHNICAL COMPONENT	5 434	
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT	5 518	
5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT	12 939	
20.12.4	Brachytherapy Imaging		
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885 PROFESSIONAL COMPONENT	694	
5695	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885 TECHNICAL COMPONENT	1 389	

**NOTE: (1) Interest will be charged on overdue invoices
(2) Legal costs incurred and
(3) Any ancillary costs which may be levied by third parties may also be added**

SCHEDULE 5.2: H2 PATIENTS			
RADIATION ONCOLOGY 2018			
GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST			
(a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services. (b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment.			
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes		
Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values			
20.1	Kilovolt therapy		
20.2	Radium therapy		
20.3	Isotope therapy		
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope		
20.4	Megavolt therapy		
20.5	Beta-ray therapy with strontium-90-applicator		
20.6	Planning of therapy		
20.7	Technical aids		
20.8	Oncological surgical procedures		
20.9	Special procedures		
20.10	Chemotherapy		
Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient.			
Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities			
		SP Value	GP Value
		R	R
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy)	90	90
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	50	50

Non-infusional chemotherapy: Consultations are charged separately.			
Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately.			
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities (consultations to be charged separately)	345	275
5794	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	170	170
20.11	Radiation Therapy Planning		
20.11.1	Manual Radiotherapy Planning Procedures		
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	110	
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest -TECHNICAL COMPONENT	260	
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	145	
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	340	
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	200	
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	465	
20.11.2	Conventional Radiotherapy Planning Procedures		
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	445	

5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	1 035	
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	615	
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	1 450	
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	775	
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	1 815	
20.11.3	Three Dimensional Radiotherapy Planning Procedures		
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	625	
5620	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	2 550	
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	1 065	
5621	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	3 570	
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	1 445	
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	4 460	
20.11.4	Intensity Modulated Radiotherapy Planning Procedures		
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	1 645	
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	5 000	
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	605	
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	2 500	
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT)	1 965	

5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	5 670	
20.11.5	Kilovolt Radiation Treatment		
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	130	
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	300	
20.11.6	Short Course Radiation Treatment		
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	260	
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	645	
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	385	
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	900	
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	495	
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	1 160	
20.11.7	Weekly Radiation Treatment Sessions		
20.11.7.1	Weekly Radiation Treatment Sessions - Conventional Techniques		
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	440	
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	1 030	
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	645	
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	1 500	
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	720	
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	1 685	
20.11.7.2	Weekly Radiation Treatment Sessions - Advanced Techniques		
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT	615	
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	1 440	
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	865	
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	2 015	
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	1 110	

5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	2 590	
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	910	
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	2 125	
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	2 155	
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	5 035	
20.11.8	Stereotactic Radiation		
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	9 700	
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	22 640	
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	11 160	
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	26 035	
20.12	Brachytherapy		
20.12.1	Isotope/Applicator Therapy		
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included - PROFESSIONAL COMPONENT	95	
5670	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included - TECHNICAL COMPONENT	190	
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included - PROFESSIONAL COMPONENT	190	
5672	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included - TECHNICAL COMPONENT	385	
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included PROFESSIONAL COMPONENT	535	
5673	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included TECHNICAL COMPONENT	1 065	

20.12.2	Brachytherapy Implants		
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included - PROFESSIONAL COMPONENT	190	
5682	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included - TECHNICAL COMPONENT	380	
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included - PROFESSIONAL COMPONENT	695	
5683	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included - TECHNICAL COMPONENT	1 395	
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included - PROFESSIONAL COMPONENT	930	
5685	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included - TECHNICAL COMPONENT	1 860	
20.12.3	Brachytherapy Treatment		
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included - PROFESSIONAL COMPONENT	545	
5690	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included - TECHNICAL COMPONENT	1 085	
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT	1 105	
5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT	2 590	
20.12.4	Brachytherapy Imaging		
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885 PROFESSIONAL COMPONENT	140	
5695	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885 TECHNICAL COMPONENT	280	

**NOTE: (1) Interest will be charged on overdue invoices
(2) Legal costs incurred and
(3) Any ancillary costs which may be levied by third parties may also be added**

SCHEDULE 6.1

Full Paying (Externally Funded, Foreigners, RGP and Patients with Private Doctor incl.), H3, H2 and H1 Patients				
Substrate Code	Radiopharmaceuticals	Full Paying and H3	H2	H1
X4774	HMPAO	504	100	
X4775	ECD	4 304	860	
X4235	MDP	250	50	
X4776	Mebrofenin	715	145	
X4222	DISIDA	250	50	
X4234	MAG-3	382	75	
X4223	DMSA	417	85	
X4224	DTPA	250	50	
X4237	MIBI	344	70	
X4238	Nanocolloid	963	195	
X4777	Tc-99m Octreotide	12 490	2 500	
X4778	Tin colloid	250	50	
X4779	MAA	438	90	
X4244	RBC	250	50	
X5049	Technescan	611	120	
X5050	HAS (Vasculosis)	629	125	
Isotope Code				
X4220	Cr-51 chromate	5 908	1 180	
X4221	Cr-51 EDTA	833	165	
X4376	F-18 FDG	6 624	1 325	
X4793	F-18 fluoride	3 969	795	
X5058	F-18 DOPA	9 465	1 895	
X4225	Fe-59 citrate	6 090	1 220	
X4780	Ga-67 citrate	4 796	960	
X5059	Ga-68 DOTANOC	6 624	1 325	
X5060	Ga-68 PSMA	6 624	1 325	
X4781	Ga-67 resin	1 589	320	
X4377	I-123 DaTSCAN	26 320	5 265	
X4782	I-123 iodide (Diagnostic thyroid)	2 216	445	
X4783	I-123 iodide (diagnostic – whole body)	5 036	1 005	
X4784	I-123 MIBG (diagnostic)	2 647	530	
X4794	I-131 MIBG (diagnostic)	5 271	1 055	
X4785	I-131 MIBG (therapy)	13 298	2 660	
X4227	I-125 albumin	9 629	1 925	
X4245	Tc-99m	263	55	
X4787	I-131 (therapy for hyperthyroidism)	1 749	350	
X4788	I-131 (therapy for thyroid Ca)	8 232	1 645	
X4230	In-111 chloride	14 242	2 850	
X4231	In-111 Octreotide	16 352	3 270	
X4232	In-111 oxine	12 095	2 420	
X5057	Lu-177 DATANOC (therapy)	70 488	14 100	
X5061	Lu-177 PSMA (therapy)	70 488	14 100	
X4246	Tl-201 chloride	3 188	640	
X5974	Mbq Y-90 (therapy)	17 629	3 525	
X5975	Mbq RE-86 (therapy)	22 067	4 415	
1010&1012	Outpatient Consultation	354	75	

NB: Refer to the Nuclear Medicine code book in respect of procedures

- NOTE:**
- (1) Interest will be charged on overdue invoices
 - (2) Legal costs incurred and
 - (3) Any ancillary costs which may be levied by third parties may also be added

INCLUDED IN THE CONSULTATION AND INPATIENT FEES

SCHEDULE 7.1: ORTHOTIC AIDS: FULL PAYING AND SUBSIDISED PATIENTS

NATURE OF APPLIANCE	SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0
1. ARTIFICIAL ARMS (Upper Extremity Prosthesis)			R	R	R	Included in the Consultation / Inpatient Fees 
1.1 Through shoulder						
(b) Non-functional	X0002	Each	15 692	785		
1.2 Through elbow						
(b) Non-functional	X0004	Each	15 692	785		
1.3 Through wrist	X0005	Each	19 269	965		
1.4 Above elbow						
(b) Non-functional	X0007	Each	15 692	785		
1.5 Below elbow						
(b) Non-functional	X0009	Each	9 541	475		
1.6 Congenital/Cosmetic			Quote Actual Manuf. Cost @ R56.00 per hour plus material, plus 15 % overhead charges	5 % of Actual Manuf. Cost		
2. ARTIFICIAL LEGS (Lower Extremity Prosthesis)			R	R		
2.1 Symes/Choparts (excl. boots)	X0010	Each	4 955	250		
2.2 Below knee (excluding boots)						
(a) PTB/PTS	X0011	Each	4 772	240		
(b) Conventional	X0012	Each	10 462	525		
(c) P.T.B./P.T.S. modular	X0013	Each	6 516	325		
(d) Pylon	X0014	Each	6 516	325		
2.3 Through knee (excluding boots)						
(a) Conventional	X0015	Each	11 560	580		
(b) Modular	X0016	Each	27 896	1 395		
2.4 Above knee (excl. boots)						
(a) Conventional (+ simplex)	X0017	Each	15 967	800		
(b) Modular	X0018	Each	15 967	800		
(c) Pylon	X0019	Each	6 424	320		
2.5 Tilting Table/Hip Disarticulation (excl. boots)	X0020	Each	32 115	1 605		
2.6 Stump socks	X0021	Each	132	5		
2.7 Sheaths	X0022	Each	132	5		

NATURE OF APPLIANCE		SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0
2.8	Congenital/Cosmetic			Quote Actual Manuf. Cost @ R56.00 p/hour plus material, plus 15 % overhead charges)	5 % of Actual Manuf. Cost		
2.9	Refit prosthesis						
	(a) Above knee		Each	Quote Actual Manuf. Cost @ R56.00 p/hour plus material, plus 15 % overhead charges)	5 % of Actual Manuf. Cost		
	(b) Through knee		Each	Quote Actual Manuf. Cost @ R56.00 p/hour plus material, plus 15 % overhead charges)	5 % of Actual Manuf. Cost		
	(c) Below knee		Each	Quote Actual Manuf. Cost @ R56.00 p/hour plus material, plus 15 % overhead charges)	5 % of Actual Manuf. Cost		
3.	SPINAL ORTHOSIS			R	R		
3.1	COLLARS						
	(a) Soft	X0023	Each	164	10		
	(b) Plastic	X0024	Each	220	10		
	(c) SOMI	X0025	Each	1 979	100		
	(d) ABCO	X0026	Each	6 606	330		
	(e) HALO	X0027	Each	4 038	200		
	(f) HALO jacket	X0028	Each	1 138	55		
3.2	CORSETS						
	(a) L/S male	X0029	Each	826	40		
	(b) L/S female	X0030	Each	826	40		
	(c) L/D male	X0031	Each	826	40		
	(d) L/D female	X0032	Each	826	40		
	(e) Abdominal male	X0033	Each	826	40		
	(f) Abdominal female	X0034	Each	826	40		
	(g) Abdominal binder	X0035	Each	826	40		
	(h) L/S X-Strap	X5051	Each	825	40		
4.	BRACE			R	R		
4.1	Milwaukee	X0036	Each	7 157	360		

Included in the Consultation / Inpatient Fees

CDCT

NATURE OF APPLIANCE	SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0
4.2 Boston	X0037	Each	2 752	140	Included in the Consultation / Inpatient Fees	CDCT
4.3 T.L.S.O.	X0038	Each	2 752	140		
4.4 Bennet's plastic	X0039	Each	2 752	140		
4.5 Fichers/Jordan	X0040	Each	2 752	140		
4.6 Bakers/Jewett	X0041	Each	2 752	140		
4.7 L/S Corset and Taylors Ext	X0042	Each	918	45		
4.8 (a) Bivalved TLSO	X0043	Each	3 487	175		
(b) Bivalved TLSO with SOLMI Ext.	X0044	Each	4 807	240		
4.9 C.A.S.H. brace	X0045	Each	1 653	85		
4.10 C.A.S.H. brace (local)	X0046	Each	864	45		
5. FOOTWEAR			R	R		
5.1 Boots						
(a) Infants	X0047	Pair	690	35		
(b) Childs	X0048	Pair	757	40		
(c) Youths/Maids	X0049	Pair	789	40		
(d) Mens	X0050	Pair	925	45		
5.2 SHOES						
(a) Nurses	X0051	Pair	527	25		
5.3 TARSO PRONATOR						
(a) 000 – 3	X0052	Pair	1 045	50		
(b) 4 – 6	X0053	Pair	1 045	50		
(c) 7 – 9	X0054	Pair	1 045	50		
(d) 10 – 12	X0055	Pair	1 045	50		
(e) 13 - 3 Youths	X0056	Pair	1 045	50		
(f) 4 - 5 Adults	X0057	Pair	1 045	50		
5.4 TARSO SUPINATOR						
(a) 3½ - 6½ Infants	X0058	Pair	1 045	50		
(b) 7 - 1½ Child	X0059	Pair	1 045	50		
(c) 2 - 9 Youths	X0060	Pair	1 045	50		
5.5 SURGICAL						
(a) Boot	X3700	Pair	3 757	190		
(b) Boot	X3701	Single	1 870	95		
(c) Shoes	X3702	Pair	3 576	180		
(d) Shoes	X3703	Single	1 797	90		
(e) Forest Town Boot	X0061	Pair	1 486	75		

NATURE OF APPLIANCE	SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0		
(f) O'Connor extension	X0062	Single	3 340	165	Included in the Consultation / Inpatient Fees	CDCT		
(g) Reverse Sole Boots	X0063	Pair	1 707	85				
(h) Choparts Extension	X0064	Single	1 486	75				
5.6 FOOTWEAR ALTERATIONS								
The following items or any combination thereof:								
(a) C & E Heel	X0065	Pair	441	20				
(b) Thomas Heel	X0066	Pair	441	20				
(c) Flared Heel or sole	X0067	Pair	441	20				
(d) Wedges H & S	X0068	Pair	441	20				
(e) Wedges H or S	X0069	Pair	441	20				
(f) Met Bars	X0070	Pair	441	20				
(g) Rocker Soles	X0071	Each	441	20				
(h) Toe Caps	X0072	Pair	191	10				
(i) Long & Met Insoles	X0073	Pair	191	10				
(j) Long Insole	X0074	Pair	191	10				
(k) Met Insole	X0075	Pair	191	10				
(l) Moulded Insoles	X0076	Each	191	10				
(m) Cork Raises	X0077	Each	715	35				
(n) Heel & Sole Raise leather/feather foam	X0078	Each	220	10				
(o) Patten Raises (excl. boots)	X0079	Each	624	30				
(p) Toe Filler	X0080	Each	191	10				
(q) Socket with Back or Front Stop fixed (excl. boots)	X0081	Each	191	10				
(r) T/Straps	X0082	Pair	191	10				
(s) Heel Raise	X0083	Pair	441	20				
(t) Torque Heels	X0084	Each	348	15				
(u) Buttress boot	X0085	Pair	715	35				
(v) Heel Pads	X0086	Pair	191	10				
(w) Excavated Heel	X0087	Pair	191	10				
(x) Inside Heel Lift	X0088	Pair	191	10				
(y) Sach Heel	X0089	Pair	191	10				
(z) Stuck-in arch Support	X0090	Pair	191	10				
(aa) UCBL	X0091	Each	513	25				
(bb) SMO	X0092	Each	513	25				
6. BELOW KNEE ORTHOSIS			R	R				
6.1 Air Cast ankle brace	X0093	Each	396	20				
6.2 Night Splints	X0094	Each	918	45				
6.3 BK Irons Single (child) (Excl. boots)	X0095	Each	405	20				
6.4 BK Irons Single (adult) (Excl. boots)	X0096	Each	405	20				
6.5 BK Irons Double (child) (Excl. boots)	X0097	Each	513	25				

NATURE OF APPLIANCE		SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0
6.6	BK Irons Double (adult) (Excl. boots)	X0098	Each	413	25	Included in the Consultation / Inpatient Fees	CDCT
6.7	BK Irons Bil. Single (child) (Excl. boots)	X0099	Each	715	35		
6.8	BK Irons Bil. Single (adult) (Excl. boots)	X0100	Each	715	35		
6.9	BK Irons Bil. Double (child) (Excl. boots)	X0101	Each	1 010	50		
6.10	BK Irons Bil. Double (adult) (Excl. boots)	X0102	Each	1 010	50		
6.11	O'Gormans Uni-lateral (Excl boots)	X0103	Each	487	25		
6.12	O'Gormans Bi-lateral (Excl boots)	X0104	Each	973	50		
6.13	A.F.O.	X0105	Each	898	45		
6.14	Hinged A.F.O.	X0106	Each	1 524	75		
6.15	Legging Gaiter – Leather	X0107	Each	845	40		
6.16	Legging Gaiter – Plastic	X0108	Each	1 286	65		
7.	KNEE ORTHOSIS			R	R		
7.1	Knee Hinged supports (short)	X0109	Each	385	20		
7.2	Knee Hinged Supports (long)	X0110	Each	983	50		
7.3	Moulded with Joints	X0111	Each	2 935	145		
7.4	Moulded no Joints	X0112	Each	1 356	70		
7.5	Night Splint	X0113	Each	681	35		
7.6	Crawling pads	X0114	Each	405	20		
7.7	Canvas gaiters	X0115	Each	331	15		
7.8	Swedish knee cage	X0116	Each	1 267	65		
8.	ABOVE KNEE ORTHOSIS			R	R		
8.1	Straight Leg Caliper Uni-lat, (adults)(Excl boots)	X0117	Each	1 138	55		
	(childs)(Excl boots)	X0118	Each	1 029	50		
8.2	Straight Leg Caliper Bi-lat. (adults)(Excl boots)	X0119	Each	2 128	105		
	(childs)(Excl boots)	X0120	Each	2 018	100		
8.3	With pelvic band Uni-lateral (adults)(Excl boots)	X0121	Each	1 597	80		
	(childs)(iExcl boots)	X0122	Each	2 826	140		
8.4	With pelvic band Bi-lateral (adults)(Excl boots)	X0123	Each	3 231	160		
	(childs)Excl boots)	X0124	Each	2 826	140		
8.5	Knee Jointed Caliper Uni-lateral (Excl boots)	X0125	Each	3 231	160		
8.6	Knee jointed Caliper Bi-lateral (Excl boots)	X0126	Each	6 460	325		
8.7	With Hip Joints Uni-lateral (Excl boots)	X0127	Each	4 038	200		
8.8	With Hip Joints Bi-lateral (Excl boots)	X0128	Each	7 670	385		
8.9	Plastic K.A.F.O. Uni-lateral	X0129	Each	4 351	220		
8.10	Plastic K.A.F.O. Bi-lateral	X0130	Each	8 680	435		
8.11	Perthes Caliper (childs) (Excl boots)	X0131	Each	1 614	80		
8.12	Conradie Leg Braces	X0132	Each	734	35		

NATURE OF APPLIANCE	SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0
9. HIP ORTHOSIS			R	R	R	
9.1 CDH (Paulik van Rosson Barlow)	X0133	Each	808	40		
9.2 Hip Spika	X0134	Each	1 395	70		
9.3 Hip Spika & Hip Joint	X0135	Each	1 818	90		
9.4 Abduction/Flexion Cushion	X0136	Each	405	20		
10. UPPER EXTREMITY ORTHOSIS						
10.1 Hand/Wrist						
(a) Elastic issue	X0137	Each	175	10		
(b) Static	X0138	Each	605	30		
(c) Dynamic	X0139	Each	605	30		
10.2 Elbow						
(a) Static	X0140	Each	550	30		
(b) Dynamic	X0141	Each	2 312	115		
10.3 Shoulder						
(a) Static	X0142	Each	605	30		
(b) Dynamic	X0143	Each	1 010	50		
11. MISCELLANEOUS						
11.1 Elastic stockings						
(a) Below Knee	X0145	Pair	57	5		
(b) Above Knee	X0146	Pair	207	10		
(c) Panty Hose	X0147	Each	127	5		
(d) Anti Embolism						
Below knee	X0148	Each	50	5		
Full	X0149	Each	70	5		
Full & belt	X0150	Each	107	5		
11.2 Trusses						
(a) Inguinal Single	X0151	Each	550	30		
Double	X0152	Each	550	30		
(b) Scrotal Single	X0153	Each	550	30		
Double	X0154	Each	808	40		
(c) Suspension Briefs	X0155	Each	257	15		
11.3 Crutches						

Included in the Consultation / Inpatient Fees

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NATURE OF APPLIANCE	SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0	
(d) Wooden, Ring Top	X0158	Each	203	10	Included in the Consultation / Inpatient Fees		
	X0159	Pair	405	20			
(e) Aluminium, Ring Top	X0160	Each	331	15			
	X0161	Pair	662	35			
(ii) Adult Elbow (General duty, soft grip)	X4379	Each	194	10			
11.4.1 PVC ferrules							
(i) For wooden crutch	X4573	Each	7	5			
11.4.2 Wooden crutch arm pads							
(ii) Adult	X4578	Each	15	5			
11.5 Knee braces							
(PAU)	X4189	Each	295	15			
11.6 Helmets							
(a) Helmets Issue	X0175	Each	311	15			
(b) Moulded Helmets	X0176	Each	605	30			
11.7 Seats							
(a) Moulded	X0177	Each	2 200	110			
12. ITEMS NOT LISTED			R	R			
(Actual cost plus 15 %)		Each	100 %	5%			
13. ITEMS ESPECIALLY ORDERED			R	R			
(a) Spectacles	X0185		785	40			
	<u>Note:</u> When spectacles are ex-stock the tariff to be raised is the actual cost plus 15 %.						
(b) Contact lenses ex stock							
(Actual cost plus 15 %)		Pair	100 %	5%			
(c) Artificial Eye	X0190	Each	543	25			
	<u>NOTE:</u> Full paying patients should not be issued mobility assistive devices by provincial hospitals, but should access the private sector with the support and advice of the therapists treating them and prescribing the necessary devices.						
14. REPAIRS TO APPLIANCES: Actual cost @ R56.00 per hour plus materials plus 30 % overhead charges			100 % of Actual Cost	5 % of Actual Cost			
15. OCCUPATIONAL THERAPY: ASSISTIVE DEVICES			R	R			
15.1 Mobility							
(a) Wheelchair table (Adult/Child)	X0254	Each	159	10			
(b) Wheelchair bags (Adult/Child)	X0255	Each	55	5			
(c) Wheelchair gloves (Adult/Child)	X0256	Pair	98	5			
15.2 Self Care							
15.2.1 Toileting							
(a) Free standing Wooden commode (Adult/Child)							
(b) Wooden raised toilet seat (Adult/Child)							
(c) Toilet seat without lid (Adult/Child)							
(d) Toilet wiping aid (Adult/Child)							
(e) Wheelchair commode seat (Adult/Child)	X4410	Each	135	5			

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NATURE OF APPLIANCE	SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0
15.2.2 Bathing/Washing						
(b) Bath Seat: (all designs, wooden) (Adult/Child)	X0266	Each	186	10		
(c) Backwasher (Adult/Child)	X0267	Each	84	5		
(d) Tap Turners: all designs (Adult/Child)	X0268	Each	47	5		
(e) Wash mitten (Adult/Child)	X0269	Each	80	5		
(f) Nail clipper (own clipper) (Adult/Child)	X0270	Each	45	5		
(g) Nail brush (own brush) (Adult/Child)	X0271	Each	45	5		
(h) Towel with handles (Adult/Child) Reactivate code	X4560	Each	26	5		
15.2.3 Dressing						
(a) Dressing stick (Adult/Child)	X0274	Each	52	5		
(b) Shoehorn (Adult/Child)	X0276	Each	57	5		
(c) Stocking aid (Adult/Child)	X0278	Each	80	5		
15.2.4 Feeding/eating						
(a) Built-up grip (Adult/Child)	X0280	Each	34	5		
(b) Universal Cuff (Adult/Child)	X4412	Each	47	5		
(d) Dycem (Adult/Child)	X4414	Each	23	5		
(e) Weighted Cuffs (Adult/Child)	X4415	Each	94	5		
15.3 Domestic/kitchen/laundry						
(a) Oven aid (Pusher/Puller) (Adult/Child)	X0287	Each	109	5		
(b) Tap turner (Adult/Child)	X0288	Each	26	5		
(c) One-hand vegetable/bread board (Adult/Child)	X0289	Each	98	5		
(d) Helping hand (Adult/Child)	X0290	Each	183	10		
(e) Kettle-tipper (Adult/Child)	X0291	Each	161	10		
(f) Washing board (Adult/Child)	X0292	Each	159	10		
(g) One handed jar opener (Adult/Child)	X0293	Each	135	5		
(h) Multipurpose winder (window opener) (Adult/Child)	X0296	Each	47	5		
(i) Pothead (Adult/Child)	X0297	Each	98	5		
(j) Adapted plug (Adult/Child)	X0298	Each	42	5		
15.4 Positioning/transfers						
(a) Ejector seat (Adult/Child)	X0299	Each	294	15		
(b) Transfer board (Adult/Child)	X0300	Each	122	5		
(c) Amputation board (Adult/Child)	X0301	Each	109	5		
(d) Webbing ladder (bed chain) (Adult/Child)	X4416	Each	185	10		

Included in the Consultation / Inpatient Fees

CDCT

NATURE OF APPLIANCE		SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0
15.5	Leisure/work/sundry					Included in the Consultation / Inpatient Fees	L R C D C D
(a)	Bookstand (Adult/Child)	X0303	Each	61	5		
(b)	Card rack (Adult/Child)	X0304	Each	42	5		
(c)	Typing stick (Adult/Child)	X0305	Each	45	5		
(d)	Mouth stick (Adult/Child)	X4417	Each	57	5		
15.6	Pressure garments						
15.6.1	Face mask						
(a)	Adult	X0318	Each	164	10		
(b)	Child	X0319	Each	164	10		
15.6.2	Chin piece						
(a)	Adult	X0320	Each	134	5		
(b)	Child	X0321	Each	109	5		
15.6.3	Mitten						
(a)	Adult	X0322	Each	47	5		
(b)	Child	X0323	Each	47	5		
15.6.4	Glove						
(a)	Adult	X0324	Each	105	5		
(b)	Child	X0325	Each	105	5		
15.6.5	Vest						
(a)	Adult	X0329	Each	355	20		
(b)	Child	X0330	Each	262	15		
15.6.6	Long sleeve jacket						
(a)	Adult	X0331	Each	579	30		
(b)	Child	X0332	Each	426	20		
15.6.7	Short sleeve jacket						
(a)	Adult	X0333	Each	450	25		
(b)	Child	X0334	Each	337	15		
15.6.8	Arm piece (Short/Long sleeve)						
(a)	Adult	X0335	Each	98	5		
(b)	Child	X0336	Each	76	5		
15.6.9	Corset						
(a)	Adult	X0339	Each	411	20		
(b)	Child	X0340	Each	303	15		
15.6.10	Long pants						
(a)	Adult	X0341	Each	228	10		
(b)	Child	X0342	Each	173	10		

NATURE OF APPLIANCE		SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0
15.6.11 Short pants						Included in the Consultation / Inpatient Fees	CDCT
(a)	Adult	X0343	Each	151	10		
(b)	Child	X0344	Each	115	5		
15.6.12 Amputation pants							
(a)	Adult	X0345	Each	391	20		
(b)	Child	X4418	Each	299	15		
15.6.13 Leg piece							
(a)	Adult	X0346	Each	137	5		
(b)	Child	X0347	Each	105	5		
15.6.14 Sock							
(b)	Child	X0349	Each	53	5		
15.6.15 Miscellaneous Pressure Garments							
(a)	Prune belly baby grower	X0352	Each	118	5		
15.6.16 Scrotal Supports							
(a)	Adult	X4419	Each	85	5		
(b)	Child	X4420	Each	79	5		
15.6.17 Cica-Care							
(a)	15 x 12 cm (Adult/Child)	X0354	Each	768	40		
(b)	7,5 x 6 cm (Adult/Child)	X0355	Each	191	10		
(c)	3,8 x 6 cm (Adult/Child)	X0356	Each	100	5		
(d)	4 x 3 cm (Adult/Child)	X0357	Each	52	5		
(e)	2 x 3 cm (Adult/Child)	X0358	Each	26	5		
(f)	1,9 x 2 cm (Adult/Child)	X0359	Each	19	5		
15.7 Splinting							
15.7.1 Static Splints – fingers and wrist							
(a) Circumferential Thumb Abduction Static Splint Hand-Based (Combined Anti-claw)	Adult	X0196	Each	105	5		
	Child	X4421		94	5		
(b) Radial Thumb Opposition/Abduction & Dorsal MP Flexion & IP Extension Static splint Hand-based (combined anti-claw)	Adult	X0198	Each	207	10		
	Child	X4422		156	10		
(c) Dorsal PIP & DIP Extension Static splint Finger-Based	Adult	X4198	Each	79	5		
	Child	X4423		62	5		

NATURE OF APPLIANCE		SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0
(d) Dorsal Wrist Extension Static Progressive Splint Fore-Arm Based	Adult	X4199	Each	333	15	Included in the Consultation / Inpatient Fees	
	Child	X4424		299	15		
(e) Dorsal thumb abduction static splint Fore-Arm Based	Adult	X0218	Each	299	15		
	Child	X4425		221	10		
(f) Dorsal MP Flexion & IP Extension Static Splint Fore-Arm Based (Duran / Kleinert)	Adult	X0201	Each	428	20		
	Child	X4426		311	15		
(g) Bi-Valve PIP & DIP Extension Static Splint Finger-Based	Adult	X0202	Each	80	5		
	Child	X4427		70	5		
(h) Dorsal MP Flexion & IP Extension Static Splint Hand-Based (Knuckle-Duster)	Adult	X4200	Each	170	10		
	Child	X0249		133	5		
(i) Volar Thumb Opposition Static Splint Fore-Arm-Based (Thumb-Spica)	Adult	X4201	Each	422	20		
	Child	X4428		309	15		
(j) Volar Thumb Opposition with Dorsal MP Flexion & IP Extension Static Splint Fore-Arm-Based	Adult	X4212	Each	472	25		
	Child	X4429		346	15		
(k) Bi-Valve DIP Extension Static Splint Finger-Based (Mallet)	Adult	X0204	Each	73	5		
	Child	X0247		57	5		
(l) Volar/Dorsal Wrist Extension, MP Flexion & IP Extension Static Splint Fore-Arm-Based (Resting / Post-Box)	Adult	X0205	Each	359	20		
	Child	X0246		270	15		
(m) Volar Thumb Opposition Static Splint Hand-Based(Thumb-Spica)	Adult	X0206	Each	223	10		
	Child	X4430		173	10		
(n) Circumferential Thumb Abduction Static Splint Fore-Arm-Based	Adult	X4202	Each	259	10		
	Child	X4431		196	15		
(o)Volar PIP Extension & Dorsal DIP Flexion Static Splint Finger-Based	Adult	X4203	Each	73	5		
	Child	X4432		57	5		
(p) Dorsal DIP Extension & Volar PIP Flexion Static Splint Finger-Based	Adult	X4204	Each	73	5		
	Child	X4433		57	5		
(q) Volar PIP & DIP Extension Static Splint Finger-Based (Gutter)	Adult	X0210	Each	73	5		
	Child	X4434		57	5		
(r) Volar Wrist Extension Static Splint Fore-Arm-Based	Adult	X0211	Each	310	15		
	Child	X0244		242	10		
(s) Radial Thumb Abduction Static Splint (Web-Spacer)	Adult	X0212	Each	199	10		
	Child	X0245		148	5		
(t) Bi-Valve Wrist Extension Static Splint Fore-Arm-Based (Wrist Sandwich)	Adult	X0213	Each	411	20		
	Child	X4435		299	15		

NATURE OF APPLIANCE		SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0		
15.7.2 Dynamic Splints – fingers and wrist									
(a) Dorsal DIP Extension & Volar PIP Flexion (3-Point) Dynamic Splint Finger-Based (Bouteniere)	Adult	X0219	Each	211	10	Included in the Consultation / Inpatient Fees			
	Child	X0243		189	10				
(b) Volar/Dorsal MP Flexion Dynamic Splint Fore-Arm-Based	Adult	X0220	Each	497	25				
	Child	X0248		395	20				
(c) Volar/Dorsal PIP Flexion Dynamic Splint Fore-Arm-Based	Adult	X0221	Each	428	20				
	Child	X4436		358	20				
(d) Radial MP Flexion & Extension Dynamic Splint Fore-Arm-Based	Adult	X0222	Each	526	25				
	Child	X4437		411	20				
(e) Dorsal PIP Flexion & DIP Extension with MP Block Dynamic Splint Fore-Arm-Based	Adult	X0223	Each	576	30				
	Child	X4438		440	20				
(f) Volar/Dorsal MP Flexion Dynamic Splint Hand-Based	Adult	X4439	Each	395	20				
	Child	X4440		307	15				
(g) Volar/Dorsal PIP Flexion Dynamic Splint Hand-Based: Adult	Adult	X4441	Each	395	20				
	Child	X4442		307	15				
(h) Radial MP Flexion & Extension Dynamic Splint Hand-Based	Adult	X4443	Each	395	20				
	Child	X4444		307	15				
15.7.3 Shoulder splints									
(a) Shoulder Abduction Static Splint (Splint Material)(Aeroplane/ Axilla Splint)	Adult	X0226	Each	1 138	55				
	Child	X4445		833	40				
(b) Shoulder Abduction Static Splint (Splint Material & Aluminium) (Aeroplane/ Axilla Splint)	Adult	X0225	Each	887	45				
	Child	X4446		387	20				
15.7.4 Elbow splints									
(a) Anterior Elbow Extension Static Splint (Gutter)	Adult	X0227	Each	470	25				
	Child	X4447		358	20				
(b) Lateral Elbow Flexion 90 Degree Static Splint	Adult	X0228	Each	497	25				
	Child	X4448		383	20				
(c) Anterior & Posterior Elbow Extension (3-point) Static Progressive Splint: Adult	Adult	X0229	Each	576	30				
	Child	X4449		440	20				
(d) Circumferential/Bi-valve Humeral Brace Static Upper Arm Splint	Adult	X4561	Each	495	25				
	Child	X4562		294	15				
15.7.5 Knee splints									
(a) Anterior & Posterior Knee Extension (3-point) Static Progressive Splint: Adult	Adult	X0233	Each	630	30				
	Child	X4450		416	20				
(b) Posterior Knee Extension Static Splint (Gutter)	Adult	X4451	Each	853	45				

NATURE OF APPLIANCE		SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0
	Child	X4452		625	30		
15.7.6 Commercial splints and slings							
(a)	Immobilising sling: Adult	X4205	Each	85	5		
(b)	Soft collars: Adult	X4206	Each	42	5		
(c)	Volar/Dorsal Thumb Abduction (Brace) Static Splint Hand-Based: Adult	X0216	Each	645	30		
(d)	Volar/Dorsal Wrist Extension (Brace) Static Splint Hand-Based: Adult	X4207	Each	84	5		
15.7.7 Slings (made in Department)							
(a)	Anti-foot drop dynamic sling	Adult	X0235	Each	55	5	
		Child	X4453		55	5	
(b)	Figure-of-8 axilla sling	Adult	X0236	Each	70	5	
		Child	X4454		55	5	
(c)	Flail arm sling (webbin)	Adult	X0237	Each	105	5	
		Child	X4455		94	5	
(d)	Master sling	Adult	X0234	Each	217	10	
		Child	X4456		179	10	
(e)	Shoulder cuff (Hemi)	Adult	X0238	Each	141	5	
		Child	X4457		115	5	
(f)	Robert Jones Knee Immobilising Bandage	Adult	X4563	Each	136	5	
		Child	X4564		100	5	
15.7.8 Soft and Miscellaneous splints							
(a)	Circumferential Elbow Anti Spasticity Static Progressive Splint (Foam)	Adult	X0242	Each	157	10	
		Child	X4458		109	5	
(b)	Volar MP, PIP & DIP Abduction Anti Spasticity Static Splint Hand-Based (Foam)	Adult	X0240	Each	79	5	
		Child	X4459		62	5	
(c)	Circumferential MP Anti Ulnar Deviation Static Progressive Splint Hand-Based (Neoprene)	Adult	X0197	Each	105	5	
		Child	X4460		94	5	
(d)	Radial Thumb Abduction Static Splint Hand-Based (Neoprene)	Adult	X0214	Each	80	5	
		Child	X4461		70	5	
(e)	Circumferential Wrist Extension Static Splint (Neoprene)	Adult	X4462	Each	161	10	
		Child	X4463		135	5	
(f)	Thumb Abduction Strap (Neoprene)	Adult	X0217	Each	45	5	
		Child	X4464		45	5	
(g)	Dorsal MP & IP's Flexion Cuff Static Progressive Splint Hand-Based (Flexion Glove/Strap)	Adult	X4465	Each	80	5	
		Child	X4466		70	5	
(h)	Circumferential IP Flexion/Extension Dynamic Splint Finger/Hand-Based Buddy Strap	Adult	X4467	Each	55	5	
		Child	X4468		50	5	
(i)	Circumferential Elbow Static Progressive Splint (Gaiter)	Adult	X4469	Each	223	10	
		Child	X4470		173	10	

Included in the Consultation / Inpatient Fees

CDCT

NATURE OF APPLIANCE		SYSTEM CODE	EACH/PAIR	Full Paying and H3	H2	H1	H0		
(j) Circumferential Knee Static Progressive Splint (Gaiter)	Adult	X4471	Each	276	15	Included in the Consultation / Inpatient Fees	CPD		
	Child	X4472		210	10				
(k) Knee Hyper-Extension Soft Splint	Adult	X0232	Each	150	10				
	Child	X4473		100	5				
(l) Neck Collar (Soft)	Adult	X4474	Each	94	5				
	Child	X4475		80	5				
(m) Neck Collar (Splint Material)	Adult	X4476	Each	978	50				
	Child	X4477		772	40				
(n) Helmet (Splint Material)	Adult	X4478	Each	705	35				
	Child	X4479		526	25				
15.7.9 Ankle/Foot Splints									
Dorsi-Flexion Ankle 90 Degree Static Splint	Adult	X4480	Each	652	35				
	Child	X4481		486	25				
16 Speech therapy: Voice prosthesis				R	R				
(a)	Blomsinger Duckbill (16fr)	X4208	Each	373	20				
(b)	Blomsinger Low Pressure (16fr)	X4209	Each	589	30				
(c)	Blomsinger indwelling (20fr) starter kit	X4210	Each	1 188	60				
(d)	Blomsinger indwelling (20fr) replacement kit	X4211	Each	983	50				

- NOTE: (1) Interest will be charged on overdue invoices**
(2) Legal costs incurred and
(3) Any ancillary costs which may be levied by third parties may also be added
(4) Tender related items shall be adjusted in accordance with any changes to the agreed pricing.

