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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF LABOUR

NOTICE 188 OF 2019

RENAL CARE, WOUND CARE AND SOCIAL WORKERS



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF LABOUR

NOTICE:

DATE:

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

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2019.
2. Medical Tariffs increase for 2019 is 6.4%
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 April 2019 and Exclude 15% Vat.

.....
MN OLIPHANT, MP
MINISTER OF LABOUR

DATE: 05/12/2018.....

Kommunikasie-en-inligtingstelsel • Dithaeletsano Isa Puso • Tekuchumana taHulumende • EzokuXhumana koMbuso • Dikgokahano Isa Mmuso
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Batho Pele - putting people first

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

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

In terms of section 76,3(b) of the Compensation for Occupational Injuries and Diseases Act, no amount in respect of medical expenses shall be recoverable from the employee.

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

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

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

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

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

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

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

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner.
3. If a claim is **rejected (repudiated)**, medical expenses for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information.

BILLING PROCEDURE

1. All service providers should be registered on the Compensation Fund claims system in order to capture medical reports.
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 Referrals to another medical service provider should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D.
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted.
 - 2.2. Manual documents for medical refunds should be submitted to the nearest labour centre.
3. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest processing labour centre. The service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice.

- If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount and the short fall will not be paid.
6. Service providers should not generate the following:
- a. Multiple invoices for services rendered on the same date i.e. one invoice for medication and a second invoices for other services.

*** Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za •**

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED

Minimum information to be indicated on invoices submitted to the Compensation Fund

- Name of employee and ID number
- Name of employer and registration number if available
- Compensation Fund claim number
- DATE OF ACCIDENT (not only the service date)
- Service provider's **invoice number**
- The practice number (changes of address should be reported to BHF)
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account)
- Date of service (the actual service date must be indicated: the invoice date is not acceptable)
- Item codes according to the officially published tariff guides
- Amount claimed per item code and total of account
- It is important that all requirements for the submission of invoices are met, including supporting information, e.g:
 - All pharmacy or medication accounts must be accompanied by the original scripts
 - The referral letter from the treating practitioner must accompany the medical service providers' invoice.

Rules for payment of renal care accounts in terms of COIDA

1. In terms of Sec 73 (1) of COIDA, the Compensation Fund shall pay reasonable medical costs incurred by or on behalf of an employee in respect of medical aid necessitated by such accident or disease.
2. The renal condition must be directly related to the nature of injury sustained or complications thereof.
3. Dialysis is always performed in accordance to a dialysis prescription
4. Dialysis prescriptions can be provided by a nephrologist or a medical practitioner with appropriate training in nephrology
5. Haemodialysis provided in a dialysis unit, applies to both outpatients and stabilized in-hospital patients
6. The global fee for haemodialysis (item 1851) requires regular routine visits to the patient during dialysis and covers:
 - (a) Dialysis prescription
 - (b) Assessment of dialysis adequacy
 - (c) Revision of chronic medication
 - (d) Counseling
 - (e) Consultations for chronic and acute conditions
 - (f) Acute medication and prescriptions
7. After a series of treatments prescribed by the nephrologist or a medical practitioner the renal dialysis practitioner should refer the employee back to the treating medical practitioner.
8. If further treatment is still indicated the treating medical practitioner should submit a medical report with clinical indications for further treatment.
9. A monthly medical report should be submitted and should the condition become chronic a medical report explaining such condition must be submitted to the Fund.
10. Codes:
 - (a) 75148
 - Chronic haemodialysis for inpatients and outpatients in dialysis unit.
 - Charged once daily
 - (b) 75176
 - Continuous ambulatory peritoneal dialysis for inpatients and outpatients in dialysis unit.
 - Charged daily.
 - (c) 75177
 - Automated peritoneal dialysis
 - Charged daily.
 - (d) 75150
 - Acute haemodialysis inpatient
 - Charged daily.
 - Applies to all acute dialysis including haemodiafiltration, intermittent and continuous modalities.

(e) 75151

(f) 75152

(g) 75156

Codes, **75151**, **75152** and **75156** for CRRT in hospital patient, to be charged in ICU general ward or high care only.

COMPENSATION FUND GUIDE TO FEES FOR RENAL CARE 2019

CODE	SERVICE DESCRIPTION	2019 TARIFFS
75148	Chronic Haemodialysis (Bicarbonate Dialysate)	2698.37
75176	Global Fee for Continous Ambulatory Peritoneal (CAPD) per 30 day	958.10
75177	Global Fee for Automated Peritoneal Dialysis (APD), per 30 day period	1330.08
75150	Acute Haemodialysis	5363.14
75151	Treatment procedures for CRRT for up to 6 hours or part thereof	388.17
75152	Treatment procedures for CRRT for up to 12 hours or part thereof	778.01
75154	Treatment procedures for CRRT for up to 12 hours or part thereof	1166.37
75156	Treatment procedures for CRRT for up to 12 hours or part thereof	1554.55

Rules for payments of Social Worker services and Psychologists in terms of COIDA**From 1 April 2019**

1. In terms of SEC 73(1) of COIDA, the Compensation Fund shall pay reasonable medical costs incurred by on behalf of an employee in respect of medical aid necessitated by such accident or disease.
2. The need for the services must be directly related to the nature of injury sustained or complications thereof.
3. The services of a social worker shall be available only on a written referral by a medical practitioner. Medical invoice must be accompanied by a progress report and a referral letter. Without both these reports, payment will not be considered.
4. Code 89205 can be claimed with code 89201.
5. Only 10 sessions are payable (individual and group session together) per claim.
6. Unless timely steps are taken to cancel an appointment, the relevant fee may be charged to the employee.
7. If there is no active therapy for a period of three (3) calendar months, the treatment will be deemed to have terminated. Subsequently services will require a new referral letter and a treatment plan.

PSYCHOLOGISTS

1. Only twelve(12) consultations payable, should further treatment be required, the treating medical practitioner must submit progress report to the Compensation Commissioner indicating a need for further treatment and only a maximum of 6 additional consultations can be approved. Without such a report payment cannot be considered.

The account for Social workers services must be accompanied by a referral from the treating doctor indicating the condition of the employee and indicating the need for such services

Item Code	Description	CODA 2019 Tariffs
89201	Social worker consultation,counselling and/or therapy Group or Family consultation,counselling and/ or Therapy	558.78
89205	Social worker consultation,counselling and/ or therapy (can be claimed with code 89201)	172.62

TARIFF OF FEES IN RESPECT OF PSYCHOLOGISTS SERVICES EFFECTIVE 1 APRIL 2019 The account for Psychologists must be accompanied by a referral from the treating doctor indicating the condition of the employee and indicating the need for such services		
Item Code	Description	COIDA 2019 Tariffs
862975	Assessment, consultation, counselling and/or therapy (individual). Duration 60 min	1038.87
862976	Assessment, consultation, counselling and/or therapy (individual). Duration 90 min and can only be claimed once	1605.58

REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider must comply with the following requirements:

1. Registration requirements as an employer with the Compensation Fund.
2. Host a secure FTP server to ensure encrypted connectivity with the Fund.
3. Submit and complete a successful test file before switching the invoices.
4. Validate medical service providers' registration with the Health Professional Council of South Africa.
5. Validate medical service providers' registration with the Board of Healthcare Funders of South Africa.
5. Ensure elimination of duplicate medical invoices before switching to the Fund.
6. Invoices submitted to the Compensation Fund must have Gazetted COIDA Tariffs that are published annually and comply with minimum requirements for submission of medical invoices and billing requirements.
7. File must be switched in a gazetted documented file format published annually with COIDA tariffs.
8. Single batch submitted must have a maximum of 100 medical invoices.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Provide any information requested by the Fund.
13. The switching provider must sign a service level agreement with the Fund.
14. Third parties must submit power of attorney.

Failure to comply with the above requirements will result in deregistration of the switching house.

MSP's PAID BY THE COMPENSATION FUND	
Discipline Code :	Discipline Description :
4	Chiropractors
9	Ambulance Services - advanced
10	Anesthetists
11	Ambulance Services - Intermediate
12	Dermatology
13	Ambulance Services - Basic
14	General Medical Practice
15	General Medical Practice
16	Obstetrics and Gynecology (work related injuries)
17	Pulmonology
18	Specialist Physician
19	Gastroenterology
20	Neurology
22	Psychiatry
23	Radiation/Medical Oncology
24	Neurosurgery
25	Nuclear Medicine
26	Ophthalmology
28	Orthopedics
30	Otorhinolaryngology
34	Physical Medicine
36	Plastic and Reconstructive Surgery
38	Diagnostic Radiology
39	Radiographers
40	Radiotherapy/Nuclear Medicine/Oncologist
42	Surgery Specialist
44	Cardio Thoracic Surgery
46	Urology
49	Sub-Acute Facilities
52	Pathology
54	General Dental Practice
55	Mental Health Institutions
56	Provincial Hospitals
57	Private Hospitals
58	Private Hospitals
59	Private Rehab Hospital (Acute)
60	Pharmacies
62	Maxillo-facial and Oral Surgery
64	Orthodontics
66	Occupational Therapy
70	Optometrists
72	Physiotherapists
75	Clinical technology (Renal Dialysis only)
76	Unattached operating theatres / Day clinics
77	Approved U O T U / Day clinics
78	Blood transfusion services
82	Speech therapy and Audiology
86	Psychologists
87	Orthotists & Prosthetists

88	Registered nurses
89	Social workers
90	Manufacturers of assisstive devices


labour

 Department:
Labour
REPUBLIC OF SOUTH AFRICA

UMEHLUKO ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Employee surname	20	Alpha
7	Employee initials	4	Alpha
8	Employee Names	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	Description	Max length	Data Type
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha
25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha

35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD)	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD)	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER

1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal

**DEPARTMENT OF LABOUR
NOTICE 189 OF 2019**

**AMBULANCE, PRIVATE
HOSPITALS AND BLOOD
SERVICES 2019**



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF LABOUR

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6. Service providers should not generate the following:
 - a. Multiple invoices for services rendered on the same date i.e. one invoice for medication and a second invoices for other services.

*** Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za •**

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED

Minimum information to be indicated on invoices submitted to the Compensation Fund

- Name of employee and ID number
- Name of employer and registration number if available
- Compensation Fund claim number
- DATE OF ACCIDENT (not only the service date)
- Service provider's **invoice number**
- The practice number (changes of address should be reported to BHF)
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account)
- Date of service (the actual service date must be indicated: the invoice date is not acceptable)
- Item codes according to the officially published tariff guides
- Amount claimed per item code and total of account
- It is important that all requirements for the submission of invoices are met, including supporting information, e.g:
 - All pharmacy or medication accounts must be accompanied by the original scripts
 - The referral letter from the treating practitioner must accompany the medical service providers' invoice.

COIDA TARIFF SCHEDULE FOR PRIVATE AMBULANCE SERVICES EFFECTIVE FROM 1 APRIL 2019

GENERAL RULES

- 001 Road ambulances: Long distance claims (items 111, 129 and 141) will be rejected **unless the distance travelled with the patient** is reflected. Long distance charges may not include item codes 102, 125 or 131.
- 002 No after hours fees may be charged.
- 003 Road ambulances: Item code 151 (resuscitation) may only be charged for services provided by a second vehicle (either ambulance or response vehicle) and shall be accompanied by a motivation. Disposables and drugs used are included unless specified as additional cost items (see below).
- 004 A **BLS** (Basic Life Support) practice (Pr. No. starting with 13) may **not** charge for ILS (Intermediate Life Support) or ALS (Advanced Life Support); an **ILS** practice (Pr. No. starting with 11) may **not** charge for ALS. An **ALS** practice (Pr. No. starting with 09) **may charge for all codes**.
- 005 A second patient is transferred at 50% reduction of the basic call cost.
Rule 005 **MUST** be quoted if a second patient is transported in any vehicle or aircraft in addition to another patient.
- 006 Guidelines for information required on each COIDA ambulance account:
Road and air ambulance accounts
- Name and ID number of the employee
 - Diagnosis of the employee's condition
 - Summary of all equipment used if not covered in the basic tariff
 - Name and HPCSA registration number of the care providers
 - Name, practice number and HPCSA registration number of the medical doctor
 - Response vehicle: details of the vehicle driver and the intervention undertaken on patient
 - Place and time of departure and arrival at the destination as well as the exact distance travelled (Air ambulance: exact time travelled from base to scene, scene to hospital and back to base)
 - Details of the trip sheet should be captured in a medical report provided for on the COID system.

Definitions of Ambulance Patient Transfer

Basic Life Support - A callout where the patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered Basic Ambulance Assistant whilst the patient is in transit.

Intermediate Life Support - A callout where the patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered Ambulance Emergency Assistant (AEA), e.g. initiating IV therapy, nebulisation etc. whilst the patient is in transit.

Advanced Life Support - A callout where the patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered paramedic (CCA and NDIP) whilst the patient is in transit.

NOTES

- If a hospital or doctor requires a paramedic to accompany the patient on a transfer in the event of the patient needing ALS / ILS intervention, the doctor requesting the paramedic must write a detailed motivational letter in order for ALS / ILS fees to be charged for the transfer of the patient.
- In order to bill an Advanced Life Support call, a registered Advanced Life Support provider must have examined, treated and monitored the patient whilst in transit to the hospital.
- In order to bill an Intermediate Life Support call, a registered Intermediate Life Support provider must have examined, treated and monitored the patient whilst in transit to the hospital.
- When an ALS provider is in attendance at a callout but does not do any interventions on the patient at an ALS level, the billing should be based on a lesser level, dependent on the care given to the patient. (E.g. if a paramedic sites an IV line or nebulises the patient with a B-agonist which falls within the scope of practice of an AEA, the call is to be billed as an ILS call and not an ALS call.)
- Where the management undertaken by a paramedic or AEA falls within the scope of practice of a BAA the call must be billed at a BLS level.

Please Note

- The amounts reflected in the COIDA Tariff Schedule for each level of care are inclusive of any disposables (except for pacing pads, Heimlich valves, high capacity giving sets, dial-a-flow and intra-osseous needles) and drugs used in the management of the patient, as per the attached nationally approved medication protocols.
- Haemaccel and colloid solution may be charged for separately.
- **An ambulance is regarded by the Compensation Fund as an emergency vehicle that administers emergency care and transport to those employees with acute injuries and only such emergency care and transport will be paid for by the Compensation Fund. A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment.**
- **Claims for transfers between hospitals or other service providers must be accompanied by a motivation from the attending doctor who requested such transport. The motivation should clearly state the medical reasons for the transfer. Motivation must also be provided if ILS or ALS is needed and it should be indicated what specific medical assistance is required on route. This is also applicable for air ambulances.**
- **Transportation of an employee from his home to a service provider, this includes outpatients between two service providers, if not in an emergency situation, is not payable. In emergency cases such transport should be motivated for and the attending doctor should indicate what specific medical assistance is required on route.**
- **Claims for the transport of a patient discharged home will only be accepted if accompanied by a written motivation from the attending doctor who requested such transport, clearly stating the medical reasons why an ambulance is required for such transport. It should be indicated what**

specific medical assistance the patient requires on route. If such a request is approved only BLS fees will be payable. Transport of a patient for any other reason than a MEDICAL reason, (e.g. closer to home, do not have own transport) will not be entertained.

RESPONSE VEHICLES

Response vehicles only - Advance Life Support (ALS)

A clear distinction must be drawn between an acute primary response and a booked call.

1. An Acute Primary Response is defined as a response to a call that is received for medical assistance to an employee injured at work or in a public area e.g. motor vehicle accident. If a **response vehicle** is dispatched to the scene of the emergency and the patient is in need of advanced life support and such support is rendered by the ALS Personnel e.g. CCA or National Diploma, the response vehicle service provider shall be entitled to bill item 131 for such service. However, the same or any other ambulance service provider which is then **transporting** the patient shall not be able to levy a bill as the cost of transportation is included in the ALS fee under item 131. Furthermore, the ALS response vehicle personnel must accompany the patient to the hospital to entitle the original response vehicle service provider to bill for the ALS services rendered.
2. In the event of an response vehicle service provider rendering ALS and not having its own ambulance available in which to transport the patient to a medical facility, and makes use of another ambulance service provider, only the bill for the response vehicle service may be levied as the ALS bill under items 131. Since the ALS tariff already includes transportation, the response vehicle service provider is responsible for the bill for the other ambulance service provider, which will be levied at a BLS rate. This ensures that there is **only one bill levied per patient**.
3. Should a response vehicle go to a scene and not render any ALS treatment then a bill may not be levied for the said response vehicle.
4. Notwithstanding 3, item 151 applies to all ALS resuscitation as per the notes in this schedule.

Response vehicle only - Intermediate Life Support (ILS)

A clear definition must be drawn between the acute primary response and a booked call.

1. An Acute Primary Response is defined as a response to a call that is received for medical assistance to an employee injured at work or in a public area e.g. motor vehicle accident. If an **ILS response vehicle** is dispatched to the scene of the emergency and the patient is in need of intermediate life support and such support is rendered by the ILS Personnel e.g. AEA, the response vehicle service provider shall be entitled to bill item 125 for such service. However, the same or any other ambulance service provider which is then **transporting** the patient shall not be able to levy a bill as the cost of transportation is included in the ILS fee under item 125. Furthermore, the ILS response vehicle personnel must accompany the patient to the hospital to entitle the original response vehicle service provider to bill for the ILS services rendered.
2. In the event of an response vehicle service provider rendering ILS and not having its own ambulance available in which to transport the patient to a medical facility, and makes use of another ambulance service provider, only the bill for the response vehicle service may be levied as the ILS bill under item 125. Since the ILS tariff already includes transportation, the response

vehicle service provider is responsible for the bill for the other ambulance service provider, which will be levied at a BLS rate. This ensures that there is **only one bill levied per patient**.

3. Should a response vehicle go to a scene and not render any ILS treatment then a bill may not be levied for the said response vehicle.
4. **NATIONALLY APPROVED MEDICATION WHICH MAY BE ADMINISTERED BY HPCSA-REGISTERED AMBULANCE PERSONNEL ACCORDING TO HPCSA-APPROVED PROTOCOLS**

Registered Basic Ambulance Assistant Qualification

- Oxygen
- Entonox
- Oral Glucose
- Activated charcoal

Registered Ambulance Emergency Assistant Qualification

As above, plus

- Intravenous fluid therapy
- Intravenous dextrose 50%
- B2 stimulant nebuliser inhalant solutions (Hexoprenaline, Fenoterol, Sulbutamol)
- Ipratropium bromide inhalant solution
- Soluble Aspirin

Registered Paramedic Qualification

As above, plus

- Oral Glyceryl Trinitrate
- Clopidogrel
- Endotracheal Adrenaline and Atropine
- Intravenous Adrenaline, Atropine, Calcium, Corticosteroids, Hydrocortisone, Lignocaine, Naloxone, Sodium Bicarbonate 8,5%, Metaclopramide
- Intravenous Diazepam, Flumazenil, Furosemide, Glucagon, Lorazepam, Magnesium, Midazolam, Thiamine, Morphine, Promethazine
- Pacing and synchronised cardioversion

****PLEASE NOTE: VAT cannot be added on the following codes: 102, 103, 111, 125, 127, 129, 131, 133 and 141.***

VAT will only be paid with confirmation of a VAT registration number on the account.

CODE	DESCRIPTION OF SERVICE	Practice Code		
		013	011	009
		AMOUNT PAYABLE		
1	<u>BASIC LIFE SUPPORT</u> <i>(Rule 001: Metropolitan area and long distance codes may not be claimed simultaneously)</i> Metropolitan area (less than 100 kilometres) <i>No account may be levied for the distance back to the base in the metropolitan area</i> *102 Up to 60 minutes *103 Every 15 minutes (or part thereof) thereafter, where specially motivated Long distance (more than 100 km) *111 Per km DISTANCE TRAVELLED WITH PATIENT 112 Per km NON PATIENT CARRYING KILOMETRES (With maximum of 400 km)	2241.61 561.07 27.93 12.55	2241.61 561.07 27.93 12.55	2241.61 561.07 27.93 12.55
2	<u>INTERMEDIATE LIFE SUPPORT</u> <i>(Rule 001: metropolitan area and long distance codes may not be claimed simultaneously)</i> Metropolitan area (less than 100 kilometres) <i>No account may be billed for the distance back to the base in the metropolitan area</i> *125 Up to 60 minutes *127 Every 15 minutes (or part thereof) thereafter, where specially motivated Long distance (more than 100 km) *129 Per km DISTANCE TRAVELLED WITH PATIENT 130 Per km NON PATIENT CARRYING KILOMETRES (With maximum of 400 km) * VAT Exempted codes	-- -- --	2962.42 757.22 37.82 12.55	2962.42 757.22 37.82 12.55

CODE	DESCRIPTION OF SERVICE	Practice Code		
		013	011	009
		AMOUNT PAYABLE		
3.	<u>ADVANCED LIFE SUPPORT / INTENSIVE CARE UNIT</u> <i>(Rule 001: Metropolitan area and long distance codes may not be claimed simultaneously)</i>			
	Metropolitan area (less than 100 kilometres) <i>No account may be billed for the distance back to the base in the metropolitan area</i>			
*131	Up to 60 minutes	--	--	4701.46
*133	Every 15 minutes (or part thereof) thereafter, where specially motivated	--	--	1534.76
	Long distance (more than 100 km)			
*141	Per km DISTANCE TRAVELLED WITH PATIENT	--	--	68.04
142	Per km NON PATIENT CARRYING KILOMETRES With maximum of 400 km)	--	--	12.55
4	<u>ADDITIONAL VEHICLE OR STAFF FOR INTERMEDIATE LIFE SUPPORT, ADVANCED LIFE SUPPORT AND INTENSIVE CARE UNIT</u>			
151	Resuscitation fee, per incident, for a second vehicle with paramedic and / or other staff (all materials and skills included)	--		5159.14
	Note: A resuscitation fee may only be billed for when a second vehicle (response vehicle or ambulance) with staff (including a paramedic) attempt to resuscitate the patient using full ALS interventions. These interventions must include one or more of the following: <ul style="list-style-type: none">• Administration of advanced cardiac life support drugs• Cardioversion -synchronised or unsynchronised (defibrillation)• External cardiac pacing• Endotracheal intubation (oral or nasal) with assisted ventilation			
153	Doctor per hour	--		1482.61
	Note: Where a doctor callout fee is charged the name, HPCSA registration number and BHF practice number of the doctor must appear on the bill. Medical motivation for the callout must be supplied. * VAT Exempted codes			

AEROMEDICAL TRANSFERS**ROTOR WING RATES****DEFINITIONS:**

1. Helicopter rates are determined according to the aircraft type.
2. Daylight operations are defined from sunrise to sunset (and night operations from sunset to sunrise).
3. If flying time is mostly in night time (as per definition above), then night time operation rates (type C) should be billed.
4. The call out charge includes the basic call cost plus other flying time incurred. Staff and consumables cost can only be charged if a patient were treated.
5. Should a response aircraft respond to a scene (at own risk) and not render any treatment, a bill may not be levied for the said response.
6. Flying time is billed per minute but a minimum of 30 minutes applies to the payment.
7. A second patient is transferred at 50% reduction of the basic call and flight costs, but staff and consumables costs remain billed per patient, only if the aircraft capability allows for multiple patients. Rule 005 must be quoted on the account.
8. Rates are calculated according to time; from throttle open, to throttle closed.
9. Group A – C must fall within the Cat 138 Ops as determined by the Civil Aviation Authority.
10. Hot loads are restricted to 8 minutes ground time and must be indicated and billed for separately with the indicated code (time NOT to be included in actual flying time).
11. **All published tariffs exclude VAT. VAT can be charged on air ambulances if a VAT registration number is supplied.**

AIRCRAFT TYPE A: (typically a single engine aircraft)

HB206L, HB204 / 205, HB407, AS360, EC120, MD600, AS350, A119

AIRCRAFT TYPE B & Ca (DAY OPERATIONS): (typically a twin engine aircraft)

BO105, 206CT, AS355, A109

AIRCRAFT TYPE Cb (NIGHT OPERATIONS): (typically a specially equipped craft for night flying)

HB222, HB212 / 412, AS365, S76, HB427, MD900, BK117, EC135, BO105

AIRCRAFT TYPE D (RESCUE)

H500, HB206B, AS350, AS315, FH1100, EC 130, S316

FIXED WING TARIFFS:**DEFINITIONS:**

1. Group A must fall within the Cat 138 Ops as determined by the Civil Aviation Authority.
2. Please note that no fee structure has been provided for Group B, as emergency charters could include any form of aircraft. It would be impossible to specify costs over such a broad range. As these would only be used during emergencies when no Group A aircraft are available, no staff or equipment fee should be charged.

3. All published tariffs exclude VAT. VAT can be charged on air ambulances only if a VAT registration number is supplied on the account.
4. Staff and consumables cost can only be charged if a patient were treated.
5. A second patient is transferred at 50% reduction of the basic call and flight cost, but staff and consumables costs remain billed per patient, only if the aircraft capability allows for multiple patients. Rule 005 must be quoted on the account.

GROUP B – EMERGENCY CHARTERS

1. No staff and equipment fee are allowed.
2. Cost will be reviewed per case.
3. Payment of emergency transport will only be allowed if a Group A aircraft is not available within an optimal time period for transportation and stabilisation of the patient.

CODE	DESCRIPTION OF SERVICE	Practice Code		
		013	011	009
		AMOUNT PAYABLE		
5	<u>AIR AMBULANCE: ROTORWING</u>			
	<u>Rotorwing Type A: Transport</u>			
300	Basic call cost	--	--	10729.32
PLUS	<u>Flying time</u>			
301	Cost per minute up to 120 minutes	--	--	170.72
	Minimum cost for 30 minutes (R5889.77) applicable			
302	> 120 minutes	--	--	170.72
	Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes			
303	Hot load (per minute) – maximum 8 minutes (R1570.61)	--	--	170.72
	<u>Rotorwing Type B and C (day operations): Transport</u>			
310	Basic call cost	--	--	18857.41
PLUS	<u>Flying time</u>			
311	Cost per minute up to 120 minutes	--	--	294.58
	Minimum cost for 30 minutes (R8837.47) applicable			
312	> 120 minutes	--	--	294.58
	Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes			
313	Hot load (per minute) – maximum 8 minutes (R2356.66)	--	--	294.58
	<u>Rotorwing Type C (night operations): Transport</u>			
315	Basic call cost	--	--	26822.74
PLUS	<u>Flying time</u>			

CODE	DESCRIPTION OF SERVICE	Practice Code		
		013	011	009
		AMOUNT PAYABLE		
316	Cost per minute up to 120 minutes Minimum cost for 30 minutes (R8837.47) applicable	--	--	294.58
317	> 120 minutes Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes	--	--	294.58
318	Hot load (per minute) – maximum 8 minutes (R2356.66)	--	--	294.58
<u>Rotorwing Type A, B and C: Staff and consumables</u>				
320	0 - 30 minutes	--	--	1663.67
321	30 - 60 minutes	--	--	3327.31
322	60 - 90 minutes	--	--	4991.14
323	90 minutes or more	--	--	6654.61
<u>Rotorwing Type D: Transport</u>				
330	Basic call cost	--	--	22628.65
PLUS	<u>Flying time</u>			
331	Cost per minute up to 120 minutes Minimum cost for 30 minutes (R10539.36) applicable	--	--	351.31
332	> 120 minutes Supply motivation for not using a fixed wing ambulance if the time exceeds 120 minutes	--	--	351.31
333	Hot load (per minute) – maximum 8 minutes (R2810.50)	--	--	351.31
<u>OTHER COSTS</u>				
340	Winching (per lift)	--	--	2901.30
6	<u>AIR AMBULANCE: FIXED WING</u>			
<u>Fixed wing Group A</u> (Tariff is composed of flying cost per kilometre and staff and equipment cost per minute).				
<u>Fixed wing Group A: Aircraft cost</u>				
400	Beechcraft Duke	--	--	58.75
401	Lear 24F	--	--	66.69
402	Lear 35	--	--	66.69
403	Falcon 10	--	--	77.14
404	King Air 200	--	--	61.11
405	Mitsubishi MU2	--	--	66.69
406	Cessna 402	--	--	37.10
407	Beechcraft Baron	--	--	32.04
408	Citation 2	--	--	50.67
409	Pilatus PC12	--	--	50.67

CODE	DESCRIPTION OF SERVICE	Practice Code		
		013	011	009
		AMOUNT PAYABLE		
	<u>Fixed wing Group A: Staff cost</u>			
420	Doctor – cost per minute spent with the patient Minimum cost for 30 minutes (R2402.51) applicable	--	--	80.08
421	ICU Sister – cost per minute spent with the patient Minimum cost for 30 minutes (R877.63) applicable	--	--	29.25
422	Paramedic – cost per minute spent with the patient Minimum cost for 30 minutes (R877.63) applicable	--	--	29.25
	<u>Fixed wing Group A: Equipment cost</u>			
430	Per patient – cost per minute Minimum cost for 30 minutes (R715.58) applicable	--	--	23.85
	<u>Fixed wing Group B: Emergency charters</u>			
450	Services rendered should be clearly specified with cost included. Each case will be reviewed and assessed on merit.			

COMPENSATION FUND**SCALE OF FEES FOR PRIVATE HOSPITALS (57/58) (PER DIEM TARIFF)
WITH EFFECT FROM 1 APRIL 2019****SCALE OF FEES FOR PSYCHIATRIC AND PRIVATE REHABILITATION HOSPITALS (55/59)
(PER DIEM TARIFF)
WITH EFFECT FROM 1 APRIL 2019****ACCOMMODATION**

The day admission fee shall be charged in respect of all patients admitted as day patients and discharged before 23:00 on the same date.

Ward fees shall be charged at the full day rate if admission takes place before 12:00 and at the half daily rate if admission takes place after 12:00. At discharge, ward fees shall be charged at half the daily rate if the discharge takes place before 12:00 and the full daily rate if the discharge takes place after 12:00.

Ward fees are inclusive of all pharmaceuticals and equipment that are provided in the accommodation, theatre, emergency room and procedure rooms.

Note: Fees include VAT

	DESCRIPTION	PRACTICE CODE 57/58
1.1	General Wards	
H001	Surgical cases: per day	3433.44
H002	Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day	3433.44
H004	Medical and neurological cases: per day	3433.44
H007	Day admission which includes all patients discharged by 23:00 on date of admission	1469.47
		PRACTICE CODE 55
H008	General Ward for Psychiatric Hospitals (Inclusive fee: Ward fee, Pharmaceuticals, Occupational Therapy)	2674.81
1.2	General ward for Rehabilitation Hospitals	
H010	General Rehabilitation ward (Inclusive fee: ward fee, general rehabilitaion management (Physiotherapy, Doctors, Nursing, Occupational Therapy)	5735.71

SCALE OF FEES FOR SUB-ACUTE REHABILITATION (49) (PER DIEM TARIFF)**General Rules for Rehabilitation Hospitals**

1. Maximum period for a patient stay at acute rehabilitation ward is 3 months (12 weeks), then to be discharged or referred to Subacute rehabilitation (practice 49)
2. All patients transferred from Acute Rehabilitation (practice 59) to Subacute Rehabilitation (practice 49), notification letter is required by the Compensation Fund for proper case management.
3. All practice 49 institutions must have a Rehabilitation plan for all patients admitted. This Rehabilitation plan must be submitted to Compensation Fund When requested.

H020	Sub-Acute Rehabilitation ward (Daily) Professionals are charged separately i.e. Physiotherapy, Rehabilitation Doctors, Nursing, Occupational Therapy, speech Therapist, Clinical Psychologist, social workers)	3433.44
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	DESCRIPTION	PRACTICE CODE 57/58
1.3	Special Care Units Hospitals shall obtain a doctor's report stating the reason for accommodation in an intensive care unit or a high care ward from the attending medical practitioner, and such report including the date and time of admission and discharge from the unit shall be forwarded to the Commissioner together with the account. Pre-drafted and standard certificates of authorisation will not be acceptable.	
H201	Intensive Care Unit: per day	23015.00
H215	High Care Ward: per day	11876.81
2.	Theatres and Emergency Unit	
2.1	Theatre and Emergency fees are inclusive of all consumables and equipment. The after hours fee are included in the normal theatre fee. Emergency fee Rule: Emergency fee - excluding follow-up visits.	
H301	For all emergencies including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.	824.18
H302	For all emergencies which require the use of a procedure room, e.g. for application of plaster, stitching of wounds.	1672.09
H303	<u>Follow-up visits:</u> The Compensation Fund. will imburse hospitals for all materials used during follow-up visits. No consultation or facility fee is chargeable. The account is to be billed as for fee for service.	
H105	Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which has been approved by the Board of Healthcare Funders.	6543.18
2.2	Minor Theatre Fee A facility where simple procedures which require limited instrumentation and drapery, minimum nursing input and local anaesthetic procedures are carried out. No sophisticated monitoring is required but resuscitation equipment must be available.	
	DESCRIPTION	PRACTICE CODE 57/58
	The exact time of admission to and discharge from the minor theatre shall be stated, upon which the minor theatre charge shall be calculated as follows:	
H071	Charge per minute	99.30
2.3	Major Theatre	
	The exact time of admission to and discharge from the theatre shall be	
H081	Charge per minute	293.83

5.9	<p>Prosthesis</p> <p><u>Prosthesis Pricing:</u></p> <p>Note: A ceiling price of R1496.93 per prosthesis is included in the theatre tariff. The combined value of all the components including cement in excess of R1496.93 should be charged separately.</p> <p>A prosthesis is a fabricated or artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components such as pins, rods, screws, plates or similar items, forming an integral part of the device so implanted, and shall be charged as a single unit.</p> <p>Reimbursement will be at the lowest available manufacturer's price (inclusive of VAT).</p>	
H286	<p>Internal Fixators (surgically implanted)</p> <p>Reimbursement will be at the lowest available manufacturer's price inclusive of VAT.</p> <p>Hospitals / unattached operating theatre units shall show the name and reference number of each item. The suppliers' invoices, each containing the manufacturer's name, should be attached to the account and the components specified on the account should appear on the invoice.</p> <p>External Fixators</p> <p>Reimbursement will be at 33% of the lowest available manufacturer's price inclusive of VAT.</p>	
	DESCRIPTION	PRACTICE CODE
		57/58
5.10	<p>Hospitals / unattached operating theatre units shall show the name and reference number of each item. The suppliers' invoices, each containing the manufacturer's name, should be attached to the account and the components specified on the account should appear on the invoice.</p> <p>Medical artificial items (non-prosthesis)</p> <p>Examples of items included hereunder shall be artificial limbs, wheelchairs, crutches and excretion bags. Copies of invoices shall be supplied to the Commissioner. Reimbursement will be at the lowest available manufacturer's price inclusive of VAT.</p> <p>Further Non-Prosthetic Medical Artificial items:</p> <ul style="list-style-type: none"> Sheepskins Abdominal Binders Orthopaedic Braces (ankle, knee, wrist, arm) Anti-Embolism Stockings Futuro Supports Corsets Crutches Clavicle Braces Toilet Seat Raisers Walking Aids Walking Sticks Back Supports Elbow / Hand Cradles 	
H287		

5.11	Serious Burns Billed at normal fee for service. The following items are applicable and must be accompanied by a written motivation from the treating doctor.	
H289	Serious Burns: Fee for service (Inclusive of all services e.g. accommodation, theatre, etc.) except medication whilst hospitalised.	
H290	Serious Burns: Item for medication used during hospitalisation excluding the TTO's. <i>Note : TTO's should be charged according to item H288</i>	
5.12	TTO	
H288	TTO scripts will be reimbursed by the Commissioner for a period of two (2) weeks. A script that covers a period of more than two (2) weeks must have a doctor's motivation attached.	

COMPENSATION FUND GUIDE TO FEES FOR BLOOD SERVICES 2019

N.B: The account for blood services must be accompanied by blood requisition form reflecting clinical indications, clinical conditions, number of units required and haemoglobin level.

Item Code	Description	COIDA 2019 Tariffs
10345	Bioplasma FDP - 50ml	380.31
10349	Bioplasma FDP - 200ml	1 074.62
10351	Haemosolvate Factor VIII 300 IU - 10ml	1 093.40
10352	Haemosolvate Factor VIII 500 IU - 10ml	1 769.44
10341	Haemosolvate Factor VIII 500 IU:1000 IU - 2 X 10ml	3 440.05
10390	Haemosolvex Factor IX (500 IU) - 10ml	2 127.19
10300	Albusol 4 % - 200ml	412.71
10311	lbusol 20 % - 50ml	463.95
10310	Albusol 20 % - 100ml	796.59
10347	Polygam 1g - 50ml	639.59
10343	Polygam 3g - 100ml	1 616.26
10332	Polygam 6g - 200ml	2 782.04
10338	Polygam 12g - 400ml	4 841.52
10321	Intragam 2ml	137.99
10320	Intragam 5ml	267.16
10337	Tetagam IM 500 IU - 1ml	372.04
10335	Tetagam IM 250 IU - 2ml	170.07
10340	Hebagam IM - 2ml	716.21
10346	Rabigam IM - 2ml	719.86
10348	Vazigam IM - 2ml	652.18
10330	Rhesugam IM - 2ml	685.48
Red Cells		
78040	Red Cell Concentrate	2 326.60
78051	Red Cell Conc. Leucocyte Depleted	3 801.64
78043	Red Cell Conc. Paed. Leucodepleted	2 151.85
Platelets		
78124	Platelet Conc. Single Donor Apherisis	12 157.20
78125	Platelet Conc. Leucocyte Depleted,Pooled	10 841.62
78127	Platelet Concentrate (Paediatric)	2 959.60
78122	Platelet Concentrate Pooled	9 802.48
Whole Blood		
78001	Whole Blood	2 576.67
78059	Whole Blood Leucocyte Depleted	4 051.63
78011	Whole Blood Paediatric	2 151.10
Plasma		
78103	Cryoprecipitate (Fibrinogen Rich)	1 315.03
78174	Frozen Plasma - Cryo Poor Donor	1 501.76
78002	Quarantine FFP Infant	1 547.21
78176	Fresh Frozen Plasma - Donor Retested	1 807.18

Item Code	Description	COIDA 2019 Tariffs
Diagnostic		
78450	Anti-A Monoclonal 5ml	95.54
78452	Anti-B Monoclonal 5ml	95.54
78454	Anti-A,B Monoclonal 5ml	95.54
78461	Anti-D saline tube & slide monoclonal 5ml	152.32
78467	Anti-D IgM+IgG blend Monoclonal 5ml	159.65
78471	Anti-Human Globulin Polyspecific 5ml	129.04
78478	AB serum 5ml	96.62
78479	Human Complement 2ml	83.40
78482	Lyoph. Bromelin tube & microwell 5ml	78.51
78484	Antibody positive control serum 5ml	84.13
78487	AB serum 20ml	344.96
78488	Group A1 5ml	79.55
78490	Group A2 5ml	79.55
Phathology Services		
78137	Bone Marrow Typing (Serology)	416.93
4763	Blood DNA Extraction	516.99
4428	HLA High res.Class I/II DNA allele	892.00
4427	HLA low res.Class II PCR/DNA Locus DQB/DRB1	1 140.02
78492	Group B 5ml	79.55
78494	Group O R1R2 5ml	87.16
78496	Group O r 5ml	87.16
78502	Sensitized cells 5ml	106.74
78508	Screen cell set (1 & 2) - 2 X 5ml	210.14
78510	Pooled screen cells - 5ml 60.42	105.39
78516	Panel cell set 9 x 2ml	555.66
78517	Panel cell set 9 x 1ml	277.69
78015	Anti-Human Globulin Polyspecific 15ml	345.83
78018	Group A1 15ml	204.33
78019	Group A2 15ml	204.33
78020	Group B 15ml	204.33
78519	Group O Rh Positive (R1 R2) 15 ml	227.17
78521	Group O r 15ml	227.17
78529	Anti-A Monoclonal 15ml	256.63
78530	Anti-B Monoclonal 15ml	256.63
78531	Anti A,B Monoclonal 15ml	256.63
78536	Screening Cells Pooled	257.28
78522	Group O Screen 1 Cells 15ml	287.85
78523	Group O Screen 2 Cells 15ml	287.85
78524	Panel cell set 9 x 15ml	1 994.97
78525	Sensitized cells 15ml	286.04
78518	Panel cell set 9 x 5 ml	1 404.87
10580	Packaging	87.49
78004	Whole Blood Reagent	1 005.65
78012	Buffy Coats	502.83
Blood and Administration		
78199	Blood Filters : 1 Units	1 094.33
78200	Blood Filters : 2 Units	2 098.01
78197	Platelet Filter 3 - 6 Unit PL2VAE	2 025.76
78201	Set, Blood and plasma Recipient Set	42.29
78202	Set, Platelet Recipient	84.26

Item Code	Description	COIDA 2019 Tariffs
Additional Services and Surcharges		
78050	Irradiation Fee	484.60
10210	Transfusion Crossmatch	1 035.29
10333	Type and Screen	450.04
78400	Routine Collection Fee	204.95
78401	Routine Delivery Fee	204.92
78402	Emergency Round Trip	1 394.86
78403	Emergency One Way Fee	976.41
78989	Telephone Consultation 18-0130	288.01
78177	FFP Autologous/Directed Fee	204.14
78049	Directed Donation	249.21
78404	<5 Day Rcc	274.58
78405	<5 Day Whole Blood	196.15
78406	After Hours	523.09
78408	Autologous/Directed WB	257.69
78407	Autologous/Directed RCC	232.63
78409	Blood Return Basis	207.27
78410	Emergency Cross-Match	157.81
78411	Foreign	838.97
78412	HLA Match	1 519.71
78413	Rare Donation	1 786.10
78415	Washed RCC/WB	1 488.36
78414	Offsite Charge	2 097.44
78417	Emergency Blood Surcharge	232.67
Transplant Services		
78078	HLA low res.ClassI DNA/Locus A/B/C	1 650.28
4424	HLA Specific Allele DNA-PCR	486.46
4603	HLA Specific locus/Antigen	302.97
4604	HLA Class I	583.45
78024	Panel Typing Antibody Class I	2 235.26
78046	T & B Cell Crossmatch	1 430.69
78213	Tissue Rapid HBsAg Screen	344.12
78231	Bone Marrow Engraftment Monitoring	1 515.18
78214	Tissue Rapid HIV Screen	470.17
Laboratory Services		
4425	CHE Test	141.46
4757	Additional analysis, Mosaicism/ Staining Procedure	804.27
4522	Alpha Feto Protein(AFP): Amnio Fluid	139.36
	Karyotyping, amniotic Fluid/Chorionic villus	
4755	sample/prod of conception	3 101.93
3932	Anti - HIV	158.20
3712	Antibody Identification	94.89
78013	Antibody identification QC	75.65
3709	Antibody Screen/Antiglobulin Test(DAT & IAT)	41.00
3710	Antibody Titration	80.76
4531	HBsAg/Anti-HCV	162.56
4752	Cell Cult. Chorionic Villus Sample	689.31
4750	Cell Culture, blood/cord blood	207.56
4751	Cell Culture, Products of conception/ Amniotic Fluid	516.99
3729	Cold Agglutinins	40.46
3739	Erythrocyte count	25.30
3764	Grouping : A B O Antigen	40.46
3765	Grouping : Rh antigen	40.46
3791	Haematocrit	20.23

Item Code	Description	COIDA 2019 Tariffs
3762	Haemoglobin	20.23
3953	Haemolysin/Test Tube Agglutination	46.57
4430	HIV p24 antigen	280.48
78921	Human Platelet AG Genotyping	2 118.14
78014	Aneuploidy Detection	1 940.90
4754	Karyotyping, Blood/Cord Blood	1 550.96
3785	Leucocyte Count	20.23
78221	Perinatal Cord	202.28
78225	Perinatal Post-Natal Mother	202.28
4117	Protein : Total	38.37
78922	Rapid CMV Screen	210.01
3834	Red Cell Rh Phenotype	111.11
78230	Human Platelet Antibody Screen	3 061.60
Clinical Services		
78003	Additional Disposal Kit	4 846.49
78054	Autologous Serum Eye Drops	4 520.60
78030	Designated Serum Eye Drops	4 520.60
78005	Chronic wound treatment kit	1 770.53
78007	Platelet growth Factor macular hole repair	1 757.70
78008	Platelet growth factor wound treatment	780.35
78006	Topical Haemostatic Agent	2 108.26
78920	Cord Blood Cryopreservation	11 118.25
78090	Medical Examination & Consultation 18-0141	365.60
78204	Red Cell Exchange	8 177.13
78923	Re-Infusion Of Cryo Preserve Stem Cells	846.00
78926	Stem Cell Collection/Leucopheresis	13 804.07
78928	Stem Cell Cryopreservation	11 118.25
78106	Therapeutic Plasma Exchange	8 566.04
78129	Therapeutic Venesection	89.05
78416	Therapeutic Exchange (DALI)	15 226.66
78211	Thrombocytapheresis	8 258.86
Miscellaneous		
10298	Stabilised Human Serum 5% 250ml	791.24
10299	Stabilised Human Serum 5% 50ml	151.99
78100	Paternity Investigation - 1 Client	1 636.34
78950	Paternity Investigation - 3 Client	4 909.14
78535	Blood Pack For therapeutic Venesection	280.89
78203	Blood Pack with Anticoagulant	123.35
78206	Blood Pack, No Anticoagulant	168.95



UMEHLUKO ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Employee surname	20	Alpha
7	Employee initials	4	Alpha
8	Employee Names	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	Description	Max length	Data Type
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha
25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha

35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD)	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD)	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER

1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal

REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider must comply with the following requirements:

1. Registration requirements as an employer with the Compensation Fund.
2. Host a secure FTP server to ensure encrypted connectivity with the Fund.
3. Submit and complete a successful test file before switching the invoices.
4. Validate medical service providers' registration with the Health Professional Council of South Africa.
5. Validate medical service providers' registration with the Board of Healthcare Funders of South Africa.
5. Ensure elimination of duplicate medical invoices before switching to the Fund.
6. Invoices submitted to the Compensation Fund must have Gazetted COIDA Tariffs that are published annually and comply with minimum requirements for submission of medical invoices and billing requirements.
7. File must be switched in a gazetted documented file format published annually with COIDA tariffs.
8. Single batch submitted must have a maximum of 100 medical invoices.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Provide any information requested by the Fund.
13. The switching provider must sign a service level agreement with the Fund.
14. Third parties must submit power of attorney.

Failure to comply with the above requirements will result in deregistration of the switching house.

MSP's PAID BY THE COMPENSATION FUND	
Discipline Code :	Discipline Description :
4	Chiropractors
9	Ambulance Services - advanced
10	Anesthetists
11	Ambulance Services - Intermediate
12	Dermatology
13	Ambulance Services - Basic
14	General Medical Practice
15	General Medical Practice
16	Obstetrics and Gynecology (work related injuries)
17	Pulmonology
18	Specialist Physician
19	Gastroenterology
20	Neurology
22	Psychiatry
23	Radiation/Medical Oncology
24	Neurosurgery
25	Nuclear Medicine
26	Ophthalmology
28	Orthopedics
30	Otorhinolaryngology
34	Physical Medicine
36	Plastic and Reconstructive Surgery
38	Diagnostic Radiology
39	Radiographers
40	Radiotherapy/Nuclear Medicine/Oncologist
42	Surgery Specialist
44	Cardio Thoracic Surgery
46	Urology
49	Sub-Acute Facilities
52	Pathology
54	General Dental Practice
55	Mental Health Institutions
56	Provincial Hospitals
57	Private Hospitals
58	Private Hospitals
59	Private Rehab Hospital (Acute)
60	Pharmacies
62	Maxillo-facial and Oral Surgery
64	Orthodontics
66	Occupational Therapy
70	Optometrists
72	Physiotherapists
75	Clinical technology (Renal Dialysis only)
76	Unattached operating theatres / Day clinics
77	Approved U O T U / Day clinics
78	Blood transfusion services
82	Speech therapy and Audiology
86	Psychologists
87	Orthotists & Prosthetists

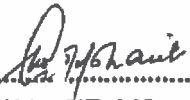
88	Registered nurses
89	Social workers
90	Manufacturers of assisstive devices

DEPARTMENT OF LABOUR

NOTICE 190 OF 2019

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED**ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.**

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2019.
2. Medical Tariffs increase for 2019 is 6.4%
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 April 2019 and Exclude 15% Vat.


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MN OLIPHANT, MP
MINISTER OF LABOUR

DATE: 05/12/2018

Kommunikasie-en-Inligtingsteelsel • Dittheletsano tsa Puso • Tekuchumana taHulumende • EzokuXhumana koMbuso • Dikgokahano tsa Mmuso
Vhuvadzani ha Muvhuso • Dikgokagano tsa Mmuso • liNkonzo zoNkabelwano lukaRhulumente • Vuhlanganisi bya Mfumo • UkuThintanisa koMbuso

Batho Pele - putting people first

GENERAL INFORMATION

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

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

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

In terms of section 76,3(b) of the Compensation for Occupational Injuries and Diseases Act, no amount in respect of medical expenses shall be recoverable from the employee.

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

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

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

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

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

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

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

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner.
3. If a claim is **rejected (repudiated)**, medical expenses for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information.

BILLING PROCEDURE

1. All service providers should be registered on the Compensation Fund claims system in order to capture medical reports.
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 Referrals to another medical service provider should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D.
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted.
 - 2.2. Manual documents for medical refunds should be submitted to the nearest labour centre.
3. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest processing labour centre. The service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice.

- If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount and the short fall will not be paid.

6. Service providers should not generate the following:

- a. Multiple invoices for services rendered on the same date i.e. one invoice for medication and a second invoices for other services.

*** Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za •**

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED

Minimum information to be indicated on invoices submitted to the Compensation Fund

- Name of employee and ID number
- Name of employer and registration number if available
- Compensation Fund claim number
- DATE OF ACCIDENT (not only the service date)
- Service provider's **invoice number**
- The practice number (changes of address should be reported to BHF)
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account)
- Date of service (the actual service date must be indicated: the invoice date is not acceptable)
- Item codes according to the officially published tariff guides
- Amount claimed per item code and total of account
- It is important that all requirements for the submission of invoices are met, including supporting information, e.g:
 - All pharmacy or medication accounts must be accompanied by the original scripts
 - The referral letter from the treating practitioner must accompany the medical service providers' invoice.

COMPENSATION FUND GUIDE TO FEES FOR ORTHOTISTS / PROSTHETISTS 2019**ORTHOTICS**

= INDICATE ITEMS WHICH REQUIRE SPECIAL MOTIVATION BY THE COMPENSATION FUND

S = ITEM SUPPLIED WITHOUT FITTING

SF = ITEM SUPPLIED AND FITTED TO PATIENT

CF = ITEM CUSTOM (MODIFIED, ALTERED, CONTOURED) FITTED TO PATIENT

CM = ITEM IS CUSTOM MANUFACTURED TO PATIENT MEASUREMENTS

Note: Fee for fitting, fabricating, modifying and altering is included in tariff fee

Item	Code		Description		COIDA 2019
			ORTHOTIC CONSULTATION		
OC093	A60093		Consultation (30 minutes)	ea	297.26
OC094	A60094		Consultation (1 hour)	ea	594.53
OC095	A60095		Orthotic Repairs (To be charged once only)	ea	297.26
AFO			ANKLE FOOT ORTHOTICS		
AFO010	A10010	S	Ankle brace - elastic	ea	275.06
AFO012	A10012	CM	Ankle brace - moulded with lacing	ea	3367.20
AFO020	A10020	CM	Ankle brace - moulded plastic	ea	3367.20
AFO021	A10021	CM	Ankle brace - lace up	ea	1691.86
AFO030	A10030	S	Ankle brace - neoprene	ea	316.94
AFO031	A10031	S	Ankle brace - neoprene with splint (corrective)	ea	1746.52
AFO040	A10040	S	Ankle brace - pneumatic	ea	1325.84
AFO050	A10050	CM	Ankle foot orthosis - leg rotation control - resting splint	ea	3474.70
AFO060	A10060	CM	Ankle foot orthosis - plantar flexion control - resting splint	ea	3474.70
AFO070	A10070	CM	Ankle foot orthosis - moulded - with lapped joint	ea	4312.45
AFO080	A10080	CM	Ankle foot orthosis - moulded - with system joint	ea	9060.14
AFO090	A10090	CM	Ankle foot orthosis - USMC spring loaded with socket	ea	7279.11
AFO100	A10100	CM	Below knee DOUBLE caliper	ea	1943.19
AFO110	A10110	CM	Below knee DOUBLE caliper, socket and T-strap	ea	2941.12
AFO120	A10120	CM	Below knee SINGLE caliper	ea	509.85
AFO130	A10130	CM	Below knee SINGLE caliper, socket and T-strap	ea	2305.62
AFO140	A10140	S	Calf sleeve neoprene	ea	509.85
AFO200	A10200	CM	Dropfoot splint - plastic custom made	ea	3578.44
AFO210	A10210	CF	Dropfoot splint - plastic imported	ea	2644.32
AFO220	A10220	CF	Dropfoot splint - plastic local	ea	2116.14
AFO230	A10230	CM	Fracture brace BK leather	ea	5576.28
AFO240	A10240	CM	Fracture brace BK plastic	ea	5157.40
AFO250	A10250	CF	Fracture brace - BK pneumatic walker	ea	4137.54
AFO251	A10251	CF	Fracture brace - BK pneumatic / foam walker	ea	2354.71
AFO260	A10260	CM	Heel socket round	ea	1207.37
AFO270	A10270	CM	Heel socket square	ea	1232.89
AFO271	A10271	CF	Heel socket - USMC - to shoe	ea	1620.85
AFO280	A10280	CM	Heel socket with back-stop	ea	1258.43
AFO300	A10300	CM	T-strap	ea	839.56
FQ			FOOT ORTHOTICS		
FO010	A11010	S	Accommodative heel (spur) pad	pr	222.21
FO020	A11020	CM	Arch support - metatarsal insole	pr	797.67
FO030	A11030	CM	Arch support - moulded 3/4 length (plaster cast)	pr	1983.28
FO031	A11031	CM	Arch support - moulded 3/4 length (foam cast)	pr	1943.19
FO040	A11040	CM	Arch support - valgus insole	pr	797.67
FO050	A11050	CM	Arch support - valgus and metatarsal insole	pr	886.84
FO053	A11053	S	Arch support silicone (Ipocon or similar)	pr	1109.04
FO060	A11060	CM	Arch supports - moulded full length (cast)	pr	2454.84
FO061	A11061	CM	Arch supports - moulded full length (foam)	pr	2416.71

FO070	A11070	CF	Arch supports covering - Spenco, PPT or similar	pr	566.30
FO110	A11110	SF	Heel seats	pr	961.61
FO111	A11111	CM	Heel seats - custom made	pr	2837.39
FO120	A11120	SF	Insoles (shock absorbing) Sorbothane	pr	511.82
FO130	A11130	CF	Metatarsal pads stuck in	pr	129.26
FO031	A11131	CM	Orthotic - modify existing innersole of sports shoe	pr	1265.62
FO140	A11140	CM	Orthotics U.S.C.L.	pr	2545.98
FO145	A11145	SF	Toe alignment splint	ea	637.47
FO146	A11146	S	Toe abduction splint post-op	ea	723.05
FW			FOOTWEAR		
FO500	A11500	SF	Boots DERBY adults	pr	1910.31
FO520	A11520	SF	Boots LTT adults	pr	1910.31
FO600	A11600	SF	Orthopaedic footwear - extra depth shoes	pr	6692.68
FO620	A11620	S	Sandle POP	ea	234.96
FO630	A11630	S	Sandle post-op (B+J)	ea	484.49
FO631	A11631	S	Sandle post-op (B+J health sandal)	pr	393.35
FO632	A11632	S	Sandle post-op (B+J Comfy Casual)	pr	269.49
FO635	A11635	S	Sandle post-op (Arco Pedico)	pr	886.84
FO640	A11640	S	Shoes adult mens lace-up	pr	784.90
FO670	A11670	CM	Surgical boots made to measure	pr	10921.36
FO680	A11680	CM	Surgical shoes made to measure	pr	10393.18
FO685	A11690	CM	Fleace lining for boots	ea	1604.49
FM			FOOTWEAR MODIFICATIONS		
FM010	A12010	CM	C & E Heels	pr	418.88
FM020	A12020	CM	Excavate heels	pr	367.83
FM030	A12030	CM	Flared heels	ea	520.81
FM040	A12040	CM	Metatarsal bars	pr	418.88
FM050	A12050	CM	Raise heel 1 cm and sole to balance	ea	582.82
FM060	A12060	CM	Raise heel 2 cm and sole to balance	ea	633.71
FM070	A12070	CM	Raise heel 3 cm and sole to balance	ea	786.71
FM080	A12080	CM	Raise heel 4 cm and sole to balance	ea	839.56
FM090	A12090	CM	Raise heel 5 cm and sole to balance	ea	899.61
FM100	A12100	CM	Raised heel insert 1 - 2 cm	ea	213.03
FM110	A12110	CM	Raised heel insert up to 1 cm	ea	213.03
FM120	A12120	CM	Raised heel insert - moulded to foot	ea	633.71
FM130	A12130	CM	Raise heel up to 1 cm	ea	269.49
FM140	A12140	CM	Raise heel up to 2 cm	ea	316.94
FM150	A12150	CM	Raise heel up to 3 cm	ea	420.68
FM160	A12160	CM	Raise heel up to 4 cm	ea	475.33
FM170	A12170	CM	Raise heel up to 5 cm	ea	533.58
FM180	A12180	CM	Raise shoe by adjustment	ea	367.86
FM190	A12190	CM	Raise shoe - Cork - up to 2.5 cm	ea	1788.40
FM200	A12200	CM	Raise shoe - Cork - 2.5 to 5 cm	ea	2209.08
FM210	A12210	CM	Raise shoe - Cork - 5 to 10 cm	ea	2631.55
FM220	A12220	CM	Raise shoe - Pattern	ea	2019.60
FM230	A12230	CM	Rocker sole	ea	684.77
FM240	A12240	CM	Stretch shoes	pr	154.78
FM250	A12250	CM	Thomas's heels	pr	418.88
FM270	A12270	CM	Wedge heel	pr	418.88
FM280	A12280	CM	Wedge heel and sole	pr	633.71
FM290	A12290	CM	Wedge sole	pr	418.88
FM300	A12300	CM	Toe cap steel	pr	682.97
FM310	A12310	CM	Toe cap moulded plastic	pr	418.88

KO				KNEE ORTHOTICS		
KO010	A13010	CM		Knee brace - custom moulded with polycentric joints	ea	11573.24
KO011	A13011	CM		Knee brace - custom moulded with locking joints	ea	14760.28
KO013	A13013	CM		Knee brace - custom moulded with overlapping joints	ea	12367.30
KO015	A13015	CF		Knee brace - elastic with hinges imported	ea	1431.38
KO020	A13020	CF		Knee brace - neoprene with hinges local	ea	1334.84
KO030	A13030	SF		Knee brace - Osgood Schlatter	ea	888.64
KO040	A13040	SF		Knee brace - patella stabilizer	ea	888.64
KO041	A13041	SF		Knee brace - patella stabilizer - anterior opening	ea	1910.29
KO043	A13043	SF		Knee brace - patella brace 210 P-I	ea	1007.11
KO050	A13050	CF		Knee brace - rigid ACL brace	ea	21081.38
KO070	A13070	S		Knee guard - elastic	ea	347.86
KO080	A13080	SF		Knee immobilizer post-op	ea	2227.23
KO090	A13090	SF		Knee sleeve neoprene local	ea	475.33
KO091	A13091	SF		Knee sleeve neoprene imported	ea	844.95
KO100	A13100	CF		Post-op ROM brace - local	ea	3237.93
KO110	A13110	CF		Post-op ROM brace - imported	ea	4357.94
KO120	A13120	CM		Post-op ROM brace - custom made	ea	7584.91
KO121	A13121	CM		Post-op knee extension lock	ea	3866.25
KO130	A13130	CF		Swedish knee cage	ea	5224.81
KO140	A13140	CF		Swedish knee cage - hinged	ea	8344.46
LQ				LEG ORTHOTICS		
LO005	A14005	CM		Bi-valved full length moulded leg brace	ea	8695.91
LO010	A14010	CM		Caliper full length with knee hinges and spurs	ea	15465.00
LO020	A14020	CM		Caliper full length with knee hinges ankle joints and footplates	ea	19974.14
LO030	A14030	CM		Caliper - AK straight	ea	6262.84
LO040	A14040	CM		Caliper - AK straight for Perthes disease	ea	8539.33
LO050	A14050	CM		Caliper - weight bearing with knee joints	ea	16570.44
LO060	A14060	CM		Fracture brace AK moulded plastic	ea	7381.04
LO070	A14070	CM		Fracture brace AK moulded plastic with knee joints	ea	13104.75
LO080	A14080	CM		Fracture brace AK plus HIP spica	ea	10861.14
LO101	A14101	CM		T.H.R. Hip brace with hip control joint - imported	ea	16838.14
LO125	A14125	CM		Posterior leg splint - moulded	ea	6475.88
LO140	A14140	S		Thigh sleeve - neoprene	ea	475.33
LO141	A14141	S		Thigh sleeve - neoprene imported	ea	930.53
LO151	A14151	S		Thermal pants	ea	1007.11
LQ				ORTHOTIC REPAIRS	unit	
LO170	A14170	CM		Replace calf / thigh band	ea	1107.24
LO180	A14180	CM		Knee cap square	ea	1156.49
LO190	A14190	CM		Knee cap long (KK)	ea	1486.02
LO195	A14195	CM		Orthotic repairs - (specify)	units	384.19

CO				CERVICAL ORTHOTICS		
CO010	A15010	CF		ABCO (Conradie brace)	ea	7809.08
CO015	A15015	CF		Custom moulded Plastic collar	ea	5044.50
CO020	A15020	CF		Custom moulded Plastizote collar	ea	1788.40
CO030	A15030	CF		Executive cervical collar	ea	2119.75
CO040	A15040	CF		Four poster brace	ea	5772.95
CO050	A15050	CF		Halo brace and hardware without ring or pins	ea	22439.94
CO060	A15060	CF		Halo brace complete (invasive or non-invasive)	ea	39513.04
CO068	A15068	CF		Miami J	ea	2174.38
CO069	A15069	CF		Neck Lock	ea	1274.79
CO070	A15070	CF		Plastic collar with chin piece	ea	1161.89
CO080	A15080	CF		Plastic collar without chinpiece	ea	954.24
CO083	A15083	CF		Philadelphia collar	ea	1376.73
CO084	A15084	CF		Philadelphia collar / ABS collar imported	ea	3070.40
CO090	A15090	CF		Poly pad cervical collar	ea	1090.88
CO091	A15091	CF		Poly and occipital pad	ea	1269.39
CO100	A15100	CF		Soft collar	ea	129.26
CO101	A15101	CF		Soft collar - extra	ea	316.94
CO102	A15102	CF		Soft collar - firm	ea	533.58
CO110	A15110	CF		S.O.M.I. brace	ea	2926.73
CO120	A15120	CF		S.O.M.I. brace imported	ea	3782.63
CO130	A15130	CF		Scull cap	ea	3472.91
SO				SPINAL ORTHOTICS		
SO005	A16005	CF		Abdominal binder - elastic 12"	ea	735.81
SO010	A16010	CF		Abdominal binder - elastic 10"	ea	646.48
SO020	A16020	CF		Abdominal binder - elastic 8"	ea	577.27
SO030	A16030	CF		Abdominal binder - 6"	ea	509.85
SO040	A16040	CF		Abdominal corset - female/male	ea	1695.46
SO070	A16070	CF		Hyper-extension (CASH) orthosis	ea	4556.42
SO075	A16075	CF		Hyper-extension (JEWETS) orthosis	ea	7317.23
SO080	A16080	CF		Lumbo Sacral Orthosis - chairback brace	ea	4195.96
SO090	A16090	CM		Lumbo Sacral Orthosis - Bennett's Brace	ea	5590.84
SO100	A16100	CM		Lumbo-sacral Orthosis - Pantaloon brace	ea	8592.02
SO110	A16110	CM		Lumbo sacral Orthosis - post-op bivalve	ea	9919.66
SO111	A16111	CF		Lumbo sacral Orthosis - chairback imported	ea	8180.50
SO120	A16120	CF		Lumbo-dorsal corset - female	ea	2048.73
SO130	A16130	CF		Lumbo-dorsal corset - female imported	ea	2706.16
SO140	A16140	CF		Lumbo-dorsal corset - male	ea	1886.74
SO150	A16150	CF		Lumbo-dorsal corset - male imported	ea	2706.16
SO160	A16160	CF		Lumbo-sacral corset - elastic pullwrap	ea	1462.30
SO161	A16161	CF		Lumbo-sacral corset - neoprene pullwrap	ea	1109.04
SO162	A16162	CF		Lumbo-sacral corset - elastic velcro	ea	1161.89
SO163	A16163	CF		Lumbo-sacral corset - elastic velcro imported	ea	1480.62
SO170	A16170	CF		Lumbo-sacral corset - elastic X-strap	ea	1161.89
SO180	A16180	CF		Lumbo-sacral corset - female 11"	ea	1748.32
SO190	A16190	CF		Lumbo-sacral corset - female 11" imported	ea	2653.31
SO200	A16200	CF		Lumbo-sacral corset - female 9"	ea	1644.41
SO210	A16210	CF		Lumbo-sacral corset - female 9"/male	ea	2653.31
SO250	A16250	CM		Thoraco Lumbar Sacral Orthosis - post op	ea	9267.78
SO260	A16260	CM		Thoraco Lumbar Sacral Orthosis - post op bivalve	ea	11280.01
SO270	A16270	CF		Thoraco Lumbar Sacral Orthosis - Taylor's brace	ea	3128.64
SO271	A16271	CM		Taylor's brace custom moulded	ea	7279.11
SO280	A16280	CM		Taylor's extension to corset	ea	1265.62
SO290	A16290	CF		Sacro Iliac belt	ea	1109.04

AO			ARM ORTHOTICS		
AO010	A17010	CM	Arm abduction splint - custom made	ea	7989.23
AO020	A17020	CF	Arm abduction splint - imported	ea	13024.73
AO030	A17030	S	Arm immobiliser sling	ea	316.94
AO040	A17040	S	Clavicle brace	ea	316.94
AO050	A17050	S	Collar and Cuff	ea	52.85
AO060	A17060	CM	Elbow splint - moulded, rigid	ea	4097.78
AO070	A17070	CM	Elbow splint - moulded, with free joints	ea	7064.10
AO080	A17080	CM	Elbow splint - moulded, with locking joints	ea	8872.47
AO090	A17090	CM	Fracture brace - Humerus	ea	2891.88
AO100	A17100	CM	Fracture brace - Radius, ulna	ea	2891.88
AO105	A17105	SF	Tennis elbow - single pad	ea	393.35
AO110	A17110	SF	Tennis elbow - single pad pneumatic	ea	473.53
AO120	A17120	SF	Tennis elbow - double pad	ea	743.02
HO			HAND ORTHOTICS		
HO010	A18010	SF	Carpo-metacarpal immobilizer strap	ea	670.20
HO020	A18020	CM	Carpo-metacarpal immobilizer - moulded	ea	786.71
HO030	A18030	SF	Finger splint - PIP extension	ea	956.05
HO040	A18040	SF	Finger splint - PIP flexion	ea	956.05
HO050	A18050	S	Finger stall - leather	ea	89.18
HO060	A18060	CM	Hand splint - Post-op mobilizer	ea	2210.87
HO070	A18070	CM	Hand splint - moulded resting splint	ea	1369.53
HO090	A18090	CM	Hand splint - Combination finger ext , MP ext , wrist ext	ea	2223.64
HO100	A18100	CM	Hand splint - Combination finger ext , MP flex , Wrist ext	ea	2223.64
HO110	A18110	CF	Hand splint - finger and MP flexion	ea	2016.01
HO120	A18120	CF	Hand splint - MP extension	ea	1691.86
HO130	A18130	CF	Hand splint - MP flexion	ea	1691.86
HO140	A18140	SF	Mallet finger splint	ea	333.30
HO150	A18150	SF	Thumb wrap	ea	417.07
HO151	A18151	SF	Thumb support	ea	586.43
HO152	A18152	CM	Thumb abduction splint	ea	1269.39
HO160	A18160	CF	Wrist brace - elastic with volar splint	ea	604.60
HO165	A18165	CF	Wrist brace - reinforced leatherette with volar splint	ea	730.25
HO170	A18170	CF	Wrist brace - neoprene with volar splint	ea	901.40
HO180	A18180	CM	Wrist brace - moulded leather	ea	3993.72
HO190	A18190	CM	Wrist brace - moulded plastic	ea	3778.88
HO200	A18200	S	Wrist guard - elastic	ea	291.42
HO210	A18210	CF	Wrist splint - dynamic extension	ea	956.05
GC			GRADUATED COMPRESSION HOSE		
GC010	A50010	SF	Anti embolic stocking thigh high with waistbelt	pr	1122.45
GC020	A50020	SF	Anti-embolic stocking calf length	pr	794.06
GC030	A50030	SF	Anti-embolic stocking thigh length	pr	1061.75
GC040	A50040	SF	Class I compression stocking - calf length	pr	899.61
GC050	A50050	SF	Class I compression stocking - half thigh	pr	1098.08
GC060	A50060	SF	Class I compression stocking - thigh high	pr	1238.31

GC065	A50065	SF		Class I compression stocking - thigh high + silicone garter	pr	1506.16
GC070	A50070	SF		Class I compression - pantyhose	ea	1644.41
GC075	A50075	SF		Class I compression - maternity pantyhose	ea	1771.87
GC080	A50080	SF		Class II compression stocking - calf length	pr	1254.82
GC090	A50090	SF		Class II compression stocking - half thigh	pr	1498.79
GC100	A50100	SF		Class II compression stocking - thigh high	pr	1613.49
GC110	A50110	SF		Class II compression stocking - thigh high with waistbelt	ea	1294.75
GC130	A50130	SF		Class III compression stocking - calf length	pr	1338.61
GC140	A50140	SF		Class III compression stocking - half thigh	pr	1498.79
GC150	A50150	SF		Class III compression stocking - thigh high	pr	1651.78
GC160	A50160	SF		Class III compression stocking - thigh high with waistbelt	ea	1338.61
GC170	A50170	SF		Class II Pressure Garment Arm and Hand	ea	3832.41
GC180	A50180	SF		Class II Pressure Garment Arm	ea	3386.98
CU				CUSHIONS		
CU010	A40010	S		Abduction pillow	ea	1248.44
				J CUSHIONS		
CU120	A40120	2100-MJ		J2 Cushion 18x16	ea	11266.30
CU130	A40130	2100OF		J2 Cush J2 18x16 over fold/extra gel	ea	11266.30
CU140	A40140	2101		J2 Cushion 18x18	ea	11266.30
CU150	A40150	2101OF		Cush J2 18x18 over fold	ea	11266.30
CU160	A40160	2105-MJ		J2 Cushion 15.5x16	ea	11266.30
CU170	A40170	2105OF		Cush J2 15.5x18 over fold	ea	11266.30
CU1780	A40180	2106-MJ		J2 Cushion 15.5x18	ea	11266.30
CU190	A40190	2106OF		Cush J2 15.5x18 over fold	ea	11266.30
CU200	A40200	2107-MJ		J2 Cushion 15.5x20	ea	12176.16
CU210	A40210	2108-MJ		J2 Cushion 14x16	ea	11266.30
CU220	A40220	2108OF		Cush J2 14x16 over fold	ea	11266.30
CU230	A40230	2116-MJ		J2 Cushion 20x16	ea	12176.16
CU240	A40240	2118-MJ		J2 Cushion 20x18	ea	11400.10
CU250	A40250	2466		J2 Deep contour cushion (16x16, 18x18)	ea	11400.10
CU270	A40270	956TOF		Cush Jay xtreme 15x16 tritex cover	ea	10249.39
CU280	A40280	966T		Jay xtreme 16x16 tritex c/cover	ea	10249.39
CU290	A40290	966TOF		Cush Jay xtreme 16x16 with tritex cover	ea	10249.39
CU300	A40300	967TOF		Cush Jay xtreme 16x17 with tritex cover	ea	10249.39
CU310	A40310	986TOF		Cush Jay xtreme 18x16 tritex	ea	10249.39
CU320	A40320	988TOF		Cush xtreme 18x18 with tritex cover	ea	10249.39
				ROHO CUSHIONS:		
CU330	A40330	QS88LPC		Quadro select low profile cushion	ea	9847.97
CU340	A40340	QS89LPC		Quadro select low profile cushion	ea	9847.97
CU350	A40350	QS810LPC		Quadro select low profile cushion	ea	9847.97
CU3560	A40360	QS98LPC		Quadro select low profile cushion	ea	9847.97
CU370	A40370	QS99LPC		Quadro select low profile cushion	ea	9847.97
CU380	A40380	QS910LPC		Quadro select low profile cushion	ea	9847.97
CU390	A40390	QS1010LPC		Quadro select low profile cushion	ea	9847.97
CU400	A40400	QS88C		Quadro select low profile cushion	ea	9847.97
CU410	A40410	QS89C		Quadro select low profile cushion	ea	9847.97
CU420	A40420	QS810C		Quadro select low profile cushion	ea	9847.97
CU430	A40430	QS98C		Quadro select low profile cushion	ea	9847.97
CU440	A40440	QS99C		Quadro select low profile cushion	ea	9847.97
CU450	A40450	QS910C		Quadro select low profile cushion	ea	9847.97
CU460	A40460	QS1010C		Quadro select low profile cushion	ea	9847.97
CU470	A40470	1R109C		Roho 10*9 cushion and cover	ea	9847.97
CU480	A40480	D/A-5		Roho cushion rubber patch kit	ea	107.04
CU490	A40490	UC109C		Roho cushion cover universal	ea	1338.04
CU500	A40500	HP20		Roho pump	ea	214.09
CU510	A40510	V1		Replacement valve	ea	80.28

			SUNDRY CUSHIONS		
CU520	A40520	MMC	Medimat wheelchair cushion	ea	264.93
CU530	A40530	MMD	Medimat double eggshell matt	ea	2106.07
CU540	A40540	MMS	Medimat single mattress	ea	1471.84
CU550	A40550	Z12.100W	Waterproof cushion cover	ea	762.68
CU560	A40560	Z12.120	Wheelchair cushion cover 18	ea	192.68
CU570	A40570	Z12.130	Wheelchair cushion cover 16	ea	192.68
CU580	A40580	POST	Posturite cushion	ea	1295.22
CU590	A40590		Posturite cushion only cover	ea	192.68
CU600	A40600	TM-127552	Tempur cushion 40x40x50 with cover	ea	4029.41
CU610	A40610	TM-128519	Tempur cushion 40x45x50 with cover	ea	4549.34
CU620	A40620	TM-127609	Tempur cushion 40x40x75 with cover	ea	5084.55
CU630	A40630	TM-128073	Tempur cushion 43x43x50 with cover	ea	4549.34
CU640	A40640	TM-128128	Tempur cushion 43x43x75 with cover	ea	5887.38
CU650	A40650	PS1	Pentaflex cushion with cover	ea	5807.09
CU660	A40660	MFL001	Saturn lumbar cushion wheelchair	ea	776.06
CU670	A40670		Memory cushion	ea	669.02
CU680	A40680		Latex cushion	ea	669.02
CU690	A40690		Obus form low back cushion	ea	1806.35
CU700	A40700	9X9/UC99C	Unversal cushion cover	ea	1338.04
CU			MATTRESSES AND ACCESSORIES		
CU058	A90023		Ripple mattress, mattress only	ea	910.57
CU059	A90024		Separate tube mattress, mattress only	ea	4780.43
CU060	A90025		Mattress pump for Ripple mattress	ea	1821.13
CU061	A90026		Mattress pump for Adv tube mattress	ea	1821.13
CU062	A90027		Pressure care soft form mattress	ea	9628.05
CU063	A90028		Replacement cells for mattress	ea	634.31
HE			HOSPITAL AND HOME NURSING EQUIPMENT		
HE010	A54010	S	Bath chair / board	ea	1498.60
HE020	A54020	S	Bath chair - swivel type	ea	3467.50
HE030	A54030	S	Bed frame	ea	1083.51
HE040	A54040	S	Bed pan	ea	278.65
HE050	A54050	S	Bed pan - slipper type	ea	318.97
HE060	A54060	S	Self Propelling Commode	ea	6594.90
HE090	A54090	S	Commode with wheels and foot rests	ea	3982.74
HE095	A54095	S	Commode bucket	ea	355.92
HE100	A54100	S	Sheepskin bedpad	ea	930.53
HE110	A54110	S	Sheepskin heel / elbow protectors	pr	307.78
HE120	A54120	S	Toilet seat raiser	ea	1522.52
HE130	A54130	S	Urinal bottle	ea	91.14
HE140	A54140	S	Waterproof sheet 1 meter	ea	189.48
PS			PROFFESIONAL SERVICES		
PS030	A60030		Hospital visit	ea	245.92
PS070	A60070		Theatre attendance	ea	1254.82
PS090	A60090		Time 1 unit	ea	125.67
TE			TRACTION EQUIPMENT		
TE010	A70010	S	Cervical traction halter - disposable	ea	38.28
TE030	A70030	S	Pelvic traction belt - canvas	ea	449.80
TE050	A70050	S	Pelvic traction corset	ea	1308.42
TE060	A70060	S	Traction cord	mtr	1.79
TE070	A70070	S	Traction kit - over door	ea	1404.06
TE080	A70080	S	Traction kit - under mattress	ea	1453.29
TE090	A70090	S	Traction water weight bag	ea	353.26
TE130	A70130	S	Skin traction - foam	ea	420.68
TE140	A70140	S	Skin traction - elastoplast	ea	420.68

WA			WALKING AIDS		
WA010	A71010	S	Delta walker	ea	4516.32
WA020	A71020	S	Elbow crutches	pr	613.76
WA030	A71030	S	Elbow crutches - cooper moulded handles imported	pr	2070.64
WA040	A71040	S	Gutter crutch	ea	956.05
WA060	A71060	S	Walking frame - folding	ea	839.56
WA080	A71080	S	Walking frame - with wheels	ea	1292.94
WA090	A71090	S	Walking stick - adjustable	ea	305.98
WA100	A71100	S	Walking stick - cane	ea	311.56
WA110	A71110	S	Auxilla crutches	pr	588.23
WA120	A71120	S	Ferrule - local	ea	16.36
WA125	A71125	S	Ferrule - imported	ea	34.51
WA130	A71130	S	Swivel rubbers cooper crutches	ea	1276.58
WA140	A71140	S	Tripod walking stick	ea	564.50
WC			WHEELCHAIRS		
WC005	A80060		Wheelchair hire per month		684.76
WC006	A80070		Wheelchair hire per week		154.78
			WHEELCHAIR: ECONOMY		
WC010	A80010	RAINBOW	Rainbow	ea	3050.73
WC015	A80015	Rollability Econ	Rollability Econ	ea	11897.09
			WHEELCHAIR: LIGHT WEIGHT		
WC020	A80020		Quickly breeze 16" and 18"	ea	22093.72
WC021	A80021		Quickly rubix/Ce 16"-20"	ea	19910.03
WC022	A80022		Pacer lite	ea	14290.27
WC023	A80023		Lite ride folding stainless steel wheelchair	ea	27751.44
WC024	A80024		Aluminium light weight folding wheelchair	ea	9628.05
			WHEELCHAIR: STANDARD		
WC030	A80030	8AU41250770M	Qr Reclining wheelchair	ea	7951.78
WC031	A80031	BAUQRRTU250770SM	Qr Tuffee	ea	5780.33
WC032	A80032	8WUQRRTU250770SM	Qr Tuffee special 20"	ea	8725.09
WC033	A80033	8EWUTU250770SM	Qr Tuffee special 22" re inforced/Standard	ea	14765.54
WC034	A80034	8AULS250770SM	Tuffee/Low chairback standard	ea	7785.47
WC035	A80035		Tuffee with amputee brackets X2/standard	ea	7653.59
WC036	A80036	8AUCRUS770SM	Qr Cruiser	ea	5275.70
WC037	A80037		Rough rider	ea	8236.97
WC038	A80038		Saturn Coaster wheel chairstandard	ea	7292.32
WC039	A80039		Hercules wheelchair/rural/16"/18"/single crossbar	ea	7894.44
WC040	A80040		Hercules special 20"/double cross bar/medop	ea	8496.55
WC041	A80041		Hercules lowback/16"/18"/single cross bar	ea	8228.95
MW			MOTORISED WHEELCHAIRS		
MW045	A80045		Power Wheelchair	ea	32112.96
MW046	A80046		Velocity Wheelchair	ea	71107.27
MW047	A80047		Wheelchair with tilt in space (Any Model)	ea	81046.99
MW048	A80048		Standing wheelchair	ea	79289.82
WP			WHEELCHAIR PARTS:		
NB:WHEELCHAIR REPAIRS:PRICE INCLUSIVE OF ASSESSMENT.REPAIR AND TIME UNITS					
			FRONT WHEELS:CASTORS		
	TARIFF	ITEM	DESCRIPTION		
	CODE	CODE	BEARINGS:		
FCW201	A80201		Colson needle bearing	ea	179.30
FCW202	A80202		Castor stem bearing	ea	72.25

FCW203	A80203			Bearing for 8" castor wheel	ea	72.25
FCW204	A80204			Bearing 12.7CSTR stem/P-lite	ea	72.25

			BEARING SPACER:		
FCW205	A80205	12.7X1.6X42	Castor bearing spacer 8x1	ea	8.03
FCW206	A80206	12.7X1.6X43	Castor bearing spacer 8x2	ea	8.03
			AXELS:		
FCW207	A80207	UTB028	Castor axle bolt	ea	34.79
FCW208	A80208	UTB054	Washer, M8x13x1, castor axle	ea	2.68
FCW209	A80209	UTB014	M8nyloc nut castor axle nut	ea	2.68
			CASTOR FORK AND STEM:		
FCW210	A80210	C2.70	Castro fork assembly	ea	179.30
FCW211	A80211	C2.70PR	Castor fork W/stem/axle/stem BRG	ea	56.20
FCW212	A80212	C2.71	Castor stem	ea	56.20
FCW213	A80213	C2.72	Castor stem fit hex nut, 24MMHUL001L	ea	21.41
FCW214	A80214	COM013	Castor stem nut 1/2UNF fit nyloc nut	ea	2.68
FCW215	A80215	UTB055	Washer, spring, castor stem	ea	2.68
FCW216	A80216	COM008	Castor stem dust cap	ea	10.70
			CASTORS COMPLETE:		
FCW217	A80217	C2.10	Castor 200x27 CMPLT solid, 8x1	ea	211.41
FCW218	A80218	C2.20	Castor 200x50 CMPLT solid 8x2	ea	323.81
FCW219	A80219	C2.100	Castor 200x27 CMPLT PNEU, 18x1	ea	535.22
FCW220	A80220	C2.200	Castor 200x50 CMPLT PNEU, 8x2	ea	711.84
FCW221	A80221	C2.11	Solid castor 200x27, no fork 8x2	ea	112.40
FCW222	A80222	C2.30	Solid castor 200x50, no fork 8x2	ea	227.47
FCW223	A80223	COM026	Comfort 8x1 PNEU rim/tyre	ea	355.92
FCW224	A80224	COM035	Comfort 8x2 PNEU rim/tyre	ea	428.17
			SUNDRY CASTORS:		
FCW225	A80225	C2.14	Solid castor 5"	ea	388.03
FCW226	A80226	COM048	Castor 6x1 pneumatic	ea	388.03
FCW227	A80227	COM048S	Solid castor 6"	ea	388.03
			TYRES AND TUBES:		
FCW228	A80228	COM033	Tyre 8"x 1 1/4	ea	179.30
FCW229	A80229	COM034	Tube 8"x 1 1/4	ea	72.25
FCW230	A80230	COM036	Tyre 8"x2	ea	211.41
FCW231	A80231	COM028	Tube 8"x2	ea	112.40
FCW232	A80232	PER003	No more flats, 8x1x1/4	ea	179.30
FCW233	A80233	PER007	No more flats, 8x2"	ea	259.58
			COLSON CASTORS:		
FCW234	A80234	78430/500	Colson castor axle wavy washer	ea	8.03
FCW235	A80235	C2.12	Colson castor, 200x27, CMPLT	ea	1067.76
FCW236	A80236	C2.13	Colson castor, 200x50, no fork	ea	711.84
FCW237	A80237	C2.21	Colson castor, 200x50 CMPLT	ea	1423.67
FCW238	A80238	C2.31	Colson castor, 200x50, no fork	ea	1067.76
FCW239	A80239	C2.80	Castor fork for 200x50 colson	ea	535.22
FCW240	A80240	C2.81	castor fork for 200x25 colson	ea	535.22
FCW241	A80241	COL001	Colson solid tyre, 200x27	ea	355.92
FCW242	A80242	COL002	Colson castor rim, 8x1	ea	179.30
FCW243	A80243	78320/100	Colson needle bearing	ea	179.30
			BEARINGS		
FCW244	A80244	COM054	Bearing, 28x11.03x8, fixed rear mag wheel	ea	72.25
FCW245	A80245	COM053	Bear 28x12x8, Q/release rear mag wheel	ea	72.25
FCW246	A80246	COM011	Bearing, spoked rear wheel, flanged (11.03 or 12mm)	ea	72.25
FCW247	A80247	COM085	Bearing, one arm DR, 6002 2RS	ea	72.25
			BEARING SPACERS		
FCW248	A80248	15.88X1.2X34	Bearing spacer, pacelite rear mag wheel	ea	8.03
FCW249	A80249	15.88X1.2X37	Bearing spacer, Q/rel rear mag wheel	ea	8.03
FCW250	A80250	15.88X1.2X44	Bearing spacer, std rear mag wheel	ea	8.03

				BRAKES		
FCW251	A80251	COM009		Brake assembly left hand	ea	195.35
FCW252	A80252	COM010		Brake assembly right hand	ea	195.35
FCW253	A80253	BRA001		Brake bracket	ea	80.28
FCW254	A80254	BRA002		BRAKE LEVER	ea	18.73
FCW255	A80255	BRA003		Brake "L" piece	ea	18.73
FCW256	A80256	BRA004		Brake link straight	ea	10.70
FCW257	A80257	BRA005		Brake link bent	ea	10.70
FCW258	A80258	R1.141		Brake lever rubber	ea	18.73
FCW259	A80259	R1.190		Brake extension arm	ea	56.20
FCW26	A80260	UTB025		Bolt,cup SQ elgan,M8,brake mounting	ea	8.03
FCW261	A80261	UTB014		Nyloc nut,M8,brake mounting	ea	10.70
				BRAKES		
FCW262	A80262	UTB018		Machine screw,hex,M6x20,Brake assembly	ea	2.68
FCW263	A80263	UTB033		Washer,13x6.5x1,brake assembly	ea	2.68
FCW264	A80264	UTB047		Grommet,11x6.2x1x2,brake assembly	ea	2.68
FCW265	A80265	UTB057		Brake assembly rivet,turned	ea	8.03
FCW266	A80266	UTB057E		Brake assembly rivet,turned	ea	8.03
				SUNDRY WHEEL COMPONENTS		
FCW267	A80267	COM014		Rear wheel dust cap	ea	18.73
FCW268	A80268	COV001		Brake extension end cap+	ea	8.03
FCW269	A80269	DIC001DBCABLE		Brake cable(PR) rear DR/brake	ea	56.20
FCW270	A80270	DIC001DBLEVER		Brake lever(PR) rear DR/brake	ea	56.20
FCW271	A80271	DIC002		Spoke for 24x1 3/8rim	ea	2.68
FCW272	A80272	DIC003		STD spoke nipple	ea	2.72
FCW273	A80273	DIC005		Spoke for 24x1175 rim	ea	2.68
FCW274	A80274	RAL001		Rubber rim tape/tube protector	ea	5.35
				TYRES/TUBES		
FCW275	A80275	COM023		Tyre,pneumatic,24x1&3/8	ea	232.82
FCW276	A80276	COM024		Tyre,Pneumatic,24x1.75"	ea	232.82
FCW277	A80277	COM055		Tyre,Pneumatic,24x1	ea	232.82
FCW278	A80278	COM040		Tyre,Pneumatic,22x1&3/8	ea	232.82
FCW279	A80279	COM042		Tyre,Pneumatic,12.5x2.25, transit	ea	232.82
FCW280	A80280	COM042P		Tyre,Pneumatic,12.5x2.25,power	ea	232.82
FCW281	A80281	COM025		Krypton solid tyre,24x1-3/8	ea	323.81
FCW282	A80282	COM021		Krypton solid tyre,24x1.75	ea	388.03
FCW283	A80283	COM084		Krypton solid tyre,24x1.0	ea	323.81
FCW284	A80284	COM083		Krypton solid tyre,22x1.3/8	ea	323.81
FCW285	A80285	COM019		Kryptonsolid tyre, 12.5x2.25	ea	567.33
FCW286	A80286	Z369		Solid tyre,24x1-3/8	ea	503.10
FCW287	A80287	PER001		No more flats,24x1-3/8	ea	388.03
FCW288	A80288	PER002		No more flats,24x1.75	ea	388.03
FCW289	A80289	PER004		No more flat,12.5x2.25,broad(Power)	ea	388.03
FCW290	A80290	PER005		No more flat,12.5x2.25,narrow(Transit)	ea	388.03
FCW291	A80291	R1.40		Tube,24x13/8	ea	112.40
FCW292	A80292	R1.50		Tube,24x1.75	ea	112.40
FCW293	A80293	COM056		Tube,24x1	ea	112.40
FCW294	A80294	COM050		Tube 22"x1&3/8	ea	112.40
FCW295	A80295	R1.60		Tube 12.5x2.25	ea	227.47
				SUNDRY TYRES AND TUBES		
FCW296	A80296	COM055		Tyre 24x1	ea	227.47
FCW297	A80297	COM058		Tyre 26x1	ea	227.47
FCW298	A80298	COM041		Tyre 260x85,maxi scooter rear	ea	371.98
FCW299	A80299	COM062		Tyre 260x85,maxi scooter front	ea	371.98
FCW300	A80300	COM069		Tyre 300x4 F55 front & maxi scooter	ea	371.98
FCW301	A80301	COM070		Tyre 300x8 F55 rear	ea	371.98
FCW302	A80302	COM066		Tyre 4.10/3.50x5 velocity rear	ea	371.98
FCW303	A80303	COM065		Tyre 2.80/2.50x4 velocity front & midi scooter	ea	371.98
FCW304	A80304	COM073		Tyre 250x4 suzuki front	ea	371.98
FCW305	A80305	COM074		Tyre 3.00x10 suzuki rear	ea	535.22
FCW306	A80306	COM080		Tyre 3.00x10 bec rear	ea	535.22
FCW307	A80307	COM029		Tyre 18"x1.75	ea	232.82
FCW308	A80308	COM078		Tyre 18x13/8	ea	232.82
FCW309	A80309	COM031		Tyre 10.2"	ea	232.82
FCW310	A80310	COM056		Tube24.1"	ea	112.40
FCW311	A80311	COM059		Tube 26.1"	ea	112.40
FCW312	A80312	COM064		Tube 260.85 scooter	ea	112.40
FCW313	A80313	COM071		Tube 300x4 F55 front	ea	112.40

FCW314	A80314	COM072		Tube 300x4 F55 rear	ea	112.40
FCW315	A80315			Tube velocity rear 4.10/3.50x5	ea	112.40
FCW316	A80316			Tube velocity rear 4.10/3.50x4	ea	112.40
FCW317	A80317	COM086		Velocity 2.80/2.50-4 solid tyre front	ea	1359.45
FCW318	A80318	COM087		Velocity 4.10/3.50-5 solid tyre rear	ea	1359.45
FCW319	A80319	COM075		Tube 250x4 suzuki front	ea	112.40
FCW320	A80320	COM076		Tube 250x10 suzuki rear	ea	112.40
FCW321	A80321	COM081		Tube 3.00z10 bec rear	ea	112.40
FCW322	A80322	COM030		Tube 18"x1.75	ea	112.40
FCW323	A80323	COM079		Tube 18x1.3/8	ea	112.40
FCW324	A80324	COM032		Tube 10x2	ea	112.40
				COMPLETE WHEELS - SUNDRY		
FCW325	A80325	COM037		12&1/2&1/4 wheel W/O axle	ea	355.92
FCW326	A80326	DIC001DB		Rear WHL with drum brake 24x1-3/8 L/R	ea	5667.94

			COMPLETE WHEELS - SPOKE		
FCW327	A80327	COM027	Quick release spoked PNEU wheel assy 24x1&3/8	ea	1602.97
FCW328	A80328	R1.05	Rear wheel spoked 24x1-3/8 NMF complete	ea	1602.97
FCW329	A80329	R1.05K	Rear wheel spoked 24x1-3/8 krypton tyre complete	ea	1602.97
FCW330	A80330	R1.05P	Rear wheel spoked 24x1-3/8 pneumatic complete	ea	1602.97
FCW331	A80331	R1.10	Rear wheel spoked 24x1.75 NMF complete	ea	1602.97
FCW332	A80332	R1.10K	Rear wheel spoked 24x1.75 krypton tyre comple	ea	1602.97
FCW333	A80333	R1.10P	Rear wheel spoked 24x1.75 pneumatic complete	ea	1602.97
FCW334	A80334	R 1.17	Rear wheel rainbow spoke complete	ea	551.27
			COMPLETE WHEELS - MAG		
FCW335	A80335	R1.18	Fixed mag wheel 24x1-3/8 solid tyre (Rainbow)	ea	1247.05
FCW336	A80336	R1.20	Fixed mag wheel 24x1-3/8 NMF complete	ea	1247.05
FCW337	A80337	R1.20K	Fixed mag wheel 24x-3/8 krypton tyre complete	ea	1247.05
FCW338	A80338	R1.20P	Fixed mag wheel 24x-3/8 pneumatic complete	ea	1247.05
FCW339	A80339	R1.21K	Fixed mag wheel 24x1.75 krypton tyre complete	ea	1247.05
FCW340	A80340	R1.25	Quick release mag wheel 24x1-3/8 NMF complete	ea	1247.05
FCW341	A80341	R1.25K	Quick release mag wheel 24x1-3/8 krypton tyre	ea	1247.05
FCW342	A80342	R1.25P	Quick release mag wheel 24x1-3/8 pneumatic	ea	1247.05
FCW343	A80343	R1.26K	Quick release mag wheel 24x1.75 krypton tyre	ea	1247.05
FCW344	A80344	R1.30	Mag wheel 22x1-3/8 pneumatic	ea	1067.76
			WHEEL SUB-ASSEMBLIES		
FCW345	A80345	R1.050	24x1-3/8 W/rim & P/rim ASM	ea	711.84
FCW346	A80346	R1.051	24x1-3/8 W/rim & P/rim spoke ASM(no pushrim)	ea	535.22
FCW347	A80347	R1.053	Flange & bearing assembly	ea	72.25
FCW348	A80348	R1.100	24x1.75 W/rim & P/rim ASM	ea	685.08
FCW349	A80349	R1.101	24x1.75 W/rim & spoke ASM	ea	535.22
FCW350	A80350	R1.200	Fixed mag no tyre/NMF 1-3/8	ea	647.61
FCW351	A80351	R1.250	Q/R mag no tyre/NMF 1-3/8	ea	647.61
FCW352	A80352	R1.260	Q/R mag no tyre/NMF 1.75	ea	891.13
FCW353	A80353	R1.210	Fixed mag no tyre/NMF 1.75	ea	891.13
			PUSHRIMS		
FCW354	A80354	CAPSTAN	Upcharge for capstan pushtrim	ea	323.81
FCW355	A80355	MAG1.052	24x1-3/8 mag pushtrim ASM	ea	323.81
FCW356	A80356	MAG1.052_19MM	Flange and bearing assembly	ea	323.81
FCW357	A80357	PACER 1.052	Quick release ALU/SS handrim	ea	535.22
FCW358	A80358	R1.052	24x1-3/8 pushrim assembly for poke	ea	323.81
FCW359	A80359	R1.102	24x1.75 pushrim assembly for poke	ea	323.81
FCW360	A80380	UTB003	MCHN SCR pan pozi M4x10 PSHrim	ea	2.68
FCW361	A80381	UTB004	Nyloc nut M4 pushrim	ea	2.68
FCW362	A80382	UTB048	Bolt P/pozi M5x55 mag pushrim	ea	2.68
FCW363	A80363	UTB049	Starlock washer M5 ,ag P/rim	ea	2.68
FCW364	A80364	UTB023	Rivet nut M5x12	ea	2.68
			ONE ARMED DRIVE		
FCW365	A80365	HEMDRIVE 14	One arm drive kit-14"	ea	10685.59
FCW366	A80366	HEMDRIVE 16	One arm drive kit -16"	ea	10685.59
FCW367	A80367	HEMDRIVE 18	One arm drive kit-18"	ea	10685.59
FCW368	A80368	HEMDRIVE 20	One arm drive kit -20"	ea	10685.59
FCW369	A80369	OA-01-00	OAD driven bearing shft ASM	ea	1247.05
FCW370	A80370	OA-01-00BH	OAD bearing housing sub-ASM	ea	711.84
FCW371	A80371	OA-01-04	OAD driven shaft	ea	711.84
FCW372	A80372	OA-01-05	OAD wheel top	ea	355.92
FCW373	A80373	OA-01-06	OAD washer	ea	32.11
FCW374	A80374	OA-01-07	OAD tube spacer fixing bolt	ea	21.41
FCW375	A80375	OA-01-08	OAD hub nut driven wheel	ea	505.78
FCW376	A80376	OA-02-00	OAD driving bearing /Shaft ASM	ea	1247.05
FCW377	A80377	OA-02-01	OAD driving shaft	ea	711.99
FCW378	A80378	OA-02-02	OAD spacer driving ASM shaft	ea	144.51
FCW379	A80379	OA-03-00-14	OAD connecting shaft -14"	ea	1247.05
FCW380	A80380	OA-03-00-16	OAD connecting shaft 16-"	ea	1862.55
FCW381	A80381	OA-03-00-18	OAD connecting shaft -18"	ea	1862.55
FCW382	A80382	OA-03-00-20	OAD connecting shaft -20"	ea	1862.55
FCW383	A80383	OA-03-02	OAD slotted half shaft	ea	535.22
FCW384	A80384	OA-03-03	OAD plunger	ea	323.81
FCW385	A80385	OA-03-04-14	OAD half shaf -14"	ea	468.31
FCW386	A80386	OA-03-04-16	OAD half shaft -16"	ea	468.31
FCW387	A80387	OA-03-04-18	OAD half shaft -18"	ea	468.31
FCW388	A80388	OA-03-04-20	OAD half shaft -20"	ea	468.31
FCW389	A80389	OA-03-05	OAD compressing spring	ea	34.79
FCW390	A80390	OA-03-06	OAD key connecting shft	ea	34.79

FCW391	A80391	OA-03-07		OAD centre shaft sleeve	ea	259.58
FCW392	A80392	OA-04-00		OAD pushrim ASM	ea	891.13
FCW393	A80393	UTB061		One arm drive bolt 7/16x3 UNF	ea	18.73
FCW394	A80394	UTB062		One arm drive lock nut M12	ea	2.68
FCW395	A80395	UTB063		One arm DR EXT crclip DIA	ea	18.73
FCW396	A80396	UTB064		One arm DR B/head screw M6x12	ea	2.68
FCW397	A80397	UTB065		One arm drive nyloc nut M12	ea	18.73
FCW398	A80398	UTB066		One arm DR nyloc nut 7/16	ea	2.68
FCW399	A80399	UTB067		One arm DR C-pin 3.5x22x0.75	ea	18.73
FCW400	A80400	UTB068		One arm DR C-pin 6x0x22x1.25	ea	18.73
				AXLES		
FCW401	A80401	COM038		Quick-release axle wheelchairs	ea	163.24
FCW402	A80402	TOR002		Rear axle bolt standard	ea	72.25
FCW403	A80403	TOR002R		Rear axle bolt rainbow	ea	72.25
FCW404	A80404	TOR003		7/16 UNF nut rear axle	ea	8.03
FCW405	A80405	TOR009		Transit chair axle bolt	ea	72.25
FCW406	A80406	TOR011		Transit chair axle nut T	ea	8.03
FCW407	A80407	HUL025		Axle spacer 12" wheelchair	ea	18.73

FOOTRESTS:					
COMPLETE FOOTRESTS					
FT0408	A80408	F3.5010	18" STD nylon F/R CMPLT left	ea	355.92
FT0409	A80409	F3.6020	18" STD nylon F/R CMPLT right	ea	355.92
FT0410	A80410	F3.3050	16" F/rest complete STD left	ea	355.92
FT0411	A80411	F3.4060	16" F/rest complete STD right	ea	355.92
FT0412	A80412	F3.5131	16" Kids F/rest CMPLT, left	ea	355.92
FT0413	A80413	F3.6141	16" kids F/rest CMPLT, right	ea	355.92
FT0414	A80414	F3.11	14" F/rest ASM clamp on left	ea	355.92
FT0415	A80415	F3.21	14" F/rest ASM clamp on right	ea	355.92
FT0416	A80416	F3.1121	14" clamp on footrest pair	ea	711.84
FT0417	A80417	F3.5161	16" kids footrest pair	ea	711.84
HANGERS					
FT0418	A80418	HUL023	Footrest hanger pin long	ea	18.73
FT0419	A80419	HUL024	Footrest hanger pin short	ea	18.73
FT0420	A80420	F3.50	STD footrest hanger ASY-left	ea	248.88
FT0421	A80421	F3.60	STD footrest hanger ASY-Right	ea	248.88
FT0422	A80422	F3.51	16" kids footrest hanger ASY left	ea	248.88
FT0423	A80423	F3.61	16" kids footrest hanger ASY right	ea	248.88
FT0424	A80424	F3.54	Extra short hanger left	ea	248.88
FT0425	A80425	F3.64	Extra short hanger right	ea	248.88
FT0426	A80426	F3.52	Low slung F/R hanger ASSY right	ea	248.88
FT0427	A80427	F3.62	Low slung F/R hanger ASSY left	ea	248.88
FT0428	A80428	F3.60C	Standard F/R hanger only right chromed	ea	248.88
FT0429	A80429	F3.50C	Standard F/R hanger only left chromed	ea	248.88
FOOTPLATES					
FT0430	A80430	PACER 3.120L	Adult nylon footplate -left	ea	72.25
FT0431	A80431	PACER 3.120R	Adult nylon footplate -right	ea	72.25
FT0432	A80432	PACER 3.140L	N/A adult nylon footplate left	ea	72.25
FT0433	A80433	PACER 3.140R	N/A adult nylon footplate right	ea	72.25
FT0434	A80434	COM003	14" footplate nylon	ea	72.25
FT0435	A80435	CHA002	Footplate rubber inset	ea	34.79
FT0436	A80436	COM001	Footplate adult ALU	ea	144.51
FT0437	A80437	COM002	Footplate n/a adult ALU	ea	144.51
FT0438	A80438	COM00313L	14" 90degree footplate left	ea	647.61
FT0439	A80439	COM00313R	14" 90degree footplate right	ea	647.61
EXTENSIONS					
FT0440	A80440	F3.10	18" footrest ext ASM left	ea	179.30
FT0441	A80441	F3.20	18" footrest ext ASM right	ea	179.30
FT0442	A80442	F3.30	16" footrest ext ASM standard left	ea	179.30
FT0443	A80443	F3.40	16" footrest ext ASM standard right	ea	179.30
FT0444	A80444	F3.31	16" footrest ext ASM kids left	ea	179.30
FT0445	A80445	F3.41	16" footrest ext ASM kids right	ea	179.30
FT0446	A80446	F3.10AL	18" footrest ext ASM alu left	ea	291.69
FT0447	A80447	F3.20AL	18" footrest ext ASM alu right	ea	291.69
FT0448	A80448	F3.30AL	16" footrest ext ASM std alu left	ea	291.69
FT0449	A80449	F3.40AL	16" footrest ext ASM std alu right	ea	291.69
FT0450	A80450	F3.31AL	16" footrest ext ASM kids alu left	ea	291.69
FT0451	A80451	F3.41AL	16" footrest ext ASM kids alu right	ea	291.69
FT0452	A80452	F3.32	14" footrest ext ASM GRWNG left	ea	179.30
FT0453	A80453	F3.42	14" footrest ext ASM GRWNG right	ea	179.30
12" FOOTREST					
FT0454	A80454	F3.5312	12" footrest assembly left	ea	1247.05
FT0455	A80455	F3.6322	12" footrest assembly right	ea	1247.05
FT0456	A80456	COM00312L	12" 90 degree footplate left	ea	535.22
FT0457	A80457	COM00312R	12" 90 degree footplate right	ea	535.22
FT0458	A80458	F3.12	12" footrest ext ASM left	ea	1067.76
FT0459	A80459	F3.22	12" footrest ext ASM right	ea	1067.76
FT0460	A80460	F3.53	12" footrest hanger assembly left	ea	179.30
FT0461	A80461	F3.63	12" footrest hanger assembly right	ea	179.30
FT0462	A80462	F3.12C	12 footrest ext left coated	ea	211.41
FT0463	A80463	F3.22C	12" footrest ext right coated	ea	211.41
FT0464	A80464	F3.110	Footrest ext tube ASM alum F/pl	ea	96.34
FT0465	A80465	F3.112	Kids footrest ext tube alu f/p coat	ea	96.34
FT0466	A80466	V20F09M	Footrest clamp 50mm(12)	ea	355.92
FT0467	A80467	UTB050	12" footrest ass bolt M6x40	ea	5.35
ELEVATING FOOTRESTS					
FT0468	A80468	COM039L	Elevating rest hanger left	ea	1134.66

FT0469	A80469	COM039R	Elevating frest hanger right	ea	1134.66
FT0470	A80470	F3.140	Elevating leg pad	ea	144.51
			SUNDRY		
FT0471	A80471	HUL002	Footplate spring clip	ea	29.44
FT0472	A80472	UTB002	Heel strap bolt clip	ea	2.68
FT0473	A80473	UTB012	Nyloc nut M6 for heelstrap	ea	2.68
FT0474	A80474	UTB030	Cap screw M6x45 nylon footplate	ea	2.68
FT0475	A80475	F3.11C	14" footrest tube ASM clamp on	ea	96.34
FT0476	A80476	COM015B	Footrest clamp bolt	ea	26.76
FT0477	A80477	COM020	Footrest bumper rubber	ea	10.70
FT0478	A80478	UTB016	Clamp on footplate bolt mach screw,hex M10x45	ea	18.73
FT0479	A80479	UTB017	Clamp on footplate nut M10	ea	2.68
			FOOTREST RELEASE LEVERS		
FT0480	A80480	COM018A	Footrest release lever right	ea	21.41
FT0481	A80481	COM018B	Footrest release lever left	ea	21.41
FT0482	A80482	COM018E	Footrest release lever screw	ea	2.68
FT0483	A80483	COM018G	Footrest release lever ASSY right hand spring	ea	8.03
FT0484	A80484	COM018H	Footrest release lever ASSY left hand spring	ea	8.03
			LEGSTRAPS		
FT0485	A80485	P4.30	Adult heelstrap	ea	72.25
FT0486	A80486	P4.40	Narrow adult heelstrap	ea	72.25
FT0487	A80487	P4.60	Legstraps	ea	291.69
FT0488	A80488	P4.80	Legstrap with velcro	ea	179.30
FT0489	A80489		Pump	ea	195.74
			ARM RESTS:		
			ARMRESTS COMPLETE		
AR0491	A80491	A6.10	Full armrest CN s/guard left	ea	355.92
AR0492	A80492	A6.20	Full armrest CN s/guard right	ea	355.92
AR0493	A80493	A6.30	Desk armrest CN s/guard left	ea	355.92
AR0494	A80494	A6.40	Desk armrest CN s/guard right	ea	355.92
AR0495	A80495	A6.10SS	Full armrest SS s/guard left	ea	388.03
AR0496	A80496	A6.20SS	Full armrest SS s/guard right	ea	388.03
AR0497	A80497	A6.30SS	Desk armrest SS s/guard left	ea	388.03
AR0498	A80498	A6.40SS	Desk armrest SS s/guard right	ea	388.03
AR0499	A80499	A6.130	Short armrest left/right	ea	128.45
AR0500	A80500	A6.SPOFOL	Sport armrest foam pad left	ea	291.69
AR0501	A80501	A6.SPOFOR	Sport armrest foam pad right	ea	291.69
AR0502	A80502	A6.SPOSTDL	Sport armrest standard A/pad left	ea	355.92
AR0503	A80503	A6.SPOSTDR	Sport armrest standard A/pad right	ea	355.92
			ARMREST SUB ASSEMBLIES		
AR0504	A80504	A6.10NP	Full armrest no arm pad left	ea	243.52
AR0505	A80505	A6.20NP	Full armrest no arm pad right	ea	243.52
AR0506	A80506	A6.10C	Full armrest tube only right	ea	163.24
AR0507	A80507	A6.20C	Full armrest tube only right	ea	163.24
AR0508	A80508	A6.SPOC	Sport arm tube coated	ea	163.24
AR0509	A80509	A6.30C	Desk armrest tube ASM left chro	ea	163.24
AR0510	A80510	A6.40C	Desk armrest tube ASM right chro	ea	163.24
AR0511	A80511	HUL001	Armrest release clip	ea	64.07
			12" ARMREST		
AR0512	A80512	A6.50	12" height ADJ armpad left	ea	776.06
AR0513	A80513	A6.60	12" height ADJ armpad right	ea	776.06
AR0514	A80514	A6.51	12" height ADJ armrest base left	ea	179.30
AR0515	A80515	A6.61	12" height ADJ armrest base right	ea	179.30
AR0516	A80516	A6.52	12height ADJ armrest ext tube ASM	ea	355.92
			HEIGHT ADJ ARMREST		
AR0517	A80517	A6.70	Std h-adj armrest desk left	ea	776.06
AR0518	A80518	A6.75	Std h-adj armrest desk right	ea	776.06
AR0519	A80519	A6.71	Std h-adj armrest full left	ea	776.06
AR0520	A80520	A6.76	Std h-adj armrest full right	ea	776.06
AR0521	A80521	A6.701	Std h-adj armrest base left	ea	179.30
AR0522	A80522	A6.751	Std h-adj armrest base right	ea	179.30
AR0523	A80523	A6.712	H/adj armrest ext tube ASM full	ea	355.92
AR0524	A80524	COM00412	Skirtguard alu h/adj armrest	ea	144.51
			ARMPADS		
AR0525	A80525	A6.80	Full armrest armpad with screws	ea	179.30

A50526	A80526	A6.90		Desk armrest armpad with screws	ea	179.30
AR0527	A80527	A6.81		Full armrest armpad PU	ea	179.30
AR0528	A80528	A6.91		Desk armrest armpad PU	ea	179.30
AR0529	A80529	A6.80U		Full armpad upholstery	ea	72.25
AR0530	A80530	A6.90U		Desk armpad upholstery	ea	72.25
AR0531	A80531	COV002		Full armpad plastic base	ea	18.73
AR0532	A80532	COV003		Desk armpad plastic base	ea	18.73
AR0533	A80533	PACER 6.80		Pacer/cruiser/power foam grip	ea	72.25
AR0534	A80534	UTB013		Armpad bolt M6x30	ea	8.03
AR0535	A80535	MAT001		6MM "T" nuts	ea	2.68
				SKIRTGUARDS		
AR0536	A80536	COM004		Full arm skirtguard steel	ea	72.25
AR0537	A80537	COM005		Desk arm skirtguard steel	ea	72.25
AR0538	A80538	COM006		Fixed arm skirtguard Steel	ea	72.25
AR0539	A80539	IEM001		Full arm skirtguard plastic	ea	56.20
AR0540	A80540	IEM002		Desk arm skirtguard plastic	ea	56.20
AR0541	A80541	IEMOOL		Sport skirtguard left plastic	ea	56.20
AR0542	A80542	IEMOOR		Sport skirtguard right plastic	ea	56.20
AR0543	A80543	UTB005		Pop rivet alu, M4x10 skirt guard Dut B001B	ea	2.68
AR0544	A80544	PACU031		Pacer triangular skirt guards	ea	144.51
				UPHOLSTERY:		
				BACK UPHOLSTERY		
				20" BACK		
BU0545	A80545	B10.50		Back upholstery 20"	ea	492.40
BU0546	A80546	B10.120		Hingeback upholstery 20"	ea	492.40
BU0547	A80547	B10.140		Back upholstery recliner 20"	ea	492.40
BU0548	A80548	B10.230		Back uph 20" 100MM tallback	ea	492.40
BU0549	A80549	B10.235		Back uph 20" 50MM tallback	ea	492.40
BU0550	A80550	B10.50100SH		Back uph 20" 100MM shortback	ea	492.40
BU0551	A80551	B10.5050SH		Back uph 20" 50MM shortback	ea	492.40
BU0552	A80552	B10.50KIT		Back upholstery kit 20"	ea	492.40
BU0553	A80553	B10.55		Back upholstery 22"	ea	711.84

			18" BACK		
BU0554	A80554	B10.10	Back upholstery 18"	ea	492.40
BU0555	A80555	B10.80	Hingeback upholstery 18"	ea	492.40
BU0556	A80556	B10.60	Back upholstery recliner 18"	ea	492.40
BU0557	A80557	B10.200	Back uph 18" 100MM tailback	ea	492.40
BU0558	A80558	B10.205	Back uph 18" 50MM tailback	ea	492.40
BU0559	A80559	B10.10100SH	Back uph 18" 100MM shortback	ea	492.40
BU0560	A80560	B10.1050SH	Back uph 18" 50MM shortback	ea	492.40
BU0561	A80561	B10.10KIT	Back upholstery kit 18"	ea	492.40
			17" BACK		
BU0562	A80562	B10.17	Back upholstery 17"	ea	227.47
BU0563	A80563	B10.17KIT	Back upholstery kit 17"	ea	211.41
			16" BACK		
BU0564	A80564	B10.20	Back upholstery 16"	ea	492.40
BU0565	A80565	B10.90	Hingeback upholstery 16"	ea	492.40
BU0566	A80566	B10.70	Recliner back upholstery 16" power	ea	492.40
BU0567	A80567		Back upholstery recliner 16"	ea	1458.46
BU0568	A80568	B10.210	Back uph 16" 100MM tailback	ea	492.40
BU0569	A80569	B10.215	Back uph 16" 50MM tailback	ea	492.40
BU0570	A80570	B10.2050SH	Back uph 16" 100MM shortback	ea	492.40
BU0571	A80571	B10.20100SH	Back uph 16" 50MM shortback	ea	492.40
BU0572	A80572	B10.20KIT	Back upholstery kit 16"	ea	492.40
			15" BACK		
BU0573	A80573	B10.15	Back upholstery 15"	ea	492.40
BU0574	A80574	B10.15100SH	Back upholstery 15" shortback	ea	492.40
BU0575	A80575	B10.15100TB	Back upholstery 15" tailback	ea	492.40
BU0576	A80576	B10.15KIT	Back upholstery kit 15"	ea	492.40
			14" BACK		
BU0577	A80577	B10.40	Back upholstery 14"	ea	492.40
BU0578	A80578	B10.110	Hingeback upholstery 14"	ea	492.40
BU0579	A80579	B10.45	Back upholstery recliner	ea	492.40
BU0580	A80580		Power	ea	1458.46
BU0581	A80581	B10.220	Back uph 14" 100MM tailback	ea	492.40
BU0582	A80582	B10.225	Back uph 14" 50MM tailback	ea	492.40
BU0583	A80583	B10.40100SH	Back uph 14" 100MM shortback	ea	492.40
BU0584	A80584	B10.4050SH	Back uph 14" 50MM shortback	ea	492.40
BU0585	A80585	B10.40KIT	Back upholstery kit 14"	ea	492.40
			12" BACK		
BU0586	A80586	B10.41	Back upholstery 12"	ea	492.40
BU0587	A80587	B10.41KIT	Back upholstery kit 12"	ea	492.40
			SPORTS UPHOLSTERY		
BU0588	A80588	BBSP0 10.20	Back upholstery 15" BB sport Mat 002B	ea	1423.67
BU0589	A80589	BBSP0 10.40	Back upholstery 14" BB sport Mat 002B	ea	1423.67
BU0590	A80590	BBSP0 4.70	Footrest strap BB sport	ea	355.92
BU0591	A80591	BBSP0 9.20	Seat upholstery 15" BB sport Mat002B	ea	388.03
BU0592	A80592	BBSP0 9.40	Seat upholstery 14" BB sport Mat002B	ea	388.03
			HEAD EXTENSION UPHOLSTERY		
BU0593	A80593	H11.40	Recl h/ext uph 20"	ea	243.52
BU0594	A80594	H11.10	Recl h/ext uph 18"	ea	243.52
BU0595	A80595	H11.20	Recl h/ext uph 16"	ea	243.52
BU0596	A80596	H11.50	Recl h/ext uph 14"	ea	243.52
BU0597	A80597	H11.130	Stdh/ext uph 20"	ea	243.52
BU0598	A80598	H11.100	Stdh/ext uph 18"	ea	243.52
BU0599	A80599	H11.120	Stdh/ext uph 16"	ea	243.52
BU0600	A80600	H11.140	Stdh/ext uph 14"	ea	243.52
BU0601	A80601	H11.145	Stdh/ext uph 12"	ea	243.52
			OPTIMA		
BU0602	A80602	OPTIMA12	Optima back upholstery 12"	ea	1619.03
BU0603	A80603	OPTIMA14	Optima back upholstery 14"	ea	1619.03
BU0604	A80604	OPTIMA15	Optima back upholstery 15"	ea	1619.03
BU0605	A80605	OPTIMA16	Optima back upholstery 16"	ea	1619.03
BU0606	A80606	OPTIMA17	Optima back upholstery 17"	ea	1619.03
BU0607	A80607	OPTIMA18	Optima back upholstery 18"	ea	1619.03
BU0608	A80608	OPTIMA20	Optima back upholstery 20"	ea	1619.03

			SEAT UPHOLSTERY		
			20" SEAT		
BU0609	A80609	S9.50	Seat upholstery 20"	ea	487.05
BU0610	A80610	S9.50X	Seat upholstery 20" extended	ea	487.05
BU0611	A80611	S9.50KIT	Seat upholstery kit 20"	ea	487.05
BU0612	A80612	S9.50XKIT	Set uph kit 20" extended	ea	487.05
BU0613	A80613	S9.55	Seat upholstery 22"	ea	487.05
			18" SEAT		
BU0614	A80614	S9.10	Seat upholstery 18"	ea	487.05
BU0615	A80615	S9.10T	Seat upholstery tuffee 18"	ea	487.05
BU0616	A80616	S9.10X	Seat upholstery 18" extended	ea	487.05
BU0617	A80617	S9.10KIT	Seat upholstery kit 18"	ea	487.05
BU0618	A80618	S9.10XKIT	Seat uph kit 18" extended	ea	487.05
			17" SEAT		
BU0619	A80619	S9.17	Seat upholstery 17"	ea	487.05
BU0620	A80620	S9.17T	Seat upholstery tuffee 17"	ea	487.05
BU0621	A80621	S9.17X	Seat upholstery 17" extended	ea	487.05
BU0622	A80622	S9.17KIT	Seat upholstery kit 17"	ea	487.05
BU0623	A80623	S9.17XKIT	Seat uph kit 17" extended	ea	487.05
			16" SEAT		
BU0624	A80624	S9.20	Seat upholstery 16"	ea	487.05
BU0625	A80625	S9.20T	Seat upholstery tuffee 16"	ea	487.05
BU0626	A80626	S9.20X	Seat upholstery 16" extended	ea	487.05
BU0627	A80627	S9.20KIT	Seat upholstery kit 16"	ea	487.05
BU0628	A80628	S9.20XKIT	Seat uph kit 16" extended	ea	487.05
			15" SEAT		
BU0629	A80629	S9.15	Seat upholstery 15"	ea	487.05
BU0630	A80630	S9.15T	Seat upholstery tuffee 15"	ea	487.05
BU0630	A80631	S9.15X	Seat upholstery 15" extended	ea	487.05
BU0632	A80632	S9.15KIT	Seat upholstery kit 15"	ea	487.05
BU0633	A80633	S9.15XKIT	Seat uph kit 15" extended	ea	487.05
			14" SEAT		
BU0634	A80634	S9.40	Seat upholstery 14"	ea	487.05
BU0635	A80635	S9.40T	Seat upholstery tuffee 14"	ea	487.05
BU0636	A80636	S9.40X	Seat upholstery 14" extended	ea	487.05
BU0637	A80637	S9.40KIT	Seat upholstery kit 14"	ea	487.05
BU0638	A80638	S9.40XKIT	Seat uph kit 14" extended	ea	487.05
			12" SEAT		
BU0639	A80639	S9.41	Seat upholstery 12"	ea	487.05
BU0640	A80640	S9.41L	Seat upholstery 12" 40cm depth	ea	487.05
BU0641	A80641	S9.41T	Seat upholstery tuffee 12"	ea	487.05
BU0642	A80642	S9.41LX	Seat uph 12" 40cm extended	ea	487.05
BU0643	A80643	S9.41KIT	Seat upholstery kit 12"	ea	487.05
BU0644	A80644	S9.41LKIT	Seat upholstery 12" 40cm depth	ea	487.05
BU0645	A80645	S9.41LXKIT	Seat uph kit 12" 40cm extended	ea	487.05
			UPHOLSTERY METAL STRIPS	ea	
BU0646	A80646	STR002	Back upholstery metal strips	ea	34.79
BU0647	A80647	STR005	Tall abck upholstery strips	ea	34.79
BU0648	A80648	STR007	Hinge back uph strip long	ea	34.79
BU0649	A80649	STR008	Hinge back uph strip short	ea	34.79
BU0650	A80650	STR011	12.7x60uph met strip rec bck	ea	34.79
BU0651	A80651	STR006	Seat upholstery strip	ea	34.79
BU0652	A80652	STR006X	Seat upholstery strip extended	ea	34.79
BU0653	A80653	STR012	Growing seat metal strip	ea	34.79
BU0654	A80654	STR014	12" seat upholstery strip	ea	34.79
BU0655	A80655	STR009	Recliner h/ext uph strip	ea	34.79
			UPHOLSTERY SUNDRY		
BU0656	A80656	MATHARNESS	Wheelchair harness	ea	647.61
BU0657	A80657	URESTRAINT	Wheelchair pelvic strap	ea	323.81
BU0658	A80658	UTB009	Upholstery washer	ea	2.68
BU0659	A80659	UTB010	Upholstery self tapper	ea	2.68
			SIDEFRAMES		

			QUICK RELEASE HEAVY DUTY		
SF0660	A80660	CRUS 7.10L	Q/release s/frame left	ea	1067.76
SF0661	A80661	CRUS 7.10R	Q/release s/frame right	ea	1067.76
SF0662	A80662	CRUS 7.10100SHL	Q/release s/frame 100mm s/back left	ea	1067.76
SF0663	A80663	CRUS 7.10100SHR	Q/release s/frame 100mm s/back right	ea	1067.76
SF0664	A80664	CRUS 7.10100TBL	Q/release s/frame 100mm t/back left	ea	1067.76
SF0665	A80665	CRUS 7.10100TBR	Q/release s/frame 100mm t/back right	ea	1067.76
SF0666	A80666	CRUS 7.1050SHL	Q/release s/frame 50mm s/back left	ea	1067.76
SF0667	A80667	CRUS 7.1050SHR	Q/release s/frame 50mm s/back right	ea	1067.76
SF0668	A80668	CRUS 7.1050TBL	Q/release s/frame 50mm t/back left	ea	1067.76
SF0669	A80669	CRUS 7.1050TBR	Q/release s/frame 50mm t/back right	ea	1067.76
SF0670	A80670	CRUS 7.110L	Q/release s/frame recliner left	ea	1246.52
SF0671	A80671	CRUS 7.110R	Q/release s/frame recliner right	ea	1246.52
SF0673	A80673	CRUS 7.11L	Q/release lowslung s/r left	ea	1067.76
SF0675	A80675	CRUS 7.11R	Q/release lowslung s/r right	ea	1067.76
SF0676	A80676	CRUS 7.100100SL	Q/release sideframe h/d 100mm sh/b left	ea	1134.66
SF0677	A80677	CRUS 7.100100SR	Q/release sideframe h/d 100mm sh/b right	ea	1134.66
SF0678	A80678	CRUS 7.100100TL	Q/release s/t/r, h/d 100mm t/b left	ea	1134.66
SF0679	A80679	CRUS 7.100100TR	Q/release s/t/r, h/d 100mm t/b right	ea	1134.66
SF0680	A80680	CRUS 7.10050SL	Q/release s/t/r, h/d 50mm sh/b left	ea	1134.66
SF0681	A80681	CRUS 7.10050SR	Q/release s/t/r, h/d 50mm sh/b right	ea	1134.66
SF0682	A80682	CRUS 7.10050TL	Q/release s/t/r, h/d 50mm t/b left	ea	1134.66
SF0683	A80683	CRUS 7.10050TR	Q/release s/t/r, h/d 50mm t/b right	ea	1134.66
SF0684	A80684	CRUS 7.100L	Q/release s/t/r, h/duty left	ea	1134.66
SF0685	A80685	CRUS 7.100R	Q/release s/t/r, h/duty right	ea	1134.66
SF0686	A80686	CRUS 7.101L	S/t/r, h/duty Q/rel t/slung left	ea	1134.66
SF0687	A80687	CRUS 7.101R	S/t/r, h/duty Q/rel t/slung right	ea	1134.66
			POWER		
SF0688	A80688	POW 7.10L	Power sideframe left	ea	1214.94
SF0689	A80689	POW 7.10R	Power sideframe right	ea	1214.94
SF0690	A80690	POW 7.110L	Power sideframe, recliner left	ea	1421.64
SF0691	A80691	POW 7.110R	Power sideframe, recliner right	ea	1421.64
			RAINBOW		
SF0692	A80692	RAIN7.10L	Rainbow std sideframe left	ea	891.13
SF0693	A80693	RAIN7.10R	Rainbow std sideframe right	ea	891.13
SF0694	A80694	RAIN7.13L	Rainbow fixed arm s/frame left	ea	891.13
SF0695	A80695	RAIN7.13R	Rainbow fixed arm s/frame right	ea	891.13

			TUFFEE		
SF0696	A80696	I7.100L	Sideframe heavy duty left	ea	1134.66
SF0697	A80697	I7.100R	Sideframe heavy duty right	ea	1134.66
SF0698	A80698	I7.101L	S/frame h/duty h/back left	ea	1134.66
SF0699	A80699	I7.101R	S/frame h/duty h/back right	ea	1134.66
SF0700	A80700	I7.102L	S/frame h/duty l/slung left	ea	1134.66
SF0701	A80701	I7.102R	S/frame h/duty l/slung right	ea	1134.66
SF0702	A80702	I7.10350L	S/frame 50mm h/d t/back left	ea	1134.66
SF0703	A80703	I7.10350R	S/frame 50mm h/d t/back right	ea	1134.66
SF0704	A80704	I7.103L	S/frame 100mm h/d t/back left	ea	1134.66
SF0705	A80705	I7.103R	S/frame 100mm h/d t/back right	ea	1134.66
SF0706	A80706	I7.10450L	S/frame 50mm h/d s/back left	ea	1134.66
SF0707	A80707	I7.10450R	S/frame 50mm h/d s/back right	ea	1134.66
SF0708	A80708	I7.104L	S/frame 100mm h/d s/back left	ea	1134.66
SF0709	A80709	I7.105L	S/frame extra h/duty left	ea	4273.70
SF0710	A80710	I7.105R	S/frame extra h/duty right	ea	4273.70
			STANDARD		
SF0711	A80711	I7.10L	Std sideframe left	ea	1067.76
SF0712	A80712	I7.10R	Std sideframe right	ea	1067.76
SF0713	A80713	I7.112L	S/frame std 100mm t/back left	ea	1067.76
SF0714	A80714	I7.112R	S/frame std 100mm t/back right	ea	1067.76
SF0715	A80715	I7.113L	S/frame std 50mm s/back left	ea	1067.76
SF0716	A80716	I7.113R	S/frame std 50mm s/back right	ea	1067.76
SF0717	A80717	I7.114L	S/frame std 100mm sback left	ea	1067.76
SF0718	A80718	I7.114R	S/frame std 100mm sback right	ea	1067.76
SF0719	A80719	I7.115L	S/frame std 50mm t/back left	ea	1067.76
SF0720	A80720	I7.115R	S/frame std 50mm t/back right	ea	1067.76
SF0721	A80721	I7.23L	12" sideframe left	ea	1067.76
SF0722	A80722	I7.23R	12" sideframe right	ea	1067.76
			RECLINER		
SF0723	A80723	I7.110L	Sideframe recliner left	ea	1247.05
SF0724	A80724	I7.110R	Sideframe recliner right	ea	1247.05
SF0725	A80725	I7.111L	Sideframe h/duty left	ea	1247.05
SF0726	A80726	I7.111R	Sideframe h/duty right	ea	1247.05
			LOWSLUNG		
SF0727	A80727	I7.12L	Sideframe lowslung left	ea	1067.76
SF0728	A80728	I7.12R	Sideframe lowslung right	ea	1067.76
			TRANSIT/BOX		
SF0729	A80729	I7.13L	Sideframe fixed arm left	ea	1214.94
SF0730	A80730	I7.13R	Sideframe fixed arm right	ea	1214.94
SF0731	A80731	I7.140L	Transit s/frame rem arm left	ea	1214.94
SF0732	A80732	I7.140R	Transit s/frame rem arm right	ea	1214.94
SF0733	A80733	I7.14L	Transit s/frame t/arm left	ea	1214.94
SF0734	A80734	I7.14R	Transit s/frame t/arm right	ea	1214.94
SF0735	A80735	I7.150	H/back handle asm complete	ea	1214.94
SF0736	A80736	I7.16	Fixed arm box framework	ea	2138.19
			HINGEBACK		
SF0737	A80737	I7.200L	S/frame tuffee hingeback left	ea	1134.66
SF0738	A80738	I7.200R	S/frame tuffee hingeback right	ea	1134.66
SF0739	A80739	I7.20L	S/frame hingeback left	ea	1067.76
SF0740	A80740	I7.20R	S/frame hingeback right	ea	1067.76
			RECLINER		
SF0741	A80741	B10.160	Recliner brace arm asm 18"	ea	390.71
SF0742	A80742	B10.170	Recliner brace arm asm 16"	ea	390.71
SF0743	A80743	B10.61	Recliner push handle grip	ea	88.31
SF0744	A80744	HUL017A	Recl adjustment knob(black)	ea	107.04
SF0745	A80745	HUL017E	Recl spring pin 13x50	ea	72.25
SF0746	A80746	HUL017I	Recl adj flat hex bolt m8x30	ea	8.03
SF0747	A80747	I7.110B	Recliner back backpost asm	ea	232.82
SF0748	A80748	I7.111B	Recliner adj bracket asm chr	ea	179.30
SF0749	A80749	HUL017J	Recliner std nut M8 hul001b	ea	2.68
SF0750	A80750	ORT014	Recl brace arm spring clip ort002b	ea	26.76
SF0751	A80751	HUL017K	Recl std bolt m8x65 hul002b	ea	8.03
SF0752	A80752	HUL017L	Recl std flat washer 8x17x1	ea	2.68
SF0753	A80753	HUL017M	Recl std flat washer 13x24x2	ea	8.03
			HEAD EXTENSION		

SF0754	A80754	H11.150L		Std h/ext tube asm left	ea	179.30
SF0755	A80755	H11.150R		Std h/ext tube asm right	ea	179.30
SF0756	A80756	H11.160		Head rest extension kit 18"-removable	ea	1067.76
SF0757	A80757	H11.165		Head rest extension kit 17"-removable	ea	1067.76
SF0758	A80758	H11.170		Head rest extension kit 16"-removable	ea	1067.76
SF0759	A80759	H11.175		Head rest extension kit 15"-removable	ea	1067.76
SF0760	A80760	H11.180		Head rest extension kit 20"-removable	ea	1067.76
SF0761	A80761	H11.190		Head rest extension kit 14"-removable	ea	1067.76
SF0762	A80762	H11.195		Head rest extension kit 12"-removable	ea	1067.76
SF0763	A80763	H11.30		Recl h/ext tube asm chromed	ea	179.30
SF0764	A80764	H11.60		Recl 18" h/ext complete	ea	462.96
SF0765	A80765	H11.70		Recl 16" h/ext complete	ea	462.96
SF0766	A80766	H11.80		Recl 20" h/ext complete	ea	462.96
SF0767	A80767	H11.90		Recl 14" h/ext complete	ea	462.96

			TELESCOPIC & FRONT POST SLIDES		
SF0768	A80768	HUL011	Telescopic slide bush for front post	ea	42.82
SF0769	A80769	I7.120	Telescopic slide	ea	283.66
SF0770	A80770	I7.120LS	Telescopic slide lowslung	ea	283.66
SF0771	A80771	I7.60	Front post slide assembly	ea	112.40
			SUNDRY		
SF0772	A80772	HUL009	Seat guide	ea	16.06
SF0773	A80773	377005D1-B	Push handle grip black	ea	16.06
SF0774	A80774	TIP002	Std rem ant-tip asm	ea	355.92
SF0775	A80775	I7.NF	Non-fold bracket	ea	355.92
SF0776	A80776	HUL007	Hinge back sliding mechanism	ea	179.30
SF0777	A80777	CEDRIP	Drip standrod holder	ea	275.64
SF0778	A80778	CEDRIPT	Drip stand T rod	ea	810.85
SF0779	A80779	TIP001	Anti tip wheel for cruiser	ea	163.24
SF0780	A80780	COM007	Tipping lever rubber	ea	21.41
SF0781	A80781	I7.PHES	Parent push handle double	ea	891.13
			INNER SEAT & BOTTOM RAILS		
SF0782	A80782	S9.80	Rail inner seat	ea	18.73
SF0783	A80783	S9.81	Growing inner seat rail	ea	227.47
SF0784	A80784	S9.81SL	Inner seat rail ext sleeve	ea	18.73
SF0785	A80785	S9.81X	Inner seat rail extended	ea	96.34
SF0786	A80786	UTB006	Bottom rail boltsmchn scr, hex M5x30	ea	2.68
SF0787	A80787	ILL002	Bottom rail/frest plug black	ea	2.68
			AMPUTEE BRACKETS		
SF0788	A80788	UTB016	Amputee bolt mach screw, hex M10x45	ea	18.73
SFF0889	A80789	UTB017	Amputee nut M10	ea	2.68
SF0790	A80790	I7.130	Amputee kit std	ea	211.41
SF0791	A80791	I7.130L	Amputee bracket left	ea	195.35
SF0792	A80792	I7.130R	Amputee bracket right	ea	195.35
SF0793	A80793	PACER 7.100	Amputee kit -QR	ea	211.41
SF0794	A80794	PACER 7.100L	Q/release amputee ext left	ea	195.35
SF0795	A80795	PACER 7.100R	Q/release amputee ext right	ea	195.35
			X-BARS		
SF0796	A80796	UTB029	Spring crossbar centre	ea	2.68
SF0797	A80797	TOR005	Cross bar bolt	ea	8.03
SF0798	A80798	X8.10F	X-bar std front	ea	355.92
SF0799	A80799	X8.10R	X-bar std rear	ea	355.92
SF0800	A80800	X8.15F	X-bar 15" front	ea	355.92
SF0801	A80801	X8.15R	X-bar 15" rear	ea	355.92
SF0802	A80802	X8.20F	X-bar narrow adult front	ea	355.92
SF0803	A80803	X8.20R	X-bar narrow adult rear	ea	355.92
SF0804	A80804	X8.30F	X-bar 12" front	ea	355.92
SF0805	A80805	X8.30R	X-bar 12" rear	ea	355.92
SF0806	A80806	X8.50F	14" crossbar front	ea	355.92
SF0807	A80807	X8.50R	14" crossbar rear	ea	355.92
SF0808	A80808	X8.60F	14" low slung crossbar front	ea	355.92
SF0809	A80809	X8.60R	14" lowslung crossbar rear	ea	355.92
SF0810	A80810	X8.70F	X-bar heavy duty front	ea	355.92
SF0811	A80811	X8.70R	X-bar heavy duty rear	ea	355.92
SF0812	A80812	X8.71F	X-bar ex wide(22) front	ea	891.13
SF0813	A80813	X8.71R	X-bar ex wide(22) rear	ea	891.13
SF0814	A80814	X8.92F	X-bar n/ad lowslung front	ea	355.92
SF0815	A80815	X8.92R	X-bar n/ad lowslung rear	ea	355.92
SF0816	A80816	RB8.10F	Rainbow x-bar std front	ea	291.69
SF0817	A80817	RB8.10R	Rainbow x-bar std rear	ea	291.69
			REAR WHEELS:		
MWP818	A80818	WHE001	24x1.75 spoke wheel chrome pushrim 12mm bearing	ea	1070.43
MPW819	A80819	WHE002	24x13/8 spoke wheel pushrim bearing	ea	1070.43
MPW820	A80820	WHE004	24x13/8 mag wheel chrome pushrim bearing	ea	1204.24
MPW821	A80821	WHE005	24x13/8 mag wheel S/S pushrim bearing	ea	1605.65
MPW522	A80822	WHE003	24x13/8 aluminium wheel S/S pushrim bearing	ea	1605.65
MPW523	A80823	RIM026	26x13/8 aluminium spoke rim chrome pushrim	ea	1605.65
MPW524	A80824	RIM020	20x13/8 aluminium spoke rim chrome pushrim	ea	1605.65
MPW825	A80825	RIM022	22x13/8 aluminium spoke rim chrome pushrim	ea	1605.65
MPW826	A80826	leave blank	24 spiny rim 18 spoke black (12.7mm)	ea	8162.04
MPW827	A80827	TYR020	20x13/8 tyre	ea	353.24
MPW828	A80828	TUB020	20x13/8 tyre	ea	112.40
MPW829	A80829	TYR011	22x13/8 polyurethane grey tyre	ea	481.69

MPW830	A80830	TYR001	24x13/8 grey tyre	ea	305.07
MPW831	A80831	TYR008	24x1 slick tyre	ea	334.51
MPW832	A80832	TYR009	25x1 treaded tyre	ea	508.46
MPW833	A80833	TYR002	24x1.75 grey tyre	ea	305.07
MPW834	A80834	TUB001	24x13/8 black tube	ea	112.40
MPW835	A80835	TUB005	24x1 black tube	ea	173.95
MPW836	A80836	TYR012	24x1 shox tyre red,blue,yello,black	ea	602.12
MPW837	A80837	TUB006	24x1.75 black tube	ea	112.40
MPW838	A80838	PER001	24x13/8 no more flat(NMF)	ea	385.36
MPW839	A80839	PER002	24x1.75 no more flat (NMF)	ea	385.36
MPW840	A80840	TYR005	24x13/8 polyurethane grey tyre(PU)	ea	481.69
MPW841	A80841	TYR006	24.175 polyurethane grey tyre	ea	481.69
MPW842	A80842	TYR026	26x1 grey tyre	ea	353.24
MPW843	A80843	TUB026	26x1 black tube	ea	112.40
MPW844	A80844	BEA001	11mm rear bearing with flance	ea	80.28
MPW845	A80845	BEA005	12mm sealed rear wheel bearing	ea	80.28
MPW846	A80846	BEA002	12.7mm sealed rear wheel bearing	ea	80.28
MPW847	A80847	PSH001	Push rim chrome for mag	ea	353.24
MPW848	A80848	PSH005	Push rim chrome for spoke	ea	353.24
MPW849	A80849	PSH004	Push rim S/S for mag	ea	642.26
MPW850	A80850	PSH006	Push rim for spoke (adjustable)	ea	1445.08
MPW851	A80851	PSH002	Push rim spacer for mag	ea	16.06
MPW852	A80852	PSH003	Push rim spacer bolt for mag	ea	16.06
MPW853	A80853	AXL001	11mm fixed rear axle	ea	58.87
MPW854	A80854	AXL002	12mm fixed rear axle	ea	58.87
FOOTRESTS:					
MPW855	A80855	FRH001	Swing away footrest hanger left	ea	305.07
MPW856	A80856	FRH002	Swing away footrest hanger right	ea	305.07
MPW857	A80857	FRE001	Foot rest extension complete -16,18 left	ea	305.07
MPW858	A80858	FRE002	Foot rest extension complete -16,18 right	ea	305.07
MPW859	A80859	FRE005	Growing footrest extension complete left	ea	374.65
MPW860	A80860	FRE006	Growing footrest extension complete right	ea	374.65
MPW861	A80861	FPP001	Aluminium foot plate -18,20	ea	192.68
MPW862	A80862	FPP002	Aluminium foot plate -16	ea	192.68
MPW863	A80863	FPP003	Plastic foot plate -18,20	ea	192.68
MPW864	A80864	FPP004	Plastic foot plate -16	ea	208.73
MPW865	A80865	FSC001	Footplate spring clip	ea	18.73
MPW866	A80866	ELL001	Elevating leg rest complete left	ea	1231.00
MPW867	A80867	ELL002	Elevating leg rest complete right	ea	1231.00
MPW868	A80868	FBR001	Footrest bumper rubber	ea	26.76
MPW869	A80869	FRR001	Foot rest release lever spring	ea	26.76
MPW870	A80870	FRL001	Foot rest release lever complete	ea	173.95
MPW871	A80871	FRHC001	Foot rest hanger clamp	ea	45.49
MPW872	A80872	LEG001	Leg trap	ea	48.17
MPW873	A80873	FUP001	Foot rest upper pin	ea	16.06
MPW874	A80874	FLP001	Foot rest upper pin	ea	16.06

				ALUMINIUM WHEELCHAIRS - FOOTREST		
AWF875	A80875	FRHA001		Swing away foot rest hanger left	ea	802.82
AWF876	A80876	FRHA002		Swing away foot rest hanger right	ea	802.82
AWF877	A80877	FREA001		Foot rest extension complete 16,18 left	ea	802.82
AWF878	A80878	FREA002		Foot rest extension complete 16,18 right	ea	802.82
AWF879	A80879			Foot rest complete patriot	ea	2542.28
AWF880	A80880	FPP003		Plastic foot plate 18,20	ea	254.23
AWF881	A80881	FPP004		Plastic foot plate 16	ea	254.23
AWF882	A80882			Plastic foot plate patriot	ea	802.82
AWF883	A80883	ELLA001		Elevating leg rest complete left	ea	1926.78
AWF884	A80884	ELLA002		Elevating leg rest complete right	ea	1926.78
AWF885	A80885			Elevating leg rest complete patriot	ea	3692.99
AWF886	A80886	FRLA001		Foot rest release lever	ea	441.55
AWF887	A80887	FHBA001		Foot rest hanger bracket	ea	280.99
				ARM RESTS:		
AWF888	A80888	ARM001		Full armrest with steel side panel left	ea	535.22
AWF889	A80889	ARM002		Full armrest with steel side panel right	ea	535.22
AWF890	A80890	ARM003		Desk armrest with steel side panel left	ea	535.22
AWF891	A80891	ARM004		Desk armrest with steel side panel right	ea	535.22
AWF892	A80892	ARM005		Sport armrest with plastic side panel	ea	535.22
AWF893	A80893	SPF001		Steel side panel for full armrest	ea	280.99
AWF894	A80894	SPF002		Steel side panel for desk armrest	ea	280.99
AWF895	A80895	SKI002		Nylon skirt guard pair	ea	454.93
AWF896	A80896			Plastic side panel patriot	ea	802.82
AWF897	A80897	FAP001		Upholstered armpad full length	ea	147.18
AWF898	A80898	DAP001		Upholstered armpad desk length	ea	147.18
AWF899	A80899	SPS001		Sponge for sport armrest	ea	40.14
AWF900	A80900	FAP002		Polyurethane(PU) armpad full length	ea	294.37
AWF901	A80901	DAP002		Polyurethane(PU) armpad desk length	ea	294.37
AWF902	A80902	HAF001		Height adjustable armrest complete full length left	ea	1204.24
AWF903	A80903	HAF002		Height adjustable armrest complete full length right	ea	1204.24
AWF904	A80904	HAD001		Height adjustable armrest complete desk length left	ea	1204.24
AWF905	A80905	HAD002		Height adjustable armrest complete desk length right	ea	1204.24
AWF906	A80906	ARC001		Arm rest release clip	ea	32.11
				ALUMINIUM WHEELCHAIRS - ARMREST		
AWA907	A80907	SOC001		Armrest socket alu light	ea	401.41
AWA908	A80908			Desk armrest complete-alu light	ea	1338.04
AWA909	A80909			Desk armrest complete-patriot-nett	ea	2087.34
AWA910	A80910			Side guard for A4/prospin -each (1036347/6)-nett	ea	1471.84
AWA911	A80911			Kit hardware for side guard -pair	ea	1565.51
AWA912	A80912			Waterfall arm pad for torque power -pair	ea	1605.65
				FRONT WHEELS: CASTORS		
FWC913	A80913	CAS001		8x1 solid castor - standard wheel chair	ea	294.37
FWC914	A80914	CAS01A		8x1 solid castor -sprinter aluminium wheelchair	ea	441.55
FWC915	A80915	CAS002		8x2 solid castor	ea	441.55
FWC916	A80916	TYR003		8x2 grey tyre	ea	187.33
FWC917	A80917	TUB002		8x2 black tube	ea	93.66
FWC918	A80918	HUB001		8x2 black hub	ea	147.18
FWC919	A80919	TYR004		8x1 grey tyre	ea	200.71
FWC920	A80920	TUB003		8x1 black tube	ea	107.04
FWC921	A80921	CAS004		5 solid castor	ea	227.47
FWC922	A80922	CAS008		5 shock castor -narrow hub-net	ea	508.46
FWC923	A80923	CAS006		6 solid castor	ea	227.47
FWC924	A80924	CAS007		8x1 invacare castor	ea	963.39
FWC925	A80925	FOR002		5mm steel fork	ea	227.47
FWC926	A80926	FOR001		3mm steel fork for omega economy wheelchair	ea	200.71
FWC927	A80927	FOR003		Aluminium fork for sprinter and aluminium wheelchair	ea	388.03
FWC928	A80928			Axle for castor 8mm	ea	40.14
FWC929	A80929	AXL006		Axle for invacare castor	ea	133.80
FWC930	A80930	BEA003		Castor stem bearing	ea	66.90
FWC931	A80931	BEA004		Castor wheel bearing	ea	32.11
FWC932	A80932	BEA006		Castor wheel bearing for invacare castor	ea	173.95
FWC933	A80933	DUS002		Castor stem dust cap	ea	13.38
FWC934	A80934	CRB001		Front cross bar -16	ea	305.07
FWC935	A80935	CRB002		Rear cross bar -16	ea	305.07
FWC936	A80936	CRB003		Front cross bar -18	ea	305.07
FWC937	A80937	CRB004		Rear cross bar -18	ea	305.07
FWC938	A80938	CRB005		Inner double cross bar -20(heavy duty 18)	ea	454.93
FWC939	A80939	CRB006		Outer double crossbar -20 (Heavy duty 18)	ea	454.93

FWC940	A80940	CRB007		Front crossbar-aluminium wheelchair	ea	1471.84
FWC941	A80941	CRB008		Rear crossbar-patriot	ea	1471.84
FWC942	A80942	CRB009		Front crossbar-patriot (20%)	ea	2140.86
FWC943	A80943	CRB010		Rear crossbar-patriot(20%)	ea	2140.86
FWC944	A80944	CBB001		Crossbar bolt and nut	ea	40.14
FWC945	A80945	CBB002		Crossbar bolt and nut for double crossbar	ea	48.17
FWC946	A80946	IRT001		Inner rail top	ea	37.47
FWC947	A80947	IRB001		Inner rail bottom	ea	37.47
FWC948	A80948	SGR001		Seat guide-removable	ea	24.08
FWC949	A80949	SGF001		Seat guide-fixed arm	ea	24.08
FWC950	A80950	FPG001		Front post guide	ea	120.42
FWC951	A80951	FPG002		Front guide-20, bariatric	ea	227.47
FWC952	A80952	FPI001		Front post insert	ea	18.73

	SIDEFRAMES:				
SF0953	A80953	SFR005	Side frame left	ea	1123.95
SF0954	A80954	SFR006	Side frame right	ea	1123.95
SF0955	A80955	SFR001	Side frame -left aluminium	ea	1766.21
SF0956	A80956	SFR002	Side frame -right aluminium	ea	1766.21
SF0957	A80957	SFR003	Side frame -left patriot	ea	3050.73
SF0958	A80958	SFR004	Side frame -right patriot	ea	3050.73
SF0959	A80959	SFR011	Quick release side frame left	ea	1123.95
SF0960	A80960	SFR012	Quick release side frame right	ea	1123.95
SF0961	A80961	BRA001	Brake-left	ea	240.85
SF0962	A80962	BRA002	Brake-right	ea	240.85
SF0963	A80963	BRW001	Brake washer	ea	10.70
SF0964	A80964	BRA005	Brake -left aluminium	ea	481.69
SF0965	A80965	BRA006	Brake-right aluminium	ea	481.69
SF0966	A80966	BRA003	Brake -left patriot	ea	2809.88
SF0967	A80967	BRA004	Brake -right patriot	ea	2809.88
SF0968	A80968		H-Block-sat alu light	ea	200.71
SF0969	A80969		H-Block-patriot	ea	240.85
SF0970	A80970	BRR001	Brake handle rubber	ea	45.49
SF0971	A80971	HGR001	Push handle grip	ea	53.52
SF0972	A80972	HGR002	Push handle grip for active-19mm	ea	53.52
SF0973	A80973	BRE001	Break extension lever	ea	80.28
SF0974	A80974	BEX001	Break extension lever-patriot	ea	321.13
SF0975	A80975	TIP001	Tipping lever rubber	ea	29.44
SF0976	A80976	BAA001	Bi-Amputee adaptor-left	ea	321.13
SF0977	A80977	BAA002	Bi-Amputee adaptor-right	ea	321.13
SF0978	A80978	AXH001	Bi-Amputee axle housing -aluminium wheel chair	ea	802.82
SF0979	A80979	AXH002	Axle housing -patriot	ea	561.98
SF0980	A80980	AXL003	12mm quick release axle 125/130mm	ea	548.60
SF0981	A80981	AXL003	12.7mm quick release axle 125/130mm	ea	548.60
SF0981	A80982	AXL005	Rear wheel axle spacer	ea	21.41
SF0983	A80983	DUS001	Rear wheel dust cap	ea	16.06
SF0984	A80984	SPO001	Apoke and nipple for spoke wheel	ea	16.06
	UPHOLSTERY:				
UPH985	A80985	SMS001	Seat metal strap	ea	48.17
UPH986	A80986	BMS001	Back metal strap	ea	48.17
UPH987	A80987	SUP016	Seat upholstery-16	ea	548.60
UPH988	A80988	BUP016	Back upholstery-16	ea	548.60
UPH989	A80989	SUP018	Seat upholstery-18	ea	548.60
UPH990	A80990	BUP018	Back upholstery-18	ea	548.60
UPH991	A80991	SUP020	Seat upholstery-20	ea	548.60
UPH992	A80992	BUP020	Back upholstery-20	ea	548.60
UPH993	A80993	SALU	Seat upholstery-aluminium wheelchair	ea	642.26
UPH994	A80994	BALU	Back upholstery-aluminium wheelchair	ea	642.26
UPH995	A80995	SPAT	Seat upholstery-patriot	ea	802.82
UPH996	A80996	BPAT	Back upholstery-patriot	ea	802.82
UPH997	A80997	SEATSP	Seat upholstery-special	ea	802.82
UPH998	A80998	BACKSP	Back upholstery-special	ea	802.82
UPH999	A80999	BNW001	Bolt washer and nut-seat upholstery	ea	6.70
UPH000	A90000	STW001	Self tapper and plastic washer-back upholstery	ea	6.70
UPH001	A90001	TAD001	Tension adjustableback upholstery	ea	1445.08
UPH002	A90002	BACK001	Tall /short back upholstery	ea	802.82
UPH003	A90003	HEAD001	Head rest extension	ea	468.31
UPH004	A90004	BLOCK	Blocks for head rest extension	ea	468.31
UPH005	A90005	RECBACK	Recliner back upholstery	ea	642.26
	CUSTOM LITE PARTS				
CLP006	A90006		Custom lite adjust/removable armrest	ea	1359.24
CLP007	A90007		Custom lite side panel with mudguard	ea	1415.89
CLP008	A90008		Custom lite side frame bush and washer	ea	169.91
CLP009	A90009		Custom lite pushing handle	ea	1132.71
CLP010	A90010		Custom lite anti tips-each	ea	566.36
CLP011	A90011		Custom lite adjustable footplate	ea	1132.71
CLP012	A90012		Custom lite pelvic strap	ea	226.54
CLP013	A90013		Custom lite aluminium castor	ea	622.98
CLP014	A90014		Custom lite right run tire	ea	453.09
CLP015	A90015		Custom lite rubberized push rims-set	pr	2265.43
CLP016	A90016		Custom lite off road wheels-set	pr	4304.30
	FEES				
FE008	A90017		Transport wheelchair	ea	490.87

AD				OTHER ASSISTIVE DEVICES		
AD109	A80109	SF		20" Wheelchair tray	ea	1043.67
AD110	A80110	SF		14" Wheelchair tray	ea	1043.67
AD111	A80111	SF		14" Electric tray	ea	1043.67
AD112	A80112	SF		16" Wheelchair tray	ea	1043.67
AD113	A80113	SF		18" Wheelchair tray standard	ea	1043.67
AD114	A80114	SF		18" Wheelchair tray for power	ea	1043.67
AD115	A80115	S		Overbed table	ea	1383.53
AD116	A80116	S		Transfer board	ea	353.24
AD117	A80117	S		Wheelchair gloves	pr	353.24
AD118	A80118	S		Easy Reach	ea	366.27
AD120	A80120	CF		Wheelchair ramps 214 X 20	ea	8905.99
AD121	A80121			Blind Stick	ea	856.56
AD122	A80122			Blind stick Front wheel/Roller	ea	510.09
AD123	A80123			Sunglasses for the Blind	ea	494.97
AD124	A80124			Hearing Aid Batteries	4	225.80
AD125	A80125			Wheelchair Batteries	ea	2404.02
AD126	A80126			Battery Charger	ea	1501.60
AD127	A80127			Jay Backrest	ea	11376.19
AD128	A80128			Free Wheel	ea	7968.83
AD129	A80129			Electric Hoist	ea	15136.58
AD130	A80130			Grab Rail	ea	618.28
AD131	A80131			Chin control for power chair	ea	24919.66
AD132	A80132			Free Wheel Adaptor for folding chair	ea	3239.55
AD133	A80133			Footplate adjustment for freewheel	ea	1359.25
AD134	A80134			Matrx posture backrest	ea	16463.96

Important: Prosthesis fees EXCLUDE the following components:

1. Foot
2. Ankle unit
3. Knee
4. Suspension

The appropriate component must be selected from the list and charged as a separate item

Lower limb prosthetics: CAT 1 & 2 are fabricated with glass / perlon reinforced acrylic resin and stainless steel

CAT 3 is fabricated with carbon reinforced epoxy resin and titanium or composite components.

Prosthetic Consultation				2019 COIDA
PC091	A60091		Consultation (30 minutes)	ea 297.26
PC092	A60092		Consultation (1 hour)	ea 594.53
PC096	A60096		Prosthetic Repairs (To be charged only once)	594.53
Prosthetics				
Item	Code	Cat	Description	
FP				FOOT PROSTHESIS
FP010	A20010		Toe filler	ea 2451.24
FP020	A20020		Fore-foot prosthesis - moulded leather or similar	ea 3584.01
FP030	A20030	1	Mid-foot prosthesis Cat 1 - moulded leather or similar	ea 4556.42
FP031	A20031	2	Mid-foot prosthesis Cat 2 - laminated SACH type foot	ea 15932.97
FP035	A20035	3	Mid-foot prosthesis Cat 3 - laminated CRA + energy foot	ea 43763.46
FP040	A20040	1, 2	Chopart prosthesis - Cat 1/2	ea 26168.42
FP045	A20045		Chopart prosthesis - Refit	ea 18317.89
FP050	A20050	1, 2	O'Connors extension Cat 1/2	ea 24649.01
FP070	A20070	1, 2	Symes prosthesis - CAT 1&2	ea 26207.84
FP071	A20071		Symes prosthesis - Refit CAT 1&2	ea 18345.49
FP081	A20081	3	Symes prosthesis - CAT 3	ea 30922.65
FP082	A20082		Symes prosthesis - Refit CAT 3	ea 21645.85
FP090	A20090		Symes test socket - diagnostic	ea 5122.87
BK				BELOW KNEE PROSTHESIS
BK030	A20530	1, 2	BK exoskeletal CAT 1&2	ea 25031.39
BK061	A20561	1, 2	BK endoskeletal CAT 1&2	ea 35486.43
BK090	A20590	3	BK endoskeletal CAT 3	ea 40050.21
				Additions to Below knee prosthesis
BK134	A20634		BK flexible inner socket	ea 4230.47
BK140	A20640		BK test socket - diagnostic	ea 3926.30
BK145	A20645		BK skin cosmesis	ea 5301.22
				Refit of Below knee prosthesis
				NOTE: Refit includes new cosmetic cover
BK162	A20662		Refit BK exoskeletal CAT 1&2	ea 22379.89
BK165	A20665		Refit BK endoskeletal CAT 1&2	ea 26207.84
BK166	A20666		Refit BK endoskeletal CAT 3	ea 29744.40

Item	Code	Cat	Description		
			BK accessories and repairs		
BK190	A20690		BK cosmetic foam replaced	ea	6607.10
BK191	A20691		BK cosmetic stocking	ea	278.65
BK195	A20695		BK leather lining	ea	177.23
BK196	A20696		BK pelite socket lining	ea	2728.13
BK210	A20710		BK joint covers	pr	453.40
BK211	A20711		2Z22 Bolt imported	ea	401.37
TK			THROUGH KNEE PROSTHESIS		
TK010	A21010		TK exoskeletal CAT 1&2	ea	56620.65
TK030	A21030		TK endoskeletal CAT 1&2	ea	68177.52
TK040	A21040		TK endoskeletal CAT 3	ea	77512.55
TK075	A21075		TK test socket - diagnostic	ea	5241.17
TK076	A21076		TK foamcover replace	ea	7398.54
			Refit of Through knee prosthesis		
			NOTE: Refit includes new cosmetic cover		
TK100	A21100		Refit TK exoskeletal CAT 1&2	ea	41346.92
TK105	A21105		Refit TK endoskeletal CAT 1&2	ea	58015.55
TK115	A21115		RefitTK endoskeletal CAT 3	ea	67731.32
AK			ABOVE KNEE PROSTHESIS		
AK040	A21540	1, 2	AK prosthesis - exoskeletal CAT 1&2	ea	44174.98
AK060	A21560	1, 2	AK prosthesis - endoskeletal CAT 1&2	ea	66556.68
AK080	A21580	3	AK prosthesis endoskeletal CAT 3	ea	72444.33
AK120	A21620		AK test socket - diagnostic	ea	4441.71
			Refit of Above knee prosthesis		
			NOTE: Refit includes new cosmetic cover		
AK151	A21751		Refit AK exoskeletal CAT 1&2	ea	32396.07
AK153	A21753		Refit AK endoskeletal CAT 1&2	ea	45939.65
AK155	A21755		Refit AK endoskeletal CAT 3	ea	57130.50
			Additions and repairs to AK prosthesis		
AK716	A21716		AK - Cosmetic cover - replaced	ea	8220.60
AK720	A21720		AK - cosmetic stocking	ea	413.48
AK724	A21724		AK - flexible inner socket	ea	8153.17
AK724	A21725		AK - laminate shin CRA	ea	4860.10
AK732	A21732		AK - laminate thigh CRA	ea	5824.01
AK740	A21740		AK - socket lined with leather	ea	1990.47
AK800	A21800		AK - prosthetic skin	ea	5301.22

Item	Code	Cat	Description		
HD			HIP DISARTICULATION PROSTHESIS		
HD030	A22030	1, 2	HD prosthesis endoskeletal CAT 1&2	ea	114851.20
HD035	A22035		HD prosthesis endoskeletal - Refit	ea	99559.32
			ADDITIONS AND REPAIRS TO HD PROSTHESIS		
HD031	A22031		Hip Joint 7E5	ea	21792.65
			PROSTHETIC COMPONENTS AND ACCESSORIES		
PA			PROSTHETIC ANKLES		
LA000	A22500		Ankle - Cat 1/2single axis - with block	ea	6322.89
LA001	A22501		Ankle - Cat 1/2 single axis - without block	ea	3787.88
LA002	A22502		Ankle - Cat 1/2 single axis - modular steel	ea	3731.42
LA003	A22503		Ankle - Cat 3 single axis - modular titanium	ea	6550.65
LA004	A22504		Ankle - Cat 1/2 multi axis - with block	ea	6430.39
LA005	A22505		Ankle - Cat 1/2multi axis - without block	ea	4363.33
LA006	A22506		Ankle - Cat 1/2 multi axis - modular steel	ea	8154.98
LA007	A22507		Ankle - Cat 3 multi axis - modular Ti or composite	ea	9651.96
LA008	A22508		Ankle - Cat 1/2 SACH wooden block	ea	1090.88
LA009	A22509		Ankle - Cat 2 SACH modular steel	ea	2003.24
LA010	A22510		Ankle - Cat 3 SACH modular titanium	ea	3440.17
LA011	A22511		Ankle - Cat 1 SACH modular aluminium	ea	3217.98
LA512	A22512		Ankle multiflex aluminium CAT3/Dynamic Response/Multiflex foot	ea	6454.00
LA513	A22513		Ankle tehlin single axis TAJ01	ea	3103.93
			SNUBBER KITS		
LA514	A22514		409007/9 Snubber Kit	ea	753.61
PF			PROSTHETIC FEET		
LA 092		2	Foot - Single axis with adapter		
	A22591/1		Foot cat 1/2 with ankle adapter greisinger plus 1A		8236.04
	A22592		Foot - Cat 1 - with ankle Single axis Teh Lin TAJP1		3201.62
LA090		1, 2	Foot - Single axis without ankle adapter		
	A22590/1		Foot - Cat 1/2 - w/o ankle Single axis	ea	1916.09
	A22590/2		Foot - Cat 1/2 - w/o ankle SACH - SINGLE AXIS	ea	4909.67
	A22590/3		Foot - Cat 1/2 - w/o ankle Single axis Teh Lin TFF02H		3670.05
	A22590/4		Foot - Cat 1 - w/o ankle Light duty 1G9	ea	3678.74
	A22590/5		Foot Cat 1/2 with ankle and block single axis ,1H3	ea	3216.54
			Foot - multi-axis with ankle adapter		
	A22591/2		TRIAS Foot	ea	16404.36
LA091		1, 2	Foot - multi-axis without ankle adapter		
	A22591		TERION Foot	ea	8023.24
LA100		1, 2	Foot - SACH without ankle adapter		
	A22600/1		Foot - Cat 1/2 - w/o ankle SACH	ea	1578.75
	A22600/2		Foot - Cat 1/2 - w/o ankle SACH - OWW	ea	3892.54
	A22600/3		Foot - Cat 1/2 - w/o ankle SACH - Kingsly	ea	1653.51
LA110		3	Foot - Dynamic without ankle adapter		
	A22610/1		Foot - Cat 3 - w/o ankle Dynamic. 1D10	ea	6723.60
	A22610/2		Foot - Cat 3 - w/o ankle Seattle carbon	ea	16315.51
	A22610/3		Foot - Cat 3 - w/o ankle CC2 LIGHT OWW	ea	13674.81
LA111		3	Foot - Dynamic with pyramid adapter		
	A22611/1		Foot - Cat 3 - with ankle Dynamic PRO 1D25	ea	12785.55
	A22611/2		Foot - Cat 3 - with ankle SACH - Enhanced OWW	ea	6726.52
	A22611/3		Foot-Cat 3 W/with ankle 1D35 dynamic plus foot	ea	9941.88

Item	Code	Cat	Description		
LA160		3	Foot - Multi axis dynamic without adapter		
	A22660/1		Foot - Cat 3 - w/o ankle Endolite multi flex	ea	7505.16
	A22660/2		Foot - Cat 3 - w/o ankle Quantum	ea	9651.96
LA116		3	Foot - Multi-axis dynamic with pyramid adapter		
	A22616/1		Foot - Cat 3 - with ankle SACH - Multi axis 1M1	ea	11586.46
	A22616/2		Foot - Cat 3 - with ankle Endolite Dynamic Response	ea	17234.96
	A22616/3		Assure Foot complete	ea	15094.97
	A22616/4		Foot - Cat 3 - with ankle CC HP OWW	ea	6726.52
	A22616/5		Foot - Cat 3 - with ankle Single axis Teh Lin TGAPM or TGAOM	ea	12241.92
	A22616/6		Foot with pyramid blatchford super sach	ea	4484.48
	A22616/7		Foot with parymid blatchford senior foot 120kG	ea	7677.91
LA115		3	Foot - Symes		
	A22615/1		Foot - SYMES Pigoroff	ea	2597.35
	A22615/2		Foot - Kingsley Symes	ea	4432.55
PK			PROSTHETIC KNEES		
LA179		1, 2	Exoskeletal knee hinge BK		
	A22679/1		Knee - Cat 1/2 - BK joint 7U25	pr	8856.11
LA178		1, 2	Exoskeletal knee hinge TK		
	A22678/1		Knee - Cat 1/2 - TK joint 7G3	pr	5492.68
LA180		1	Knee - exoskeletal knee single axis with manual lock		
	A22680/1		Knee - Cat 1 - single axis 3P4	ea	6970.65
LA181		2	Knee - exoskeletal single axis		
	A22681/1		Knee - Cat 2 3P1	ea	9424.37
LA182		2	Knee - exoskeletal knee multi axis friction		
LA182	A22682/1		Knee - Cat 2 swing phase control 3P23	ea	11251.08
LA209		1	Knee - endoskeletal single axis with manual lock		
	A22710/1		Locking 3R41 Knee		13198.92

Item	Code	Cat	Description		
LA183		1	Knee single axis safety s/s stance phase control		
	A22683/1		Knee - Cat 1 - safety 3R15	ea	8223.47
	A22683/2		Single axis knee with extension	ea	35624.28
LA185		2	Knee multi axis steel mod S&SPC		
	A22701/1		Knee - Cat 2 - Habermann 3R20 s/s	ea	23880.30
	A22701/2		Polycentric knee Cat2	ea	12167.69
LA186		2	Knee multi axis safety Ti or carbon mod S&SPC		
	A22702/1		Knee - Cat 2 - Habermann 3R36 titanium	ea	15920.20
	A22702/2		Polycentric titanium Cat2	ea	23880.30
	A22702/3		Knee Cat 2 Balance Safety 125Kg	ea	14909.59
	A22702/4		Total Knee 1900(TK/AK)		29846.26
LA191		3	Multi axis knee with Ti or carbon with pneumatic/hydraulic swing phase control		
	A22691/1		Knee - Cat 3 3R70	ea	15271.59
	A22691/2		3R72 knee Cat 3	ea	37263.41
	A22691/3		3R95 hydraulic safety knee aluminium Cat 3	ea	43181.97
LA189		3	Knee single axis Ti with hydraulic swing phase control		
	A22689/1		Knee - Cat 3 - single axis Ti, hydraulic 3R45	ea	44401.90
	A22689/2		Knee - Cat 3 TEH LIN hydraulic TGK 1H100 or 100S or RP1	ea	55733.75
LA209		3	Knee multi axis stance flex, swing phase control		
	A22709/1		Knee - Cat 3 TOTAL - 7axis Hydraulic (TK/AK)	ea	49656.68
	A22709/3		Knee Cat 3 Total polymer friction	ea	32188.78
LA207		3	Knee multi axis stance flex hydraulic swing phase control		
	A22707/1		Knee - Cat 3 - 3R55		48730.59
LA200		3	Knee single axis Ti or carbon with hydraulic S&SPC		
	A22700/1		Knee - Cat 3 - 3R80 - Hydraulic	ea	63599.52
	A22700/2		Mauch Knee Plus High Resistance		55939.80
KNEES FOR THROUGH KNEE PROSTHESIS					
LA186		1	Knee four bar manual lock s/s		
	A22686/1		Knee - Cat 1 - 4bar-linkage manual lock 3R23	ea	20247.25
LA185		2	Knee four bar s/s		
	A22685/1		Knee - Cat 2 - 4bar-linkage 3R21	ea	17911.21
	A22685/2		Knee - Cat 2 Teh LIN four bar TK4010	ea	13340.64
	A22685/3		Knee - Cat 2 Teh LIN four bar TK4000S	ea	10803.72
	A22685/4		TK four bar linkage Cat 2	ea	11305.35
LA188		3	Knee four bar Ti or carbon, hydraulic or pneumatic SPC		
	A22688/1		Knee - Cat 3 - 4bar-linkage Ti, hydraulic 3R46	ea	48583.83
	A22688/2		TK 1900 total knee polymer friction Cat3	ea	21459.18
	A22688/3		TK 2000 knee Cat3	ea	32407.42

Item	Code	Cat	Description		
GPA			GENERAL PROSTHETIC ACCESSORIES		
LA230	A22730		Patella buttons replaced	ea	240.37
LA235	A22735		Re-alignment (dynamic) of AK / TK modular prosthesis	ea	1092.68
LA236	A22736		Re-alignment (dynamic) of BK modular prosthesis	ea	1034.42
LA440	A22940		Stump care - Cleani-stump	box	1027.06
LA450	A22950		Stump care - Ampu-aid	tube	205.84
LA460	A22960		Stump care - talc	tin	278.65
LA461	A22961		Stump / skin lotion	ea	537.57
LA462	A22962		Stump lubricant	ea	426.08
LA463	A22963		Stump cleaner	ea	493.50
LA464	A22964		Stump moisturiser	ea	493.50
LA465	A22965		Stump ointment	ea	610.15
LA466	A22966		Stump moisturiser derma clean	ea	419.47
LA470	A22970		Stump care - balm	tin	493.48
LA480	A22980		Stump coning bandage 6cm	ea	402.51
LA481	A22981		Stump coning bandage 8cm	ea	508.04
LA482	A22982		Stump coning bandage 10cm	ea	681.16
LA483	A22983		Prosthetic sheath albert andre per apir	ea	743.02
LA484	A22984		Prosthetic sheath merit	ea	105.94
LA485	A22985		Fix prosthetic local 601 kneebrace	ea	440.96
LA486	A22986		Stump sock with hole for pin local	ea	317.43
LA487	A22987		Stump sock with pin imported	ea	425.42
LA488	A22988		Dermaseal residual limb sock 453D7	ea	2057.42
LA490	A22990		Stump coning bandage 15cm	ea	743.02
			ADAPTORS		
AD001	A24001		2R2 tube adaptor stainless steel	ea	1965.79
AD002	A24002		Bibr-003 hawk tube adaptor short E05S-B0SS	ea	895.95
AD003	A24003		2R3 tube adaptor stainless steel	ea	2086.35
AD004	A24004		Tubewith adaptor 1907-13	ea	1412.08
AD005	A24005		2R38 tube adaptor titanium	ea	4140.89
AD006	A24006		A-712010 tube adaptor aluminium short	ea	541.84
AD007	A24007		A-712020 tube adaptor aluminium long	ea	684.14
AD008	A24008		Bibr-004 hawk tube adaptor E05S-A SS	ea	1131.98
			FOOT ADAPTORS		
AD009	A24009		2R8=10 sach foot adaptor 1907-14	ea	1190.87
AD010	A24010		Sach foot adaptor 1907-14	ea	1276.96
AD011	A24011		2R8=8 sach foot adaptor stainless	ea	1190.87
AD012	A24012		2R31 sach foot adaptor titanium	ea	2749.99
AD013	A24013		2R54 sach foot adaptor aluminium	ea	2265.17
AD014	A24014		Bibr-001 hawk sach foot adaptor E01S-M10SS	ea	534.68
AD015	A24015		2R10single axis foot adaptor stainless steel	ea	2960.62
AD016	A24016		2R51single axis foot adaptor titanium	ea	6489.51
AD017	A24017		2R33 single axis foot adaptor titanium	ea	8618.23
AD018	A24018		2R14 connection plate for sach foot	ea	161.60
AD019	A24019		Sach foam connector	ea	161.60
AD020	A24020		2R22 connection cap for single axis foot	ea	337.78
			TUBE CLAMP ADAPTORS		
AD021	A24021		4R21 tube clamp adaptor stainless	ea	1854.52
AD022	A24022		Tube clamp connector 1907-22	ea	1291.55
AD023	A24023		4R82 tube clamp adaptor titanium	ea	5052.26
AD024	A24024		A-342100 tube clamp adaptor female pyramid	ea	1364.10
AD025	A24025		409054-BI tube clamp adaptor	ea	1981.03
			SOCKET ADAPTORS		
AD026	A24026		Bibr-005 hawk clamp adaptor E07S SS	ea	1004.34
AD027	A24027		4G70 TK lamination anchor	ea	5085.41
AD028	A24028		4R116 lamination anchor	ea	4193.88
AD029	A24029		4R41 lamination anchor/socket with rotate	ea	4024.32
AD030	A24030		4R43 lamination anchor	ea	2344.64
AD031	A24031		Rotating socket adaptor 1907-40	ea	3469.29
AD032	A24032		4R51 socket adaptor with rotation	ea	4845.60
AD033	A24033		4R37 socket adaptor with rotation	ea	2466.52
AD034	A24034		4R89 socket adaptor with rotation	ea	3946.16
AD035	A24035		Bibr-006 hawk 3 prong socket adaptor with rotation	ea	1423.40

Item	Code	Cat	Description		
AD036	A24036		Bibr-007 hawk 3 pyramid adaptor with rotation	ea	1327.06
AD037	A24037		4R100 socket adaptor titanium Bk	ea	3772.63
AD038	A24038		4R68 socket adaptor aluminium Bk	ea	2592.36
AD039	A24039		4R55 socket adaptor titanium	ea	3218.93
AD040	A24040		4R95 socket adaptor aluminium	ea	1865.12
AD041	A24041		4R22 socket adaptor stainless steel	ea	1376.33
AD042	A24042		2R63 socket adaptor stainless	ea	1675.68
AD043	A24043		BK socket adaptor with pyramid	ea	1453.14
AD044	A24044		4R42 socket adaptor stainless	ea	2302.25
AD045	A24045		3 prong socket adaptor	ea	1870.29
AD046	A24046		A-114040 4 prong socket adaptor	ea	2047.92
AD047	A24047		Bibr-008 3 prong fixed pyramid adaptor E11S SS	ea	1391.94
AD048	A24048		Bibr-009 4 prong socket adaptor E12S SS	ea	818.88
AD249	A24049		5R1 socket attachment block	ea	1659.80
AD250	A24050		6PC599 socket lamination platform	ea	5023.32
AD251	A24051		Boww-037 laminating socket attachment Block 70020	ea	1071.78
AD252	A24052		Boww-240 laminating socket attachment block	ea	1119.95
AD253	A24053		4R98 Sliding adaptor	ea	4646.91
AD254	A24054		Boww-200 pyramid sliding adaptor	ea	5975.43
			SILICONE SLEEVES		
SS001	A25001		6Y42 silicone sleeve without pin	ea	5936.50
SS002	A25002		6Y70 silicone gel liner	ea	8551.50
SS003	A25003		6Y80 sleeve transfemoral	ea	9622.83
SS004	A25004		14Y1 silicone arm liner	ea	10800.95
SS006	A25006		I-0104 original icecross sleeve without cover	ea	6723.46
SS008	A25008		i-4013 dermo lock in sleeve	ea	9121.39
SS009	A25009		I-5006 icecross comfort locking/ Cushion liner	ea	8690.76
SS010	A25010		I-6003 icecross synergy locking	ea	10407.03
SS011	A25011		I-7132 icecross transfemoral locking /cushion liner	ea	11510.42
SS014	A25014		GPDt general purpose liner	ea	12106.40
SS015	A25015		GPFR general purpose line	ea	12106.40
SS016	A25016		AKDT alps locking liner	ea	12133.61
SS017	A25017		AKFR alps cushion liner	ea	12133.61
SS018	A25018		Boww-016 alpha spirit cushion liner SP ALC5366	ea	9706.14
SS019	A25019		Boww-006 alpha original lock liner	ea	11681.09
SS020	A25020		Boww-221 alpha AK Lock in liner	ea	11909.90
SS021	A25021		Boww225 alpha AK cushion AKL	ea	9706.14
			SEAL IN SLEEVES		
SS022	A25022		I-4613 icecross dermo seal in sleeve	ea	10243.63
SS023	A25023		I-7532 icecross transfemoral seal in sleeve	ea	13033.54
SS024	A25024		I-7632 icecross transfemoral seal in conical	ea	13033.54
			SEAL IN SOCKS		
SS025	A25025		K5313 seal in liner socks 3 ply	ea	307.76
SS026	A25026		K5311 seal in liner sock 1ply	ea	204.30
			KNEE SLEEVES		
SS027	A25027		453A2=1-4 derma comfort ORT knee sleeve	ea	2769.71
SS028	A25028		453A3=1-3 profelex knee sleeve	ea	3359.34
SS029	A25029		453A-4=1-3 profelex knee sleeve short	ea	2986.08
SS030	A25030		F-2011 icecross knee sleeve=35-62	ea	2754.68
SS031	A25031		BDAW-301 daw G-sleeve	ea	1546.24
SS032	A25032		BDML-182 medi genu sleeve Mk00203000	ea	1890.66
			DISTAL CUPS		
SS033	A25033		I-3000 distal cup	ea	2441.47
SS034	A25034		Boww-042 gel cups	ea	1168.12
			VOLUME MANAGE PADS		
SS035	A25035		Boww-045 volume manage pads X3	ea	826.45
SS036	A25036		BPRO-002 1K10 protector pad	ea	4400.27

Item	Code	Cat	Description		
			PINS		
SS037	A25037		6Y13=3 long pin only	ea	1749.87
SS038	A25038		L-192000 attachment pin standard	ea	783.95
SS039	A25039		Boww-074 alpha lock pin	ea	903.18
			SHUTTLE LOCKS		
SL651	A36651		Shuttle lock fit	ea	3318.11
SL040	A25040		6A20 shuttle lock with distal adjustment pyramid	ea	12166.01

Item	Code	Cat	Description		
SL041	A25041		6A30=20 and 10shuttle lock	ea	9961.44
SL042	A25042		14A1 shuttle lock to attach 14Y1 Silicone liner	ea	9443.49
SL043	A25043		L-621000 ice ratchet	ea	2826.72
SL044	A25044		109108 blatchfordshuttle lock	ea	9012.98
SL045	A25045		Alps shuttle lock with pyramid S498-P	ea	7049.64
SL047	A25047		Boww-061 alpha lock kit	ea	5977.83
SL048	A25048		Boww-062 lanyard lock kit	ea	6358.37
SL049	A25049		Bibr-040 hawk shuttle lock E70	ea	5539.49
			VALVES		
VL050	A25050		21Y12 screw valve kit	ea	3963.38
VL051	A25051		21Y40 suction valve	ea	573.57
VL052	A25052		21Y41 seat ring for 21Y40 valve	ea	164.25
VL053	A25053		21Y105 valve kit for flexible sockets	ea	2055.87
VL054	A25054		4R140 one way valve for knee sleeves	ea	1649.20
VL055	A25055		L-552000 ice lock expulsion valve TF AK valve	ea	1653.04
VL056	A25056		L-551002 icelock expulsion valve TF BK valve	ea	1483.94
VL057	A25057		BMDI-240 medi vacu valve-1810723000	ea	696.06
VL058	A25058		BUSN-001 green dot valve plastic	ea	1507.29
VL059	A25059		BUSN-002green dot valve stainless steel	ea	1111.00
LA510	A25060		Suction valve standard	ea	786.19
LA520	A25061		Suction valve total contact	ea	1438.20
LA530	A25062		Suction valve Green dot standard	ea	1438.20
LA540	A25063		Suction valve Green dot total contact	ea	1438.20
			REPAIR KITS		
RK001	A26001		2D2 single component pack for 1A6 and 1A29	ea	1250.97
RK002	A26002		2D3 for 1A20 foot	ea	764.87
RK003	A26003		2D5 service pack gor 2R10 ankle	ea	392.18
RK004	A26004		3D4 service kit for 3P23 knee	ea	1861.89
RK005	A26005		2D1 Service for 3R15/3R46/3R42 knees	ea	883.31
RK006	A26006		4D13 service kit for 3R36/R20	ea	1534.79
RK007	A26007		4D18 service kit for 3R46 knee	ea	1328.62
RK008	A26008		4D19 repair kit for 3R55	ea	1114.21
RK009	A26009		4V34 declaration bumper	ea	516.79
RK010	A26010		4H5=26 knee extension stop rubber	ea	125.78
RK011	A26011		4H21 shin extension stop rubber	ea	104.37
RK012	A26012		7U25 joint bearing 509K 11X5X16X5	ea	215.33
RK013	A26013		7U25 joint big screw 501A22	ea	109.95
RK014	A26014		7U25 small joint screw 501S6X8XM3.5	ea	33.67
RK015	A26015		4B52 swinging block	ea	1874.04
RK016	A26016		4D7 repair kit for 3R21/3R30	ea	3038.42
RK017	A26017		4F34 lock control unit AK (3R17/3R33/3R40/3R41) KNEE	ea	1119.73
			PARTIAL HAND PROSTHESIS		
PH010	A30010		Partial hand passive	ea	24016.95
PH020	A30020		Partial hand functional	ea	33973.08
PH030	A30030		Partial opposition post	ea	16754.36
			PARTIAL HAND REPAIRS		
PH050	A30050		Partial new silicone socket	ea	7672.46
PH060	A30060		Partial hand - cosmetic glove replaced	ea	5776.56
PH070	A30070		Partial hand - replace zip to glove	ea	5339.51

Item	Code	Cat	Description		
WD			WRIST DISARTICULATION PROSTHESIS		
WD010	A30510		Wrist disarticulation - passive	ea	46748.29
WD020	A30520		Wrist disarticulation - functional	ea	61692.50
WD021	A30521		Refit Wrist Disarticulation	ea	13961.17
BE			BELOW ELBOW PROSTHESIS		
BE010	A31010		Below elbow prosthesis -passive hand & cosmetic cover	ea	46748.29
BE020	A31020		Below elbow prosthesis - functional hand & cosmetic cover	ea	61692.50
BE040	A31040		BE test socket - diagnostic	ea	2622.39
ED			ELBOW DISARTICULATION PROSTHESIS		
ED010	A31510		Elbow disarticulation prosthesis - passive hand and cosmetic cover	ea	69654.38
ED020	A31520		Elbow disarticulation prosthesis - functional hand and cosmetic cover	ea	90777.65
ED030	A31530		ED test socket - diagnostic	ea	2622.39
ED031	A31531		Refit ED	ea	28594.95
			ABOVE ELBOW PROSTHESIS		
AE010	A32010		Above elbow prosthesis - passive hand & cosmetic cover incl	ea	54795.93
AE020	A32020		Above elbow prosthesis - functional hand & cosmetic cover incl	ea	72424.36
AE040	A32040		AE test socket - diagnostic	ea	2622.39
			ADDITIONAL CHARGES		
AE060	A32060		Automatic locking elbow 12K4	ea	25506.73
AE065	A32065		Elbow joint with cable lock	ea	17896.28
AE067	A32067		Step-up joints for short BE or TE	ea	20132.53

Item	Code	Cat	Description		
Notes					
Manual locking elbows 12K5 are supplied as standard. Prosthetist may supply an automatic elbow on request and adjust the fee accordingly					
The cost of the standard elbow must be deducted and the automatic elbow added.					
Prosthetic hooks are not included with upper extremity prosthesis as standard					
SD			SHOULDER DISARTICULATION PROSTHESIS		
SD010	A32510/1		Shoulder disarticulation prosthesis manual elbow(incl. passive hand& cosmetic cover	ea	75871.74
	A32510/2		Shoulder disarticulation prosthesis electric elbow(incl. passive hand &cosmetic cover	ea	92094.33
SD020	A32520		Shoulder disarticulation - with electric elbow functional hand & cosmetic cover incl	ea	93498.38
	A33155		Refit Shoulder disarticulation	ea	32724.42
AA			ACCESSORIES		
AA010	A33010		Cable - AE	ea	2625.98
AA020	A33020		Cable - BE	ea	2400.15
AA030	A33030		Corset - BE	ea	2393.00
AA040	A33040		Passive hand	ea	11258.25
AA050	A33050		Felt hand	ea	11258.25
AA060	A33060		Functional hand	ea	14133.77
AA070	A33070		Harness - AE	ea	2400.20
AA080	A33080		Harness - BE	ea	2400.18
AA090	A33090		Hook elastics	ea	63.81
AA100	A33100		Prosthetic glove - cosmetic	ea	5731.08
AA110	A33110		Prosthetic glove - leather	ea	1198.38
AA120	A33120		Prosthetic hook - aluminium	ea	16437.42
AA130	A33130		Prosthetic hook - steel	ea	21032.14
AA140	A33140		Refit AE	ea	21289.03
AA150	A33150		Refit BE	ea	13283.25
AA160	A33160		Wrist insert-Only with repairs or when hook is required	ea	1546.07
AA165	A33165		Wrist Unit inclusive of wrist insert	ea	6013.32
AA170	A33170		Manual locking elbow 12K5inclusive with new. Only charge separate with repairs	ea	9284.15
AA175	A33175		Re laminate BE	ea	1898.06
AA180	A33180		C708 Base Plate	ea	102.47
AA185	A33185		21A29=25 Auxilla Loop	ea	786.13
AA190	A33190		C711HD Hanger	ea	207.74
AA195	A33195		C711 Standard Hanger	ea	166.99
AA196	A33196		C713HD Ball Receiver	ea	314.36
AA197	A33197		C713 Standard Ball Receiver	ea	269.75
AA198	A33198		C703HD Ball Terminal	ea	107.04
AA199	A33199		C703 Standard Ball Terminal	ea	139.16
AA200	A33200		C701HD Triple Swivel	ea	309.49
AA201	A33201		C703 Standard Triple Swivel	ea	309.49
AA202	A33202		C709HD Retainer	ea	175.55
AA203	A33203		C709 Standard Retainer	ea	150.40
AA204	A33204		C710HD Cross Bar	ea	278.31
AA205	A33205		C710 Standard Cross Bar	ea	268.95
SS			PROSTHETIC SOCKS		
SS010	A35010		Stump sock - BK local	ea	429.84
SS020	A35020		Stump sock - AK local	ea	480.73
SS030	A35030		Stump sock - Arm local	ea	309.57
SS040	A35040		Stump sock - Symes local	ea	797.66
SS050	A35050		Stump sock - BK 5 ply - imported	ea	850.52
SS055	A35055		Stump sock - BK 3 ply - imported	ea	797.66
SS060	A35060		Stump sock - AK 5 ply - imported	ea	850.52
SS065	A35065		Stump sock - AK 3 ply - imported	ea	797.67
SS070	A35070		Stump sock - Arm 3 ply - imported	ea	429.84
SS075	A35075		Stump sock - Arm 5 ply - imported	ea	509.85
SS080	A35080		Stump sock - Symes 3 ply - imported	ea	1178.26
SS085	A35085		Stump sock - Symes 5 ply - imported	ea	1283.95
SS090	A35090		Prosthetic sheath - imported	ea	482.52

<u>Item</u>	<u>Code</u>	<u>Cat</u>	<u>Description</u>		
SS096	A35096		Prosthetic sheath - Local	ea	105.94
SS093	A35093		Prosthetic sheath with hole for pin - local	ea	109.31
SS097	A35097		Stump sock with hole for pin - local	ea	317.43
SS095	A35095		Stump sock with hole for pin imported	ea	425.42
SS100	A35100		Protective sheath - American		2385.63
SS105	A35105		Protective sheath - European (Derma seal)		4022.84
SS106	A35106		Dermaseal residual limb sock 453D7	ea	2163.16
SS110	A35110		Fix Prosthesis - European (Daw)	ea	1145.53
SS120	A35120		Fix Prosthesis - American (silicone suspension liner)	ea	564.50
SS121	A35121		Fix prosthesis local 601 kneebrace	ea	440.96

Item	Code	Cat	Description		
SS130	A35130		Stump shrinker BK	ea	910.22
SS140	A35140		Stump shrinker AK	ea	1209.73
			SUSPENSION SYSTEMS		
AK150	A21650		AK - hip-joint and pelvic band to prosthesis	ea	10373.05
AK700	A21700		AK - shoulder belt	ea	1050.74
AK701	A21701		AK - silesion belt	ea	962.35
AK704	A21704		AK - silesion strap	ea	291.77
AK708	A21708		AK - waist belt	ea	1011.90
AK712	A21712		AK - neoprene suspension belt	ea	2660.95
BK132	A20632		BK joints and thigh corset	ea	18641.80
BK133	A20633		Bk joints and weightbearing corset	ea	20923.01
BK192	A20692		BK back check strap	ea	583.63
BK193	A20693		BK backlift	ea	605.03
BK194	A20694		BK crutch strap	ea	653.15
BK197	A20697		BK ptb strap	ea	1131.06
BK198	A20698		Front Control strap	ea	721.57
BK200	A20700		BK thigh corset	ea	3136.22
BK201	A20701		BK waistbelt leather	ea	1214.06
BK202	A20702		BK waistbelt webbing	ea	795.06
			OCULAR PROSTHESIS		
OCU	A53015		Prosthesis Consultation(Not payable with A56000)		701.90
OCU	A53115		Impression for Ocular Prosthesis		2833.59
OCU	A53215		Iris Colour		1171.36
OCU	A53315		Model Fitting		5762.09
OCU	A53415		Prosthetic manufacture and moulding		6656.35
OCU	A53515		Follow-up (Within 6 months of new or replacement prosthesis but included in item 56000		388.41
OCU	A53715		Glass eye complete with consultation and fitting (attached motivation)		5260.41
OCU	A53815		Drill ball and socket (pegging to coral) "attached motivation"		1136.19
OCU	A53915		Trimming and Reshaping		568.86
OCU	A54015		Build up		1683.64
OCU	A54115		Veining		793.65
OCU	A54215		Polishing		351.71
OCU	A54315		Materials for custom eye		2211.21
OCU	A54415		Stock eye (every 5years)		1579.65
OCU	A54515		Haptic Lens (every 5 years)		3478.90
OCU	A56000		Complete eye(includes consultation A53015)		22067.72

ORTHOTIC & PROSTHETIC SUPPLY PROTOCOL

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Section 73 Medical expenses (1) The Director-General or the employer individually liable or mutual association concerned, as the case may be, shall for a period of not more than two years from the date of an accident or the commencement of a disease referred to in section 65(1) pay the reasonable cost incurred by or on behalf of an employee in respect of medical aid necessitated by such accident or disease.

(2) If, in the opinion of the Director-General, further medical aid in addition to that referred to in subsection (1) will reduce the disablement from which the employee is suffering, he may pay the cost incurred in respect of such further aid or direct the employer individually liable or the mutual association concerned, as the case may be, to pay it.

Section 42 Employee to submit to medical examination (1) An employee who claims compensation or to whom compensation has been paid or is payable shall when so required by the Director-General or the employer individually liable or mutual association concerned, as the case may be, after reasonable notice, submit himself at the time and place mentioned in the notice to an examination by the medical practitioner designated by the Director-general or the employer individually liable or mutual association concerned.

- 1.1 Each orthotic and prosthetic service provider should ensure that the service he / she provides is compatible with the general procurement guidelines issued by National Treasury.
- 1.2 The Compensation Fund will bear the reasonable cost for the issue of orthotic and prosthetic devices after an accident, provided that liability for the claim has been accepted and the service is prescribed by a medical practitioner and the prescribed guidelines are followed.
- 1.3 The published policy on the supply of orthotic and prosthetic devices and the tariff of fees will serve as a guideline to determine if any proposed service is reasonable and it will replace all existing tariff structures.
- 1.4 Pre-authorization by the Compensation Fund is required in all claims, even if the devices supplied are listed in the Government Gazette. It is the responsibility of the service provider to ensure that liability for the claim has been accepted by the Compensation Fund and that the service is reasonable and in line with the published policy and tariff. Amputees must be fitted with a prosthesis which is suitable for their environment and activity / load level.

- 1.5 Replacement of consumable items, refits and repairs must be motivated by the prosthetist and the medical practitioner. Requests must be reasonable and in line with the published policy and tariff.
- 1.6 The employee, assisted by a medical practitioner should complete the appropriate form when requesting replacement, re-fit or repair of any prosthetic / orthotic device. **See Section 2 – Request For Prosthesis Services**
- 1.7 The request for new equipment must be accompanied by a written report by the prosthetic practitioner indicating that the employee's functional level has been re-evaluated to take into account any physical or environmental changes encountered by the employee. **See Sections 7 and 8 - Amputee Activity / Load Level Assessment Form**
- 1.8 In exceptional circumstances, if the employment status and / or the functional level of an employee radically changes before a new prosthesis is due, a new prosthesis more suitable to the employment conditions will be considered by the Compensation Fund.
- 1.9 If an employee's employment status / functional level changes and a prosthesis in a higher category is requested, such higher functional level must be confirmed by the employer and a rehabilitation team comprising a medical practitioner, the prosthetist, a physiotherapist and / or an occupational therapist.
- 1.10 The service provider must obtain written authorisation for all quotation of prosthesis, refits, consumables and repairs. Accounts will not be payable for all quotation of prosthesis supplied without pre-authorisation for first amputees or any other prosthesis supplied to the employee.
- 1.11 The Compensation Fund will bear the reasonable cost of repairs to a prosthesis which has suffered from "fair" wear and tear after at least two years of normal use.
- 1.12 The Compensation Fund will not bear the cost of a prosthesis which is lost, broken, worn out or is otherwise unserviceable as a consequence of an employee's neglect or abuse.
- 1.13 The Commissioner will pay for the re-fit of the prosthesis strictly only where motivated and justifiable by the circumstances. **See Section 4 - Guidelines for Refit**
- 1.14 Replacement of some parts of a prosthesis (straps, socks, suspension sleeves etc) that may perish or become consumed through reasonable usage be will paid for by the Compensation Fund in line with the policy guidelines. **See Section 3 - Replacement Period Table.**
- 1.15 The Compensation Fund reserves the right in terms of section 42 of the act to call for a second or independent opinion or evaluation of proposed orthotic / prosthetic services.
- 1.16 Any such report obtained by the Compensation Fund shall state whether the proposed orthotic / prosthetic service is appropriate for the diagnosis, functional level and environmental circumstances of the patient. The Compensation Fund reserves the right to use the information so obtained at his discretion and as is deemed appropriate.

- 1.17 **The Commissioner is further entitled, pursuant to a complaint by the employee, to call for an independent report concerning any orthotic / prosthetic services that have been rendered. The Orthotists / prosthetist should strive to take all reasonable steps to attend to the legitimate complaints of an employee regarding services or assistive devices supplied. If it is found that defective or unsuitable devices have been supplied to an employee the Orthotists / prosthetist shall replace / repair / alter such devices at no additional cost to the Compensation Fund or the employee. The Compensation Fund reserves the right to decide on whether to maintain the said service provider on their data base of service providers or not.**
- 1.18 The orthotic and / or prosthetic devices paid for by the Compensation Fund remains the property of the Compensation Fund. When an employee demises such devices should be returned to the Compensation Fund.
- 1.19 Each orthotic and prosthetic service provider should supply the fund with the quotation in order for the fund to verify that the right items ordered and supplied to the employee are correct.
- 1.20 Each orthotic and prosthetic service provider should supply the fund with the rehabilitation report for all new amputees after fitting and supplying of a new prosthesis.
- 1.21 Orthotists/prosthetist and other service providers are required to quote a similar or better component using the same code.
- 1.22 Orthotists/prosthetist and other service providers should declare the use of the component and how it will benefit the employee
- 1.23 The Compensation Fund retains the right to verify the product supplied to the employee should a need arise

2. Request for Orthotic / Prosthetic Services

The following details must accompany the request for prosthetic services:

- 2.1 Employee detail form **See Section 6**
- 2.2 Letter from the employee requesting orthotic / prosthetic services **See Section 6**
- 2.3 Motivation for services by orthotist / prosthetist
- 2.4 Motivation by the medical practitioner, if required by the guidelines
- 2.5 Amputee activity / load level assessment (for new prosthesis only) **See Section 8**
- 2.6 Refit report (for refit of prosthesis only) **See Section 4**
- 2.7 Quotation according to published tariffs **See Section 9**

3. Replacement Periods of Medical Orthotic / Prosthetic Equipment

- 3.1 Prosthesis Five years

3.2 Refit for prosthesis will be considered six months after fitting of new amputee with a prosthesis, and refit for old amputees can be considered after two and half years from the fitting of a new prosthesis: then to be motivated.

3.2	Silicone liners, sleeves, sockets	Two every three years
3.3	Gel liners, sleeves, sockets	Two every eighteen months
3.4	Prosthetic socks	Twelve per year
3.5	If worn with silicone or gel liners	Six per year
3.6	Prosthetic sheath	Twelve per year
3.7	If worn with silicone or gel liners	Six per year
3.8	Cosmetic stockings	Two pair per year
3.9	Cosmetic cover	One per year
3.10	Cosmetic skin	One every year
3.11	Calipers	Three years
3.12	Wheelchairs	Five years
3.13	Wheelchair cushions	Two years
3.14	Orthopaedic footwear	Two pair per year
3.15	Footwear modifications	Three modifications per year
3.16	Compression stockings	Four pairs every year
3.17	Off the shelf orthosis	Four every year
3.18	Custom made orthosis	Two every year

4. Guidelines for Refit

This guideline covers prostheses that require refit of the socket after the initial issue. A full motivation with a report indicating the following details must be submitted:

- 4.1 Date of amputation
- 4.2 Date when the present prosthesis was fitted
- 4.3 Description of the prosthesis
- 4.4 Residual limb measurements when prosthesis was fitted
- 4.5 Symptoms indicating loss of fit
- 4.6 Diagnosis of loss of fit
- 4.7 Current residual limb measurements.
- 4.8 Number and thickness of prosthetic socks and worn by employee
- 4.9 Condition of prosthesis
- 4.10 The employee's current activity level
- 4.11 An opinion as to the suitability of the specific prosthesis for the employee

5. Functional Level

A determination of the medical necessity for certain components / additions to a prosthesis is based on the potential functional ability of the employee. Potential functional ability is defined as the reasonable expectation of the rehabilitation team including a medical practitioner, the prosthetist, a physiotherapist and / or an occupational therapist and the employee based on

- past history including prosthetic use
- current condition including the status of the residual limb and other medical factors
- employment status
- desire to ambulate

The clinical assessment of the employee's rehabilitation potential should be based on the following classification levels:

LEVEL 0:

Does not have the ability or potential ability to ambulate or transfer safely with or without assistance and a prosthesis will not enhance the mobility or quality of life

No prosthesis is recommended for amputees in this category.

LEVEL 1:

Has the ability or potential ability to use a prosthesis for transfers or ambulation on level surfaces at a fixed cadence – typically the limited and unlimited household ambulator

CATEGORY 1 components / prosthetics are recommended at this level. Amputees typically require significant stance phase security and minimal swing phase control.

LEVEL 2:

Has the ability or potential ability for ambulation and to traverse low level environmental barriers such as curbs, stairs and uneven surfaces – typically the limited community ambulator.

CATEGORY 2 components / prosthetics are recommended at this level. Amputees typically require moderate stance phase security and moderate swing phase control.

LEVEL 3:

Has the ability or potential ability for ambulation with variable cadence – typically the community ambulator that traverses most environmental barriers with vocational,

therapeutic or exercise activity that demands prosthetic utilization beyond simple locomotion

CATEGORY 3 components / prosthetics are recommended at this level. Amputees typically require minimal stance phase security and maximal swing phase control.

LEVEL 4:

Has the ability or potential ability for prosthetic ambulation that exceeds basic ambulation skills exhibiting high impact, stress or energy levels. Daily activities require rigorous and repeated actions of high impact or stress such as lifting, jumping, climbing and walking long distances – typically the active adult ambulator.

In addition to CATEGORY 3 components, the employee requires components that will stand up to daily repeated high load and stress levels. Amputees typically require minimal stance phase security and maximal swing phase control.

UNLESS OTHERWISE STATED IN WRITING BY THE COMPENSATION FUND EMPLOYEES REQUIRING THIS LEVEL OF ORTHOTIC DEVICES SHALL BE GAINFULLY EMPLOYED.

- This gazette is also available free online at www.gpwonline.co.za

7. This form should be completed by the orthotic / prosthetic practitioner

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**Employee Details**

Date: _____ Claim number: _____

Surname: _____ ID Number _____

First names: _____

Postal address: _____

Tel (h) _____ Tel (w) _____

Date of accident: _____

Employer at time of accident: _____

Current employer: _____

RESIDUAL LIMB MEASUREMENTS

Amputation level: _____

Side amputated: Left ☐ Right ☐

Length of residual bone: _____ Length of residual limb: _____

Drawing of residual limb

Circumference measurements:

240 mm from distal end _____

200 mm from distal end _____

160 mm from distal end _____

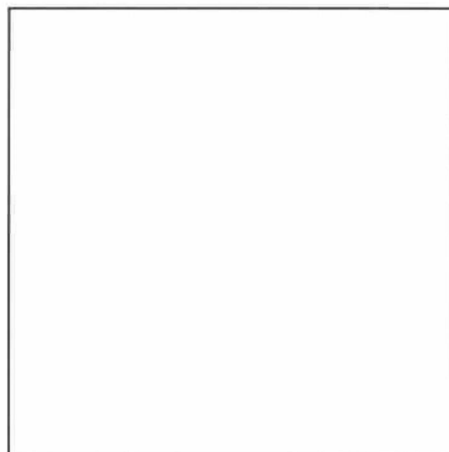
120 mm from distal end _____

80 mm from distal end _____

40 mm from distal end _____

Signature Prosthetist

Date: _____



8. Environment Activity and Load Levels

Patient: _____

Claim Number _____

Home environment: Suburban ☐ Rural ☐ Informal ☐Means of transport: Private vehicle ☐ Public transport ☐ Pedestrian ☐

Total distance travelled every day: _____

Work environment: Commercial ☐ Industrial ☐ Agricultural ☐ Mining ☐

Job description at time of accident:

Current job description:

Describe actions of mobility while at work that may be affected by the type of prosthesis fitted:

How often does patient wear prosthesis?

Every day ☐, Occasionally ☐, Seldom ☐

How long does patient wear prosthesis every day?

All day ☐, Most part of day ☐, Less than half a day ☐

Weight category:

Less than 75kg ☐, Less than 100kg ☐, Less than 125kg ☐, More than 125kg ☐

Mobility grade:

1. Indoor walker ☐, 2. Restricted outdoor walker ☐, 3. Unrestricted outdoor walker ☐
4. Unrestricted outdoor walker with high impact levels ☐.

Remarks

Signature _____

Prosthetist _____

Date _____

9. PROSTHETIC QUOTATION:

Patient : _____ Claim Number _____

Amputation level: _____

Prosthetic Category: _____

	<u>Code</u>	<u>Description</u>	<u>Amount excl VAT</u>
Prosthesis	_____	_____	_____
Foot	_____	_____	_____
Ankle	_____	_____	_____
Knee	_____	_____	_____
Suspension:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Other:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Remarks:

Signed _____

Prosthetist

Signed _____

Employee

Print name _____

Date _____

Print name _____

Date _____

10. CONFIRMATION OF RECEIPT OF ARTIFICIAL LIMB AND / OR OTHER ACCESSORIES.

Claim number _____

1. Confirmation of manufacture / supply by orthotic / prosthetic practitioner:

This serves to confirm that I have manufactured and supplied the following for the above mentioned employee, as per approval from the office of the Compensation Fund dated _____

Service provider: _____

Practice number: _____

Signature: _____

Date: _____

2. Confirmation of receipt by employee:

I confirm that I have received the correct prosthesis and / or accessories and I am satisfied that it is in good working condition, to the value of R _____.

Name: _____

Signature: _____

Date: _____

Telephone number: _____

3. Confirmation of receipt of prosthesis by the provincial case manager:

Name: _____

Signature: _____

Date: _____

This form should be completed and submitted to the Compensation Fund by the orthotic / prosthetic service provider for payment with the account, a copy of the initial quotation and the letter of approval from the Compensation Fund.

REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider must comply with the following requirements:

1. Registration requirements as an employer with the Compensation Fund.
2. Host a secure FTP server to ensure encrypted connectivity with the Fund.
3. Submit and complete a successful test file before switching the invoices.
4. Validate medical service providers' registration with the Health Professional Council of South Africa.
5. Validate medical service providers' registration with the Board of Healthcare Funders of South Africa.
5. Ensure elimination of duplicate medical invoices before switching to the Fund.
6. Invoices submitted to the Compensation Fund must have Gazetted COIDA Tariffs that are published annually and comply with minimum requirements for submission of medical invoices and billing requirements.
7. File must be switched in a gazetted documented file format published annually with COIDA tariffs.
8. Single batch submitted must have a maximum of 100 medical invoices.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Provide any information requested by the Fund.
13. The switching provider must sign a service level agreement with the Fund.
14. Third parties must submit power of attorney.

Failure to comply with the above requirements will result in deregistration of the switching house.

MSP's PAID BY THE COMPENSATION FUND	
Discipline Code :	Discipline Description :
4	Chiropractors
9	Ambulance Services - advanced
10	Anesthetists
11	Ambulance Services - Intermediate
12	Dermatology
13	Ambulance Services - Basic
14	General Medical Practice
15	General Medical Practice
16	Obstetrics and Gynecology (work related injuries)
17	Pulmonology
18	Specialist Physician
19	Gastroenterology
20	Neurology
22	Psychiatry
23	Radiation/Medical Oncology
24	Neurosurgery
25	Nuclear Medicine
26	Ophthalmology
28	Orthopedics
30	Otorhinolaryngology
34	Physical Medicine
36	Plastic and Reconstructive Surgery
38	Diagnostic Radiology
39	Radiographers
40	Radiotherapy/Nuclear Medicine/Oncologist
42	Surgery Specialist
44	Cardio Thoracic Surgery
46	Urology
49	Sub-Acute Facilities
52	Pathology
54	General Dental Practice
55	Mental Health Institutions
56	Provincial Hospitals
57	Private Hospitals
58	Private Hospitals
59	Private Rehab Hospital (Acute)
60	Pharmacies
62	Maxillo-facial and Oral Surgery
64	Orthodontics
66	Occupational Therapy
70	Optometrists
72	Physiotherapists
75	Clinical technology (Renal Dialysis only)
76	Unattached operating theatres / Day clinics
77	Approved U O T U / Day clinics
78	Blood transfusion services
82	Speech therapy and Audiology
86	Psychologists
87	Orthotists & Prosthetists

88	Registered nurses
89	Social workers
90	Manufacturers of assisstive devices



UMEHLUKO ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Employee surname	20	Alpha
7	Employee initials	4	Alpha
8	Employee Names	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	Description	Max length	Data Type
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha
25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha

35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD)	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD)	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER


1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal

DEPARTMENT OF LABOUR
NOTICE 191 OF 2019

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

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2019.
2. Medical Tariffs increase for 2019 is 6.4%
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 April 2019 and Exclude 15% Vat.


.....
MN OLIPHANT, MP
MINISTER OF LABOUR

DATE: 05/12/2018

Kommunikasie-en-Inligtingstelsel • Dithaeletsano tsa Puso • Tekuchumana taHulumende • EzokuXhumana koMbuso • Dikgokahano tsa Mmuso
Vhudevhidzani ha Muvhuso • Dikgokagano tsa Mmuso • liNkenzo zoNtselelwano lukaRhulumente • Vuhlanganis! bya Mfumo • UkuThintanisa koMbuso

Batho Pele - putting people first

GENERAL INFORMATION

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

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

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

In terms of section 76,3(b) of the Compensation for Occupational Injuries and Diseases Act, no amount in respect of medical expenses shall be recoverable from the employee.

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

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

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

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

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

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

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

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner.
3. If a claim is **rejected (repudiated)**, medical expenses for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information.

BILLING PROCEDURE

1. All service providers should be registered on the Compensation Fund claims system in order to capture medical reports.
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 Referrals to another medical service provider should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D.
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted.
 - 2.2. Manual documents for medical refunds should be submitted to the nearest labour centre.
3. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest processing labour centre. The service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice.

- If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount and the short fall will not be paid.
6. Service providers should not generate the following:
- a. Multiple invoices for services rendered on the same date i.e. one invoice for medication and a second invoices for other services.

*** Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za •**

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED

Minimum information to be indicated on invoices submitted to the Compensation Fund

- Name of employee and ID number
- Name of employer and registration number if available
- Compensation Fund claim number
- DATE OF ACCIDENT (not only the service date)
- Service provider's **invoice number**
- The practice number (changes of address should be reported to BHF)
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account)
- Date of service (the actual service date must be indicated: the invoice date is not acceptable)
- Item codes according to the officially published tariff guides
- Amount claimed per item code and total of account
- It is important that all requirements for the submission of invoices are met, including supporting information, e.g:
 - All pharmacy or medication accounts must be accompanied by the original scripts
 - The referral letter from the treating practitioner must accompany the medical service providers' invoice.

GENERAL GUIDELINES

COIDA FEES FOR DENTAL SERVICES FROM 1 APRIL 2019

RULES

1. The following Rules apply to all practitioners

- 001 Code 8101 refers to a Full Mouth Examination, charting and treatment planning and no further examination fees shall be chargeable until the treatment plan resulting from this consultation is completed with the exception of code 8102. This includes the issuing of a prescription where only medication is prescribed. Item code 8104 refers to a consultation for a specific problem and not to a full mouth examination, charting and treatment planning. This includes the issuing of a prescription where only medication is prescribed
- 002 Except in those cases where the fee is determined "by arrangement", the fee for the rendering of a service which is not listed in this schedule shall be based on the fee in respect of a comparable service that is listed therein and Rule 002 must be indicated together with the tariff code
- 003 In the case of a prolonged or costly dental service or procedure, the dental practitioner shall ascertain beforehand from the Commissioner whether financial responsibility in respect of such treatment will be accepted
- 004 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the Commissioner may be charged and Rule 004 must be indicated together with the tariff code
- 005 Except in exceptional cases the service of a specialist shall be available only on the recommendation of the attending dental or medical practitioner. Referring practitioners shall indicate to the specialist that the patient is being treated in terms of the Compensation for Occupational Injuries and Diseases Act
- 007 "Normal consulting hours" are between 08:00 and 17:00 on weekdays, and between 08:00 and 13:00 on Saturdays
- 008 A dental practitioner shall submit his account for treatment to the employer of the employee concerned
- (M/W) 009 Dentists in general practice shall be entitled to charge two-thirds of the fees of specialists only for treatment that is not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item code
- Benefits in respect of specialists charging treatment procedures not listed in the schedule for that specialty, shall be allocated as follows

General Dental Practitioners Schedule

100%

Other Dental Specialists Schedules

2/3

- 010 Fees charged by dental technicians for their services (PLUS L) shall be indicated on the dentist's invoice against the code 8099. Such dentist's invoice shall be accompanied by the actual invoice of the dental technician (or a copy thereof) and the invoice of the dental technician shall bear the signature of the dentist (or the person authorised by him) as proof that it has been compiled correctly. "L" comprises the fee charged by the dental technician for his services as well as the cost of gold and of teeth. For example, code 8231 is specified as follows (gold only applicable with prior authorization)

		Rc
8231	X
8099 (8231)	Y
Total	<u>R(X+Y)</u>

- 011 Modifiers may only be used where (M/W) appears against the item code in the schedule.

8001 33 1/3% of the appropriate scheduled fee (see Note 4 - preamble to maxillo-facial

GENERAL GUIDELINES

- and oral surgery schedule)
- 8002** The appropriate scheduled fee + 50% (see Note 1 - preamble to maxillo-facial and oral surgery schedule)
- 8003** The appropriate scheduled fee + 10% (see Note 5 - preamble to periodontal schedule)
- 8004** Two-thirds of appropriate scheduled fee (see Rule 009)
- 8005** The appropriate scheduled fee up to a maximum of **R633.88**(see Note 2 - preamble to maxillo-facial and oral surgery schedule)
- 8006** 50% of the appropriate scheduled fee (see Note 3 – preamble to maxillo-facial and oral surgery schedule)
- 8007** 15% of the appropriate scheduled fee with a minimum of **R322.34** (See preamble(s) under “oral surgery” in the schedule for GPs and the schedule for specialists in maxillo-facial and oral surgery)
- 8008** The appropriate scheduled fee + 25% (see Note 5 – preamble to maxillo-facial and oral surgery schedule, GPs’ schedule)
- 8009** 75% of the appropriate scheduled fee (see Note 3 under the preamble of the maxillo-facial and oral surgery schedule)
- 8010** The appropriate shedule fee plus 75%
- 012 In cases where treatment is not listed in the schedule for dentists in general practice or specialists, the appropriate fee listed in the medical schedules shall be charged and the relevant code in the medical schedules indicated
- 013 Cost of material (VAT inclusive): This item provides for the charging of material costs where indicated against the relative item codes by the words “(See Rule 013)”. Material should be charged for at cost plus a handling fee not exceeding 35%, up to **R4618.06** A maximum handling fee of 10% shall apply above a cost of **R4618.06** A maximum handling fee of **R6926.97** will apply
- Note: Item 8220 (suture) is applicable to all registered practitioners

EXPLANATIONS

2. Additions, deletions and revisions

A summary listing all additions, deletions and revisions applicable to this Schedule is found in Appendix A

New codes added to the Schedule are identified with the symbol • placed before the code

In instances where a code has been revised, the symbol * is placed before the code

3. Tooth identification

Tooth identification is compulsory for all invoices rendered. Tooth identification is only applicable to procedures identified with the letter “(T)” in the mouth part (MP) column. The designated system for teeth and areas of the oral cavity of the International Standards Organisation (ISO) in collaboration with the FDI, should be used

4. Abbreviations used in the Schedule

+D	Add fee for denture
+L	Add laboratory fee
GP	General practitioner
M/W	Modifier
MP	Mouth part
na	not applicable

GENERAL GUIDELINES

T Tooth

5. VAT

Fees are VAT exclusive

	I. GENERAL DENTAL PRACTITIONERS
	<p>PREAMBLE</p> <p>(1) The dental procedure codes for general dental practitioners are divided into twelve (12) categories of services. The procedures have been grouped according to the category with which the procedures are most frequently identified. The categories are created solely for convenience in using the Schedule and should not be interpreted as excluding certain types of Oral Care Providers from performing or reporting such procedures. These categories are similar to that in the "<i>Current Dental Terminology</i>" Third Edition (CDT-3).</p> <p>(2) Procedures not described in the general practitioner's schedule should be reported by referring to the relevant specialist's schedule. Dentists in general practice shall be entitled to charge two-thirds of the fees of specialists only for treatment codes that are not listed in the schedule for dentists in general practice and Modifier 8004 must be shown against any such item code (See Rules 009 and 011). There are no specific codes for orthodontic treatment in the current general practitioner's schedule, and the general practitioner must refer to the specialist orthodontist's schedule.</p> <p>(3) Oral and maxillofacial surgery (Section J of the Schedule): The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (see Modifier 8007). The Compensation Fund must be informed beforehand that another dentist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the Compensation Fund.</p>

I	GENERAL DENTAL PRACTITIONERS			
Code	Procedure description	Rc		MP
		FEE		
	A. DIAGNOSTIC			
	Clinical oral evaluation			
8101	Full mouth examination, charting and treatment planning (see Rule 001)	331.15		
8102	Comprehensive consultation	432.27		
	<p>A comprehensive consultation shall include treatment planning at a separate appointment where a diagnosis is made with the help of study models, full-mouth x-rays and other relevant diagnostic aids. Following on such a consultation, the patient must be supplied with a comprehensive written treatment plan which must also be recorded on the patient's file and which must include the following:</p> <ul style="list-style-type: none">• Soft tissue examination• Hard tissue examination• Screening / probing of periodontal pockets• Mucogingival examination• Plaque index• Bleeding index• Occlusal Analysis• TMJ examination• Vitality screening of complete dentition			
8104	Examination or consultation for a specific problem not requiring a full mouth examination, charting and treatment planning	130.75		
	Radiographs / Diagnostic imaging			
8107	Intra-oral radiographs, per film	126.54		
8108	Maximum for 8107	950.21		
8113	Occlusal radiographs	196.82		
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA) The fee is chargeable to a maximum of two films per treatment plan.	520.15		
	Tests and laboratory examinations			
8117	Study model – unmounted or mounted on a hinge articulator	141.96	+L	
8119	Study model – mounted on a movable condyle articulator	365.00	+L	
8121	Photograph (for diagnostic, treatment or dento-legal purposes) per photograph	141.96		
8122	Bacteriological studies for determination of pathologic agents May include, but is not limited to tests for susceptibility to periodontal disease If requested, a periodontal risk assessment must be made available at no charge (The use of this code is limited to general dental practitioners and specialist in community dentistry)	133.95		
	B. PREVENTIVE			
	This schedule, applicable to occupational injuries and diseases, excludes preventive services			

I	GENERAL DENTAL PRACTITIONERS			
Code	Procedure description	Rc		MP
		FEE		
	C. RESTORATIVE			
	Amalgam restorations (including polishing)			
	All adhesives, liners and bases are included as part of the restoration. If pins are used, they should be reported separately.			
	See Codes 8345, 8347 and 8348 for post and / or pin retention			
8346	Restorative material factor	M/W800		
	Note / Nota: Restorative material factor - an additional 10% can be added to codes 8341, 8342, 8343, 8344, 8351, 8352, 8353, 8354, 8355, 8367, 8368, 8369 and 8370 by general dental practitioners only.	3		
		+ 10%		
8341	Amalgam - one surface	337.96		T
8342	Amalgam - two surfaces	423.06		T
8343	Amalgam - three surfaces	508.34		T
8344	Amalgam - four or more surfaces	506.94		T
	Resin restorations			
	Resin refers to a broad category of materials including but not limited to composites and may include bonded composite, light-cured composite, etc. Light-curing, acid etching and adhesives (including resin bonding agents) are included as part of the restoration. Glass ionomers / compomers, when used as restorations should be reported with these codes. If pins are used, they should be reported separately.			
	See codes 8345, 8347 and 8348 for post and / or pin retention			
	The fees are inclusive of direct pulp capping (code 8301) and rubber dam application (code 8304)			
8351	Resin - one surface, anterior	330.55		T
8352	Resin - two surfaces, anterior	422.25		T
8353	Resin - three surfaces, anterior	558.40		T
8354	Resin - four or more surfaces, anterior	620.05		T
8367	Resin - one surface, posterior	399.63		T
8368	Resin - two surfaces, posterior	547.58		T
8369		597.24		T
8370	Resin - four or more surfaces, posterior	633.47		T
	Inlay / Onlay restorations			
	METAL INLAYS			
	The fee for metal inlays on anterior teeth (incisors and canines) are determined 'by arrangement' with the Compensation Commissioner			
8358	Inlay, metallic - one surface, anterior	na / nvt	+L	T
8359	Inlay, metallic - two surfaces, anterior	na / nvt	+L	T
8360	Inlay, metallic - three surfaces, anterior	na / nvt	+L	T
8365	Inlay, metallic - four or more surfaces, anterior	na / nvt	+L	T
8361	Inlay, metallic - one surface, posterior	677.72	+L	T
8362	Inlay, metallic - two surfaces, posterior	876.73	+L	T
8363	Inlay, metallic - three surfaces, posterior	1808.10	+L	T
8364	Inlay, metallic - four or more surfaces, posterior	1808.30	+L	T

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I	GENERAL DENTAL PRACTITIONERS			
Code	Procedure description	Rc		MP
		FEE		
	CERAMIC AND / OR RESIN INLAYS Porcelain / ceramic inlays include either all ceramic or porcelain inlays. Composite / resin inlays must be laboratory processed NOTE: The fees exclude the application of a rubber dam (code 8304).			
8371	Inlay, ceramic / resin - one surface	613.65	+L	T
8372	Inlay, ceramic / resin - two surfaces	896.54	+L	T
8373	Inlay, ceramic / resin - three surfaces	1496.18	+L	T
8374	Inlay, ceramic / resin - four or more surfaces	1808.30	+L	T
(M/W)	NOTES 1. In some of the above cases (e.g. direct hybrid inlays) +L may not necessarily apply 2. In cases where direct hybrid inlays are used and +L does not apply, Modifier 8008 may be used 3. See the General Practitioner's Guideline to the correct use of treatment codes for computer generated inlays.			
	Crowns – single restorations The fees include the cost of temporary and / or intermediate crowns. See code 8193 (osseo integrated abutment restoration) in the 'fixed prosthodontic' category for crowns on osseo-integrated implants.			
8401	Cast full crown	2147.65	+L	T
8403	Cast three-quarter crown	2147.65	+L	T
8405	Acrylic jacket crown	Com Fee	+L	T
8407	Acrylic veneered crown	2292.60	+L	T
8409	Porcelain jacket crown	2292.60	+L	T
8411	Porcelain veneered crown	2292.60	+L	T
	Other restorative services			
8133	Re-cementing of inlays, crowns or bridges - per abutment In some cases where item code 8133 is used +L may not apply.	196.82	+L	T
8135	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	386.61	+L	T
8137	Temporary crown placed as an emergency procedure Not applicable to temporary crowns placed during routine crown and bridge preparations i.e. where the impression for the final crown is taken at the same visit	661.31	+L	T
8330	Removal of fractured post or instrument and / or bypassing fractured endodontic instrument NOTE: The fee excludes the application of a rubber dam (code 8304)	258.89		T
8345	Preformed post retention, per post	285.91		T
8347	Pin retention for restoration, first pin	196.82		T
8348	Pin retention for restoration, each additional pin A maximum of two additional pins may be charged	169.99		T
8355	Composite veneers (direct)	626.86		T
8357	Preformed metal crown	416.25		T
8366	Pin retention as part of cast restoration, irrespective of number of pins	303.93		T
8376	Prefabricated post and core in addition to crown The core is built around a prefabricated post(s)	1014.46		T

I	GENERAL DENTAL PRACTITIONERS			
Code	Procedure description	Rc		MP
		FEE		
8391	Cast post and core - single	460.69	+L	T
8393	Cast post and core - double	737.39	+L	T
8395	Cast post and core - triple	1062.92	+L	T
8396	Cast coping	300.46	+L	T
8397	Cast core with pins	737.39	+L	T
	This service is usually provided on grossly broken down vital teeth, and may not be charged when a post has been inserted in the tooth in question			
8398	Core build-up, including any pins	737.39		T
	Refers to the building up of an anatomical crown when a restorative crown will be placed, irrespective of the number of pins used			
8413	Facing replacement	450.21	+L	T
8414	Additional fee for provision of a crown within an existing clasp or rest	141.18	+L	T
	D. ENDODONTICS			
*	Preamble:			
	1. The Health Professions Council of SA has ruled that, with the exception of diagnostic intra-oral radiographs, fees for only three further intra-oral radiographs may be charged for each completed root canal therapy on a single-canal tooth; or a further five intra-oral radiographs for each completed root canal therapy on a multi-canal tooth			
	2. The fee for the application of a rubber dam (See code 8304 in the category "Adjunctive General Services") may only be charged concurrent with the following procedures			
	• Gross pulpal debridement, primary and permanent teeth, for the relief of pain (code 8132)			
	• Apexification of a root canal (code 8305)			
	• Pulpotomy (code 8307)			
	• Complete root canal therapy (codes 8328, 8329 and 8332 to 8340)			
	• Removal or bypass of a fractured post or instrument (code 8330)			
	• Bleaching of non vital teeth (codes 8325 and 8327) and			
	• Ceramic and or resin inlays (codes 8371 to 8374)			
	3. After endodontic preparatory visits (codes 8332, 8333 and 8334) have been charged, fees for endodontic treatment completed at a single visit (codes 8329, 8338, 8339 and 8340) may not be levied			
	Pulp capping			
8301	Direct pulp capping	Com Fee		T
8303	Indirect pulp capping	238.94		T
	The permanent filling is not completed at the same visit			

I	GENERAL DENTAL PRACTITIONERS			
Code	Procedure description	Rc		MP
		FEE		
8307	Pulpotomy Amputation of pulp (pulpotomy) No other endodontic procedure may, in respect of the same tooth, be charged concurrent to code 8307 and a completed root canal therapy should not be envisaged (code 8304 excluded)	153.77		T
	Endodontic therapy (including the treatment plan, clinical procedures and follow-up care) PREPARATORY VISITS (OBTURATION NOT DONE AT SAME VISIT)			
8332	Single-canal tooth, per visit A maximum of four visits per tooth may be charged	196.82		T
8333	Multi-canal tooth, per visit A maximum of four visits per tooth may be charged	479.90		T
	OBTURATION OF ROOT CANALS AT A SUBSEQUENT VISIT			
8335	First canal - anteriors and premolars	896.75		T
8328	Each additional canal - anteriors and premolars	345.16		T
8336	First canal - molars	1232.09		T
8337	Each additional canal - molars	365.00		T
	PREPARATION AND OBTURATION OF ROOT CANALS COMPLETED AT A SINGLE VISIT			
8338	First canal - anteriors and premolars	1368.23		T
8329	Each additional canal - anteriors and premolars	434.87		T
8339	First canal - molars	1879.35		T
8340	Each additional canal - molars	458.29		T
	Endodontic retreatment			
8334	Re-preparation of previously obturated canal, per canal	291.11		T
	Apexification / recalcification procedures			
8305	Apexification of root canal, per visit No other endodontic procedures may, in respect of the same tooth, be charged concurrent with code 8305 at the same visit (code 8304 excluded)	246.87		T
	Apicoectomy / Periradicular services			
8229	Apicoectomy including retrograde filling where necessary – incisors and canines	979.44		T
	Other endodontic procedures			
8132	Gross pulpal debridement, primary and permanent teeth	317.94		
*	Where code 8132 is charged, no other endodontic procedures may be charged at the same visit on the same tooth. Codes 8338, 8329, 8339 and 8340 (single visit) may be charged at the subsequent visit, even if code 8132 was used for the initial relief of pain (See note 2 in the preamble above)			T
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	153.38		T
8306	Cost of Mineral Trioxide Aggregate	Reël 013		
8325	Bleaching of non-vital teeth, per tooth as a separate procedure	443.68		T

I	GENERAL DENTAL PRACTITIONERS			
Code	Procedure description	Rc		MP
		FEE		
8327	Each additional visit for bleaching of non-vital tooth as a separate procedure A maximum of two additional visits may be charged	210.84		T
	E. PERIODONTICS This schedule, applicable to occupational injuries and diseases, do not include periodontic services.			
	F. PROSTHODONTICS (REMOVABLE) Complete dentures (including routine post-delivery care) 8231 Full upper and lower dentures inclusive of soft base or metal base, where applicable 8232 Full upper or lower dentures inclusive of soft base or metal base, where applicable Partial dentures (including routine post-delivery care) 8233 Partial denture, one tooth 8234 Partial denture, two teeth 8235 Partial denture, three teeth 8236 Partial denture, four teeth 8237 Partial denture, five teeth 8238 Partial denture, six teeth 8239 Partial denture, seven teeth 8240 Partial denture, eight teeth 8241 Partial denture, nine or more teeth 8281 Metal (e.g. chrome cobalt, etc.) base to partial denture, per denture The procedure refers to the metal framework only, and includes all clasps, rests and bars (i.e., 8251, 8253, 8255 and 8257). See codes 8233 to 8241 for the resin denture base required concurrent to 8281 Adjustments to dentures 8275 Adjustment of denture (After six months or for patient of another practitioner) Repairs to complete or partial dentures 8269 Repair of denture or other intra-oral appliance A dentist may not charge professional fees for the repair of dentures if the patient was not personally examined; laboratory fees, however, may be recovered. 8270 Add clasp to existing partial denture (One or more clasps) Code 8270 is in addition to code 8269. 8271 Add tooth to existing partial denture (One or more teeth) Code 8271 is in addition to code 8269. 8273 Additional fee where one or more impressions are required for 8269, 8270 and 8271	 3131.69 1930.22 896.54 896.54 1340.20 1442.91 1340.20 1786.48 1786.48 1786.48 1786.48 2385.11 256.79 169.99 169.99 135.32	 +L +L +L +L +L +L +L +L +L +L +L 	

I	GENERAL DENTAL PRACTITIONERS			
	Code	Procedure description	Rc	
			FEE	MP
		Denture rebase procedures		
	8259	Re-base of denture (laboratory)	737.39	+L
	8261	Re-model of denture	1210.87	+L
		Denture reline procedures		
	8263	Reline of denture in selfcuring acrylic (intra-oral)	460.69	
	8267	Soft base re-line per denture (heat cured) Code 8267 may not be charged concurrent with codes 8231 to 8241.	1062.92	+L
		Other removable prosthetic services		
	8243	Soft base to new denture	Com Fee	+L
	8255	Stainless steel clasp or rest, per clasp or rest	185.00	+L
	8257	Lingual bar or palatal bar Code 8257 may not be charged concurrent with codes 8269 (repair of denture) or 8281 (metal framework).	223.84	+L
	8265	Tissue conditioner and soft self-cure interim re-line, per denture	305.93	
		G. MAXILLOFACIAL PROSTHETICS		
		This schedule, applicable to occupational injuries and diseases, excludes maxillofacial prosthetic services.		
		H. IMPLANT SERVICES		
		Report surgical implant procedures using codes in this section; prosthetic devices should be reported using existing fixed or removable prosthetic codes.		
		Endosteal implants		
		Endosteal dental implants are placed into the alveolar and / or basal bone of the mandible or maxilla and transecting only one cortical plate.		
	8194	Placement of a single osseo-integrated implant per jaw	1954.25	T
	8195	Placement of a second osseo-integrated implant in the same jaw	1461.73	T
	8196	Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant	958.01	T
	8197	Cost of implants	Reël 013	
	8198	Exposure of a single osseo-integrated implant and placement of a transmucosal element	724.16	T
	8199	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw	543.18	T
	8200	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant	362.19	T

I	GENERAL DENTAL PRACTITIONERS			
Code	Procedure description	Rc		MP
		FEE		
	Epoosteal implants / Epoosteale inplantate Epoosteal (subperiosteal) dental implants receive its primary bone support by means of resting on the alveolar bone. Refer to the specialist maxillo-facial and oral surgeons schedule Transosteal implants Transosteal dental implants penetrate both cortical plates and pass through the full thickness of the alveolar bone. Refer to the specialist maxillo-facial and oral surgeons schedule			
	I. PROSTHODONTICS, FIXED The words 'bridge' and 'bridgework' have been replaced by the term 'fixed partial denture' Each abutment and pontic constitute a unit in a fixed partial denture. Fixed partial denture pontics 8420 Sanitary pontic 1119.58 +L T 8422 Posterior pontic 1496.18 +L T 8424 Anterior pontic (including premolars) 1873.17 +L T Fixed partial denture retainers – inlays / onlays Refer to inlay / onlay restorations for inlay / onlay retainers 8356 Bridge per abutment - only applicable to Maryland type bridges 830.48 +L T Only applicable to Maryland type bridges. Report per abutment. Report pontics seperately (see codes 8420, 8422 and 8424) Fixed partial denture retainers – crowns Refer to crowns, single restorations for crown retainers 8193 Osseo-integrated abutment restoration, per abutment 3038.19 +L T Refer to the DASA's 'General Practioner's Guidelines to the correct use of treatment codes' for the application(s) of this code			
	J. ORAL AND MAXILLOFACIAL SURGERY Refer to the specialist maxillo-facial and oral surgeon schedule for surgical services not listed in this schedule. Extractions 8201 Single tooth 196.82 T Code 8201 is charged for the first extraction in a quadrant. 8202 Each additional tooth in the same quadrant 276.10 T Code 8202 is charged for each additional extraction in the same quadran. Surgical extractions (includes routine postoperative care) 8209 Surgical removal of a tooth requiring elevation of mucoperiosteal flap, removal of bone and / or section of tooth 605.04 T Includes cutting of gingiva and bone, removal of tooth structure and closure. 8210 Removal of unerupted or impacted tooth – first tooth 1415.89 T 8211 Removal of unerupted or impacted tooth – second tooth 760.01 T			

I	GENERAL DENTAL PRACTITIONERS			
Code	Procedure description	Rc		MP
		FEE		
8212	Removal of unerupted or impacted tooth – each additional tooth	432.66		T
8213	Surgical removal of residual tooth roots (cutting procedure) Includes cutting of gingiva and bone, removal of tooth structure and closure.	872.91		T
8214	Surgical removal of residual tooth roots (cutting prcedure), each subse- quent tooth Includes cutting of gingiva and bone, removal of tooth structure and closure.	672.65		T
	Other surgical procedures			
8188	Biopsy - intra-oral This item does <u>not</u> include the cost of the essential pathological evaluations.	476.11		
	Repair of traumatic wounds			
8192	Appositioning (i.e., suturing) of soft tissue injuries	986.25		
	K. ORTHODONTICS			
	This schedule, applicable to occupational injuries and diseases, excludes orthodontic services.			
	L. ADJUNCTIVE GENERAL SERVICES			
	Unclassified treatment			
8131	Palliative [emergency] treatment for dental pain This is typically reported on a "per visit" basis for emerency treatment of dental pain where no other treatment item is applicable or applied for treatment of the same tooth	196.82		T
8221	Local treatment of post-extraction haemorrhage – initial visit (Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	138.14		
8223	Local treatment of post-extraction haemorrhage – each additional visit	88.71		
8225	Treatment of septic socket – initial visit	138.14		
8227	Treatment of septic socket – each additional visit	88.71		
	Anaesthesia			
8141	Inhalation sedation - first quarter-hour or part thereof	174.39		
8143	Inhalation sedation - each additional quarter-hour or part thereof No additional fee can be charged for gases used in the case of items 8141 and 8143	94.30		
8144	Intravenous sedation	91.70		
8145	Local anaesthetic, per visit	43.05		
*	Code 8145 includes the use of the wand			
8499	The relevant codes published in the Government Gazette for Medical Practitioners shall apply to general anaesthetics for dental procedures			
	Professional visits			
8129	Additional fee for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital) Not applicable where a practice offers extended service hours as the norm	476.11		

GENERAL DENTAL PRACTITIONERS				
Code	Procedure description	Rc		MP
		FEE		
8140	Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic and home visits; per visit Code 8140 may be applied concurrent with codes 8101 or 8104, but in accordance with rule 001	303.72		
	Drugs, medication and materials			
8183	Intra-muscular or sub-cutaneous injection therapy, per injection (Not applicable to local anaesthetic)	82.09		
8220	Use of suture material provided by practitioner	Reël 013		
	Miscellaneous services			
8109	Infection control, per dentist, per hygienist, per dental assistant, per visit Code 8109 includes the provision by the dentist of new rubber gloves, masks, etc. for each patient	29.04		
8110	Provision of sterilized and wrapped instrumentation in consulting rooms The use of this code is limited to heat, autoclave or vapour sterilised and wrapped instruments	81.90		
8168	Behaviour management, by report May be reported in addition to treatment provided. Should be reported in 15 minute increments Notes: If requested, the report must be made available at no charge The use of this code is limited to general dental practitioners and specialists in community dentistry Limitation May be reported in addition to treatment provided, when the patient is developmentally disabled, mentally ill, or is especially uncooperative and difficult to manage, resulting in the dental staff utilising additional time, skill and / or assistance to render treatment. The code can only be billed where treatment requires extraordinary effort and is the only alternative to general anaesthesia. The fee includes all pharmacological, psychological and physical management adjuncts required or utilized. Notation and justification must be recorded in the patient record identifying the specific behavior problem and the technique used to manage it. Billed in 15-minute units. (maximum 4 units per visit and allowed once per patient per day). Limited to 12 units per year.	187.41		
8304	Rubber dam, per arch (Refer to the guidelines for the application of a rubber dam in the preamble to the category "Endodontics")	144.56		

II	SPECIALIST PROSTHODONTISTS (M) See Rule 009			
	Code	Procedure description	Rc	
			FEE	M P
		A. DIAGNOSTIC PROCEDURES		
	8501	Consultation	365.00	
	8503	Occlusal analysis on adjustable articulator	746.59	
	8505	Pantographic recording	1089.14	
	8506	Detailed clinical examination, recording, radiographic interpretation, diagnosis, treatment planning and case presentation. Note: Code 8506 is a separate procedure from 8507 and is applicable to craniomandibular disorders, implant placement or orthognatic surgery where extensive restorative procedures will be required	1211.08	
	8507	Examination, diagnosis and treatment planning	746.59	
	8508	Electrognathographic recording	1211.68	
	8509	Electrognathographic recording with computer analysis.	1942.44	
		B. Preventive procedures This schedule, applicable to occupational injuries and diseases, excludes preventive services.		
		C. Treatment procedures		
		Emergency treatment		
	8511	Emergency treatment for relief of pain (where no other tariff code is applicable)	450.28	
	8513	Emergency crown (Not applicable to temporary crowns placed during routine crown and bridge preparation)	737.39	+L T
	8515	Re-cementing of inlay, crown or bridge, per abutment	285.91	T
	8517	RE-IMPLANTATION OF AN AVULSED TOOTH, INCLUDING FIXATION AS REQUIRED	763.21	+L T
		Provisional treatment		
	8521	PROVISIONAL SPLINTING – EXTRACORONAL WIRE, PER SEXTANT.	613.65	
	8523	Provisional splinting – extracoronar wire plus resin, per sextant	898.55	
	8527	Provisional splinting – intercoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	285.91	+L
	8529	Provisional crown Crown utilized as an interim restoration for 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 code should not be utilised for a temporary crown in a routine prosthetic restoration.	737.39	+L T
	8530	Preformed metal crown	626.06	T
		Occlusal adjustment		
	8551	Major occlusal adjustment This procedure can not be carried out without study models mounted on an adjustable articulator.	853.30	

II	SPECIALIST PROSTHODONTISTS (M) See Rule 009			
	Code	Procedure description	Rc	
			FEE	M P
	8553	Minor occlusal adjustment	661.31	
		Ceramic and / or resin bonded inlays and veneers: In some of the procedures below (e.g. Direct hybrid inlays) +L may not apply.		
	8554	Bonded veneers	2150.60	+L T
	8555	One surface	2772.11	+L T
	8556	Two surfaces	4002.39	+L T
	8557	Three surfaces	6449.96	+L T
	8558	Four or more surfaces	6449.96	+L T
		Gold restorations (only applicable with prior authorization)		
	8571	One surface	1331.20	+L T
	8572	Two surfaces	1924.63	+L T
	8573	Three surfaces	2979.32	+L T
	8574	Four or more surfaces	2979.32	+L T
	8577	Pin retention	444.67	T
		Posts and copings		
	8581	Single post	738.94	+L T
	8582	Double post	1062.92	+L T
	8583	Triple post	1332.40	+L T
	8587	Copings	636.27	+L T
	8589	Cast core with pins	1049.90	+L T
	8591	Preformed posts and cores	737.39	T
		Core build-up, including all pins		
		Refers to the building up of an anatomical crown when a restorative crown will be placed, whether or not pins are used		
	8593	Prefabricated post and core in addition to crown Core is built around a prefabricated post(s).	1367.04	T
		Implants		
	8592	Osseo-integrated abutment restoration, per abutment	4553.77	+L T
	8600	Cost of implant components	Reël 013	
	9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element	1081.93	
	9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw	811.26	
	9192	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant.	540.17	
		Connectors		
	8597	Locks and milled rests	301.72	+L T
	8599	Precision attachments	737.39	+L T

II	SPECIALIST PROSTHODONTISTS (M) See Rule 009			
	Code	Procedure description	Rc FEE	M P
		Crowns		
	8601	Cast three-quarter crown	2288.42	+L T
	8603	Cast gold crown (authorization needed)	2979.32	+L T
	8605	Acrylic veneered gold crown	3316.27	+L T
	8607	Porcelain jacket crown	2979.32	+L T
	8609	Porcelain veneered metal crown	3720.09	+L T
		Bridges		
		(Retainers as above)		
	8611	Sanitary pontic	2247.75	+L T
	8613	Posterior pontic	2770.11	+L T
	8615	Anterior pontic	2979.32	+L T
	8617	Resin bonded retainers Per abutment	917.76	+L T
		Per pontic (see 8611, 8613, 8615)		
	8625	Conservative treatment for temporo-mandibular joint dysfunction	1137.47	+L
	8621	Bite plate for TMJ dysfunction	259.28	
	8623	First visit for treatment of TMJ dysfunction	193.42	
		Follow-up visit for TMJ dysfunction		
		The number of visits and fees therefore depend on the relationship between the practitioner and the patient, and the problems involved in the case.		
		Endodontic procedures		
		Root canal therapy		
		Procedure codes 8631, 8633 and 8636 include all X-rays and repeat visits		
	8631	Root canal therapy, first canal	2607.34	T
	8633	Each additional canal	651.48	T
	8636	Re-preparation of previously obturated canal, per canal	435.26	T
		Other endodontic procedures		
	8635	Apexification of root canal, per visit	435.46	T
	8637	HEMISECTION OF A TOOTH, RESECTION OF A ROOT OR TUNNEL PREPARATION (AS AN ISOLATED PROCEDURE)	1216.08	T
	9015	Apicectomy including retrograde root filling where necessary - anterior tooth	1442.91	T
	9016	Apicectomy including retrograde root filling where necessary - posterior tooth	2155.47	T
	8640	Removal of fractured post or instrument from root canal	762.80	T
		Prosthetics (Removable)		
	8641	COMPLETE UPPER AND LOWER DENTURES WITHOUT PRIMARY COMPLICATIONS	7446.79	+L
	8643	Complete upper and lower dentures without major complications	9665.32	+L
	8645	Complete upper and lower dentures with major complications	11887.83	+L

II	SPECIALIST PROSTHODONTISTS (M) See Rule 009			
Code	Procedure description	Rc		M P
		FEE		
8647	Complete upper or lower denture without primary complications	5209.65	+L	
8649	Complete upper or lower denture without major complications	5951.83	+L	
8651	Complete upper or lower denture with major complications	6693.61	+L	
8661	Diagnostic dentures (inclusive of tissue conditioning treatment)	5951.83	+L	
8662	Remounting and occlusal adjustment of dentures	856.71	+L	
8663	Chrome cobalt base base for full denture (extra charge)	1793.28	+L	
8664	Remount of crown or bridge for extensive prosthetics	872.91		
8665	Re-base, per denture	1201.26	+L	
8667	Soft base, per denture (heat cured)	1791.87	+L	
8668	Tissue conditioner, per denture	444.46		
8669	Intra-oral reline of complete or partial denture.	661.31		
8671	Metal (e.g. Chrome cobalt or gold) partial denture	5951.83	+L	
8672	Additional fee for altered cast technique for partial denture	233.05	+L	
8674	Additive partial denture	2697.03	+L	
8679	Repairs	301.72	+L	
8273	Additional fee where impression is required for 8679	138.14	+L	
8275	Adjustment of denture (After six months or for a patient of another practitioner)	138.14	+L	

III. SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS				
<p>PREAMBLE</p> <p>(See Rule 011)</p> <p>1. If extractions (codes 8201 and 8202) are carried out by specialists in maxillo- facial and oral surgery, the fees shall be equal to the appropriate tariff fee plus 50 per cent (See Modifier 8002).</p> <p>(M/W)</p> <p>2. The fee for more than one operation or procedure performed through the same incision shall be calculated as the fee for the major operation plus the tariff fee for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (See Modifier 8005).</p> <p>(M/W)</p> <p>3. The fee for more than one operation or procedure performed under the same anaesthetic but through another incision shall be calculated on the tariff fee for the major operation plus:</p> <p>(M/W)</p> <p>75% for the second procedure / operation (Modifier 8009)</p> <p>50% for the third and subsequent procedures / operations (Modifier 8006).</p> <p>This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialties, in which case each practitioner shall be entitled to the full fee for his operation.</p> <p>If, within four months, a second operation for the same condition or injury is performed, the fee for the second operation shall be half of that for the first operation.</p> <p>The fee for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not himself complete the post-operative care, he shall arrange for it to be completed without extra charge: provided that in the case of post-operative treatment of a prolonged or specialised nature, such fee as may be agreed upon between the practitioner and the Compensation Fund may be charged.</p> <p>4. The fee payable to a general practitioner assistant shall be calculated as 15% of the fee of the practitioner performing the operation, with the indicated minimum (See Modifier 8007). The assistant's fee payable to a maxillo- facial and oral surgeon shall be calculated at 33,33% of the appropriate scheduled fee (Modifier 8001). The assistant's name must appear on the invoice rendered to the Compensation Fund.</p> <p>(M/W)</p> <p>5. The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (8008).</p> <p>(M/W)</p> <p>6. In cases where treatment is not listed in this schedule for general practitioners or specialists, the appropriate fee listed in the medical schedule(s) shall be charged, and the relevant medical tariff code must be indicated (See Rule 012).</p>				
III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS (M) See Rule 009			
Code	Procedure description	Rc FEE		MP
CONSULTATIONS AND VISITS				
8901	Consultation at consulting rooms	361.18		
8902	Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation	1012.67		
	Code 8902 is a separate procedure from code 8901 and is applicable to craniomandibular disorders, implant placement and orthognathic and maxillofacial reconstruction			
8903	Consultation at hospital, nursing home or house	403.23		
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house	196.82		
8905	Weekend visits and night visits between 18h00 - 07h00 the following day	580.61		
8907	Subsequent consultations, per week, to a maximum of	666.70		
	"Subsequent consultation" shall mean, in connection with items 8904 and 8907, a consultation for the same pathological condition provided that such consultation occurs within six months of the first consultation."			

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS			
	(M) See Rule 009			
Code	Procedure description	Rc		MP
		FEE		
	INVESTIGATIONS AND RECORDS			
8107	Intra-oral radiographs, per film	126.34		
8108	Maximum for 8107	1007.67		
8113	Occlusal radiographs	196.82		
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA) A maximum of two films per treatment plan may be charged for	520.15		
8117	Study models - unmounted	142.15	+L	
8119	Study models - mounted on adjustable articulator	365.00	+L	
8121	Diagnostic photographs - per photograph	142.15		
8917	Biopsies - intra-oral	696.73		
8919	Biopsy of bone - needle	1281.15		
8921	Biopsy of bone - open	1363.63		
	ORTHOGNATHIC SURGERY AND TREATMENT PLANNING			
(M/W)	In the case of treatment planning requiring the combined services of an Orthodontist and a Maxillo-Facial and Oral Surgeon, Modifier 8009 (75%) may be applied to the fee charged by each specialist.			
8840	Treatment planning for orthognathic surgery	1585.66	+L	
	REMOVAL OF TEETH			
	Modifier 8002 is applicable to codes 8201 and 8202			
	Extractions during a single visit			
8201	Single tooth Code 8201 is charged for the first extraction in a quadrant.	196.82		T
8202	Each additional tooth in the same quadrant Code 8202 is charged for each additional extraction in the same quadrant.	90.30		T
8957	Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw)	1759.05		
8961 (M/W)	Auto-transplantation of tooth (See Rule 011 and Notes 2 and 3)	2883.43	+L	
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	965.42		
8933	Treatment of haemorrhage in the case of blood dyscrasias, e.g. hemophilia, per week	3425.19		
8935	Treatment of post-extraction septic socket where patient is referred by another registered practitioner	255.67		
8937	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap, removal of bone and / or other section of tooth. Includes cutting of gingiva and bone, removal of tooth structure and closure. Code 8220 is applicable when suture material is provided by the practitioner (Rule 013)	891.34		

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS (M) See Rule 009			
	Code	Procedure description	Rc	
			FEE	MP
		Removal of roots Code 8220 is applicable when suture material is provided by the practitioner (Rule 013)		
	8953	Surgical removal of residual roots roots (cutting procedure) Includes cutting of gingiva and bone, removal of tooth structure and closure.	1281.75	T
	8955 (M/W)	Surgical removal of residual tooth roots (cutting procedure), each subsequent tooth Includes cutting of gingiva and bone, removal of tooth structure and closure. (See Rule 011 and Notes 2 and 3)	na/nvt	T
		Unerupted or impacted teeth		
	8941	First tooth	2123.23	T
	8943	Second tooth	1140.41	T
	8945	Third tooth	651.48	T
	8947	Fourth and subsequent tooth	651.48	T
		DIVERSE PROCEDURES		
	8908	Removal of roots from maxillary antrum involving Caldwell-Luc procedure and closure of oral-antral communication	4377.19	
	8909	Closure of oral-antral fistula - acute or chronic	3361.93	
	8911	Caldwell-Luc procedure	1318.99	
	8965	Peripheral neurectomy	2883.43	
	8966	Functional repair of oronasal fistula (local flaps)	4082.89	
	8977	Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage) (Modifiers 8005 and 8006 are not applicable in this instance. The full fee may be charged irrespective of whether this procedure is carried out concomitantly with procedure 8975 or as a separate procedure)	6854.98	
	8962	Harvest iliac crest graft	2907.04	
	8963	Harvest rib graft	3344.51	
	8964	Harvest cranium graft	2614.55	
	8979	Harvesting of autogenous grafts (intra-oral)	471.71	
	9048	Removal of internal fixation devices, per site	1514.80	
		SURGICAL PREPARATION OF JAWS FOR PROSTHETICS		
	8987	Reduction of mylohyoid ridges, per side	2951.70	+L
	8989	Torus mandibularis reduction, per side	2951.70	+L
	8991	Torus palatinus reduction	2951.70	+L
	8993	Reduction of hypertrophic tuberosity, per side See procedure code 8971 for excision of denture granuloma	1312.18	+L
	8995	Gingivectomy, per jaw	2617.95	+L
	8997	Sulcoplasty / Vestibuloplasty	6609.32	+L
	9003	Repositioning mental foramen and nerve, per side	4006.19	+L
	9004	Lateralization of inferior dental nerve (including bone grafting)	7943.11	
	9005	Total alveolar ridge augmentation by bone graft	6725.84	+L

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS			
	(M) See Rule 009			
	Code	Procedure description	Rc	
			FEE	MP
	9007	Total alveolar ridge augmentation by alloplastic material	4336.95	+L
	9008	Alveolar ridge augmentation across 1 to 2 adjacent tooth sites.	2772.11	+L
	9009	Alveolar ridge augmentation across 3 or more tooth sites	3091.64	+L
	9010	Sinus lift procedure	4377.19	+L
	SEPSIS			
	9011	Incision and drainage of pyogenic abscesses (intra-oral approach)	822.86	
	9013	Extra-oral approach, e.g. Ludwig's angina	1119.58	
	9015	Apicectomy including retrograde filling where necessary - anterior teeth	1442.91	T
	9016	Apicectomy including retrograde filling where necessary, posterior teeth	2889.02	T
	9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	5940.83	
	9019	Sequestrectomy - intra-oral, per sextant and / or per ramus	1280.14	
	TRAUMA			
	Treatment of associated soft tissue injuries			
	9021	Minor	1442.91	
	9023	Major	3046.40	
	9024	Dento-alveolar fracture, per sextant	1442.91	+L
	Mandibular fractures			
	9025	Treatment by closed reduction, with intermaxillary fixation	3201.76	
	9027	Treatment of compound fracture, involving eyelet wiring	4493.91	
	9029	Treatment by metal cap splintage or Gunning's splints	4982.01	+L
	9031	Treatment by open reduction with restoration of occlusion by splintage	7377.71	+L
	Maxillary fractures with special attention to occlusion			
	<ul style="list-style-type: none"> When open reduction is required for Items 9035 and 9037, Modifier 8010 may be applied 			
	9035	Le Fort I or Guerin fracture	4504.71	+L
	9037	Le Fort II or middle third of face fracture	7377.53	+L
	9039	Le Fort III or craniofacial dislocation or comminuted mid-facial fractures requiring open reduction and splintage	10576.46	+L
	Zygoma / Orbit / Antral - complex fractures			
	9041	Gillies or temporal elevation	3201.35	
	9043	Unstable and / or comminuted zygoma fractures, treatment by open reduction or Caldwell-Luc operation	6412.52	
	9045	Requiring multiple osteosynthesis and / or grafting	9613.45	
	FUNCTIONAL CORRECTION OF MALOCCLUSIONS			
	For items 9047 to 9072 the full fee may be charged i.e. notes 2 and 3 (re Rule 011) will not apply.			

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS (M) See Rule 009			
	Code	Procedure description	Rc	
			FEE	MP
	9047	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)	13459.89	+L
	9049	Anterior segmental osteotomy of mandible (Köle)	11214.14	+L
	9050	Total subapical osteotomy	22645.68	
	9051	Genioplasty	6412.52	
	9052	Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy)	10374.45	
	9055	Maxillary posterior segment osteotomy (Schukardt) - 1 or 2 stage procedure	11214.14	+L
	9057	Maxillary anterior segment osteotomy (Wassmund) - 1 or 2 stage procedure	11214.14	+L
	9059	Le Fort I osteotomy - one piece	21146.31	+L
	9062	Le Fort I osteotomy - multiple segments	27476.93	+L
	9060	Le Fort I osteotomy with inferior repositioning and inter-positional grafting	24591.52	
	9061	Palatal osteotomy	7377.71	
	9063	Le Fort II osteotomy for the correction of facial deformities or faciostenosis and post-traumatic deformities	26749.78	+L
	9069	Functional tongue reduction (partial glossectomy)	4813.24	
	9071	Geniohyoidotomy	2883.43	
	9072	Functional closure of a secondary oro-nasal fistula and associated structures with bone grafting (complete procedure)	21146.31	+L
	TEMPORO-MANDIBULAR JOINT PROCEDURES			
	For Items 9081, 9083 and 9092 the full fee may be charged per side			
	9073	Bite plate for TMJ dysfunction	1133.60	+L
	9074	Diagnostic arthroscopy	3244.20	
	9075	Condylectomy or coronoidectomy or both (extra-oral approach)	6622.74	
	9076	Arthrocentesis TMJ	1940.44	
	9053	Coronoidectomy (intra-oral approach)	4006.19	
	9077	Intra-articular injection, per injection	482.11	
	9079	Trigger point injection, per injection	379.61	
	9081	Condyle neck osteotomy (Ward / Kostecka)	3201.76	
	9083	Temporo-mandibular joint arthroplasty	8013.78	
	9085	Reduction of temporomandibular joint dislocation without anaesthetic	636.87	
	9087	Reduction of temporo-mandibular joint dislocation, with anaesthetic	1281.15	
	9089	Reduction of temporo-mandibular joint dislocation, with anaesthetic and immobilisation	3201.76	
	9091	Reduction of temporo-mandibular joint dislocation requiring open reduction	6731.24	
	9092	Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy)	21763.16	+L
	SALIVARY GLANDS			
	9095	Removal of sublingual salivary gland	3850.03	
	9096	Removal of salivary gland (extra-oral)	5622.68	

III	SPECIALIST MAXILLO- FACIAL AND ORAL SURGEONS (M) See Rule 009			
Code	Procedure description	Rc		MP
		FEE		
	<p>IMPLANTS</p> <p>For codes 9180 to 9192 the full fee may be charged, i.e. note 2 of Rule 011 will not apply</p> <p>9180 Placement of sub-periosteal implant - Preparatory procedure / operation 4425.43</p> <p>9181 Placement of sub-periosteal implant prosthesis / operation 4425.43</p> <p>9182 Placement of endosteal implant, per implant 2221.20</p> <p>9183 Placement of a single osseo-integrated implant, per jaw 2928.28</p> <p>9184 Placement of a second osseo-integrated implant in the same jaw 2194.29</p> <p>9185 Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant 1463.74</p> <p>9189 Cost of implants Reël 013</p> <p>9190 Exposure of a single osseo-integrated implant and placement of a transmucosal element 1081.75</p> <p>9191 Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw 811.26</p> <p>9192 Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant 540.17</p> <p>9046 Placement of zygomaticus fixture, per fixture 8040.41</p> <p>9198 Implant removal 1798.59</p> <p>This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure</p> <p>8761 Masticatory mucosal autograft extending across not more than four teeth (isolated procedure) 1956.46</p> <p>8772 Submucosal connective tissue autograft (isolated procedure) 2227.13</p> <p>8767 Bone regenerative / repair procedure at a single site 2385.11</p> <p><i>Excluding cost of regenerative material - see code 8770</i></p> <p>8769 Subsequent removal of membrane used for guided tissue regeneration procedure 950.21</p> <p>Codes 8761, 8767 and 8769 should be claimed only as part of implant surgery</p>		+L	

REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider must comply with the following requirements:

1. Registration requirements as an employer with the Compensation Fund.
2. Host a secure FTP server to ensure encrypted connectivity with the Fund.
3. Submit and complete a successful test file before switching the invoices.
4. Validate medical service providers' registration with the Health Professional Council of South Africa.
5. Validate medical service providers' registration with the Board of Healthcare Funders of South Africa.
5. Ensure elimination of duplicate medical invoices before switching to the Fund.
6. Invoices submitted to the Compensation Fund must have Gazetted COIDA Tariffs that are published annually and comply with minimum requirements for submission of medical invoices and billing requirements.
7. File must be switched in a gazetted documented file format published annually with COIDA tariffs.
8. Single batch submitted must have a maximum of 100 medical invoices.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Provide any information requested by the Fund.
13. The switching provider must sign a service level agreement with the Fund.
14. Third parties must submit power of attorney.

Failure to comply with the above requirements will result in deregistration of the switching house.



UMEHLUKO ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Employee surname	20	Alpha
7	Employee initials	4	Alpha
8	Employee Names	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	Description	Max length	Data Type
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha
25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha

35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD)	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD)	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER

1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal

MSP's PAID BY THE COMPENSATION FUND	
Discipline Code :	Discipline Description :
4	Chiropractors
9	Ambulance Services - advanced
10	Anesthetists
11	Ambulance Services - Intermediate
12	Dermatology
13	Ambulance Services - Basic
14	General Medical Practice
15	General Medical Practice
16	Obstetrics and Gynecology (work related injuries)
17	Pulmonology
18	Specialist Physician
19	Gastroenterology
20	Neurology
22	Psychiatry
23	Radiation/Medical Oncology
24	Neurosurgery
25	Nuclear Medicine
26	Ophthalmology
28	Orthopedics
30	Otorhinolaryngology
34	Physical Medicine
36	Plastic and Reconstructive Surgery
38	Diagnostic Radiology
39	Radiographers
40	Radiotherapy/Nuclear Medicine/Oncologist
42	Surgery Specialist
44	Cardio Thoracic Surgery
46	Urology
49	Sub-Acute Facilities
52	Pathology
54	General Dental Practice
55	Mental Health Institutions
56	Provincial Hospitals
57	Private Hospitals
58	Private Hospitals
59	Private Rehab Hospital (Acute)
60	Pharmacies
62	Maxillo-facial and Oral Surgery
64	Orthodontics
66	Occupational Therapy
70	Optometrists
72	Physiotherapists
75	Clinical technology (Renal Dialysis only)
76	Unattached operating theatres / Day clinics
77	Approved U O T U / Day clinics
78	Blood transfusion services
82	Speech therapy and Audiology
86	Psychologists
87	Orthotists & Prosthetists


88	Registered nurses
89	Social workers
90	Manufacturers of assisstive devices

DEPARTMENT OF LABOUR
NOTICE 192 OF 2019

**PHYSIOTHERAPIST, OCCUPA-
TIONAL THERAPY AND
CHIROPRACTOR 2019**

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED**ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.**

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2019.
2. Medical Tariffs increase for 2019 is 6.4%
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 April 2019 and Exclude 15% Vat.


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MN OLIPHANT, MP
MINISTER OF LABOUR

DATE: 05/02/2018

Kommunikasie-en-Inligtingstelsel • Dithaeletsano Isa Puso • Tekuchumana taHulumende • EzokuXhumana koMbuso • Dikgokahano Isa Mmuso
Vhudevhidzani ha Muvhuso • Dikgokagano Isa Mmuso • Inkonzelo zoNtselelwano lukaRhulumente • Vuhlanganisi bya Mfumo • UkuThintanisa koMbuso

Batho Pele - putting people first

GENERAL INFORMATION

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

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

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

In terms of section 76,3(b) of the Compensation for Occupational Injuries and Diseases Act, no amount in respect of medical expenses shall be recoverable from the employee.

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

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

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

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

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

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

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

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner.
3. If a claim is **rejected (repudiated)**, medical expenses for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information.

BILLING PROCEDURE

1. All service providers should be registered on the Compensation Fund claims system in order to capture medical reports.
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 Referrals to another medical service provider should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D.
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted.
 - 2.2. Manual documents for medical refunds should be submitted to the nearest labour centre.
3. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest processing labour centre. The service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice.

- If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount and the short fall will not be paid.

6. Service providers should not generate the following:

- a. Multiple invoices for services rendered on the same date i.e. one invoice for medication and a second invoices for other services.

*** Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za •**

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED

Minimum information to be indicated on invoices submitted to the Compensation Fund

- Name of employee and ID number
- Name of employer and registration number if available
- Compensation Fund claim number
- DATE OF ACCIDENT (not only the service date)
- Service provider's **invoice number**
- The practice number (changes of address should be reported to BHF)
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account)
- Date of service (the actual service date must be indicated: the invoice date is not acceptable)
- Item codes according to the officially published tariff guides
- Amount claimed per item code and total of account
- It is important that all requirements for the submission of invoices are met, including supporting information, e.g:
 - All pharmacy or medication accounts must be accompanied by the original scripts
 - The referral letter from the treating practitioner must accompany the medical service providers' invoice.

TARIFF OF FEES IN RESPECT OF PHYSIOTHERAPY SERVICES**FROM 1 APRIL 2019**

001. Unless timely steps are taken to cancel an appointment, the relevant fee may be charged to the employee. Each case shall be considered on merit and if the circumstances warrant, no fee shall be charged.
002. In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a physiotherapist, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged.
003. Newly hospitalised patients will be allowed up to 20 sessions without pre-authorisation. After a series of 20 treatment sessions in hospital, the treating medical practitioner must submit motivation with a treatment plan to the Compensation Fund for authorisation.
004. AM and PM treatment sessions, applicable only to hospitalised patients, should be specified and medically motivated for on the progress rehabilitation report.
005. In cases of out-patients, all treatment sessions will need pre-authorisation. All request for pre-authorisation must be based on clinical need, best practice and be in the best interest of the patient. The physiotherapist must submit a referral with motivation from the treating doctor and a treatment plan. The first consultation can be done before pre-authorisation to allow the physiotherapist to provide a treatment plan to the fund for preauthorisation. Practitioners will be allowed up to twenty treatment sessions to continue with treatment after submitting their request while awaiting response from the Fund. The rehabilitation professional must submit monthly progress report.
006. "After hour treatment" shall mean all physiotherapy performed where emergency treatment and /or essential continuation of care is required after working hours, before 07:00 and after 17:00 on weekdays, and any treatment over a weekend or public holiday . In cases where the physiotherapist's scheduled working hours extend after 17:00 and before 07:00 during the week or weekend, the above rule shall not apply and the treatment fee shall be that of the normal listed tariff. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 per cent. Modifier 006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable.
- For the purpose of this rule:
- Emergency treatment and/or essential continuation of care refers to a physiotherapy procedure , where failure to provide the procedure would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the patient's life in serious jeopardy.
007. The physiotherapist shall submit his / her account for treatment to the employer of the employee concerned.
008. When an employee is referred for physiotherapy treatment after a surgical procedure, a new treatment plan needs to be provided to the Fund.
011. Cost of material does not include consumables (e.g. ultrasound gel, massage oil, gloves, alcohol swabs, facial tissues, paper towels and etc.)
012. An account for services rendered will be assessed and added without VAT. VAT is then calculated and added to the final payment amount.
013. Where a physiotherapist is called out from residence or rooms to an employee's home or hospital, travelling fees to be charged for travelling will be R 3.30 per kilometer from the 1st kilometer. If more than one employee is attended to during the course of a trip, the full travelling expenses must be divided pro rata between the relevant employees(the physiotherapist will claim for one trip). A physiotherapist is not entitled to charge any travelling expenses or travelling time to his / her rooms.
014. Physiotherapy services rendered in a hospital or nursing facility.

015. The services of a physiotherapist shall be available only on referral from the treating medical practitioner. Where a physiotherapist's letterhead is used as a referral letter, it must bear the medical practitioner's signature, date and stamp. The referral letter for any physiotherapy treatment provided should be submitted to the Compensation Commissioner with the account for such services.
- 016 Physiotherapist, Occupational Therapists and Chiropractors cannot give the treatment concurrently and the treatment must not overlap.
- NB Only one of the following codes can be claimed per session/consultation:
72925,72926,72921,72923,72928,72927,72501 and 72503**
- MODIFIERS GOVERNING THE TARIFF**
- 0001 To be quoted after appropriate treatment codes when rule 001 is applicable.
- 0006 Add 50% of the total fee for the treatment.
- 0013 R3.30 per km for each kilometre
0014. Treatment in a nursing facility.

PHYSIOTHERAPY TARIFF OF FEES AS FROM 1 APRIL 2019

Please note that only one treatment code may be charged per treatment. The only exceptions are one relevant evaluation code (**72701** or **72702** or **72703**, treatment code **72509** (extra treatment time), one visiting code (**72901** or **72903**) and cost of material code(**72939**)

Code	Service type	Service description	2019 Tariffs
72701	Evaluation level 1 (to be fully documented)	(Applies to simple evaluation once at first visit only. It should not be used for each condition. A treatment plan / rehabilitation progress report must be submitted at the initiation of treatment.	263.94
72702	Complex evaluation (to be fully documented)	Complex evaluation once at first visit only. Applies to complex evaluation once at first visit only. Applies to complex injuries only. It should not be used for each condition. A treatment plan / rehabilitation progress report describing what makes the evaluation complex, must be submitted at the initiation of treatment.	395.55
72703	Re-assessment	Complete re-assessment or one physical performance test during the course of treatment. This should be fully documented and a rehabilitation progress report provided to the CF. This code will only apply to patients that have been discharged and are now re-admitted.	131.63
72901	Treatment at nursing home	Relevant fee plus (to be charged only once per day and not with every hospital visit)	96.45
72305	Very Simple treatment	Simple treatment for one condition/injury of one treatment technique	96.45
72509	Extra treatment time	There should be a clear indication and motivation and Should be medically motivated for e.g. complicated condition. This code can only be claimed once per treatment session.	146.60
72903	Domiciliary treatments	Apply only when medically motivated: relevant fee plus.	175.49
72925	Level 1 chest pathology	Applies to simple chest conditions / injuries. Multiple treatment techniques to be used.	432.11
72926	Level 2 chest pathology	Applies only to complex chest conditions / injuries that require undivided attention of the physiotherapist. Multiple treatment techniques to be used.	713.97
72921	Simple spinal treatment	Applies to simple spinal injuries / conditions. Multiple treatment techniques to be used.	634.58
72923	Complex spinal treatment	Applies to complex spinal injuries/conditions. Multiple treatment techniques to be used. Rehabilitation reports must clearly indicate the reasons for choosing complex as apposed to simple.	916.62
72928	Simple soft tissue / peripheral joint injuries or other general treatment	Apply to all soft tissue / peripheral injuries or other general treatment.	634.58

72927	Complex soft tissue / peripheral joint injuries or other general treatment	Applies to complex soft tissue/peripheral joint injuries/conditions. Multiple treatment techniques to be used. Rehabilitation reports must clearly indicate the reasons for choosing complex as opposed to simple.	828.87
72501	Rehabilitation	Rehabilitation first 30 minutes, where the pathology requires the undivided attention of the physiotherapist	458.23
72503	Rehabilitation centralnervous system	Also includes spinal rehabilitation (cannot be charged for bed exercises / passive movements only)	916.62
72939	Cost of material	Single items below R 1733.90 (VAT excl) may be charged for at cost price plus 20% storage and handling fees. The invoice must be attached to the account.	
		Cost of materials does not cover consumables	
		See the attached Annexure A for consumables and Annexure B for equipment and or appliances that are considered reasonable to be used with code 72939	

<p style="text-align: center;"><u>ANNEXURE A</u></p> <p style="text-align: center;"><u>LIST OF CONSUMABLES</u></p> <p><u>To be used with code 72939</u></p> <p>Service providers may add on 20% for storage and handling</p>		
NAME OF PRODUCT	UNIT	APPROX UNIT
		PRICE(excl VAT)
Tubigrip (A & B white)	1	176.89
Self adhesive disposable electrodes (one set per employee is payable)	1	70.70
Sports		
<i>Taping / Strapping (type & quantity must be specified)</i>		
Elastoplast 75mm x 4.5	1	151.64
Coverol	1	112.82
Leukotape	1	151.64
Magic Grip Spray	1	109.52
Fixomull	1	126.41
Leukoban 50-75mm x 4.5m	1	59.03
Other		
Incontinence electrodes for pathway EMG	1	336.88
EMG flat electrodes	1	28.55
(should be medically justified)		

ANNEXURE B

List of equipment / appliances to be used with code 72939
Service providers may add on 20% for storage and handling
Equipment not payable if the same were already supplied by an
Prosthetist to the same employee

NAME OF PRODUCT	UNIT	APPROX UNIT PRICE(excl VAT)
Hot / cold packs	1	67.38
<u>Braces</u>		
Cervical collar	1	67.38
Lumbar brace	1	395.90
Standard heel cups	pair	101.15
Cliniband	1	53.81
Fit band 5.5cm	1	136.49
Fit band 30cm	1	478.42
Peak flow meter	1	314.95
Peak flow meter	2	3.32

Claim number: _____

Physiotherapy Rehabilitation progress report
Compensation for Occupational injuries and disease act, 1993
(Act No.130 Of 1993)

PART 1 - INITIAL EVALUATION AND PLAN

Submit with first account _____

Names and Surname of Employee _____

Identity Number _____ Address _____

Postal Code _____

Name of Employer _____

Address _____

Postal Code _____

Date of Accident _____ Date of referral _____

Name of referring medical practitioner _____

Name of Physiotherapist _____

Practice Number _____

Physiotherapy Account number _____

1. Date of first treatment _____

2. Initial clinical presentation _____

3. Describe patient's symptoms and functional status _____

4. Are there any complicating factors that may prolong rehab or delay recovery (specify)? _____

5. Overall goal of treatment _____

6. Treatment Plan for proposed treatment session _____

Signature of Physiotherapist _____ Date _____

Claim number _____

Physiotherapy Rehabilitation progress report
Compensation for Occupational injuries and disease act, 1993
(Act No.130 Of 1993)

PART 2 - TREATMENT AND PROGRESS (Monthly)

Submit on a monthly basis attached to the submitted accounts

Names and Surname of Employee _____
Identity Number _____ Address _____

Postal Code _____

Name of Employer _____
Address _____

Postal Code _____

Date of Accident _____ Date of referral _____

Name of referring medical practitioner _____

Name of Physiotherapist _____

Practice Number _____

Physiotherapy Account number _____

1. Number of Sessions (dates) already delivered? _____ From _____ To _____

2. Progress achieved _____

3. Did the patient undergo surgical procedures during this treatment period? _____

Dates of surgical procedures _____

4. Number of sessions (dates) still required _____

5. Treatment plan for proposed treatment sessions _____

Signature of Physiotherapist _____ Date _____

Claim number _____

Physiotherapy Rehabilitation progress report
Compensation for Occupational injuries and disease act, 1993
(Act No.130 Of 1993)

PART 3 - FINAL PROGRESS REPORT

Submit with final account

Names and Surname of Employee _____
Identity Number _____ Address _____

Postal Code _____

Name of Employer _____
Address _____

Postal Code _____

Date of Accident _____ Date of referral _____

Name of referring medical practitioner _____

Name of Physiotherapist _____

Practice Number _____

Physiotherapy Account numbers _____

Date of final treatment _____ Number of treatment Dates _____

Progress achieved _____

From what date has the employee been fit for his/her normal work? _____

Is the employee fully rehabilitated/has the employee obtained the highest level of
function?

If not, describe in detail any present permanent anatomical defect and/or impairment of
function as a result of the accident (R.O.M., if applicable, must be indicated in degrees at
each specific joint) _____

Signature of the Physiotherapist _____ Date _____

SCHEDULE**TARIFF OF FEES IN RESPECT OF OCCUPATIONAL THERAPY SERVICES FROM 1 APRIL 2019****GENERAL RULES GOVERNING THE TARIFF**

- 001 Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee.
- 002 In exceptional cases where the tariff fees is disproportionately low in relation to the actual services rendered by the practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged.
- 003 **The service of an occupational therapist shall be available only on written referral by the treating doctor medical doctor. The referral must be signed,dated and stamped by the treating doctor.**
- 004 **In cases of out-patients, all treatment sessions will need pre-authorisation. The Occupational Therapist must submit a referral with motivation from the treating doctor and a treatment plan. The referral letter should be signed,dated and stamped. The first consultation can be done before pre-authorisation to allow the O.T to provide a treatment plan to the Fund for pre-authorisation. Practitioners will be allowed up to a maximum of ten (10) sessions to continue with treatment after submitting their request while awaiting response from the Fund.**
- 005 **The Occupational Therapist must provide an updated Rehabilitation Report including outcome based measures.**
- 006 "After hours treatment" shall mean those emergency treatment sessions performed at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 Monday. Public holidays are regarded as Sundays. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 per cent. This rule shall apply for all treatment administered in the practitioner's rooms, or at a nursing home or private residence (only by arrangement when the patient's condition necessitates it). Modifier 0006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable.
- 008 The provision of aids or assistive devices shall be charged at cost. Modifier 0008 must be quoted after the appropriate codes to show this rule is applicable.
- 009 Materials used in the construction of orthoses will be charged as per Annexure "A" for the applicable device and pressure garments will be charged as per Annexure "B" for the applicable garment. Modifier 0009 must be quoted after the appropriate codes to show that this rule is applicable.
- 010 Materials used in treatment shall be charged at cost. Modifier 0010 must be quoted after the appropriate tariff codes to show that this rule is applicable.
- 011 When the occupational therapist administers treatment away from his / her premises, travelling costs shall be charged as follows: R3.30 per km for each kilometre travelled in own car e.g. 19 km total = 19X R3.30 = R62.70
- 012 The occupational therapist shall submit the account for treatment to the employer of the employee concerned.
- 013 **Physiotherapist, Occupational Therapists and Chiropractors cannot give the treatment concurrently and the treatment must not overlap.**

MODIFIERS GOVERNING THE TARIFF

- 0006 Add 50% of the total fee for the treatment.

- 0008 Aids or assistive devices should be charged at cost.
- 0009 Materials used for orthoses or pressure garments should be charged as per Annexure "B".
- 0010 Materials used in treatment should be charged at cost.
- 0011 Travelling cost: as indicated in Rule 011.
- 0012 A detailed report of the work assessment with signatures of the employer and the injured worker shall be submitted to the Compensation Commissioner with the invoice.
- 0014 Only one evaluation code may be billed per treatment session and utilised as per the rule of the individual code

Note: Monetary value of one unit = R10.85 • Let Wel: Geldwaarde van een eenheid = R10.85

OCCUPATIONAL THERAPY GAZETTE 2019

2019 Tariff excluding VAT - 2019 Tarief sluit BTW uit

PLEASE TAKE NOTE OF GENERAL RULE 005

NEEM ASSEBLIEF KENNIS VAN ALGEMENE REEL 005

CONSULTATION PROCEDURES. KONSULTASIE PROSEDURES

CODE KODE	DESCRIPTION	U/E	RAND
			2019
101	First consultation (5-15 min) Eerste konsultasie (5-15 min) Charged once.	60	651.00
108	Followup consultation (15-30 min) Opvolg konsultasie (15-30 min) May be charged twice only per week.	15	162.75
109	Followup consultation (30-60 min) Opvolg konsultasie (30-60 min) May be charged up to four times per week	30	325.50

EVALUATION PROCEDURES • EVALUASIE PROSEDURES

CODE KODE	DESCRIPTION	U/E	RAND
201	Observation and screening Observasie en skandering. May be charged at every treatment session as clinically appropriate	10	108.50
203	Specific evaluation for a single aspect of dysfunction (Specify which aspect) Spesifieke evaluasie vir 'n enkele aspek van wanfunksie (Spesifiseer aspek). May be charged once per week as clinically appropriate	7.5	81.38
205	Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and aspects evaluated) Spesifieke evaluasie van wanfunksie van een gedeelte van die liggaam vir 'n spesifieke funksionele probleem (Spesifiseer gedeelte sowel as aspek geëvalueer) May be charged once per week as clinically appropriate	22.5	244.13
207	Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated) Spesifieke evaluasie van wanfunksie wat die hele liggaam insluit (spesifiseer toestand en aspekte geëvalueer) May be charged once per three months as clinically appropriate	45	488.25
209	Specific in depth evaluation of certain functions affecting the total person (Specify the aspects assessed) • Spesifieke in-diepte evaluasie van sekere funksies wat die persoon in geheel affekteer (spesifiseer die aspekte geëvalueer) May be charged once per three months as clinically appropriate	75	813.75
211	In depth evaluation of the total person to enable the vocational rehabilitation specialist to complete a comprehensive assessment of certain functions affecting the total person (The code can only be requested by the Compensation Fund for Section 42 Cases reviews)	105	1139.25

MEASUREMENT FOR DESIGNING • OPMETING VIR ONTWERP

CODE KODE	DESCRIPTION	U/E	RAND
213	Measurement for designing a static orthosis • Opmetering vir ontwerp 'n Statiese ortose	10	108.50
215	Measurement for designing a dynamic orthosis • Opmetering vir ontwerp 'n Dinamiese ortose	10	108.50
217	Measurement for designing a pressure garment for one limb orthosis • Opmetering vir ontwerp drukkledingstuk vir een ledemaat	10	108.50
219	Measurement for designing a pressure garment for one hand orthosis • Opmetering vir ontwerp drukkledingstuk vir een hand	10	108.50
221	Measurement for designing a pressure garment for the trunk orthosis • Opmetering vir ontwerp drukkledingstuk vir die romp	10	108.50
223	Measurement for designing a pressure garment for the face (chin strap only) • Opmetering vir ontwerp drukkledingstuk vir die gesig (alleenlik kenriem)	10	108.50
225	Measurement for designing a pressure garment for the face (full face mask) orthosis • Opmetering vir ontwerp drukkledingstuk vir die gesig (volle gesigmasker)	10	108.50
	The whole body or part thereof will be the sum total of the parts • Die hele liggaam of deel daarvan vorm die totaal van die dele		

PROCEDURES FOR THERAPY • PROSEDURES VIR BEHANDELING			
CODE KODE	DESCRIPTION	U/E	RAND
303	Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment and positioning the patient. This does not require individual attention for the whole treatment session	20	217.00
307	Simultaneous treatment of two to four patients, each with specific problems utilising individual activities • Gelyktydige behandeling vir twee tot vier pasiënte, elkeen met spesifieke probleme deur gebruik te maak van individuele aktiwiteite	48	520.80
INDIVIDUAL AND UNDIVIDED ATTENTION DURING TREATMENT SESSIONS UTILISING SPECIFIC ACTIVITY OR TECHNIQUES IN AN INTEGRATED TREATMENT SESSION (TIME OF TREATMENT MUST BE SPECIFIED) • INDIVIDUELE EN ONVERDEELDE AANDAG GEDURENDE BEHANDELINGS DEUR GEBRUIK TE MAAK VAN SPESIFIEKE AKTIWITEITE OF TEGNIEKE (TYD VAN BEHANDELING MOET GESPEKIFISEER WORD)			
CODE KODE	DESCRIPTION	U/E	RAND
309	On level one • Op vlak een (15min)	12	130.20
311	On level two • Op vlak twee (30 min)	24	260.40
313	On level three • Op vlak drie (45min)	36	390.60
315	On level four • Op vlak vier (60 min)	48	520.80
317	On level five • Op vlak vyf (90 min)	72	781.20
319	On level six • Op vlak ses (120 min)	96	1041.60

PROCEDURES FOR WORK REHABILITATION • PROSEDURES VIR WERKREHABILITASIE			
CODE KODE	DESCRIPTION	U/E	U/E
321	Work evaluation - . This includes an assessment of the inherent demands of the job and the patient's ability to perform these. A detailed report is not included in this code (charged for under 325), but must be submitted with the referral from the medical practitioner.)	80	868.00
323	Work Visit Evaluation of the job tasks by observing while the patient or a colleague in the same role performs the job tasks. May include discussing possible adaptations to the process or the work station and making the necessary recommendations to enable a patient to return to work. Rule: A maximum of two work visits are allowed per patient. However, in extenuating circumstances, further motivation may be made to the CC.	40	434.00
325	Reports - To be used only when reporting on work assessments. - Vir gebruik slegs vir rapportering oor werk evaluasies.	Verslae 22.14	240.22

DESIGNING AND CONSTRUCTING A CUSTOM MADE ADAPTATION OR ASSISTIVE DEVICE, SPLINT OR SIMPLE PRESSURE GARMENT FOR TREATMENT IN TASK-CENTERED ACTIVITY (SPECIFY THE ADAPTATION, DEVICE, SPLINT OR PRESSURE GARMENT) • ONTWERP EN VERVAARDIGING VAN 'N AANPASSINGS- OF HULPMIDDEL, SPALK OF DRUKKLEDINGSTUK VIR BEHANDELING IN 'N TAAK-GESENTREERDE AKTIVITEIT (SPESIFISEER DIE AANPASSING, HULPMIDDEL, SPALK OF DRUKKLEDINGSTUK)			
CODE KODE	DESCRIPTION	U/E	RAND
403	On level one • Op vlak een	12	130.20
405	On level two • Op vlak twee	24	260.40
407	On level three • Op vlak drie	36	390.60
409	On level four • Op vlak vier	48	520.80
411	On level five • Op vlak vyf	60	651.00
413	On level six • Op vlak ses	72	781.20
415	Designing and constructing a static orthosis • Ontwerp en vervaardiging van 'n statiese ortose	60	651.00
417	Designing and constructing a dynamic orthosis • Ontwerp en vervaardiging van 'n dinamiese ortose	120	1302.00

**DESIGNING AND MAKING A PRESSURE GARMENT •
ONTWERP EN VERVAARDIGING VAN 'N DRUKKLEDINGSTUK**

CODE KODE	DESCRIPTION	U/E	RAND
419	Per limb • Per ledemaat	60	651.00
421	Face (chin strap only) • Gesig (kenriem alleenlik)	45	488.25
423	Face (full face mask) • Gesig (volle gesigsmasker)	60	651.00
425	Trunk • Romp	90	976.50
427	Per hand • Per hand	90	976.50
	The whole body or part thereof will be the subtotal of the parts for the first garment and 75% the fee for any additional garments on the same pattern. Die hele liggaam of deel daarvan vorm die totaal van die dele vir die eerste kledingstuk en 75% van die tarief vir enige addisionele kledingstuk op dieselfde patroon.		

ANNEXURE A • AANHANGSEL A

	MODIFIER 0009 - MATERIAL COSTS FOR SPLINTS WYSIGER 0009 - MATERIAALKOSTE VIR SPALKE	COST (VAT exclusive) KOSTE (BTW uitgesluit)
		2019
501	Static DIP extension / flexion • Statiese DIP ekstensie / fleksie	41.26
502	Static PIP extension / flexion • Statiese PIP ekstensie / fleksie	41.26
503	Dynamic PIP extension / flexion • Dinamiese PIP ekstensie / fleksie	136.49
504	Hand based static finger extension / flexion • Hand gebaseerde statiese vinger ekstensie / fleksie	205.43
505	Hand based static thumb abduction / opposition / flexion / extension • Hand gebaseerde statiese duim abduksie / opposisie / fleksie / ekstensie	205.43
506	Hand based dynamic finger extension / flexion • Hand gebaseerde dinamiese vinger ekstensie / fleksie	287.43
507	Hand based dynamic thumb flexion / extension / opposition • Hand gebaseerde dinamiese duim fleksie / ekstensie / opposisie	287.43
508	Wrist extension / flexion (static or dynamic) • Pols ekstensie / fleksie (staties of dinamies)	308.51
509	Full flexion glove • Volle fleksie handskoen	393.64
510	Forearm based dynamic finger extension / flexion • Voorarm gebaseerde dinamiese vinger ekstensie / fleksie	492.69
511	Forearm based static dorsal protection • Voorarm gebaseerde statiese dorsale beskerming	574.17
512	Forearm based complete volar resting • Voorarm gebaseerde volledige volare rus	574.17
513	Elbow flexion / extension • Elmboog fleksie / ekstensie	684.21
514	Shoulder abduction • Skouer abduksie	1094.72
515	Rigid neck extension (static) • Rigiede nek ekstensie (staties)	588.63
516	Soft neck extension (static) • Sagte nek ekstensie (staties)	191.68
517	Static knee extension • Statiese knie ekstensie	1093.67
518	Static foot dorsiflexion • Statiese voet dorsifleksie	1281.71
519	Buddy strap • Buddy band	40.23
520	DIP / PIP flexion strap • DIP / PIP fleksieband	46.66
521	MP, PIP, DIP flexion strap • MP, PIP, DIP fleksieband	51.88

ANNEXURE B • AANHANGSEL B**MODIFIER 0009 - MATERIAL COSTS FOR PRESSURE GARMENTS****WYSIGER 0009 - MATERIAALKOSTE VIR DRUKKLEDINGSTUKKE**

	Indicate all parts of the pressure garment separately. Dui alle dele van die drukkledingstuk apart aan.	COST (VAT exclusive) KOSTE (BTW uitgesluit)
		2019
601	Glove • Handskoen	89.33
602	Forearm / upper arm sleeve • Voorarm / boarm mou	118.56
603	Full arm • Volle arm	178.28
604	Foot • Voet	208.38
605	Below knee (lower leg) • Onder knie (onderbeen)	142.42
606	Above knee (upper leg) • Bo knie (bobeen)	213.80
607	Chin strap • Ken band	149.21
608	Head (face mask) • Kop (gesigsmasker)	285.69
609	Trunk (excluding sleeves) • Romp (moue uitgesluit)	428.63
610	Finger sock • Vingerkous	19.70
611	Brief • Broek	356.22

Claim Number: _____

REHABILITATION PROGRESS REPORT**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT**

Names and Surname of Employee _____

Identity Number _____ Address _____

_____ Postal Code _____

Name of Employer _____

Address _____

_____ Postal Code _____

Date of Accident _____

1. Date of first treatment _____ Provider who provided first treatment _____

2. Initial clinical presentation and functional status _____

3. Name of referring medical practitioner _____ Date of referral _____

4. Describe patient's current symptoms and functional status _____

5. Are there any complicating factors that may prolong rehabilitation or delay recovery (specify)? _____

6. Overall goal of treatment: _____

7. Number of sessions already delivered _____ Progress achieved _____

Claim Number: _____

8. Number of sessions required_____ Treatment plan for proposed treatment sessions_____
9. From what date has the employee been fit for his/her normal work?_____
10. Is the employee fully rehabilitated / has the employee obtained the highest level of function?_____
11. **If so, describe in detail any present permanent anatomical defect and / or impairment of function as a result of the accident (R.O.M, if any must be indicated in degrees at each specific joint)**_____
- _____
- _____
- _____
- _____
- _____

I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident.

Signature of rehabilitation service provider_____

Name(Printed) _____ Date(Important)_____

Address_____

Practice number_____

NB: Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts.

TARIFF OF FEES IN RESPECT OF CHIROPRACTIC SERVICES FROM 1 APRIL 2019
GENERAL RULES GOVERNING THE TARIFF

- 001** “After hours treatment” shall mean those performed by arrangement at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 on Monday. Public holidays are regarded as Sundays. This rule shall apply for all treatment whether administered in the practitioner’s rooms, or at a nursing home or private residence (only by arrangement when the employee’s condition necessitates it). The fee for all treatment under this rule shall be the total fee for treatment + 50%. In cases where the chiropractor’s scheduled working hours extend after 18:00 during the week or 13:00 on a Saturday the above rule shall not apply and the treatment fee shall be that of the **normal listed tariff**.

002 *Travelling fees*

- (a) Where, in the case of emergency, a chiropractor is called out from his residence or rooms to an employee’s home or the hospital, travelling fees can be charged if more than 16 kilometres in total have to be travelled.
- (b) If more than one employee is attended to during the course of a trip, the full travelling expenses must be divided *pro rata* between the relevant employees.
- (c) A practitioner is not entitled to charge for any travelling expenses to his rooms.

When a chiropractor has to travel to visit an employee, the fees shall be calculated as follows:

R3.30.00 per km for each kilometre travelled in **own car**.

- 003** If, after a series of 20 treatment sessions for the same condition, further treatment is required, the practitioner must submit a progress report to the Compensation Commissioner indicating the necessity for further treatment and the number of further treatment sessions required. Without such a report payment for treatment sessions in excess of 20 shall not be considered.

004 The reports for completion by the practitioner:

(a) **The First Medical Report (W.Cl.4)**

The form is used for all injured employees. The practitioner should note that the form is in the nature of a signed medical certificate and he should, therefore, observe due care in completing, dating and signing the form.

(b) **The Progress or Final Medical Report (W.Cl.5)**

This form is used either for progress reports or the final report; the appropriate descriptive title being retained as the case may be. Most of the items in the report are self-explanatory and require no special amplification.

006 Un-cancelled appointments — Appointments not cancelled at least four hours before the relevant appointment time — relevant practitioner's fees shall be payable by the employee.

007 Reports:

Not applicable in respect of injured workmen covered under the COIDA.

008 Change of chiropractor / medical practitioner ("supersession"):

In the event of a change of chiropractor / medical practitioner consulted, the first chiropractor / medical practitioner in attendance will, except where the case is handed over to a specialist, be regarded as the principal, and payment will normally be made to him / her. To avoid disputes, chiropractors / medical practitioners should refrain from treating a case already under treatment without first discussing it with the first chiropractor / medical practitioner. As a general rule, changes of chiropractor / medical practitioner are not favoured, unless sufficient reasons exist.

CHIROPRACTOR / CHIROPRAKTISYN 2019
Tariff of fees for 2018 / Tariewe vir 2019

2019

1 CONSULTATIONS / KONSULTASIES

- 04301 Initial consultation — including the taking of a full case history or pertinent history, but excluding remedies, immobilisation and manipulation procedures R 273.41
 Consultation includes history taking, guidance, education, health promotion and/or consultation.
 The consultation code may be charged only once at the consultation or Visit.

2 DIAGNOSTIC PROCEDURES

Only a single item from this section may be charged per patient encounter. Diagnostic procedures included in the scope of practice are; physical examination, neurological examination

Initial consultation- charge 04313 (may only be used once per episode of injury)

Follow up consultation- use 04311 or 04312 only

When using 04312 at a subsequent consultation, a motivation detailing why two diagnostic are required at a follow up treatment. Use form WCL5 to submit your motivation.

- 04311 Single diagnostic procedure **(May be used with up to three treatment/therapeutic codes)** R 177.24
 04312 Two diagnostic procedures **(Attach Motivation)** R 269.29
 04313 Three diagnostic procedures **(May only be used on an initial Consultation)** R 354.47

TREATMENT (THERAPEUTIC PROCEDURES)

Only a single item from this section may be charged per patient encounter

- 04331 Single treatment procedure R 376.46
 04332 Two treatment procedures R 456.15
 04333 Three treatment procedures R 535.83
 04334 Four treatment procedures R 615.52
 04335 Five treatment procedures R 695.21
 04336 Six treatment procedures R 773.52

IMMOBILISATION OR THERAPEUTIC EXERCISE IN RELATION TO PREPARATION OR FITTING OF APPLIANCES

Only a single item from this section may be charged per patient encounter

- 04321 Single instance of immobilization or therapeutic exercises R 535.83
 04322 Two instances of immobilization or therapeutic exercises **(Attach Motivation)** R 673.23

(k) RADIOLOGY/RADIOLOGIE

- 04049 Ankle—AP / LAT • Enkel—AP / LAT R 218.86
 04050 Ankle—Complete Study—3 views • Enkel—Volledige studie—3 aansigte R 327.66
 04051 Cervical—AP / LAT • Servikaal—AP / LAT R 218.66
 04052 Cervical—AP / LAT / OBL • Servikaal—AP / LAT / Skuinsaansigte R 327.66
 04053 Cervical study—6 views • Servikaal—6 aansigte R 655.35
 04054 Cervical—Davis Series—7 views • Servikaal—Davis Series—7 aansigte R 764.12
 04055 Elbow—AP / LAT • Elmoog—AP / LAT R 214.58
 04056 Elbow—3 views • Elmoog—3 aansigte R 327.66
 04057 Foot—AP / LAT • Voet—AP / LAT R 218.66
 04058 Foot—3 views • Voet—3 aansigte R 327.66
 04059 Femur—AP / LAT • Dybeen—AP / LAT R 436.87
 04060 Hand—AP / LAT • Hand—AP / LAT R 218.66
 04061 Hand—3 views • Hand—3 aansigte R 327.66
 04062 Hip unilateral—1 view • Heup—1 aansig R 152.96
 04063 Hip—2 views • Heup—2 aansigte R 305.70
 04064 Knee—AP / LAT • Knie—AP / LAT R 218.66
 04065 Knee—3 views • Knie—3 aansigte R 327.66
 04066 Lumbo-Sacral—3 views • Lumbo-Sakraal—3 aansigte R 524.14
 04067 Lumbar spine & pelvis—5 views • Lumbale werwels & pelvis—5 aansigte R 785.90
 04068 Pelvis AP • Pelvis AP R 218.66
 04069 Pelvis—3 views • Pelvis—3 aansigte R 480.59
 04070 Ribs—Unilateral—2 views • Ribbes—Unilateraal—2 aansigte R 261.97
 04071 Ribs—Bilateral—3 views • Ribbes—Bilateraal—3 aansigte R 392.94
 04072 Radius / Ulna • Radius / Ulna R 218.66

04073	Spine—Full spine study—AP / LAT• Werwelkolom—hele werwelkolom plus pelvis—AP / LAT	R 785.90
04074	Spine—8 X 10—Single study• Spinaal—8 X 10—Enkele aansig	R 129.37
04075	Spine—10 X 12—Single study• Spinaal—10 X 12—Enkele studie	R 131.20
04076	Spine—14 X 17—Single study• Spinaal—14 X 17—Enkele studie	R 218.66
04077	Shoulder—1 view• Skouer—1 aansig	R 131.20
04078	Shoulder—2 views• Skouer—2 aansigte	R 261.97
04079	Thoraco—Lumbar—AP / LAT• Torako—Lumbaal—AP / LAT	R 436.87
04080	Thoracic—AP / LAT Torakaal—AP / LAT	R 436.87
04081	Tibia/Fibula—AP / LAT• Tibia/Fibula—AP / LAT	R 436.87
04082	Wrist—AP / LAT• Gewrig—AP / LAT	R 218.66
04083	Wrist—3 views• Gewrig—3 aansigte	R 327.66
04084	Stress views—Lumbar• Spanningsopnames—Lumbaal	R 273.97
04100	Consumables (claim using Nappi codes)	

Radiation Control Council Certificate number to be on account if X-Rays charged

Claim Number: _____

REHABILITATION PROGRESS REPORT
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT

Names and Surname of Employee _____

Identity Number _____ Address _____

_____ Postal Code _____

Name of Employer _____

Address _____

_____ Postal Code _____

Date of Accident _____

1. Date of first treatment _____ Provider who provided first treatment _____

2. Initial clinical presentation and functional status _____

3. Name of referring medical practitioner _____ Date of referral _____

4. Describe patient's current symptoms and functional status _____

5. Are there any complicating factors that may prolong rehabilitation or delay recovery (specify)? _____

6. Overall goal of treatment: _____

7. Number of sessions already delivered _____ Progress achieved _____

Claim Number: _____

8. Number of sessions required_____ Treatment plan for proposed treatment sessions_____
9. From what date has the employee been fit for his/her normal work?_____
10. Is the employee fully rehabilitated / has the employee obtained the highest level of function?_____
11. If so, describe in detail any present permanent anatomical defect and / or impairment of function as a result of the accident (R.O.M, if any must be indicated in degrees at each specific joint)_____
- _____
- _____
- _____
- _____

I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident.

Signature of rehabilitation service provider_____

Name(Printed) _____ Date(Important)_____

Address_____

Practice number_____

NB: Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts.

REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider must comply with the following requirements:

1. Registration requirements as an employer with the Compensation Fund.
2. Host a secure FTP server to ensure encrypted connectivity with the Fund.
3. Submit and complete a successful test file before switching the invoices.
4. Validate medical service providers' registration with the Health Professional Council of South Africa.
5. Validate medical service providers' registration with the Board of Healthcare Funders of South Africa.
5. Ensure elimination of duplicate medical invoices before switching to the Fund.
6. Invoices submitted to the Compensation Fund must have Gazetted COIDA Tariffs that are published annually and comply with minimum requirements for submission of medical invoices and billing requirements.
7. File must be switched in a gazetted documented file format published annually with COIDA tariffs.
8. Single batch submitted must have a maximum of 100 medical invoices.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Provide any information requested by the Fund.
13. The switching provider must sign a service level agreement with the Fund.
14. Third parties must submit power of attorney.

Failure to comply with the above requirements will result in deregistration of the switching house.

MSP's PAID BY THE COMPENSATION FUND	
Discipline Code :	Discipline Description :
4	Chiropractors
9	Ambulance Services - advanced
10	Anesthetists
11	Ambulance Services - Intermediate
12	Dermatology
13	Ambulance Services - Basic
14	General Medical Practice
15	General Medical Practice
16	Obstetrics and Gynecology (work related injuries)
17	Pulmonology
18	Specialist Physician
19	Gastroenterology
20	Neurology
22	Psychiatry
23	Radiation/Medical Oncology
24	Neurosurgery
25	Nuclear Medicine
26	Ophthalmology
28	Orthopedics
30	Otorhinolaryngology
34	Physical Medicine
36	Plastic and Reconstructive Surgery
38	Diagnostic Radiology
39	Radiographers
40	Radiotherapy/Nuclear Medicine/Oncologist
42	Surgery Specialist
44	Cardio Thoracic Surgery
46	Urology
49	Sub-Acute Facilities
52	Pathology
54	General Dental Practice
55	Mental Health Institutions
56	Provincial Hospitals
57	Private Hospitals
58	Private Hospitals
59	Private Rehab Hospital (Acute)
60	Pharmacies
62	Maxillo-facial and Oral Surgery
64	Orthodontics
66	Occupational Therapy
70	Optometrists
72	Physiotherapists
75	Clinical technology (Renal Dialysis only)
76	Unattached operating theatres / Day clinics
77	Approved U O T U / Day clinics
78	Blood transfusion services
82	Speech therapy and Audiology
86	Psychologists
87	Orthotists & Prosthetists

88	Registered nurses
89	Social workers
90	Manufacturers of assistive devices



UMEHLUKO ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Employee surname	20	Alpha
7	Employee initials	4	Alpha
8	Employee Names	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	Description	Max length	Data Type
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha
25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha

35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD)	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD)	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER


1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal

DEPARTMENT OF LABOUR

NOTICE 193 OF 2019

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED**ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.**

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2019.
2. Medical Tariffs increase for 2019 is 6.4%
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 April 2019 and Exclude 15% Vat.


.....
MN OLIPHANT, MP
MINISTER OF LABOUR

DATE: 05/12/2018

Kommunikasie-en-Inligtingstelsel • Ditheletsano Isa Puso • Tekuchumana taHulumende • EzokuXhumana koMbuso • Dikgokahano Isa Mmuso
Vhuvahlidzani ha Muvhuso • Dikgokagano Isa Mmuso • liNkonzo zoNzibelelwano lukaRhulumente • Vuhlanganisi bya Mfumo • UkuThintanisa koMbuso

Batho Pele - putting people first

GENERAL INFORMATION

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

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

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

In terms of section 76,3(b) of the Compensation for Occupational Injuries and Diseases Act, no amount in respect of medical expenses shall be recoverable from the employee.

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

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

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

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

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

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

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

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner.
3. If a claim is **rejected (repudiated)**, medical expenses for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information.

BILLING PROCEDURE

1. All service providers should be registered on the Compensation Fund claims system in order to capture medical reports.
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury
 - 1.2 In a case where a procedure is done, an operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 Referrals to another medical service provider should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D.
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted.
 - 2.2. Manual documents for medical refunds should be submitted to the nearest labour centre.
3. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest processing labour centre. The service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .
5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice.

- If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount and the short fall will not be paid.
6. Service providers should not generate the following:
- a. Multiple invoices for services rendered on the same date i.e. one invoice for medication and a second invoices for other services.

*** Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za ●**

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED

Minimum information to be indicated on invoices submitted to the Compensation Fund

- Name of employee and ID number
- Name of employer and registration number if available
- Compensation Fund claim number
- DATE OF ACCIDENT (not only the service date)
- Service provider's **invoice number**
- The practice number (changes of address should be reported to BHF)
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account)
- Date of service (the actual service date must be indicated: the invoice date is not acceptable)
- Item codes according to the officially published tariff guides
- Amount claimed per item code and total of account
- It is important that all requirements for the submission of invoices are met, including supporting information, e.g:
 - All pharmacy or medication accounts must be accompanied by the original scripts
 - The referral letter from the treating practitioner must accompany the medical service providers' invoice.

	Specialist Spesialis		General practitioner Algemene Praktisier		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
RULES GOVERNING THE TARIFF							
<p>PLEASE NOTE: The interpretations/comments as published in the SAMA Medical Doctors' Coding Manual (MDCM) must also be adhered to when rendering health care services under the Compensation for Occupational Injuries and Diseases Act, 1993</p>							
A. Consultations: Definitions							
<p>(a) New and established patients: A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receives additional remuneration</p>							
<p>(b) Subsequent visits: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling</p>							
<p>(c) Hospital visits: Where a procedure or operation was performed, hospital visits are regarded as part of the normal after-care and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code</p>							
B. Normal hours and after hours: Normal working hours comprise the periods 08:00 to 17:00 on Mondays to Fridays, 08:00 to 13:00 on Saturdays, and all other periods voluntarily scheduled (even when for the convenience of the patient) by a medical practitioner for the rendering of services. All other periods are regarded as after hours. Public holidays are not regarded as normal working days and work performed on these days is regarded as after-hours work. Services are scheduled involuntarily for a specific time, if for medical reasons the doctor should not render the service at an earlier or later opportunity. Please note: items 0146 and 0147 (emergency consultations) as well as modifier 0011 (emergency theatre procedures) are only applicable in the after hours period)							
C. Comparable services: The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees or in the SAMA guideline, shall be based on the fee in respect of a comparable service. For procedures/services not in this tariff of fees but in the SAMA guideline, item 6999 (unlisted procedure or service code), should be used with the SAMA code. Motivation for the use of a comparable item must be provided. Note: Rule C and item 6999 may not be used for comparable pathology services (sections 21, 22 and 23)							
D. Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee may be charged. In the case of an injured employee, the relevant consultation fee is payable by the employee.) In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be							

		Specialist Spesialis		General practitioner or Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
E.	Pre-operative visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital, as that routine pre-operative visit is included in the global surgical fee for the procedure							
F.	Administering of injections and/or infusions: Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself							
G.	Post-operative care (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding FOUR months (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed) ● Tensy anders vermeld, sluit die gelde ten opsigte van 'n operasie of prosedure normale nasorg in oor 'n tydperk wat nie VIER maande oorskry nie (nasorg is uitgesluit van suiwer diagnostiese prosedures waartydens geen terapeutiese prosedures uitgevoer is nie) (b) If the normal after-care is delegated to any other registered health professional and not completed by the surgeon it shall be his/her own responsibility to arrange for the service to be rendered without extra charge (c) When the care of post-operative treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the Compensation Fund may be charged (d) Normal aftercare refers to uncomplicated post-operative period not requiring any further surgical incision (e) Abnormal aftercare refers to post-operative complications and treatment not requiring any further incisions and will be considered for payment							
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for four months							
I.	Pathological investigations performed by clinicians: Fees for all pathological investigations performed by members of other disciplines (where permissible) - refer to modifier 0097: Items that resort under Clinical and Anatomical Pathology: See section for Pathology							
J.	Disproportionately low fees: In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged							
K.	Services of a specialist, upon referral: Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending general practitioner. Medical practitioners referring cases to other medical practitioners shall, if known to them, indicate in the referral letter that the patient was injured in an "accident" and this shall also apply in respect of specimens sent to pathologists							
L.	Procedures performed at time of visits: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged							
M.	Surgical procedure planned to be performed later: In cases where, during a consultation/visit, a surgical procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion							
N.	Rendering of accounts for occupational injuries and diseases							

	Specialist Spesialis		General practitioner Algemene Praktisiër		Anaesthetic		Narkose
	U/E	R	U/E	R	U/E	R	T/M
<p>(a) "Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention</p> <p>(b) Where a fee for a service is prescribed in this guideline, the medical practitioner shall not be entitled to payment calculated on a basis of the number of visits or examinations made where such calculation would result in the prescribed fee being exceeded</p> <p>(c) The number of consultations/visits must be in direct relation to the seriousness of the injury and should more than 20 visits be necessary, the Compensation Fund must be furnished with a detailed motivation</p> <p>(d) A single fee for a consultation/visit shall be paid to a medical practitioner for the once-off treatment of an injured employee who thereafter passes into the permanent care of another medical practitioner, not a partner or assistant of the first. The responsibility of furnishing the First Medical Report in such a case rests with the second practitioner</p>							
<p>O. Costly or prolonged medical services or procedures</p> <p>(a) An employee should be hospitalised only when and for the length of period that his condition justifies full-time medical assistance</p> <p>(b) Occupational therapy/Physiotherapy: The same principals as set out in modifier 0077: Two areas treated simultaneously for totally different conditions, will apply when an employee is referred to a therapist</p> <p>(c) In case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain in writing from the Compensation Fund if liability is accepted for such treatment</p>							
<p>P. Travelling fees</p> <p>(a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if the practitioner had to travel more than 16 kilometres in total</p> <p>(b) If more than one patient is attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients</p> <p>(c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms</p> <p>(d) Where a practitioner's residence is more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such a hospital, except in cases of emergency (services not voluntarily scheduled)</p> <p>(e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled)</p>							
<p>INTENSIVE CARE</p> <p>RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE</p>							
<p>Q. Intensive care/High care: Units in respect of item codes 1204 to 1210 (Categories 1 to 3) EXCLUDE the following</p> <p>(a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit fee for the initial assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive care/high care unit</p> <p>(b) Cost of any drugs and/or materials</p> <p>(c) Any other cost that may be incurred before, during or after the consultation/visit and/or the therapy</p>							

		Specialist Specialis		General practitioner or Algemene Praktisier		Anaesthetic		Narkose	
		U/E	R	U/E	R	U/E	R	T/M	
	<p>(d) Blood gases and chemistry tests, including arterial puncture to obtain specimens</p> <p>(e) Procedural item codes 1202 and 1212 to 1221</p> <p>but INCLUDE the following</p> <p>(f) Performing and interpreting of a resting ECG</p> <p>(g) Interpretation of blood gases, chemistry tests and x-rays</p> <p>(h) Intravenous treatment (item codes 0206 and 0207)</p> <p>R. Multiple organ failure: Units for item codes 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include cardio-respiratory resuscitation (item 1211)</p> <p>S. Ventilation: Units for item codes 1212, 1213 and 1214 (ventilation) include the following</p> <p>(a) Measurement of minute volume, vital capacity, time- and vital capacity studies</p> <p>(b) Testing and connecting the machine</p> <p>(c) Setting up and coupling patient to machine: setting machine, synchronising patient with machine</p> <p>(d) Instruction to nursing staff</p> <p>(e) All subsequent visits for the first 24 hours</p> <p>T. Ventilation (item codes 1212 to 1214) does not form part of normal post-operative care, but may not be added to item code 1204: Category 1: Cases requiring intensive monitoring</p> <p>RULES GOVERNING THE SECTION RADIOLOGY: MAGNETIC RESONANCE IMAGING</p> <p>NOTE In the event of Complex medical cases (Poly-trauma, Traumatic Brain injury, Spinal injuries, etc.), the first Radiological Investigations (e.g MRI, CT scan, Ultrasound and Angiography), Authorisation will not be required provided there was a valid indication.</p> <p>All second and Subsequent specialised Radiological investigations for Complex medical cases, will need a pre-authorisation.</p> <p>Non-Complex medical cases/elective cases will need pre-authorisation for all specialised radiological investigations.</p> <p>W. (a) Complete Annexure A and Annexure B, submit report of the investigation and an invoice.</p> <p>(b) Item code 6270 - Proper motivation must be submitted upon which the Compensation Fund will consider approval for payment</p> <p>RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY</p> <p>Note</p> <p>(a) Prior approval must be obtained from the Compensation Fund before any treatment resorting under this section is carried out</p> <p>(b) Where approval has been obtained, treatment must be limited to 12 sessions only, after which the patient must be referred back to the referring doctor for an evaluation and report to the Compensation Fund</p> <p>Va. Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure</p> <p>Vb. When adding psychotherapy items to a first or follow-up consultation item, the clinician must ensure that the time stipulated in the psychotherapy items are adhered to (i.e. item 2957 - minimum 10 minutes, item 2974 - minimum 30 minutes, and item 2975 - minimum 50 minutes)</p> <p>RULES GOVERNING THE SECTION RADIOLOGY</p>								

		Specialist Spesialis		General practitioner Algemene Praktikus		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used							
Z.	No fee to is subject to more than one reduction							
RULE GOVERNING THE SUBSECTION ON DIAGNOSTIC PROCEDURES REQUIRING THE USE OF RADIO-ISOTOPES								
AA.	Procedures exclude the cost of isotope used							
RULE GOVERNING THE SECTION RADIATION ONCOLOGY								
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes							
RULE GOVERNING ULTRASOUND EXAMINATIONS								
EE.	(a) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner performing the scan. A copy of the letter of motivation must be attached to the first account rendered to the Compensation Fund by the radiologist							
	(b) In case of a referral to a radiologist, no motivation is required from the radiologist himself							
RULES GOVERNING THE SECTION URINARY SYSTEM								
FF.	(a) When a cystoscopy precedes a related operation, modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (T U R) prostatectomy							
	(b) When a cystoscopy precedes an unrelated operation, modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair							
	(c) No modifier applies to item code 1949: Cystoscopy, when performed together with any of item codes 1951 to 1973							
RULE GOVERNING THE SECTION RADIOLOGY								
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years.							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
MODIFIERS GOVERNING THE TARIFF CODES								
MODIFIER GOVERNING THE RADIOLOGY AND RADIATION ONCOLOGY SECTIONS OF THE TARIFF								
0001	Emergency or unscheduled radiological services: For emergency or unscheduled radiological services (Refer to rule B) the additional fee shall be 50% of the fee for the particular service (section 19.12: Portable unit examinations excluded). Emergency and unscheduled MR scans, a maximum levy of 100.00 Radiological units is applicable	100	2 664.00					
MODIFIER GOVERNING A RADIOLOGIST REQUESTED TO PROVIDE A REPORT ON X-RAYS								
0002	Written report on X-rays: T he lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere							
0005	Multiple therapeutic procedures/operations under the same anaesthetic (a) Unless otherwise identified in the tariff , when multiple procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identifiable and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, 75% for the second procedure/operation, 50% for the third procedure/operation , 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures (b) In case of multiple fractures and/or dislocations the above values also prevail (c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedure are performed under the same general anaesthetic, modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for after-care. Specify unrelated endoscopic procedures and provide a diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other therapeutic procedures performed under the same anaesthetic (d) Please note: When more than one small procedure is performed and the tariff makes provision for item codes for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) modifier 0005 is not applicable as the fee is already a reduced fee (e) Plus ("+") means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to modifier 0005 (see also modifier 0082) APPLICATION OF MODIFIER 0005 IN CASES WHERE BONE GRAFT PROCEDURES AND INSTRUMENTATION ARE PERFORMED IN COMBINATION WITH ARTHRODESIS (FUSION) (f) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together 1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis 2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for additionally (g) Modifier 0005 (Multiple procedures/operations under the same anaesthetic) would be applicable when an arthrodesis is performed in addition to another procedure, e.g. osteotomy or laminectomy							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0006	A 25% reduction in the fee for a subsequent operation for the same condition within one month shall be applicable if the operations are performed by the same surgeon (an operation subsequent to a diagnostic procedure is excluded). After a period of one month the full fee is applicable							
0007	(a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation – 15.00 clinical procedure units irrespective of the number of items of equipment provided (b) Use of own equipment in hospital or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15.00 clinical procedure units irrespective of the number of items of equipment provided (c) Use of own equipment by <u>Audiologists</u> in the rooms: Basic sound booth. - Used once per claim for compensation purposes. - To be added to the consultation fee, with a descriptor.	15	382.05	15	382.05			
0008	Specialist surgeon assistant: Where a procedure REQUIRES a registered specialist surgeon assistant, the tariff is 33,33% (1/3) of the fee for the specialist surgeon							
0009	Assistant: The fee for an assistant is 20% of the fee for a specialist surgeon, with a minimum of 36.00 clinical procedure units - the minimum fee payable may not be less than 36,00 clinical procedures units	36	916.92	36	916.92			
0010	Local anaesthetic (a) A fee for a local anaesthetic administered by the practitioner may only be charged for (1) an operation or a procedure with a value of greater than 30.00 clinical procedure units (i.e. 31.00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value of greater than 50.00 clinical procedure units (b) The fee for a local anaesthetic administered shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per modifier 0035: Anaesthetic administered by an anaesthesiologist/ anaesthetist, shall be applicable in such a case (c) The fee for a local anaesthetic administered is not applicable to radiological procedures such as angiography and myelography (d) No fee may be levied for the topical application of local anaesthetic (e) Please note: Modifier 0010: Local anaesthetic administered by the operator may not be added onto the surgeon's account for procedures that were performed under general anaesthetic	31	789.57	31	789.57			
		50	1 273.50	50	1 273.50			
0011	Theatre procedures for emergency surgery: Any bona fide, justifiable emergency procedure, only applicable during after-hour periods – see general rule B, undertaken in an operating theatre, will justify the charging of an additional 12.00 clinical procedure units per half-hour or part thereof, of the operating time for all members of the surgical team. Modifier 0011 does not apply to patients on scheduled lists (PLEASE INDICATE TIME IN MINUTES)	12	305.64	12	305.64			
0013	Endoscopic examinations done at operations : Where a <u>related</u> endoscopic examination is performed at an operation by the surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged							
0014	Operations previously performed by other surgeons (a) Use modifier 0014(a) for information only as an indicator that the operation was previously performed by another surgeon							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	(b) Where an operation is performed which has previously been performed by another surgeon, e.g. a revision or repeat operation, the fee may be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff							
	INJECTIONS, INFUSIONS AND INHALATION SEDATION MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE							
0015	Intravenous infusions : Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after an operation, no extra fees shall be charged as the after-treatment is included in the global fee for the procedure. Should the practitioner performing the operation prefer to request another practitioner to perform post-operative intravenous infusions, the practitioner himself (and not the Compensation Fund) shall be responsible for remunerating such practitioner for the infusions							
0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged according to item 0131 (not chargeable together with a consultation item)							
	MODIFIER GOVERNING SURGERY ON PERSONS WITH A BODY MASS INDEX (BMI) OF MORE THAN 35							
0018	Surgical modifier for persons with a BMI of higher than 35 (calculated according to $\text{kg/m}^2 = \text{weight in kilograms divided by height in metres squared}$): Fee for the procedure +50% of the fee for surgeons; 50% increase in anaesthetic time units for anaesthesiologists							
	MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHESIA FOR ALL THE PROCEDURES AND OPERATIONS INCLUDED IN THIS GUIDE TO TARIFFS							
0021	Determination of anaesthetic fees: Anaesthetic fees are determined by adding the basic anaesthetic units (allocated to each procedure that can be performed under anaesthesia indicated in the anaesthetic column) and the time units (calculated according to the formula in modifier 0023) and the appropriate modifiers (see modifiers 0037-0044). In case of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures or dislocations, add units as laid down by modifiers 5441 to 5448							
0023	The basic anaesthetic units are laid down in the guide to tariffs and are reflected in the anaesthetic column. These basic anaesthetic units reflect the anaesthetic risk, the technical skill required of the anaesthesiologist/anaesthetist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthesia, at 2.00 anaesthetic units is per 15 minute period or part thereof for the first hour. Should the duration of the anaesthesia be longer than one (1) hour the number of units shall be increased to 3.00 anaesthetic units per 15 minute period or part thereof after the first hour	2	238.04	2	238.04			
0024	Pre-operative assessment not followed by a procedure: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, the assessment will be regarded as a consultation at a hospital or nursing home and the appropriate hospital consultation fee should be charged	3	357.06	3	357.06			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0025	Calculation of anaesthesia time: Anaesthesia time is calculated from the time that the anaesthesiologist/ anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist/anaesthetist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative nursing supervision. Where prolonged personal professional attention is necessary for the well-being and safety of a patient, the additional time spent can be charged for at the same rate as indicated above for anaesthesia time. The anaesthesiologist/anaesthetist must record the exact anaesthesia time and the additional time spent supervising the patient on the account submitted							
0027	More than one procedure under the same anaesthesia: Where more than one operation is performed under the same anaesthesia, the basic anaesthetic units will be that of the operation with the highest number of units							
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthesia, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case of a general practitioner administering the anaesthesia							
0031	Intravenous infusion and transfusions: Administering intravenous infusions and transfusions are considered to be a normal part of administering anaesthesia. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time							
0032	Patients in the prone position: Anaesthesia administered to patients in the prone position shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one additional anaesthetic unit should be added. If the basic anaesthetic units for the procedure are 4.00 or more, no additional units should be added							
0033	Participating in the general care of patients : When an anaesthesiologist/anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthesia, such services may be remunerated at full anaesthetic rate, subject to the provisions of modifier 0035: Anaesthetic administered by a specialist anaesthesiologist/ anaesthetist and modifier 0036: Anaesthetic administered by a general practitioner	4	476.08	4	476.08			
0034	Head and neck procedures: All anaesthesia administered for diagnostic, surgical or X-ray procedures on the head and neck shall carry a minimum of 4.00 basic anaesthetic units. When the basic anaesthetic units for the procedure are 3.00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure are 4.00 or more, no extra units should be added	1	119.02	1	119.02			
0035	Anaesthesia administered by an anaesthesiologist/ anaesthetist: No anaesthesia administered by an anaesthesiologist/anaesthetist shall carry a total value of less than 7.00 anaesthetic units comprising basic units, time units and the appropriate modifiers	4 7	476.08 833.14	4 7	476.08 833.14			

		Specialist Spesialls		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0036	Anaesthesia administered by general practitioners: The anaesthetic units (basic units plus time units plus the appropriate modifiers) used to calculate the fee for anaesthesia administered by a general practitioner lasting one hour or less shall be the same as that for an anaesthesiologist. For anaesthesia lasting more than one hour, the units used to calculate the fee for anaesthesia administered by a general practitioner will be 4/5 (80%) of that applicable to a specialist anaesthesiologist, provided that no anaesthesia lasting longer than one hour shall carry a total value of less than 7.00 anaesthetic unit. Please note that the 4/5 (80%) principle will be applied to all anaesthesia administered by general practitioners with the provision that no anaesthesia totalling more than 11.00 units would be reduced to less than 11.00 units in total. The monetary value of the unit is the same for both anaesthesiologists/anaesthetists ●	7	833.14	7	833.14			
	Note: Modifying units may be added to the basic anaesthetic unit value according to the following modifiers (0037-0044, 5441-5448) ●							
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3.00 anaesthetic units					3	357.06	
0038	Peri-operative blood salvage: Add 4.00 anaesthetic units for intra-operative blood salvage and 4.00 anaesthetic units for post-operative blood salvage					4	476.08	
0039	Deliberate control of blood pressure: All cases up to one hour: Add 3.00 anaesthetic units, thereafter add 1 (one) additional anaesthetic unit per quarter hour or part thereof (PLEASE INDICATE THE TIME IN MINUTES)					3	357.06	
						1	119.02	
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3.00 anaesthetic units					3	357.06	
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3.00 anaesthetic units					3	357.06	
	MUSCULO-SKELETAL SYSTEM MODIFIERS GOVERNING ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS Modifiers 5441 to 5448							
	Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items)							
5441	Add one (1.00) anaesthetic unit, except where the procedure refers to the skeletal bones named in modifiers 5442 to 5448					1	119.02	
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add two (2.00) anaesthetic units					2	238.04	
5443	Maxillary and orbital bones: Add three (3.00) anaesthetic units					3	357.06	
5444	Shaft of femur: Add four (4.00) anaesthetic units					4	476.08	
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5.00) anaesthetic units ●					5	595.10	
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8.00) anaesthetic units					8	952.16	
0045	Post-operative alleviation of pain (a) When a regional or nerve block is performed in theatre for post-operative pain relief, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique (b) When a regional or nerve block procedure is performed in the ward or nursing facility, the appropriate procedure item (items 2799-2804) will be charged, provided that it was not the primary anaesthetic technique (c) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain in the ward or nursing facility, it will be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility							

	Specialist Specialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
(d) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID's (non-steroidal anti-inflammatory drugs)							
MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST UTILISING AN INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM)							
0100 Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75.00 clinical procedure units is applicable					75	1 910.25	
MUSCULO-SKELETAL SYSTEM MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF							
0046 Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, the full fee for the initial treatment is applicable							
0047 A fracture NOT requiring reduction shall be charged on a fee per service basis PROVIDED that the cumulative amount does NOT exceed the fee for a reduction							
0048 Where in the treatment of a fracture or dislocation an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27.00 clinical procedure units (not including after-care)	27	687.69	27	687.69			
0049 Except where otherwise specified, in cases of compound [open] fractures, 77.00 clinical procedure units (specialists and general practitioners) are to be added to the units for the fractures including debridement [a fee for the debridement may not be charged for separately]	77	1 961.19	77	1 961.19			
0050 In cases of a compound [open] fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either modifier 0049: Cases of compound [open] fractures, or modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either modifier 0049: Cases of compound [open] fractures or modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable) ●	115.5	2 941.79	115.5	2 941.79			
0051 Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists and general practitioners add 77.00 clinical procedure units	77	1 961.19	77	1 961.19			
0052 Except where otherwise specified, fracture (traumatic or surgical, ie. osteotomy) requiring open reduction and/or internal fixation, external skeletal fixation and/or bone grafting (excluding fixation with Kirschner wires (refer to modifier 0053), as well as long bone or pelvis fracture/osteotomy (refer to modifier 0051) for specialist and general practitioners for HAND or FOOT fracture/osteotomy: Add to the appropriate procedure code	81.1	2 065.62	81.1	2 065.62			
0053 Fractures requiring percutaneous internal fixation [insertion and removal of fixatives (wires) into of fingers and toes]: Specialists and general practitioners add 32.00 clinical procedure units	32	815.04	32	815.04			
0055 Dislocation requiring open reduction: Units for the specific joint plus 77.00 clinical procedure units for specialists and general practitioners	77	1 961.19	77	1 961.19			
0057 Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total by 50% and add to the total for the first foot							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100% of the fee							
	MODIFIER GOVERNING COMBINED PROCEDURES ON THE SPINE							
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed							
	MODIFIERS GOVERNING THE SUBSECTION REPLANTATION SURGERY							
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure							
0064	Where a replantation procedure (or toe to thumb transfer) is unsuccessful no further surgical fee is payable for amputation of the non-viable parts							
	MODIFIER GOVERNING THE SECTION LARYNX							
0067	Microsurgery of the larynx: Add 25% to the fee for the procedure performed. (For other operations requiring the use of an operation microscope, the fee shall include the use of the microscope, except where otherwise specified in the Tariff Guide)							
	MODIFIERS GOVERNING NASAL SURGERY							
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee for the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083							
	MODIFIER GOVERNING OPEN PROCEDURE(S) WHEN PERFORMED THROUGH THORACOSCOPE							
0070	Add 45.00 clinical procedure units to procedure(s) performed through a thoracoscope	45	1 146.15	45	1 146.15			
	MODIFIER GOVERNING FEES FOR ENDOSCOPIC PROCEDURES							
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33,33% (1/3) of that fee (plus "+" codes excluded) will apply where endoscopic procedures are performed with own equipment							
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in own procedure rooms. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff guide	21	534.87	21	534.87			
	MODIFIER GOVERNING THE SECTION ON PHYSICAL TREATMENT							
0077	(a) When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatment modalities for which separate fees may be charged (Only applicable if services are provided by a specialist in physical medicine) (b) The number of treatment sessions for a patient for which the Commissioner shall accept responsibility is limited to 20. If further treatment sessions are necessary liability for payment must be arranged in advance with the Compensation Fund Note: Physiotherapy administered by a non-specialist medical practitioner who is already in charge of the general treatment of the employee concerned, or by any partner, assistant or employee of such practitioner, or any other practitioner or radiologist should be embarked upon only with the express approval of the Commissioner. Such approval should be requested in advance							
	MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (Items 2957, 2974 or 2975): Individual psychotherapy (specify type)							
	MODIFIERS GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY							
0001	Emergency or unscheduled radiological services: For emergency or unscheduled radiological services (Refer to rule B) the additional fee shall be 50% of the fee for the particular service (section 19.12: Portable unit examinations excluded). Emergency and unscheduled MR scans, a maximum levy of 100.00 Radiological units is applicable	100	2 664.00					
0002	Written report on X-rays: The lowest level item code for a new patient (consulting rooms) consultation is applicable only when a radiologist is requested to provide a written report on X-rays taken elsewhere and submitted to him. The above mentioned item code and the lowest level item code for an initial hospital consultation are not to be utilised for the routine reporting on X-rays taken elsewhere							
0080	Multiple examinations: Full Fee							
0081	Repeat examinations: No reduction							
0082	Plus ("+") means that this item code is complementary to a preceding item code and is therefore not subject to reduction. The amount for plus ("+") procedures must not be added to the amount for the definitive item and must appear on a separate line on the account							
0083	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used							
	Note In respect of fees payable when X-rays are taken by general practitioners							
	If the services of a radiologist were normally available, it is expected that these should be utilised. Should circumstances be unfavourable for obtaining such services at the time of the first consultation, the general practitioner may take the initial X-ray photograph himself provided he submitted a report to the effect that it was in the best interest of the employee for him to have done so. Subsequent X-ray photographs of the same injury, however, must be taken by a radiologist who has to submit the relevant reports in the normal manner							
	1. When a general practitioner takes X-ray photographs with his own equipment, if the services of a specialist radiologist were not available, he may claim at the prescribed fee							
	2. (i) If a general practitioner ordered an X-ray examination at a provincial hospital where the services of a specialist radiologist are available, it is expected that the radiologist shall read the photographs for which he is entitled to one third of the prescribed fee							
	(ii) If the radiographer of the hospital was not available and the general practitioner had to take the X-ray photographs himself, he may claim 50% of the prescribed fee for the service. In that case, however, he should get written confirmation of his X-ray findings from the radiologist as soon as possible. The radiologist may then claim one third of the prescribed fee for such service							
	3. If a general practitioner ordered an X-ray examination at a provincial hospital where no specialist radiological services are available, the general practitioner will not be paid for reading the X-ray photographs as such a service is considered to be an integral part of routine diagnosis, but if he was requested by the Compensation Fund to submit a written report on the X-ray findings, he may claim two thirds of the prescribed fee in respect thereof							
	4. If a general practitioner had to take and read X-ray photographs at a provincial hospital where the services of a radiographer and a specialist radiologist are not available he/she may claim 50% of the prescribed fee for such service							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0084	Charging for films and thermal paper by non-radiologists: In the case of radiological services rendered by non-radiologists where films, thermal paper or magnetic media are used, these media is charged for according to the film price of 2007, as compiled by the Radiological Society of South Africa (this list is available on request at radsoc@iafrica.com)							
0085	Left side: Add to items 6500-6519 as appropriate when the left side is examined. The absence of the modifier indicates that the right side is examined							
0086	MODIFIER GOVERNING VASCULAR STUDIES Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to an increase in terms of modifier 0080: Multiple examinations PLEASE NOTE Modifier 0083 is not applicable to Section 19.8 of the tariff Rules applicable to vascular studies (a) The machine fee (items 3536 to 3550) includes the cost of the following All runs (runs may not be billed for separately) All film costs (modifier 0084 is not applicable) All fluoroscopies (item 3601 does not apply) ● All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, anti-embolic agents, drugs and contrast media) (b) The machine fee (item codes 3536 to 3550) may only be charged for once per case per day by the owner of the equipment and is only applicable to radiology practices (c) If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team should charge at their respective full rates as per modifiers and the applicable codes (d) If a procedure is performed by a non-radiologist and a radiologist as a team, in a facility not owned by the radiologist, modifier 6301 and modifier 6302 applies MODIFIERS GOVERNING VASCULAR STUDIES AND INTERVENTIONAL RADIOLOGY PROCEDURES							
6300	If a procedure lasts less than 30 minutes only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)							
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)							
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)							
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure							
6305	When multiple catheterisation procedures are performed (item codes 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20.00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value							
0160	MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS Aspiration of biopsy procedure performed under direct ultrasonic control by an ultrasonic aspiration biopsy transducer (Static Real time): Fee for body part examined plus 30% of the units							
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	6	151.02					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
	MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES							
0090	Radiologist's fee for participation in a team: 30.00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is personally involved, and not for interpretation of images only)	30	799.20	30	799.20			
	MODIFIERS GOVERNING MAGNETIC RESONANCE IMAGING							
6100	In order to charge the full fee (600.00 magnetic resonance units for an examination of a specific single anatomical region, the investigation should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes	600	15 984.00					
6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g. a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged - also applicable to all radiotherapy planning studies, per region							
6102	All post-contrast studies (except bone tumour) including perfusion studies should be charged at 50% of the fee							
	Note: In cases where a Magnetic Resonance Imaging of any anatomical region is deemed necessary, written motivation must be submitted by the practitioner who requested the examination and attached to the account upon which the Compensation Fund will consider approval of payment							
	MODIFIERS GOVERNING THE SECTION RADIATION ONCOLOGY							
0093	The fees for radiation oncology shall apply only where a specialist in radiation oncology uses his own apparatus							
	MODIFIERS GOVERNING THE SECTION PATHOLOGY							
0097	Pathology tests performed by non-pathologists: Where item codes resorting under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee should be charged at two-thirds of the pathologists tariff							
0099	Stat basis tests: For tests performed on a stat basis, an additional fee of 50% of the fee for the particular pathology service shall apply, with the following provisos (a) Stat tests may only be requested by the referring practitioner and not by the pathologist (b) Specimens must be collected on a stat basis where applicable (c) Test must be performed on a stat basis (d) Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained (e) This modifier will only apply during normal working hours and will never be used in combination with item code 4547: After-hours service							

	Specialist Spesialiste		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
I. CONSULTATIONS							
The amounts in this section are calculated according to the Consultation Services unit values, 0181, 0182, 0183, 0184, 0186 and 0151							
GENERAL PRACTITIONERS AND ALL SPECIALISTS							
a. Only one of items 0181-0186 as appropriate may be charged for a single service and not combinations thereof b. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration c. Only item 0146 may be charged as appropriate thereof d. A subsequent visit refers to a voluntarily scheduled visit performed for the same condition within four (4) months after the first visit (although the symptoms or complaints may differ from those presented during the first visit) e. Items 0181, 0182, 0183, 0184 and 0186 include remuneration for the completion of the first, progress and final medical reports. Item 0186 may be charged for a visit to complete a final medical report							
NEW PATIENT (NB: Indicate time in minutes)							
0181	Visit for a new problem / new patient with problem focused history, examination and management up to 20 minutes	16.5	428.18	15	389.25		
0182	Visit for a new problem / new patient with problem focused history, examination and management up to 30 minutes	31.5	817.43	30	778.50		
0183	Visit for a new problem / new patient with problem focused history, examination and management up to 45 minutes	36	934.20	33	856.35		
FOLLOW-UP VISIT							
0184	Follow-up visit for the evaluation and management of a patient	16.5	428.18	15	389.25		
FINAL VISIT							
0186	Follow-up visit for the evaluation and management of a patient with a Final Medical Report (Rule G not applicable)	31.5	817.43	30	778.50		
CONSULTATIONS: SPECIALISTS AND GENERAL PRACTITIONERS							
0145	For consultation / visit away from the doctor's home or rooms: ADD to item 0181. Confirm where visit took place. Please note that item 0145 is not applicable for pre-anaesthetic assessments and may not be added to items 0151	+	6	152.82	6	152.82	
0146	Emergency or unscheduled consultation/visit at the doctor's home or rooms: ADD to items 0181, 0182 and 0183 as appropriate. (General Rule B refers)	+	8	203.76	8	203.76	
0147	For after hours emergency or unscheduled consultation/ visit away from the doctor's home or rooms: ADD to items 0181, 0182 and 0183 as appropriate (General Rule B refers)	+	14	356.58	14	356.58	
0109	Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care (may only be charged once per day) (not to be used with items 0146 or ICU items 1204-1214)		15	382.06	15	382.06	
PRE-ANAESTHETIC ASSESSMENT							
a. Pre-anaesthetic consultations for all major vascular, cardio-thoracic and orthopaedic cases will attract a unit value of at least 32.00 units							
b. Only item 0146 may be charged							
0151	Pre-anaesthetic assessment of patient (all hours). Problem focused history, clinical examination and decision making	32	830.40	32	830.40		
AUDIOLOGY & SPEECH THERAPY CONSULTATIONS							
1011	Consultation 5 - 30 min		22.5				
1012	Consultation 31 - 45 min		37.5				
1013	Consultation 46 - 60 min		52.5				
GENERAL							
0136	Special medical examination requested by the Compensation Commissioner	146.21	3 724.00				
Note :							
• Amount applicable from 2003/03/03 until 2005/01/27 (VAT inclusive)							
• Amount applicable from 2005/01/28 until 31/03/2014 (VAT inclusive)							
• Amount applicable from 2014/04/01 until 31/03/2019 (VAT inclusive)							
2018	Discontinued 01/04/2019						
2058	Discontinued 01/04/2019						

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
II. MEDICINE, MATERIAL, AND SUPPLIES								
0196	Chronic medicine and/or material indicator: Use this item to indicate medicine and/or material that are dispensed for chronic conditions							
0200	Cost of prostheses and/or internal fixation cost price + 20% with a maximum markup of R8840.73							
0201	(a) Cost of material: This item provides for a charge for material and special medicine used in treatment. Material to be charged for at cost price plus 35%. Charges for medicine used in treatment not to exceed the retail Ethical Price List (b) External fixation apparatus (disposable): An amount equivalent to 25% of the purchase price of the apparatus may be charged where such apparatus is used (c) External fixation apparatus (non-disposable): An amount equivalent to 20% of the purchase price of the apparatus may be charged where such apparatus is used (d) In case of minor injuries requiring additional material (e.g. suturing material) payment shall be considered provided the claim is motivated (e) Medicine, bandages and other essential material for home-use by the patient must be obtained from a chemist on prescription or, if a chemist is not readily available, the practitioner may supply it from his own stock provided a relevant prescription is attached to his account. Charges for medicine used in treatment not to exceed the retail Ethical Price List (f) Unless otherwise stated (attach invoice), for hospitalised patients, medication is included in per diem hospital tariff. Medical practitioners cannot claim for medication for such patients							
0202	Setting of sterile tray: A fee of 10.00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201	10	254.70	10	254.70			
0194	Procurement cost for human donor material. No mark up is allowed. Only applicable to Ophthalmologist, invoice to be attached							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
iii.	PROCEDURES The amounts in this section are calculated according to the Clinical Procedure unit values							
6999	UNLISTED PROCEDURE/SERVICE Unlisted procedure/service code: A procedure/service may be provided that is not listed in the Compensation Fund tariffs. Please quote the correct SAMA code with item 6999							
1.	INTRAVENOUS TREATMENT							
0206	Intravenous infusions (push-in) Insertion of cannula - chargeable once per 24 hour	6	152.82	6	152.82			
0207	Intravenous infusions (cut-down): Cut-down and Insertion of cannula - chargeable once per 24 hours	8	203.76	8	203.76			
0208	Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	6	152.82	6	152.82			
	Note: How to charge for intravenous infusions Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours) For managing the infusion as such e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultation ●							
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	3.25	82.78	3.25	82.78			

	Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
2. INTEGUMENTARY SYSTEM							
2.1 Allergy							
0217 Allergy: Patch tests: First patch	4	101.88	4	101.88			
0219 Allergy: Patch tests: Each additional patch	2	50.94	2	50.94			
0218 Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	2.8	71.32	2.8	71.32			
0220 Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergens	1.9	48.39	1.9	48.39			
0221 Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): per antigen	2.8	71.32	2.8	71.32			
2.2 Skin (general)							
0255 Drainage of subcutaneous abscess, onychia, paronychia, pulp space or avulsion of nail	20	509.40	20	509.40	3	357.06	+T
0257 Drainage of major hand or foot infection; drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement: complete excision of pilonidal cyst or sinus	87	2 215.89	87	2 215.89	3	357.06	+T
0259 Removal of foreign body superficial to deep fascia (except hands)	20	509.40	20	509.40	3	357.06	+T
0261 Removal of foreign body deep to deep fascia (except hands).	31	789.57	31	789.57	3	357.06	+T
Note: See item 0922 and 0923 for removal of foreign bodies in hands							
2.3 Major plastic repair							
Note: The tariff does not cover elective or cosmetic operations, since these procedures may not have the effect of reducing the percentage of permanent disablement as laid down in the Second Schedule to the Act, it is incumbent upon the treating doctor to obtain the prior consent of the Commissioner before embarking upon such treatment ●							
0289 Large skin graft, composite skin graft, large full thickness free skin graft	234	5 959.98	187.2	4 767.98	4	476.08	+T
0290 Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	410	10 442.70	328	8 354.16	4	476.08	+T
0291 Reconstructive procedures (including all stages) grating by micro-vascular re-anastomosis	800	20 376.00	640	16 300.80	4	476.08	+T
0292 Distant flaps: First stage	206	5 246.82	164.8	4 197.46	4	476.08	+T
0293 Contour grafts (excluding cost of material)	206	5 246.82	164.8	4 197.46	4	476.08	+T
0294 Vascularised bone graft with or without soft tissue with one or more sets micro-vascular anastomoses	1200	30 564.00	960	24 451.20	6	714.12	+T
0295 Local skin flaps (large, complicated)	206	5 246.82	164.8	4 197.46	4	476.08	+T
0296 Other procedures of major technical nature	206	5 246.82	164.8	4 197.46	4	476.08	+T
0297 Subsequent major procedures for repair of same lesion (Modifier 0006 not applicable)	104	2 648.88	104	2 648.88	4	476.08	+T
4862 Full thickness graft of the trunk, free grafting including direct closure of donor site <=20cm ²	136.50	3 476.66	120.00	3 056.40	5	595.10	+T
4863 Full thickness graft of the trunk, free grafting including closure of donor site, each additional 20cm ² (modifier 0005 not applicable)	25.80	652.03	25.80	652.03	5	595.10	+T
4864 Full thickness graft of the scalp, arms and legs free grafting including direct closure of donor site <=20cm ²	140.30	3 573.44	120.00	3 056.40	5	595.10	+T
4865 Full thickness graft of the scalp, arms and legs free grafting including direct closure of donor site, each additional 20cm ² (modifier 0005 not applicable)	23.00	585.81	23.00	585.81	5	595.10	+T
4866 Full thickness graft of the face, neck, axilla, genitalia, hands and /or feet, free grafting including donor site <=20cm ²	163.40	4 161.80	130	3 311.10	5	595.10	+T
4867 Full thickness graft of the face, neck, axilla, genitalia, hands and /or feet, free grafting including direct closure of donor site, each additional 20cm ² (modifier 0005 not applicable)	36.20	922.01	36.20	922.01	5	595.10	+T
4868 Full thickness graft of the nose, ears, eyelids, and /or lips free grafting including direct closure of donor site: <=20cm ² ●	183.50	4 673.75	146.80	3 739.00	5	595.10	+T
4869 Full thickness graft of the nose, ears, eyelids, and /or lips free grafting including direct closure of donor site: each additional 20cm ² (modifier 0005 not applicable)	43.10	1 097.76	43.10	1 097.76	5	595.10	+T
2.4 Lacerations, scars, cysts and other skin lesions							
0300 Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care	14	356.58	14	356.58	3	357.06	+T
0301 Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	7	178.29	7	178.29	3	357.06	+T
0302 Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	64	1 630.08	64	1 630.08	4	476.08	+T
0303 Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	128	3 260.16	120	3 056.40	4	476.08	+T
0304 Major debridement of wound, sloughectomy or secondary suture	50	1 273.50	50	1 273.50	3	357.06	+T
4830 Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; <= 20 square cm ● Debridement van subkutane weefsel: Sluit epidermis en dermis in: <= 20 cm ²	13.9	354.03	13.9	354.03	3	357.06	+T
4831 Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; ADD for every additional 20 square cm or part thereof	+ 5.3	134.99	5.3	134.99	3	357.06	+T
4832 Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; <= 20 square cm	36	916.92	36	916.92	5	595.10	+T
4833 Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; ADD for every additional 20 square cm or part thereof	+ 11.2	285.26	11.2	285.26	5	595.10	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4834	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; <= 20 square cm	62.5	1 591.88	62.5	1 591.88	6	714.12	+T+M
4835	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; ADD for every additional 20 square cm or part thereof	19.5	496.67	19.5	496.67	6	714.12	+T+M
0305	Needle biopsy - soft tissue • Naaktdiagnose - sagte weefsel	25	636.75	25	636.75	3	357.06	+T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude • Uitsnyding en herstel deur middel van direkte hegting; eksisie naelvou of ander kleiner prosedures van dieselfde omvang	27	687.69	27	687.69	3	357.06	+T
0308	Each additional small procedure done at the same time • Elke bykomende klein prosedure wat gelyktydig gedoen word	14	356.58	14	356.58	3	357.06	+T
0310	Radical excision of nailbed • Radikale verwydering van naelbed	38	967.86	38	967.86	3	357.06	+T
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude • Waar herstel deur middel van groot veltransplantaat of groot plaaslike velflap benodig word, of ander prosedures van soortgelyke omvang	104	2 648.88	104	2 648.88	4	476.08	+T
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude • Waar herstel deur middel van klein veltransplantaat of klein plaaslike velflap benodig word, of ander prosedures van soortgelyke omvang	55	1 400.85	55	1 400.85	3	357.06	+T
4856	Split thickness autograft of the trunk, arms and/or legs <=100 ² cm • Split dikte autotransplantaat van die toraks, arms en/of bene <=100 ² cm	153.6	3 912.19	122.88	3 129.75	5	595.10	+T
4857	Split thickness autograft of the trunk, arms and/or legs; each additional 100 ² cm or part thereof (modifier 0005 not applicable) • Split dikte autotransplantaat van die toraks, arms en/of bene: elke addisionele 100 ² cm (wysiger 0005 nie van toepassing nie)	31.5	802.31	31.5	802.31	5	595.10	+T
4858	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100 ² cm (1% of body area for infants and children) • Split dikte autotransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone <=100 ² cm (1% Liggaamsarea vir babas en kinders)	172	4 380.84	137.6	3 504.67	5	595.10	+T
4859	Split thickness autograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 ² cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable) • Split dikte autotransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone: Elke addisionele 100 ² cm (1% Liggaamsarea vir babas en kinders) (wysiger 0005 nie van toepassing nie)	51.6	1 314.25	51.6	1 314.25	5	595.10	+T
4872	Acellular dermal allograft of the trunk, arms and/or legs <=100 ² cm (1% of body area for infants and children) • Aseellulêre veltransplantaat van die toraks, arms en/of bene <=100 ² cm (1% Liggaamsarea vir babas en kinders)	66.3	1 688.66	66.3	1 688.66	5	595.10	+T
4873	Acellular dermal allograft of the trunk, arms and/or legs; each additional 100 ² cm or part thereof (1% of body area for infants and children) (modifier 0005 not applicable) • Aseellulêre veltransplantaat van die toraks, arms en/of bene: elke addisionele 100 ² cm (1% Liggaamsarea vir babas en kinders) (wysiger 0005 nie van toepassing nie)	15.3	389.69	15.3	389.69	5	595.10	+T
4874	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits <=100 ² cm •	74	1 884.78	74	1 884.78	5	595.10	+T
4876	Acellular dermal allograft of the face, scalp, neck, ears, genitalia, hands, feet and/or multiple digits; each additional 100 ² cm or part thereof (modifier 0005 not applicable) • Aseellulêre veltransplantaat van die gesig kopvel, nek, ore, geslagsdele, hande, voete en/of veelvuldige vingers of tone: Elke addisionele 100 ² cm (wysiger 0005 nie van toepassing nie)	21.8	555.25	21.8	555.25	5	595.10	+T
2.6	Burns • Brandwonde							
0345	Minor burns • Klein brandwonde							
0347	Moderate burns • Matige brandwonde							
0351	Major burns: Resuscitation (including supervision and intravenous therapy - first 48 hours) • Ernstige brandwonde: Resussitasie (met inbegrip van toesig en binne-aarse terapie - eerste 48 uur)	276	7 029.72	220.8	5 623.78	5	595.10	+T
0353	Tangential excision and grafting: Small • Tangensiale eksisie en oorplanting: Klein	100	2 547.00	100	2 547.00	5	595.10	+T
0354	Tangential excision and grafting: Large • Tangensiale eksisie en oorplanting: Groot	200	5 094.00	160	4 075.20	5	595.10	+T
2.7	Hands (skin) • Hande (vel)							
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler • Velflap in akute handbeserings waar die flap geneem word van 'n liggaamsdeel verwyderd van die beseerde vinger of in gevalle van verplasingvelflap bv. Cutler	147.40	3 754.28	120	3 056.40	4	476.08	+T
0357	Small skin graft in acute hand injury • Klein veloorplanting by akute handbesering	45	1 146.15	45	1 146.15	3	357.06	+T
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing • Losmaak van groot velkontraktuur en/of uitsnyding van littekenweefsel met bedekking deur veloorplanting	192	4 890.24	153.6	3 912.19	3	357.06	+T
0361	Z-plasty • Z-plastie	220.1	5 605.95	176.08	4 484.76	3	357.06	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0363	Local flap and skin graft ● Lokale flap en veloorplanting	150	3 820.60	120	3 056.40	3	357.06	+T
0365	Cross finger flap (all stages) ● Kruisvingerflap (alle stadia)	192	4 890.24	153.6	3 912.19	3	357.06	+T
0367	Palmar flap (all stages) ● Palmareflap (alle stadia)	192	4 890.24	153.6	3 912.19	3	357.06	+T
0369	Distant flap: First stage ● Afgeleë flap: Eerste stadium	158	4 024.26	126.4	3 219.41	3	357.06	+T
0371	Distant flap: Subsequent stage (not subject to General Modifier 0006) ● Afgeleë flap: Opvolgende stadia (nie onderhewig aan Algemene Wysiger 0006 nie)	77	1 961.19	77	1 961.19	3	357.06	+T
0373	Transfer neurovascular island flap ● Verplasing van neuro-vaskulêre eilandflap	230.5	5 870.84	184.4	4 696.67	3	357.06	+T
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft) ● Sindaktilie: Losmaak van, insluitende veltransplantasie vir een web (met velflap en verplanting)	242.4	6 173.93	193.92	4 939.14	3	357.06	+T
0375	Dupuytren's contracture: Fasciotomy ● Dupuytren se kontraktuur: Fassiotomie	51	1 298.97	51	1 298.97	3	357.06	+T
0376	Dupuytren's contracture: Fasciectomy ● Dupuytren se kontraktuur: Fassiekтомie	218	5 552.46	174.4	4 441.97	3	357.06	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3. MUSCULO-SKELETAL SYSTEM● SPIER-SKELETSTELSEL								
3.1	Bones ● Bene							
3.1.1	Fractures ● Frakture							
0383	Fracture (reduction under general anaesthetic): Scapula ● Fraktuur (reduksie onder algemene narkose): Skapula		•		•	3	357.06	+T+M
0384	Fracture: Scapula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Bladbeen: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	284.2	7 238.57	227.38	5 790.86	3	357.06	+T+M
0386	Fracture: Clavicle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Sleutelbeen: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	209.4	5 333.42	187.52	4 266.73	3	357.06	+T+M
0387	Fracture (reduction under general anaesthetic): Clavicle ● Fraktuur (reduksie onder algemene narkose): Klavikel	77	1 961.19	77	1 961.19	3	357.06	+T+M
0388	Percutaneous pinning supracondylar fracture elbow - stand alone procedure ● Perkutane fiksering van supracondylere fraktuur - elmboog - alleenstaande prosedure	175.70	4 475.08	140.56	3 580.06	3	357.06	+T+M
0389	Fracture (reduction under general anaesthetic): Humerus ● Fraktuur (reduksie onder algemene narkose): Humerus	111.60	2 842.45	111.60	2 842.45	3	357.06	+T+M
0390	Fracture: Humerus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Humerus: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	255.3	6 502.49	204.24	5 201.99	3	357.06	+T+M
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna ● Fraktuur (reduksie onder algemene narkose): Radius en/of Ulna	77	1 961.19	77	1 961.19	3	357.06	+T+M
0392	Open reduction of both radius and ulna (Modifier 0051 not applicable) ● Oop reduksie beide radius en ulna (Wysiger 0051 nie van toepassing nie)	210	5 348.70	168	4 278.96	3	357.06	+T+M
0401	Fracture: Carpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Karpale bene: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	208.7	5 315.59	166.96	4 252.47	3	357.06	+T+M
0402	Fracture (reduction under general anaesthetic): Carpal bone ● Fraktuur (reduksie onder algemene narkose): Karpale been	64	1 630.08	64	1 630.08	3	357.06	+T+M
0403	Bennett's fracture-dislocation ● Bennett se fraktuur-ontwrigting	51	1 298.97	51	1 298.97	3	357.06	+T+M
0405	Fracture reduction under general anaesthetic: Open treatment of Metacarpal: Simple● Fraktuur reduksie onder algemene narkose: Oop behandeling van Metakarpal: Eenvoudig	118.3	3 013.10	118.3	3 013.10	3	357.06	+T+M
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Eenvoudig		8		8	3	357.06	+T+M
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound (open) ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Distaal: Oop	52	1 324.44	52	1 324.44	3	357.06	+T+M
0413	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Simple● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Eenvoudig	48	1 222.56	48	1 222.56	3	357.06	+T
0415	Fracture (reduction under general anaesthetic): Finger phalanx: Proximal or middle: Compound (open) ● Fraktuur (reduksie onder algemene narkose): Vingerfalanks: Proksimaal of middel: Oop	102	2 597.94	102	2 597.94	3	357.06	+T+M
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed (modifier 0051 is applicable) ● Fraktuur (reduksie onder algemene narkose): Pelvis fraktuur: Geslote (wysiger 0051 is van toepassing)		8		8	3	357.06	+T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation ● Fraktuur (reduksie onder algemene narkose): Pelvis: Operatiewe reduksie en fikasie	320	8 150.40	258	6 520.32	3	357.06	+T+M
0420	Fracture: Acetabulum: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Acetabulum: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	560	14 263.20	448	11 410.56	3	357.06	+T+M
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft ● Fraktuur (reduksie onder algemene narkose): Femur: Nek of Skag	237	6 036.39	189.6	4 829.11	3	357.06	+T+M
0422	Fracture: Femur neck or shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Femur nek of skag: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	392.3	9 991.88	313.84	7 993.50	3	357.06	+T+M
0425	Fracture (reduction under general anaesthetic): Patella ● Fraktuur (reduksie onder algemene narkose): Patella	51	1 298.97	51	1 298.97	3	357.06	+T+M
0426	Fracture: Patella: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Patella: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	219.5	5 590.67	175.6	4 472.53	3	357.06	+T+M
0429	Fracture (reduction under general anaesthetic): Tibia with or without Fibula ● Fraktuur (reduksie onder algemene narkose): Tibia met of sonder Fibula	128	3 260.16	120	3 056.40	3	357.06	+T+M
0430	Fracture: Tibia, with or without fibula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Tibia, met of sonder fibula: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	293.2	7 467.80	234.56	5 974.24	3	357.06	+T+M
0433	Fracture (reduction under general anaesthetic): Fibula shaft ● Fraktuur: Fibulaskag (reduksie onder algemene narkose)		8		8	3	357.06	+T+M
0434	Fracture: Fibula shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) ● Fraktuur: Fibulaskag: Oop reduksie en interne fikasie (wysigers 0051, 0052 is nie toepaslik nie)	207	5 272.29	165.6	4 217.83	3	357.06	+T+M

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		U/E	R	U/E	R	U/E	R	T/M
0435	Fracture (reduction under general anaesthetic: Malleolus of ankle) • Fraktuur (reduksie onder algemene narkose): Malleolus van enkelgewrig	58	1 477.26	58	1 477.26	3	357.06	+T+M
0436	Fracture: Ankle malleolus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable) • Fraktuur: Malleolus, enkel: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	207.1	5 274.84	165.68	4 219.87	3	357.06	+T+M
0437	Fracture-dislocation of ankle • Fraktuurontwrigting van enkelgewrig	128	3 260.16	120	3 056.40	3	357.06	+T+M
0438	Open reduction Talus fracture (Modifier 0051 not applicable) • Oop reduksie Talus fraktuur (Wysiger 0051 nie van toepassing nie)	198.7	5 060.89	158.96	4 048.71	3	357.06	+T+M
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus) • Fraktuur (reduksie onder algemene narkose): Tarsale bene (uitgesluit talus en kalkaneum)	64	1 630.08	64	1 630.08	3	357.06	+T+M
0440	Open reduction Calcaneus fracture (Modifier 0051 not applicable) • Oop reduksie Kalkanius fraktuur (Wysiger 0051 nie van toepassing nie)	403.50	10 277.15	322.5	8 214.08	3	357.06	+T+M
0441	Fracture (reduction under general anaesthetic: Metatarsal) • Fraktuur (reduksie onder algemene narkose): Metatarsaal	41.8	1 064.65	41.8	1 064.65	3	357.06	+T+M
0442	Fracture: Metatarsal bones: Open reduction with internal fixation (modifiers 0051, 0052 not applicable) • Fraktuur: Metatarsale bene: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	154.7	3 940.21	123.76	3 152.17	3	357.06	+T+M
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal: Simple • Fraktuur (reduksie onder algemene narkose): Toontalanks: Distaal: Eenvoudig		8		8	3	357.06	+T
0444	Fracture: Toe phalanx, distal: Open reduction with internal fixation (modifiers 0051, 0052 not applicable) • Fraktuur: Toon, distale falanks: Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	144.5	3 660.42	120	3 056.40	3	357.06	+T
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound • Fraktuur (reduksie onder algemene narkose): Toontalanks: Oop	32	815.04	32	815.04	3	357.06	+T+M
0446	Fracture: Tarsal bones (excluding talus and calcaneus): Open reduction with internal fixation (modifiers 0051, 0052 not applicable) • Fraktuur: Tarsale bene (talus en kalkaneus uitgesluit): Oop reduksie en interne fiksasie (wysigers 0051, 0052 is nie toepaslik nie)	178.2	4 538.75	142.56	3 631.00	3	357.06	+T+M
0447	Fracture (reduction under general anaesthetic): Other: Simple • Fraktuur (reduksie onder algemene narkose): Ander: Eenvoudig	26	662.22	26	662.22	3	357.06	+T
0448	Fracture: Calcaneus (reduction under general anaesthetic) • Fraktuur: Kalkaneus (reduksie onder algemene narkose)	103.3	2 631.05	103.3	2 631.05	3	357.06	+T+M
0449	Fracture (reduction under general anaesthetic): Other: Compound • Fraktuur (reduksie onder algemene narkose): Ander: Oop	52	1 324.44	52	1 324.44	3	357.06	+T+M
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed • Fraktuur (reduksie onder algemene narkose): Sternum en/of ribbes: Geslote		8		8	3	357.06	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for full chest • Fraktuur (reduksie onder algemene narkose): Sternum en/of ribbes: Oop reduksie en fikasie van veelvuldige ribfrakture vir volle borskas	230	5 858.10	184	4 686.48	3	357.06	+T+M
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical • Fraktuur (reduksie onder algemene narkose): Wervelkolom: Met of sonder verlamming: Nek		β		β	3	357.06	+T+M
0456	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest • Fraktuur (reduksie onder algemene narkose): Wervelkolom: Met of sonder verlamming: Res		β		β	3	357.06	+T+M
0459	DELETED 2009: Open reduction and internal fixation for fracture and/or dislocation of spine • GESKRAP 2009: Oop reduksie en interne fikasie vir fraktuur en/of dislokasie van wervelkolom							
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical • Fraktuur (reduksie onder algemene narkose): Kompressiefraktuur: Nek		•		•	3	357.06	+T+M
0462	Fracture (reduction under general anaesthetic): Compression fracture: Rest • Fraktuur (reduksie onder algemene narkose): Kompressiefraktuur: Res		•		•	3	357.06	+T+M
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical • Fraktuur (reduksie onder algemene narkose): Spineuse of transverse prosesse: Nek		•		•	3	357.06	+T+M
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest • Fraktuur (reduksie onder algemene narkose): Spineuse of transverse prosesse: Res		•		•	3	357.06	+T+M
3.1.1.1	Operations for fractures • Operasies vir frakture							
0465	Fractures involving large joints (includes the item for the relative bone). This item may not be used as a modifier • Frakture wat groot gewrigte aantas (sluit die item vir die betrokke been in). Hierdie item mag nie as 'n wysiger gebruik word nie	288	7 335.36	230.4	5 868.29	3	357.06	+T+M
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pin (Not subject to rule G) (Modifier 0005 not applicable) • Perkutane implasing en daaropvolgende verwydering van Kirschner draad of Steinmann penne (Nie onderhewig aan reël G nie) (Wysiger 0005 nie van toepassing)	43	1 095.21	43	1 095.21	3	357.06	+T
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna • Beenoorplanting of interne fikasie vir wanhegting of nie-hegting: Femur, Tibia, Humerus, Radius en Ulna	282	7 182.54	225.6	5 746.03	3	357.06	+T+M
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones (not applicable to fingers and toes) • Beenoorplanting of interne fikasie vir wanhegting of nie-hegting: Ander bene (nie van toepassing op vingers en tone nie)	154	3 922.38	123.2	3 137.90	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.1.2	Bony operations • Benige operasies							
3.1.2.1	Bone grafting • Beenoorplanting							
0497	Resection of bone with or without grafting (benign) • Reseksie van been met of sonder oorplanting (benigne)	282	7 182.54	225.6	5 746.03	3	357.06	+T+M
0498	Resection of bone or tumour (malignant) with or without grafting (does not include digits) • Reseksie van been of tumor met of sonder beenoorplanting (maligne) - vingers uitgesluit	340	8 659.80	272	6 927.84	3	357.06	+T+M
0499	Grafts to cysts: Large bones • Oorplanting by siste: Groot bene	192	4 890.24	153.6	3 912.19	3	357.06	+T+M
0501	Grafts to cysts: Small bones • Oorplanting by siste: Klein beentjies	128	3 260.16	120	3 056.40	3	357.06	+T+M
0503	Grafts to cysts: Cartilage graft • Oorplanting by siste: Kraakbeenoorplanting	206	5 246.82	164.8	4 197.46	3	357.06	+T+M
0505	Grafts to cysts: Inter-metacarpal bone graft • Oorplanting by siste: Inter-metakarpace beenoorplanting	147	3 744.09	120	3 056.40	3	357.06	+T+M
0506	Harvesting of graft: Cartilage graft, costochondral • Herwinning van oorplantings weefsel: Kraakbeen oorplanting, ribkraakbeen	91.1	2 320.32	91.1	2 320.32	6	714.12	+T
0507	Removal of autogenous bone for grafting (not subject to modifier 0005) • Verwydering van outogene been vir oorplanting (nie onderhewig aan wysiger 0005)	50	1 273.50	50	1 273.50	3	357.06	+T+M
3.1.2.2	Acute/chronic osteomyelitis • Akute/kroniese osteomielitis							
0509	Conservative treatment • Konservatiewe behandeling		•		•			
0511	Operation: Tariff which would be applicable for compound (open) fracture of the bone involved, including six weeks post-operative care • Operasie: Gelde van toepassing op 'n saamgestelde (oop) fraktuur van die betrokke been, insluitend ses weke na-operatiewe behandeling							
0512	Sternum sequestrectomy and drainage: Including six weeks after-care • Sternum sekwestrektomie en dreinerings: Ses weke nasorg ingesluit	128	3 260.16	120	3 056.40	3	357.06	+T+M
3.1.2.3	Osteotomy • Osteotomie							
0514	Osteotomy: Sternum: Repair of pectus-excavatum • Osteotomie: Sternum: Herstel van pectus excavatum	330	8 405.10	264	6 724.08	3	357.06	+T+M
0515	Osteotomy: Sternum: Repair of pectus carinatum • Osteotomie: Sternum: Herstel van pectus carinatum	330	8 405.10	264	6 724.08	3	357.06	+T+M
0516	Osteotomy: Pelvic • Osteotomie van die Pelvis	320	8 150.40	256	6 520.32	3	357.06	+T+M
0521	Osteotomy: Femoral: Proximal (Modifier 0051 is applicable) • Osteotomie: Femoraal: Proksimaal (Wysiger 0051 is van toepassing)	320	8 150.40	256	6 520.32	3	357.06	+T+M
0527	Osteotomy: Knee region (Modifier 0051 is applicable) • Osteotomie: Kniestreek (Wysiger 0051 is van toepassing)	320	8 150.40	256	6 520.32	3	357.06	+T+M
0528	Osteotomy: Os Calcis (Dwyer operation) (Modifier 0051 is applicable) • Osteotomie: Kalkaneum (Dwyer operasie) (Wysiger 0051 is van toepassing)	115	2 929.05	115	2 929.05	3	357.06	+T+M
0530	Osteotomy: Metacarpal and phalanx: Corrective for mal-union or rotation (Modifier 0051 is applicable) • Osteotomie: Metakarpaal en falanks: Korrektief vir wanhegting of rotasie (Wysiger 0051 is van toepassing)	120	3 056.40	120	3 056.40	3	357.06	+T+M
0531	Rotational osteotomy tibia and fibula - stand alone procedure • Rotasie osteotomie - tibia en fibula - alleenstaande prosedure	278.90	7 103.58	223.12	5 682.87	3	357.06	+T+M
0532	Rotation osteotomy of the Radius, Ulna or Humerus (modifier 0051 is applicable) • Rotasie osteotomie van Radius, Ulna of Humerus (Wysiger 0051 is van toepassing)	160	4 075.20	128	3 260.16	3	357.06	+T+M
0533	Osteotomy single metatarsal (modifier 0051 is applicable) • Osteotomie, enkele metatarsaal (Wysiger 0051 is van toepassing)	60	1 528.20	60	1 528.20	3	357.06	+T+M
0534	Multiple metatarsal osteotomies (modifier 0051 is applicable) • Veevuldige metatarsale osteotomieë (Wysiger 0051 is van toepassing)	150	3 820.50	120	3 056.40	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.1.2.4	Exostosis • Eksostose							
0535	Exostosis: Excision: Readily accessible sites • Eksostose: Eksisie: Toeganklike areas	60	1 528.20	60	1 528.20	3	357.06	+T+M
0537	Exostosis: Excision: Less accessible sites • Eksostose: Eksisie: Minder toeganklike areas	96	2 445.12	96	2 445.12	3	357.06	+T+M
3.1.2.5	Biopsy • Biopsie							
0539	Needle Biopsy: Spine (no after-care), Modifier 0005 not applicable • Naaldbiopsie: Wervelkolom (geen nasorg), Wysiger 0005 nie van toepassing nie	50	1 273.50	50	1 273.50	4	476.08	+T
0541	Needle Biopsy: Other sites (no after-care), Modifier 0005 not applicable • Naaldbiopsie: Ander areas (geen na-sorg), Wysiger 0005 nie van toepassing nie	32	815.04	32	815.04	4	476.08	+T
0543	Biopsy: Open (modifier 0005 is not applicable): Readily accessible site • Biopsie: Oop (wysiger 0005 is nie van toepassing nie): Maklik bereikbaar	64	1 630.08	64	1 630.08		As per bone/ Soos per been	
0545	Biopsy: Open (modifier 0005 is not applicable): Less accessible site • Biopsie: Oop (wysiger 0005 is nie van toepassing nie): Moelik bereikbaar	96	2 445.12	96	2 445.12		As per bone/ Soos per been	
3.2	Joints • Gewrigte							
3.2.1	Dislocations • Ontwrigtings							
0547	Joint: Dislocation: Clavicle: either end • Gewrig: Ontwrigting: Klavikel: enige punt	38	967.86	38	967.86	3	357.06	+T+M
0549	Joint: Dislocation: Shoulder • Gewrig: Ontwrigting: Skouer	51	1 298.97	51	1 298.97	3	357.06	+T+M
0551	Joint: Dislocation: Elbow • Gewrig: Ontwrigting: Elmoog	51	1 298.97	51	1 298.97	3	357.06	+T+M
0552	Joint: Dislocation: Wrist • Gewrig: Ontwrigting: Polsgewrig	77	1 961.19	77	1 961.19	3	357.06	+T+M
0553	Joint: Dislocation: Periunar transscaphoid fracture dislocation • Gewrig: Ontwrigting: Periunêre transkafoidse fraktuurontwrigting	130	3 311.10	120	3 056.40	3	357.06	+T+M
0555	Joint: Dislocation: Lunate • Lunatum	77	1 961.19	77	1 961.19	3	357.06	+T+M
0556	Joint: Dislocation: Carpo-metacarpal dislocation • Gewrig: Ontwrigting: Karpometakarpale ontwrigting	51	1 298.97	51	1 298.97	3	357.06	+T+M
0557	Joint: Dislocation: Metacarpophalangeal or interphalangeal joints (hand) • Gewrig: Ontwrigting: Metakarpofalangeaal of interfalangeale gewrigte (hand)	26	662.22	26	662.22	3	357.06	+T+M
0559	Joint: Dislocation: Hip • Gewrig: Ontwrigting: Heup	109	2 776.23	109	2 776.23	3	357.06	+T+M
0561	Joint: Dislocation: Knee • Gewrig: Ontwrigting: Knie	96	2 445.12	96	2 445.12	3	357.06	+T+M
0563	Joint: Dislocation: Patella • Gewrig: Ontwrigting: Patella	32	815.04	32	815.04	3	357.06	+T+M
0565	Joint: Dislocation: Ankle • Gewrig: Ontwrigting: Enkel	90	2 292.30	90	2 292.30	3	357.06	+T+M
0567	Joint: Dislocation: Sub-Talar dislocation • Gewrig: Ontwrigting: Sub-Talêre ontwrigting	90	2 292.30	90	2 292.30	3	357.06	+T+M
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal • Gewrig: Ontwrigting: Intertarsaal of Tarsometatarsaal of Midtarsaal	77	1 961.19	77	1 961.19	3	357.06	+T+M
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot) • Metatarsofalangeaal of interfalangeale gewrigte (voet)	14	356.58	14	356.58	3	357.06	+T+M
3.2.2	Operations for dislocations • Operasies vir ontwrigtings							
0578	Recurrent dislocation of shoulder • Herhaalde skouer-ontwrigting	200	5 094.00	160	4 075.20	3	357.06	+T+M
0579	Recurrent dislocation of large joints • Herhalende ontwrigting van groot gewrigte	161	4 100.67	128.8	3 280.54	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.2.3	Capsular operations • Kapsulêre operasies							
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care) • Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Klein gewrig (drie weke nasorg ingesluit)	51	1 298.97	51	1 298.97	3	357.06	+T+M
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care) • Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Groot gewrig (drie weke nasorg ingesluit)	96	2 445.12	96	2 445.12	3	357.06	+T+M
0585	Capsulotomy or arthrotomy or biopsy or drainage of joint: Capsulectomy digital joint • Kapsulotomie of artrotomie of biopsie of dreinasie van gewrig: Kapsulektomie digitale gewrig	64	1 630.08	64	1 630.08	3	357.06	+T+M
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints • Veelvuldige perkutane kapsulotomieë van metakarpofalangale gewrigte	90	2 292.30	90	2 292.30	3	357.06	+T+M
0587	Release of digital joint contracture • Losmaak van falangeale-gewrigskontraktuur	128	3 260.16	120	3 056.40	3	357.06	+T+M
3.2.4	Synovectomy • Sinovektomie							
0589	Synovectomy: Digital joint • Sinovektomie: Digitale gewrig	77	1 961.19	77	1 961.19	3	357.06	+T+M
0592	Synovectomy: Large joint • Sinovektomie: Grootgewrig	160	4 075.20	128	3 260.16	3	357.06	+T+M
0593	Tendon synovectomy • Tendon sinovektomie	203.7	5 188.24	162.96	4 150.59	3	357.06	+T+M
3.2.5	Arthrodesis • Artrodese							
0597	Arthrodesis: Shoulder • Artrodese: Skouer	224	5 705.28	179.2	4 564.22	3	357.06	+T+M
0598	Arthrodesis: Elbow • Artrodese: Elmoog	180	4 584.60	144	3 667.68	3	357.06	+T+M
0599	Arthrodesis: Wrist • Artrodese: Polsgewrig	180	4 584.60	144	3 667.68	3	357.06	+T+M
0600	Arthrodesis: Digital joint • Artrodese: Digitale gewrig	128	3 260.16	120	3 056.40	3	357.06	+T+M
0601	Arthrodesis: Hip • Artrodese: Heup	320	8 150.40	256	6 520.32	3	357.06	+T+M
0602	Arthrodesis: Knee • Artrodese: Knie	180	4 584.60	144	3 667.68	3	357.06	+T+M
0603	Arthrodesis: Ankle • Artrodese: Enkel	180	4 584.60	144	3 667.68	3	357.06	+T+M
0604	Arthrodesis: Sub-talar • Artrodese: Sub-talaar	130	3 311.10	120	3 056.40	3	357.06	+T+M
0605	Arthrodesis: Stabilization of foot (triple-arthrodeses) • Artrodese: Stabilisering van voet (drievoudige artrodese)	180	4 584.60	144	3 667.68	3	357.06	+T+M
0607	Arthrodesis: Mid-tarsal wedge resection • Artrodese: Midtarsale wigreseksie	180	4 584.60	144	3 667.68	3	357.06	+T+M
3.2.6	Arthroplasty • Artroplastie							
0614	Arthroplasty: Debridement large joints • Artroplastie: Debridement groot gewrigte	160	4 075.20	128	3 260.16	3	357.06	+T+M
0615	Arthroplasty: Excision medial or lateral end of clavicle • Artroplastie: Eksisie mediale of laterale punt van klavikel	116	2 954.52	116	2 954.52	3	357.06	+T+M
0617	Shoulder: Acromioplasty • Skouer: Akromioplastie	192	4 890.24	153.6	3 912.19	3	357.06	+T+M
0619	Shoulder: Partial replacement • Skouer: Gedeeltelike vervanging	277	7 055.19	221.6	5 644.15	5	595.10	+T+M
0620	Shoulder: Total replacement • Skouer: Totale vervanging	416	10 595.52	332.8	8 476.42	5	595.10	+T+M
0621	Elbow: Excision head of radius • Elmoog: Eksisie kop van radius	96	2 445.12	96	2 445.12	3	357.06	+T+M
0622	Elbow: Excision • Elmoog: Eksisie	192	4 890.24	153.6	3 912.19	3	357.06	+T+M
0623	Elbow: Partial replacement • Elmoog: Gedeeltelike vervanging	188	4 788.36	150.4	3 830.69	3	357.06	+T+M
0624	Elbow: Total replacement • Elmoog: Totale vervanging	282	7 182.54	225.6	5 746.03	3	357.06	+T+M
0625	Wrist: Excision distal end of ulna • Polsgewrig: Eksisie distale end van ulna	96	2 445.12	96	2 445.12	3	357.06	+T+M
0626	Wrist: Excision single bone • Polsgewrig: Eksisie een beentjie	110	2 801.70	110	2 801.70	3	357.06	+T+M
0627	Wrist: Excision proximal row • Polsgewrig: Eksisie proksimale ry	166	4 228.02	132.8	3 382.42	3	357.06	+T+M
0631	Wrist: Total replacement • Polsgewrig: Totale vervanging	249	6 342.03	199.2	5 073.62	3	357.06	+T+M
0635	Digital joint: Total replacement • Digitale gewrig: Totale vervanging	192	4 890.24	153.6	3 912.19	3	357.06	+T+M
0637	Hip: Total replacement • Heup: Totale vervanging	416	10 595.52	332.8	8 476.42	3	357.06	+T+M
0641	Hip: Prosthetic replacement of femoral head • Heup: Vervanging van kop van femur met prothese	288	7 335.36	230.4	5 868.29	3	357.06	+T+M
0643	Hip: Girdlestone • Heup: Girdlestone	320	8 150.40	256	6 520.32	3	357.06	+T+M
0645	Knee: Partial replacement • Knie: Gedeeltelike vervanging	277	7 055.19	221.6	5 644.15	3	357.06	+T+M
0646	Knee: Total replacement • Knie: Totale vervanging	416	10 595.52	332.8	8 476.42	3	357.06	+T+M
0649	Ankle: Total replacement • Enkel: Totale vervanging	290.4	7 396.49	232.32	5 917.19	3	357.06	+T+M
0650	Ankle: Astraglectomy • Enkel: Astragalektomie	154	3 922.38	123.2	3 137.90	3	357.06	+T+M
3.2.7	Miscellaneous (Joints) • Diverse (gewrigte)							
0661	Aspiration of joint or intra-articular injection (not subject to rule G) (Modifier 0005 not applicable) • Aspirasie van gewrig of intra-artikulêre inspuiting (nie onderhewig aan reël G nie) (Wysiger 0005 nie van toepassing)	9	229.23	9	229.23	3	357.06	+T
0667	Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable • Artroskopies (nasorg uitgesluit), wysigers 0005 en 0013 nie van toepassing nie	60	1 528.20	60	1 528.20	3	357.06	+T
0669	Manipulation large joint under general anaesthetic (not subject to rule G) (Modifier 0005 not applicable) • Manipulasie van groot gewrig onder algemene narkose (nie onderhewig aan reël G nie) (Wysiger 0005 nie van toepassing)	14	356.58	14	356.58	4	476.08	Hip+T
						3	357.06	Knee / Should er + T
0670	Only the consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic • Slegs konsultasiegeldes mag gehef word wanneer 'n groot gewrig gemanipuleer word met of sonder lokale narkose	Φ		Φ		4	476.08	Hip+T
						3	357.06	Knee / Should er + T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0673	Menisectomy or operation for other internal derangement of knee • Menisektomie of operasie vir ander interne versteuring van knie	109	2 776.23	109	2 776.23	3	357.06	+T+M
3.2.8	Joint ligament reconstruction or suture • Rekonstruksie of hegting van ligamente							
0675	Joint ligament reconstruction or suture: Ankle: Collateral • Rekonstruksie of hegting van ligamente: Enkel: Kollateraal	160	4 075.20	128	3 260.16	3	357.06	+T+M
0677	Joint ligament reconstruction or suture: Knee: Collateral • Rekonstruksie of hegting van ligamente: Knie: Kollateraal	160	4 075.20	128	3 260.16	3	357.06	+T+M
0678	Joint ligament reconstruction or suture: Knee: Cruciate • Rekonstruksie of hegting van ligamente: Knie: Kruisligament	160	4 075.20	128	3 260.16	3	357.06	+T+M
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee • Rekonstruksie of hegting van ligamente: Versterkte knie ligament herstel	280	7 131.60	224	5 705.28	3	357.06	+T+M
0680	Joint ligament reconstruction or suture: Digital joint ligament • Rekonstruksie of hegting van ligamente: Digitale gewrig ligament	165	4 202.55	132	3 362.04	3	357.06	+T+M
3.3	Amputations • Amputasies							
3.3.1	Specific amputations • Spesifieke amputasies							
0681	Amputation: Humerus, includes primary closure • Amputasie: Humerus, ingesluit die primêre hegting van die wond	211.6	5 389.45	169.28	4 311.56	4	476.08	+T+M
0682	Amputation: Fore-quarter amputation • Amputasie: Voorkwartamputasie	294	7 488.18	235.2	5 990.54	9	1071.18	+T+M
0683	Amputation: Through shoulder • Amputasie: Deur skouer	148	3 769.56	120	3 056.40	5	595.10	+T+M
0684	Amputation: Forearm • Amputasie: Voorarm	213.5	5 437.85	170.48	4 342.13	3	357.06	+T+M
0685	DELETED 2015: Amputation: Upper arm or fore-arm • GESKRAP 2015: Amputasie: Bo-arm of voorarm							
0686	Amputation: Ankle (eg., Syme, Pirogoff type) • Amputasie: Enkel (bv. Syme, Pirogoff tipe)	204.1	5 198.43	163.28	4 158.74	4	476.08	+T+M
0687	Partial amputation of the hand: One ray • Amputasie: Amputasie van gedeelte van hand: Een straal	102	2 597.94	102	2 597.94	3	357.06	+T+M
0688	Amputation: Foot, midtarsal (Chopart type) • Amputasie: Voet, midtarsaal (Chopart tipe)	165.7	4 220.38	132	3 362.04	3	357.06	+T+M
0691	Amputation: Whole or part of finger (skin flap included) • Amputasie: Gedeelte van, of totale vinger (sluit vel flap in)	116.8	2 974.90	116.80	2 974.90	3	357.06	+T+M
0692	Scar revision/secondary closure: amputated thigh, through femur, any level • Letsel hersiening met sekondêre hegting: Bo-been amputasie, deur femur, enige vlak	150.7	3 838.33	120.56	3 070.66	3	357.06	+T+M
0693	Hindquarter amputation • Agterkwart amputasie	420	10 697.40	336	8 557.92	6	714.12	+T+M
0694	Scar revision/secondary closure: amputated leg, through tibia and fibula, any level •	173.9	4 429.23	139.12	3 543.39	3	357.06	+T+M
0695	Amputation: Through hip joint region • Amputasie: Deur heupgewigstrak	192	4 890.24	153.6	3 912.19	6	714.12	+T+M
0696	Re-amputation: Thigh, through femur, any level • Her-amputasie: Bo-been deur die femur op enige vlak	217.3	5 534.63	173.84	4 427.70	3	357.06	+T+M
0697	Amputation: Through thigh • Amputasie: Deur dybeen	205	5 221.35	164	4 177.08	6	714.12	+T+M
0698	Re-amputation: Leg, through tibia and fibula • Her-amputasie: Onderbeen deur die tibia en fibula	198.2	5 048.15	158.56	4 038.52	3	357.06	+T+M
0699	Amputation: Below knee, through knee/Syme • Amputasie: Onder knie, deur knie of Syme	194	4 941.18	155.2	3 952.94	5	595.10	+T+M
0701	Amputation: Trans-metatarsal or trans-tarsal • Amputasie: Transmetatarsaal of transtarsaal	142	3 616.74	120	3 056.40	3	357.06	+T+M
0703	DELETED 2015 Refer to item 0688 and item 0701: Amputation: Foot: Of ray • GESKRAP 2015 Verwys na item 0688 en 0701: Amputasie: Voet: Een straal							
0705	Amputation: Toe (skin flap included) • Amputasie: Toon (veel flap ingesluit)	66	1 681.02	66	1 681.02	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.3.2	Post-amputation reconstruction ● Rekonstruksie na amputasie							
0706	Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler ● Rekonstruksie na amputasie: Waar vel flap geneem word van 'n liggaamsdeel verwyder van die beseerde vinger of in gevalle van verplasingstap bv. Cutler Note: If not performed on thumb or index finger it must be motivated ● Opmerking: Indien nie uitgevoer op duim of wysvinger nie moet dit gemotiveer word	75	1 910.25	75	1 910.25	3	357.06	+T+M
0709	DELETED 2015 :Post-amputation reconstruction: Metacarpal transfer● GESKRAP 2015 :Rekonstruksie na amputasie: Metakarpale verplanting							
0707	Post-amputation reconstruction: Krukenberg reconstruction ● Rekonstruksie na amputasie: Krukenbergrekonstruksie	206	5 246.82	164.8	4 197.46	3	357.06	+T+M
0711	Post-amputation reconstruction: Pollicization of the finger (Prior permission must be obtained from the Commissioner at all times) ● Rekonstruksie na amputasie: Poltissiasie van vinger (Vooraf goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	282	7 182.54	225.6	5 746.03	3	367.06	+T+M
0712	Post-amputation reconstruction: Toe to thumb transfer (Prior permission must be obtained from the Commissioner at all times) ● Rekonstruksie na amputasie: Toon na duim verplanting (Vooraf goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	800	20 376.00	640	16 300.80	3	357.06	+T+M
0700	Scar revision/secondary closure: Amputated shoulder ● Letsel hersiening met sekondêre hegting: Skouer amputasie	128.1	3 262.71	120	3 056.40	3	357.06	+T
0702	Scar revision/secondary closure: Amputated humerus ● Letsel hersiening met sekondêre hegting: Bo-arm amputasie, enige vlak	163.1	4 154.16	130.48	3 323.33	3	357.06	+T
0704	Scar revision/secondary closure: Amputated forearm ● Letsel hersiening met sekondêre hegting: Voorarm amputasie	184.1	4 689.03	147.28	3 761.22	3	357.06	+T
0708	Re-amputation: Humerus ● Her-amputasie: Humerus	223.1	5 682.36	178.48	4 545.89	6	714.12	+T+M
0710	Re-amputation: Through forearm ● Her-amputasie deur die voorarm	206	5 246.82	164.8	4 197.46	3	357.06	+T+M
3.4	Muscles, tendons and fasciae ● Spiere, tendons en fasciae							
3.4.1	Investigations ● Ondersoek							
0713	Electromyography ● Elektromiografie	75	1 910.25	75	1 910.25	3	357.06	+T
0714	Electro-myographic neuro-muscular junctional study, including edrophonium respons (not to be used with item 2730) ● Elektromiografiese neuro-muskulêre verbindingstudie, ingeslote edrophonium respons (moet nie saam met item 2730 gebruik word nie)	57	1 451.79	57	1 451.79	3	357.06	+T
0715	Strength duration curve per session ● Kragduur-kromme per sessie	10.5	267.44	10.5	267.44	3	357.06	+T
0717	Electrical examination of single nerve or muscle ● Elektriese ondersoek van enkele senuwee of spier	9	229.23	9	229.23	3	357.06	+T
0721	Voltage integration during isometric contraction ● Stroomspanningsintegrasie tydens isometriese kontrakasie	12	305.64	12	305.64	3	357.06	+T
0723	Tonometry with edrophonium ● Tonometrie met edrophonium	8	203.76	8	203.76	3	357.06	+T
0725	Isometric tension studies with edrophonium ● Isometriese spanningstudies met edrophonium	10	254.70	10	254.70	3	357.06	+T
0727	Cranial reflex study (both early and late responses) supra occulofacial, corneofacial or labelliofacial: Unilateral ● Kraniale refleksstudie (vroë en laat reaksies) supra-occulofasialis, corneo-fasialis of labellio-fasialis: Unilateraal	8	203.76	8	203.76	3	357.06	+T
0728	Cranial reflex study (both early and late responses) supra occulofacial, corneofacial or labelliofacial: Bilateral ● Kraniale refleksstudie (vroë en laat reaksies) supra-occulofasialis, corneo-fasialis of labellio-fasialis: Bilateraal	14	356.58	14	356.58	3	357.06	+T
0729	Tendon reflex time ● Tendon refleks-tyd	7	178.29	7	178.29	3	357.06	+T
0730	Limb-brain somatosensory studies (per limb) ● Ledemaat-brein somatosensoriese studies (per ledemaat)	49	1 248.03	49	1 248.03	3	357.06	+T
0731	Vision and audiosensory studies ● Visuele en oudiosensoriese toetse	49	1 248.03	49	1 248.03			
0733	Motor nerve conduction studies (single nerve) ● Bestudering van geleiding deur motoriese senuwee (enkele senuwee)	26	662.22	26	662.22			
0735	Examinations of sensory nerve conduction by sweep averages (single nerve) ● Ondersoek van sensoriese senuwee-geleiding met golwingsgemiddeldes (enkele senuwee)	31	789.57	31	789.57	3	357.06	+T
0737	Biopsy for motor nerve terminals and end plates ● Biopsie vir motormenuwee eindpunte en eindplate	20	509.40	20	509.40	3	357.06	+T
0739	Combined muscle biopsy with end plates and nerve terminal biopsy ● Gekombineerde spierbiopsie met eindplate en senuwee-eindpunt biopsie	34	865.98	34	865.98	8	952.16	+T
0740	Muscle fatigue studies ● Spierulputtingsondersoeke	20	509.40	20	509.40	3	357.06	+T
0741	Muscle biopsy ● Spierbiopsie	20	509.40	20	509.40	8	952.16	+T
0742	Global fee for all muscle studies, including histochemical studies ● Globale tarief vir alle spierstudies, histochemiese studies ingeslote	262	6 673.14					
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase ● Biochemiese toetse op spierbiopsie-monsters: Kreatine kinase	20.25	515.77					
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase ● Biochemiese toetse op spierbiopsie-monsters: Adenylate kinase	33.3	848.15					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase ● Biochemiese toetse op spierbiopsie-monsters: Pyruvate kinase	5.7	145.18					
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase ● Biochemiese toetse op spierbiopsie-monsters: Laktate dehydrogenase	1.6	40.75					
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase ● Biochemiese toetse op spierbiopsie-monsters: Adenylate deaminase	9.9	252.15					
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase ● Biochemiese toetse op spierbiopsie-monsters: Fosfoglykerate kinase	13.7	348.94					
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase ● Biochemiese toetse op spierbiopsie-monsters: Fosfoglykerate mutase	25.9	659.67					
4715	Biochemical estimations on muscle biopsy specimens: Enolase ● Biochemiese toetse op spierbiopsie-monsters: Enolase	32.7	832.87					
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase ● Biochemiese toetse op spierbiopsie-monsters: Fosfofruktokinase	37.7	960.22					
4719	Biochemical estimations on muscle biopsy specimens: Aldolase ● Biochemiese toetse op spierbiopsie-monsters: Aldolase	15.75	401.15					
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 Phosphate Dehydrogenase ● Biochemiese toetse op spierbiopsie-monsters: Glykeraldehide 3 Fosfate Dehydrogenase	11.06	281.70					
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase ● Biochemiese toetse op spierbiopsie-monsters: Fosforilase	34.7	883.81					
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucosylase ● Biochemiese toetse op spierbiopsie-monsters: Fosfoglukomutase	40.3	1 026.44					
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose isomerase ● Biochemiese toetse op spierbiopsie-monsters: Fosfohexose isomerase	28.8	733.54					
3.4.2	Decompression Operations ● Dekompressie Operasies							
0743	DELETED 2015 Refer to items 5550-5563: Major Compartmental Decompression ● GESKRAP 2015 :Verwys na item 5550 - 5563 :Ekslensiewe Kompartementele Dekompressie							
0744	DELETED 2015 Refer to items 5550-5563: Decompression operation: Fasciotomy only ● GESKRAP 2015 :Verwys na item 5550 - 5563 :Dekompressie operasie: Fasciotomie alleenlik							
5550	Decompression fasciotomy: Buttock compartment(s): Unilateral ● Dekompressie fasciotomie: Glutale area(s): Unilateraal	243	6 189.21	194.4	4 951.37	5	595.10	+T+M
5551	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). EXCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Anterior en/of laterale en posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	151.9	3 868.89	121.52	3 095.11	3	357.06	+T+M
5552	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). INCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Anterior en/of laterale en posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	253.1	6 446.46	202.48	5 157.17	3	357.06	+T+M
5553	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. EXCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Anterior en/of laterale kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	123.7	3 150.54	120	3 056.40	3	357.06	+T+M
5554	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. INCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Anterior en/of laterale kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	162.1	4 128.69	129.68	3 302.95	3	357.06	+T+M
5555	Decompression fasciotomy: Leg: Posterior compartment only. EXCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	130.8	3 331.48	120	3 056.40	3	357.06	+T+M
5556	Decompression fasciotomy: Leg: Posterior compartment only. INCLUDES debridement of nonviable muscle and/or nerve ● Dekompressie fasciotomie: Been: Posterior kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	171.5	4 368.11	137.2	3 494.48	3	357.06	+T+M
5557	Decompression fasciotomy: Fasciotomy/tenotomy, iliotibial ● Dekompressie fasciotomie: Fasciotomie/tenotomie, iliotibiaal	137.3	3 497.03	120	3 056.40	4	476.08	+T+M
5558	Decompression fasciotomy: Fasciotomy: Foot and/or toe ● Dekompressie fasciotomie: Voet en/of teen	86.6	2 205.70	86.6	2 205.70	3	357.06	+T+M
5559	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. EXCLUDES debridement of nonviable muscle or nerve ● Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor en ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	226.3	5 763.86	181.04	4 611.09	3	357.06	+T+M

		Specialist Specialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
5560	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. INCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor en ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	354.5	9 029.12	283.6	7 223.29	3	357.06	+T+M
5561	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. EXCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor of ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee uitgesluit	166.8	4 248.40	133.44	3 398.72	3	357.06	+T+M
5562	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. INCLUDES debridement of nonviable muscle or nerve. Dekompressie fasciotomie: Voorarm en/of polsgewrig: Flexor of ekstensor kompartement. Debridement van nie-lewensvatbare spier en/of senuwee ingesluit	321.1	8 178.42	256.88	6 542.73	3	357.06	+T+M
5563	Decompression fasciotomy: Fingers and/or hand • Dekompressie fasciotomie: Vingers en/of hand	166.6	4 217.83	132.48	3 374.27	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.4.3	Muscle and tendon repair: ● Spler- en pees-herstel							
0745	Muscle and tendon repair: Biceps humeri ● Spler en tendon herstel: Biceps humeri	109	2 776.23	109	2 776.23	3	357.06	+T
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff ● Spler en tendon herstel: Verwydering van verkalking in Rotatorkraag	96	2 445.12	96	2 445.12	3	357.06	+T+M
0747	Muscle and tendon repair: Rotator cuff ● Spler en tendon herstel: Rotatorkraag	134	3 412.98	120	3 056.40	4	476.08	+T
0748	Muscle and tendon repair: Debridement rotator cuff ● Spler en tendon herstel: Debridement rotatorkraag	139.7	3 558.16	120	3 056.40	4	476.08	+T
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure ● Spler en tendon herstel: Skapulopeksie - alleenstaande prosedure	271.90	6 925.29	217.52	5 540.23	4	476.08	+T
0755	Muscle and tendon repair: Infrapatellar or quadriceps tendon ● Spler en tendon herstel: Infrapatellêre of kwadriceps pees	128	3 260.16	120	3 056.40	3	357.06	+T
0757	Muscle and tendon repair: Achilles tendon repair ● Spler en tendon herstel: Achilles pees herstel	197.6	5 032.87	158.08	4 026.30	4	476.08	+T
0759	Muscle and tendon repair: Other single tendon ● Spler en tendon herstel: Ander enkele pees	77	1 961.19	77	1 961.19	3	357.06	+T
0767	Muscle and tendon repair: Tendon or ligament injection ● Spler en tendon herstel: Pees- of ligamentinspuiting	128	3 260.16	120	3 056.40	3	357.06	+T
0760	Hand: Flexor tendon suture: Primary, zone 1 (each) (modifier 0005 applicable) ● Hand: Fleksor pees hegting: Primêr, sone 1 (elk) (wysiger 0005 toepaslik)	220.3	5 611.04	176.24	4 488.83	3	357.06	+T
0761	Hand: Flexor tendon repair: Primary, zone 2 (no man's land) (each) (modifier 0005 applicable) ● Hand: Fleksor pees hegting: Primêr, sone 2 (no man's land) (elk) (wysiger 0005 toepaslik)	249.6	6 357.31	199.68	5 085.85	3	357.06	+T
0769	Hand: Flexor tendon suture: Primary, zone 3 and 4 (wrist and forearm) (each) (modifier 0005 applicable) ● Hand: Fleksor pees herstel: Primêr, sone 3 en 4 (pols en voorarm) (elk) (wysiger 0005 toepaslik)	160	4 075.20	128	3 260.16	3	357.06	+T
0764	Hand: Flexor tendon repair: Secondary, zone 1 ● Hand: Fleksor pees herstel: Sekondêr, sone 1 (elk) (wysiger 0005 toepaslik)	243.9	6 212.13	195.12	4 969.71	3	357.06	+T
0765	Hand: Flexor tendon repair: Secondary, zone 2 (no man's land) ● Hand: Fleksor pees herstel: Sekondêr, sone 2 (no man's land) (elk) (wysiger 0005 toepaslik)	249.6	6 357.31	199.68	5 085.85	3	367.06	+T
0766	Hand: Flexor tendon repair: Secondary, zone 3 and 4 (wrist and forearm) ● Hand: Fleksor pees hegting: Sekondêr, sone 3 en 4 (pols en voorarm) (elk) (wysiger 0005 toepaslik)	190.6	4 854.58	152.48	3 883.67	3	357.06	+T
0768	Repair: Intrinsic muscles of hand (each) (modifier 0005 applicable) ● Herstel: Intrinsieke spier van hand (elk) (wysiger 0005 toepaslik)	125.3	3 191.39	100.24	2 553.11	3	357.06	+T
0771	Extensor tendon suture: Primary (per tendon, Modifier 0005 not applicable) ● Ekstensor-tendon hegting: Primêr (per pees, Wysiger 0005 nie van toepassing)	129.7	3 303.46	120	3 056.40	3	357.06	+T
0773	Extensor tendon suture: Secondary (per tendon, Modifier 0005 not applicable) ● Ekstensor-tendon hegting: Sekondêr (per pees, Wysiger 0005 nie van toepassing)	80	2 037.60	80	2 037.60	3	357.06	+T
0774	Repair of Boutonnière deformity or Mallet Finger with graft ● Herstel van Boutonnière-deformiteit of Mallet-vinger met peesverplanting	183.7	4 678.84	146.96	3 743.07	3	357.06	+T
3.4.4	Tendon graft ● Pees oorplanting							
0775	Free tendon graft ● Vrye peesoorplanting	160	4 075.20	128	3 260.16	3	357.06	+T
0776	Reconstruction of pulley for flexor tendon ● Rekonstruksie van katrol van 'n fleksorpees	50	1 273.50	50	1 273.50	3	357.06	+T
0777	Tendon graft: Finger: Flexor ● Tendon-oorplanting: Vinger: Fleksor	192	4 890.24	153.6	3 912.19	3	357.06	+T
0779	Tendon graft: Finger: Extensor ● Tendon-oorplanting: Vinger: Ekstensor	122	3 107.34	120	3 056.40	3	357.06	+T
0780	Two stage flexor tendon graft using silastic rod ● Fleksor pees oorplanting silastiese stafies in twee stadia	240	6 112.80	192	4 890.24	3	357.06	+T
3.4.5	Tenolysis ● Tenolise							
0781	Tendon freeing operation, except where specified elsewhere ● Tenolise indien nie elders gespesifiseer nie	64	1 630.08	64	1 630.08	3	357.06	+T
0782	Carpal tunnel syndrome ● Karpale tunnel-sindroom	98.7	2 513.89	98.7	2 513.89	3	357.06	+T
0783	Tenolysis: De Quervain ● Tendolise: De Quervain	38	967.86	38	967.86	3	357.06	+T
0784	Trigger finger ● Snellervinger	38	967.86	38	967.86	3	357.06	+T
0785	Flexor tendon freeing operation following free tendon graft or suture ● Fleksorpees bevryding na vrye pees oorplanting of hegting	186.8	4 757.80	149.44	3 806.24	3	357.06	+T
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm ● Loslating van ekstensorpees na oorplanting of hegting in vinger, hand of voorarm	180.9	4 607.52	144.72	3 686.02	3	367.06	+T
0788	Intrinsic tendon release per finger ● Intrinsieke tenolise per vinger	64	1 630.08	64	1 630.08	3	357.06	+T
0789	Central tendon tenotomy for Boutonnière deformity ● Sentrale tendon tenotomie vir Boutonnière deformiteit	64	1 630.08	64	1 630.08	3	357.06	+T
3.4.6	Tenodesis ● Tenodese							
0790	Tenodesis: Digital joint ● Tenodese: Digitale gewrig	90	2 292.30	90	2 292.30	3	357.06	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.4.7	Muscle, tendon and fascia transfer • Splier-, pees- en fascia-verplanting							
0791	Single tendon transfer • Enkele peesverplanting	96	2 445.12	96	2 445.12	3	357.06	+T
0792	Multiple tendon transfer • Veelvuldige peesverplanting	128	3 260.16	120	3 056.40	3	357.06	+T
0793	Hamstring to quadriceps transfer • Hampese na kwadrisepe-verplanting	141	3 591.27	120	3 056.40	3	357.06	+T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon • Pectoralis major of Latissimus dorsi verplanting na besipstendon	320	8 150.40	256	6 520.32	5	595.10	+T
0795	Tendon transfer at elbow • Peesverplanting by elmboog	116	2 954.52	116	2 954.52	3	357.06	+T
0803	Hand tendons: Single tendon transfer • Hand tendons: Een peesverplanting	96	2 445.12	96	2 445.12	3	357.06	+T
0809	Hand tendons: Substitution for intrinsic paralysis of hand • Hand tendons: Vervanging vir intrinsieke spierverlamming van hand	224	5 705.28	179.2	4 564.22	3	357.06	+T
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft) • Hand tendons: Opponens tendonverplanting (sluit verkryging van verplanting in)	220.6	5 618.68	176.48	4 494.95	3	357.06	+T
3.4.8	Muscle slide operations and tendon lengthening • Splierstropingsoperasies en peesverlenging							
0812	Percutaneous Tenotomy: All sites • Perikute Tenotomie: Alle areas	38	957.86	38	957.86	3	357.06	+T
0813	Torticollis • Tortikollis	96	2 445.12	96	2 445.12	5	595.10	+T
0815	Scalenotomy • Skalenotomie	132	3 362.04	120	3 056.40	5	595.10	+T
0817	Scalenotomy with excision of first rib • Skalenotomie met eksisie van eerste rib	190	4 839.30	152	3 871.44	3	357.06	+T+M
0822	Open release elbow (Mitals) - stand alone procedure • Elmboog loslating - oop prosedure (Mitals) - alleenstaande prosedure	278.20	7 085.75	222.56	5 668.60	3	357.06	+T+M
0823	Excision or slide for Volkmann's Contracture • Eksisie of prosedure vir Volkmann se Kontraktuur	192	4 890.24	153.6	3 912.19	3	357.06	+T
0825	Hip: Open muscle release • Heup: Ope spierloslating	116	2 954.52	116	2 954.52	7	833.14	+T
0829	Knee: Quadriceps plasty • Knie: Kwadrisepeplastiek	160	4 075.20	128	3 260.16	3	357.06	+T
0831	Knee: Open tenotomy • Knie: Oop tenotomie	141	3 591.27	120	3 056.40	3	357.06	+T
0835	Calf • Kuit	96	2 445.12	96	2 445.12	4	476.08	+T
0837	Open Elongation Tendon Achilles • Ope Verlenging Achillespees	96	2 445.12	96	2 445.12	4	476.08	+T
0838	Percutaneous "Hoke" elongation tendoachilles - stand alone procedure • Perikute verlenging tendo achilles ("Hoke") - alleenstaande prosedure	79.30	2 019.77	79.30	2 019.77	4	476.08	+T
0845	Foot: Plantar fasciotomy • Voet: Plantare fasciotomie	70	1 782.90	70	1 782.90	3	357.06	+T
3.5	Bursae and ganglia • Bursas en ganglions							
0847	Excision: Semi-membranosus • Uitsnyding: Semi-membranosus	90	2 292.30	90	2 292.30	4	476.08	+T
0849	Excision: Prepatellar • Uitsnyding: Prepatellêr	45	1 146.15	45	1 146.15	3	357.06	+T
0851	Excision: Olecranon • Uitsnyding: Olekranon	81.8	2 083.45	81.8	2 083.45	3	357.06	+T
0853	Excision: Small bursa or ganglion • Uitsnyding: Klein bursa of ganglion	80.9	2 060.52	80.9	2 060.52	3	357.06	+T
0855	Excision: Compound palmar ganglion or synovectomy • Uitsnyding: Saamgestelde ganglion in handpalm of sinovektomie	128	3 260.16	120	3 056.40	3	357.06	+T
0857	Bursae and ganglia: Aspiration or injection (not subject to rule G) (Modifier 0005 not applicable) • Bursas en ganglions: Aspirasie of inspuiting (nie onderhewig aan reël G) (Wysiger 0005 nie van toepassing)	9	229.23	9	229.23	3	357.06	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.6	Musculo-skeletal system: Miscellaneous • Spier-skeletstelsel: Diverse							
3.6.1	Leg lengthening • Beenverlenging							
0861	Leg lengthening • Beenverlenging	416	10 595.52	332.8	8 476.42	3		357.06 +T+M
3.6.2	Removal of Internal fixatives or prosthesis • Verwydering van Readily accessible • Maklik bekombaar	36.6	932.20	36.6	932.20			As per bone specify
0884	Less accessible • Moelik bekombaar	75.5	1 922.99	75.5	1 922.99			+ M
0885	Removal of prosthesis for infection soon after operation • Verwydering van protese vir infeksie kort na operasie	128	3 260.16	120	3 056.40			Soos per been +M
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the item for total joint replacement of the specific joint • Laat verwydering van geïnfecteerde of nie-geïnfecteerde totale gewrigsprotese (Insluitende ses weke nasorg): VOEG BY Gelde vir totale vervanging van betrokke gewrig	+ 64	1 630.08	64	1 630.08	6		714.12 +T+M
3.7	Plasters (not subject to rule G) • Gips (nie onderhewig aan reël G) Note: The initial application of a plaster cast is included in the scheduled fee • Opmerking: Die eerste aanwending van gips is by die oorspronklike geldie ingesluit. Note: The Commissioner will only consider payment i.r.o. splinting material (Scotchcast, Dynacast, etc.) in the following cases (not applicable when Plaster of Paris is used): Where extremity splints are applied for at least five weeks: A maximum of one application for an upper extremity injury A maximum of two applications for a lower extremity injury • Opmerking: Die Kommissaris sal slegs betaling oorweeg t.o.v. splinkingsmateriaal (Scotchcast, Dynacast, ens) in die volgende gevalle (nie van toepassing wanneer gips gebruik word nie): Waar ledemaatgipse vir ten minste 5 weke aanby: Maksimum van een aanwending vir boonste ledemaatbesering 'n Maksimum van twee aanwendings vir 'n onderste ledemaatbesering							
0887	Long limb cast (excluding after-care) (modifier 0005 not applicable) • Lang ledemaat gips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)	13	331.11	13	331.11	3		357.06 +T
0888	Short limb cast (excluding after-care) (modifier 0005 not applicable) • Kort ledemaat gips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)	6.6	168.10	6.6	168.10	3		357.06 +T
0889	Spica, plaster jacket or hinged cast brace (excluding aftercare) • Spika, gipsbaadjie of geskarnierde stut (nasorg uitgesluit)	32	815.04	32	815.04	4		476.08 +T
3.8	Specific areas • Spesifieke areas							
3.8.1	Foot and ankle • Voet en Enkel							
0900	Excision tarsal coalition - stand alone procedure • Verwydering van tarsale koalisie - alleenstaande prosedure	141.5	3 604.01	120.00	3 056.40	3		357.06 +T+M
0901	Tenotomy single tendon • Tenotomie een pees	63.3	1 612.25	63.3	1 612.25	3		357.06 +T+M
0903	Hammer toe: one toe • Hamertoon: een toon	99.5	2 534.27	99.5	2 534.27	3		357.06 +T+M
0905	Filet of toe or Ruiz-Mora procedure • Toonontbinding of Ruiz-Mora prosedure	99.5	2 534.27	99.5	2 534.27	3		357.06 +T+M
0906	Arthrodesis Hallux • Artrodese Hallux	148	3 769.66	120	3 056.40	3		357.06 +T+M
0909	Excision arthroplasty • Eksisie artroplastie	145.2	3 698.24	120	3 056.40	3		357.06 +T+M
0910	Cheilectomy or metatarsophalangeal Implant Hallux • Cheilektomie of metatarso-falangiale vervang Hallux	183	4 661.01	146.4	3 728.81	3		357.06 +T+M
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure • Metatarsale osteotomie of Lapidus of dergelike prosedure of Chevron - alleenstaande prosedure	189.2	4 818.92	151.36	3 855.14	3		357.06 +T+M
5730	Hallux valgus double osteotomy etc • Hallux valgus dubbele osteotomie ens.	182.60	4 650.82	146.08	3 720.66	3		357.06 +T+M
5731	Distal soft tissue procedure for Hallux Valgus • Distale sagteweefsel prosedure vir Hallux Valgus	173.6	4 421.59	138.88	3 537.27	3		357.06 +T+M
5732	Aitkin procedure or similar • Aitkin operasie of dergelike ingreep	166.8	4 248.40	133.44	3 398.72	3		357.06 +T+M
5734	Removal bony prominence foot (bunionette not applicable to COID) • Verwyder benige prominensie aan voet (bunionette nie van toepassing op COID)	91	2 317.77	91	2 317.77	3		357.06 +T+M
5735	Repair angular deformity toe (lesser toes) • Herstel wanbelyning toon (kleiner tone)	97.2	2 475.68	97.2	2 475.68	3		357.06 +T+M
5736	Sesamoidectomy • Eksisie sesamoid been	97.8	2 490.97	97.8	2 490.97	3		357.06 +T+M
5737	Repair major foot tendons e.g. Tib Post • Heg groot pees in voet b.v. Tib post	147.30	3 751.73	120	3 056.40	3		357.06 +T
5738	Repair of dislocating peroneal tendons • Herstel ontwrigting peronius pees	173.2	4 411.40	138.66	3 529.12	3		357.06 +T
5740	Steindler strip - plantar fascia • Steindler stroping - plantare fascia	97.2	2 475.68	97.2	2 475.68	3		357.06 +T
5742	Tendon transfer foot • Pees verplanting voet	172	4 380.84	137.6	3 504.67	3		357.06 +T
5743	Capsulotomy metatarsophalangeal joints - foot • Kapsulotomie metatarsofalangeale gewigte - voet	86.8	2 210.80	86.8	2 210.80	3		357.06 +T
3.8.3	Replantation • Herinplantings							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0912	Replantation of amputated upper limb proximal to wrist joint • Replantasie van geamputeerde boonste ledemaat proximaal tot polsgewrig	730	18 593.10	584	14 874.48	3	357.06	+T+M
0913	Replantation of thumb • Replantasie van duim	670	17 064.90	536	13 651.92	3	357.06	+T+M
0914	Replantation of a single digit (to be motivated), for multiple digits, modifier 0005 applicable • Replantasie van 'n enkel vinger (moet gemotiveer word), vir veelvuldige vingers is wysiger 0005 toepaslik	580	14 772.60	464	11 818.08	3	357.06	+T+M
0915	Replantation operation through the palm • Replantasie-operasie deur die handpalm	1270	32 346.90	1016	25 877.52	3	357.06	+T+M
3.8.4	Hands: (Note: Skin: See Integumentary system) • Hande: (Let wel: Vel: Sien Huidstelsel)							
0919	Tumours: Epidermoid cysts • Tumors: Epidermoïde siste	35	891.45	35	891.45	3	357.06	+T+M
0922	Removal of foreign bodies requiring incision: Under local anaesthetic • Verwydering van vreemde liggaampies wat insnyding vereis: Onder lokale verdoving	19	483.93	19	483.93	3	357.06	+T+M
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic • Verwydering van vreemde liggaampies wat insnyding vereis: Onder algemene of streeksnarkose	32	815.04	32	815.04	3	357.06	+T+M
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) • Vergruisde handbeserings: Eerste ekstensiewe sagteweefsel toilet onder algemene narkose (gyskaal)	37 to/110	942.39 to 2 801.70	37 to/110	942.39 to 2 801.70	3	357.06	+T+M
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic • Vergruisde handbeserings: Daaropvolgende verbandveranderings onder algemene narkose	16	407.52	16	407.52	3	357.06	+T+M
0926	Initial treatment of fractures, tendons, nerves, loss of skin and blood vessels, including removal of dead tissue under general anaesthesia and six weeks after-care • Aanvanklike behandeling van frakture, pees, senuwees, velverlies en bloedvate, insluitende verwydering van dooie weefsel onder algemene narkose en ses weke se nasorg	269	6 851.43	215.2	5 481.14	3	357.06	+T+M
3.8.5	Spine • Wenwielkolom							
0927	Excision of one vertebral body, for a lesion within the body (no decompression) • Eksisie van een wenwielgigaam vir 'n letsel in die wenwiel (geen dekompressie nie)	207	5 272.29	165.6	4 217.83	3	357.06	+T+M
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression) • Vir elke bykomende wenwiel vir 'n letsel in die wenwiel (geen dekompressie nie)	+ 42	1 069.74	42	1 069.74	3	357.06	+T+M
0929	Manipulation of spine with anaesthetic (no after-care), modifier 0005 not applicable • Manipulasie van wenwielkolom met narkose (nasorg uitgesluit) wysiger 0005 nie van toepassing nie	14	356.58	14	356.58	5	595.10	+T+M
0930	Posterior osteotomy of spine: One vertebral segment • Posterior spinale osteotomie: Een vertebrale segment	339	8 634.33	271.2	6 907.46	3	357.06	+T+M
0931	Posterior spinal fusion: One level • Posterior spinale fusie: Een vlak	385	9 805.95	308	7 844.76	3	357.06	+T+M
0932	Posterior osteotomy of spine: Each additional vertebral segment • Posterior spinale osteotomie: Elke bykomende segment	+ 103	2 623.41	103	2 623.41	3	357.06	+T+M
0933	Anterior spinal osteotomy with disc removal: One vertebral segment • Anterior spinale osteotomie met diskus verwydering: Een bewegings segment	315	8 023.05	252	6 418.44	3	357.06	+T+M
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment • Anterior spinale osteotomie met diskus verwydering: Elke bykomende bewegings segment	+ +103	2 623.41	+103	2 623.41	3	357.06	+T+M
0938	Anterior fusion base of skull to C2 • Anterior fusie skedelbasis tot C2	449	11 436.03	359.2	9 148.82	4	476.08	+T+M
0939	Trans-abdominal anterior exposure of the spine for spinal-fusion only if done by a second surgeon • Transabdominale anterior blootlegging van die wenwielkolom vir spinale fusie slegs indien dit deur 'n tweede chirurg gedoen word	160	4 075.20	128	3 260.16	3	357.06	+T+M
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon • Trans-torakale anterior blootlegging van die wenwielkolom indien dit deur 'n tweede chirurg gedoen word	160	4 075.20	128	3 260.16	3	357.06	+T+M
0941	Anterior interbody fusion: One level I Anterior tussenwenwiel fusie: Een vlak	360	9 169.20	288	7 335.36	3	357.06	+T+M
0942	Anterior interbody fusion: Each additional level • Anterior tussenwenwiel fusie: Elke bykomende vlak	+ + 102	2 597.94	+102	2 597.94	3	357.06	+T+M
0943	Laminectomy with decompression of nerve roots and disc removal: One level • Laminektomie met dekompressie van senuweewortels of diskus verwydering: Een vlak	240	6 112.80	192	4 890.24	3	357.06	+T+M
0944	Posterior fusion: Occiput to C2 • Posterior fusie: Occiput tot C2	390	9 933.30	312	7 946.64	4	476.08	+T+M
0946	Posterior spinal fusion: Each additional level • Posterior spinale fusie: Elke bykomende vlak	+ +111	2 827.17	+111	2 827.17	3	357.06	+T+M
0948	Posterior interbody lumbar fusion: One level • Posterior tussen wenwiel lumbale fusie: Een vlak	364	9 271.08	291.2	7 416.86	3	357.06	+T+M
0950	Posterior interbody lumbar fusion: Each additional interspace • Posterior tussen wenwiel lumbale fusie: Elke bykomende interspasie	+ + 95	2 419.65	+ 95	2 419.65	3	357.06	+T+M
0959	Excision of coccyx • Uitsnyding van koksiks	96	2 445.12	96	2 445.12	3	357.06	+T+M
0960	Posterior non-segmental instrumentation • Posterior non-segment instrumentasie	167	4 253.49	133.6	3 402.79	5	595.10	+T+M
0961	Costo-transversectomy • Kosto-transversektomie	198	5 043.06	158.4	4 034.45	3	357.06	+T+M
0962	Posterior segmental instrumentation: 2 to 6 vertebrae • Posterior segmentale instrumentasie: 2 tot 6 wenwels	176	4 482.72	140.8	3 586.18	5	595.10	+T+M
0963	Antero-lateral decompression of spinal cord or anterior debridement • Antero-laterale dekompressie van rugmurg of anterior debridement	326	8 303.22	260.8	6 642.68	3	357.06	+T+M

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
0964	Posterior segmental instrumentation: 7 to 12 vertebrae • Posterior segmentale instrumentasie: 7 tot 12 werwels	201	5 119.47	160.8	4 095.58	5	595.10	+T+M
0966	Posterior segmental instrumentation: 13 or more vertebrae • Posterior segmentale instrumentasie: 13 of meer werwels	245	6 240.15	196	4 992.12	5	595.10	+T+M
0968	Anterior instrumentation: 2 to 3 vertebrae • Anterior instrumentasie: 2 tot 3 werwels	159	4 049.73	127.2	3 239.78	5	695.10	+T+M
0969	Skull or skull-femoral traction including two weeks after-care • Skedel of skedelfemorale traksie plus twee weke nasorg	64	1 630.08	64	1 630.08	--		
0970	Anterior instrumentation: 4 to 7 vertebrae • Anterior instrumentasie: 4 tot 7 werwels	185	4 711.95	148	3 769.56	5	595.10	+T+M
0972	Anterior instrumentation: 8 or more vertebrae • Anterior instrumentasie: 8 of meer werwels	206	5 246.82	164.8	4 197.46	5	595.10	+T+M
0974	Additional pelvic fixation of instrumentation other than sacrum • Bykomende pelvisse fiksasie, sakrum uitgesluit	108	2 750.76	108	2 750.76	5	695.10	+T+M
5750	Reinsertion of instrumentation • Herposisionering van instrumentasie	276	7 029.72	220.8	5 623.78	6	714.12	+T+M
5751	Removal of posterior non-segmental instrumentation • Verwydering van posterior non-segmentale instrumentasie	173	4 406.31	138.4	3 525.05	6	714.12	+T+M
5752	Removal of posterior segmental instrumentation • Verwydering van posterior segmentale instrumentasie	175	4 457.25	140	3 565.80	6	714.12	+T+M
5753	Removal of anterior instrumentation • Verwydering van anterior instrumentasie	204	5 195.88	163.2	4 156.70	6	714.12	+T+M
5755	Laminectomy for spinal stenosis (exclude discectomy, foraminotomy and spondylolisthesis): One or two levels • Laminektomie vir spinale stenose (uitgesluit diskektomie, foraminotomie en spondilolistese): Een of twee vlakke	295	7 513.55	236	6 010.92	3	357.06	+T+M
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure) • Laminektomie met volle dekompresie vir spondilolistese (Gill prosedure)	304	7 742.88	243.2	6 194.30	3	357.06	+T+M
5757	Laminectomy for decompression without foraminotomy or discectomy more than two levels • Laminektomie vir dekompresie sonder foraminotomie of diskektomie meer as twee vlakke	321	8 175.87	256.8	6 540.70	3	357.06	+T+M
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level • Laminektomie met dekompresie van senuweewortels en diskus verwydering: Elke bykomende vlak	63	1 604.61	63	1 604.61	3	357.06	+T+M
5759	Laminectomy for decompression discectomy etc., revision operation • Laminektomie vir dekompresie diskektomie ens., herhalings operasie	352	8 965.44	281.6	7 172.35	4	476.08	+T+M
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level • Laminektomie, fasektomie dekompresie van laterale reses stenose plus spinale stenose: Een vlak	301	7 666.47	240.8	6 133.18	3	357.06	+T+M
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level • Laminektomie, fasektomie, dekompresie van laterale reses stenose plus spinale stenose: Elke bykomende vlak	68	1 731.96	68	1 731.96	3	357.06	+T+M
5763	Anterior disc removal and spinal decompression cervical: One level • Anterior diskus verwydering en spinale dekompresie servikaal: Een vlak	344	8 761.68	275.2	7 009.34	3	357.06	+T+M
5764	Anterior disc removal and spinal decompression cervical: Each additional level • Anterior diskus verwydering en spinale dekompresie servikaal: Elke bykomende vlak	81	2 063.07	81	2 063.07	3	357.06	+T+M
5765	Vertebral corpectomy for spinal decompression: One level • Vertebrale korpektomie vir spinale dekompresie: Een vlak	466	11 869.02	372.8	9 495.22	3	357.06	+T+M
5766	Vertebral corpectomy for spinal decompression: Each additional level • Vertebrale korpektomie vir spinale dekompresie: Elke bykomende vlak	88	2 241.36	88	2 241.36	3	357.06	+T+M
5770	Use of microscope in spinal and intercranial procedures (modifier 0005 not applicable) • Gebruik van mikroskoop vir spinale of interkraniale prosedures (wysiger 0005 is nie toepaslik nie)	71	1 808.37	71	1 808.37			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3.9	Facial bone procedures • Gesigsgesigprosedures Please note: Modifiers 0046 to 0058 are not applicable to section 3.9 of the tariff • Let wel: Wysigers 0046 tot 0058 is nie van toepassing op afdeling 3.9 van die tarief nie							
0987	Repair of orbital floor (blowout fracture) • Herstel van orbitale vloer (uitbars fraktuur)	184.6	4 701.76	147.68	3 761.41	4	476.08	+T+M
0988	Genioplasty • Genioplastie	263	6 698.61	210.4	5 358.89	4	476.08	+T+M
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort I	202.2	5 150.03	161.76	4 120.03	4	476.08	+T+M
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort II	302	7 691.94	241.6	6 153.55	4	476.08	+T+M
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort III	433	11 028.51	346.4	8 822.81	4	476.08	+T+M
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort I Osteotomie	970	24 705.90	778	19 764.72	4	476.08	+T+M
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Verhemelte Osteotomie	302	7 691.94	241.6	6 153.55	4	476.08	+T+M
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee) • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort II Osteotomie (gelde vir span)	1103	28 093.41	882.4	22 474.73	4	476.08	+T+M
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee) • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Le Fort III Osteotomie (gelde vir span)	1654	42 127.38	1323.2	33 701.90	4	476.08	+T+M
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement • Oop reduksie en fiksering van fraktuur van sentrale middel-derde van gesig: Fraktuur van maksilla sonder verplasing		Φ		Φ			
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation • Mandibula: Frakture van neus en sigoom: Oop reduksie en fiksering	302	7 691.94	241.6	6 153.55	3	357.06	+T+M
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation • Mandibula: Frakture van neus en sigoom: Geslote reduksie d.m.v. intermaksillêre fiksering	184	4 686.48	147.2	3 749.18	3	357.06	+T+M
1001	Temporo-mandibular joint: Reconstruction for dysfunction • Temporo-mandibulêre gewrig: Rekonstruksie weens abnormale funksie:	206	5 246.82	164.8	4 197.46	4	476.08	+T+M
1003	Manipulation: Immobilisation and follow-up of fractured nose • Manipulasie: Immobilisering en nabehandeling van gebroke neus	35	891.45	35	891.45	3	357.06	+T+M
1005	Nasal fracture without manipulation • Neusfraktuur sonder manipulasie		Φ		Φ			
1006	Fracture: Nose and septum, open reduction	177.4	4 518.38	141.92	3 614.70	5	595.10	+T+M
1007	Mandibulectomy • Mandibulektomie	320	8 150.40	256	6 520.32	5	595.10	+T+M
1009	Maxillectomy • Maksillektomie	382.5	9 742.28	306	7 793.82	4	476.08	+T+M
1011	Bone graft to mandible • Beentransplantasie aan onderkaak	206	5 246.82	164.8	4 197.46	4	476.08	+T+M
1012	Adjustment of occlusion by ramisection • Regstel van afsluiting d.m.v. ramiseksie	227	5 781.69	181.6	4 625.35	4	476.08	+T+M
1013	Fracture of arch of zygoma without displacement • Fraktuur van sigoom sonder verplasing							
1015	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; recent fractures (within four weeks) • Onlangse fraktuur van sigoom (binne vier weke) met verplasing wat operatiewe manipulasie benodig, gepaardgaande fraktuur uitgesluit	131	3 336.57	120	3 056.40	3	357.06	+T+M
1017	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures) (after four weeks) • Fraktuur van sigoom met verplasing wat operatiewe manipulasie benodig (gepaardgaande frakture uitgesluit) (na vier weke)	262	6 673.14	209.6	5 338.51	3	357.06	+T+M
4.	RESPIRATORY SYSTEM • ASEMHALINGSTELSEL							
4.1	Nose and sinuses • Neus en sinusse							
1018	Flexible nasopharyngolaryngoscopy examination • Nasofaringale en larinks ondersoek met buigbare teleskoop	51.94	1 322.91					
1019	ENT endoscopy in rooms with rigid endoscope • ONK endoskopies in kamers met onbuigbare endoskoop	12	305.64					
1020	Repair of perforated septum: Any method • Herstel van septum perforasie: enige metode	141.9	3 614.19	120	3 056.40	4	476.08	+T
1022	Functional reconstruction of nasal septum • Funksionele rekonstruksie van neusseptum	121.2	3 086.96	120	3 056.40	4	476.08	+T
1023	Harvesting of graft: Cartilage graft of nasal septum • Herwinning van oorplantings weefsel: Kraakbeen oorplanting, neusseptum	124.8	3 178.66	120	3 056.40	5	595.10	+T
1024	Insertion of silastic obturator into nasal septum perforation (excluding material) • Inplasing van 'n silastiese obturator in 'n perforasie van die neusseptum (materiaal uitgesluit)	30	764.10	30	764.10	4	476.08	+T
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose) • Intranasale antrostomie (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	64.6	1 645.36	64.6	1 645.36	4	476.08	+T
1027	Dacryocystorhinostomy • Dakrosistorinostomie	210	5 348.70	168	4 278.96	5	595.10	+T
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose) • Turbinektomie (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	62.6	1 594.42	62.6	1 594.42	4	476.08	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1030	Endoscopic turbinectomy: laser or microdebrider ● Endoskopiese turbinektomie: laser of mikrodebrider	90	2 292.30	90	2 292.30	5	595.10	+T
1034	Autogenous nasal bone transplant: Bone removal included ● Outogene beentransplantasie van die neus: Verwydering van been ingeslote	100	2 547.00	100	2 547.00	4	476.08	+T
1035	Unilateral functional endoscopic sinus surgery (unilateral) ● Funktioniese endoskopiese sinus chirurgie (unilateraal)	140	3 565.80	120	3 056.40	4	476.08	+T
1036	Bilateral functional endoscopic sinus surgery ● Bilaterale funksionele endoskopiese sinus chirurgie	245	6 240.15	196	4 992.12	4	476.08	+T
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic ● Diatermie van neus of farinks, konsultasiegeelde uitgesluit, uni- of bilateraal: Met plaaslike verdoving	8	203.76	8	203.76			
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic ● Diatermie van neus of farinks, konsultasiegeelde uitgesluit, uni- of bilateraal: Met algemene verdoving	35	891.46	35	891.46	4	476.08	+T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging (unilateral) I Erge epistakse kontrole wat hospitalisasie vereis: Anterior tamponade (unilateraal)	40	1 018.80	40	1 018.80	6	714.12	+T
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging (unilateral) ● Erge epistakse kontrole wat hospitalisasie vereis: Anterior en posterior tamponade (unilateraal)	60	1 528.20	60	1 528.20	6	714.12	+T
1045	Ligation anterior ethmoidal artery ● Afbind van anterior etmoidale arterie	135.4	3 448.54	120	3 056.40	6	714.12	+T
1047	Caldwell-Luc operation (unilateral) ● Caldwell-Luc operasie (unilateraal)	137.3	3 497.03	120	3 056.40	4	476.08	+T
1049	Ligation internal maxillary artery ● Afbind van interne maksillêre arterie	196	4 992.12	156.8	3 993.70	6	714.12	+T
1050	Vidian neurectomy (transantral or transnasal) ● Neurektomie van nervus vidii (transantraal of transnasaal)	113	2 878.11	113	2 878.11	4	476.08	+T
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose) ● Antroskopies deur die caninus fossa (wysiger 0005 van toepassing op teenoorgestelde kant van neus)	37.3	950.03	--	--	--	--	--
1055	External frontal ethmoidectomy ● Eksterne fronto-etmoidektomie	190.7	4 857.13	152.56	3 885.70	4	476.08	+T
1057	External ethmoidectomy and/or sphenoidectomy (unilateral) ● Eksterne etmoidektomie en/of sfenoidektomie (unilateraal)	199.4	5 078.72	159.52	4 062.97	4	476.08	+T
1059	Frontal osteomyelitis ● Frontale osteomielitis	194	4 941.18	155.2	3 952.94	4	476.08	+T
1061	Lateral rhinotomy ● Laterale rhinotomie	164	4 177.08	131.2	3 341.66	4	476.08	+T
1063	Removal of foreign bodies from nose at rooms ● Verwydering van vreemde voorwerpe uit neus by spreekkamer	10	254.70	10	254.70			
1065	Removal of foreign body from nose under general anaesthetic ● Verwydering van vreemde voorwerp uit die neus onder algemene narkose	38.6	983.14	38.6	983.14	4	476.08	+T
1067	Proof puncture, unilateral at rooms ● Sinusspoeling, unilateraal by spreekkamer	10	254.70	10	254.70	4	476.08	+T
1069	Proof puncture, uni- or bilateral under general anaesthetic ● Sinusspoeling, uni- of bilateraal onder algemene narkose	35	891.45	35	891.45	4	476.08	+T
1075	Multiple intranasal procedures: Not to exceed (see Modifier 0068) ● Veevuldige intranasale prosedures: Maksimum bedrag (sien Wysiger 0068)	194	4 941.18	155.2	3 952.94	4	476.08	+T
1077	Septum abscess, at room, including after-care ● Septumabses, by spreekkamer, nabehandeling ingesluit	8	203.76	8	203.76			
1079	Septum abscess, under general anaesthetic ● Septumabses, onder algemene verdoving	35	891.45	35	891.45	4	476.08	+T
1081	Oro-antral fistula (without Caldwell-Luc) ● Oro-antrale fistel (sonder Caldwell-Luc)	111.8	2 847.55	111.8	2 847.55	4	476.08	+T
1083	Choanal atresia: Intranasal approach ● Atresie van agterste neusopening: Intranasale metode	113	2 878.11	113	2 878.11	5	595.10	+T
1084	Choanal atresia: Transpalatal approach ● Atresie van agterste neusopening: Transpalatale metode	194	4 941.18	155.2	3 952.94	7	833.14	+T
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomy) and nasal tip ● Rekonstruksie van die neus: Insluitende rekonstruksie van die septum (septumplasty), die piramide (osteotomie) en neuspunt	350	8 914.50	280	7 131.60	5	595.10	+T
1087	Subtotal reconstruction consisting of any two of the following: Septumplasty, osteotomy, nasal tip reconstruction ● Subtotale rekonstruksie, bestaande uit enige twee van die volgende: Septumplasty, osteotomie, neuspunt-rekonstruksie	210	5 348.70	168	4 278.96	5	595.10	+T
1089	Forehead rhinoplasty (all stages): Total ● Voorhoofd-rhinoplastie (alle stadiums): Volledig	552	14 059.44	441.6	11 247.55	5	595.10	+T
1091	Forehead rhinoplasty (all stages): Partial ● Voorhoofd-rhinoplastie (alle stadiums): Gedeeltelik	414	10 544.68	331.2	8 435.66	5	595.10	+T
4.3	Larynx ● Larinks							
1117	Laryngeal intubation ● Laringeale intubasie	10	254.70	10	254.70			
1118	Laryngeal stroboscopy with video capture ● Laringeale stroboskopies met video vaslegging	39	993.33	39	993.33	6	714.12	+T
1119	Laryngectomy without block dissection of the neck ● Laringektomie sonder blokdissiesie van die nek	430	10 952.10	344	8 761.68	7	833.14	+T
1127	Tracheostomy ● Trageostomie	90	2 292.30	90	2 292.30	9	1071.18	+T
1129	External laryngeal operation, e.g. laryngeal stenosis, laryngocoele, abductor, paralysis, laryngofissure ● Eksterne laringeale operasie, bv. vir laringeale stenose, laringeoseel, abduktor-paraliese, laringo-fissuur	294.4	7 498.37	235.52	5 998.69	8	952.16	+T
1130	Diagnostic laryngoscopy including biopsy ● Diagnostiese laringoskopies insluitende biopsie	41.4	1 054.46	41.4	1 054.46	6	714.12	+T
1131	Direct laryngoscopy plus foreign body removal ● Direkte laringoskopies plus vreemde voorwerp verwydering	64.6	1 645.36	64.6	1 545.36	6	714.12	+T



		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4.4	Bronchial procedure ● Bronchiale prosedures							
1132	Bronchoscopy: Diagnostic bronchoscopy without removal of foreign object ● Brongoskopies: Diagnostiese brongoskopies sonder verwydering van vreemde voorwerp	65	1 655.55	65	1 655.55	6	714.12	+T
1133	Bronchoscopy: With removal of foreign body ● Brongoskopies: Met verwydering van vreemde voorwerp	80	2 037.60	80	2 037.60	8	952.16	+T
1134	Bronchoscopy: Bronchoscopy with laser ● Brongoskopies: Brongoskopies met laser	75	1 910.25	—		8	952.16	+T
1136	Nebulisation (in rooms) ● Nebulisering (in kamers)	12	305.64	12	305.64		Fees as for	

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1137	Bronchial lavage ● Brongiale spoeling	—	—	—	—	8	952.16	+T
1138	Thoracotomy; for bronchopleural fistula (including ruptured bronchus, any cause) ● Torakotomie; vir brongopleurale fistel (ruptuur van die brongus, alle oorsake, ingeslote)	350	8 914.50	280	7 131.60	12	1428.24	+T
4.5	Pleura ● Pleura							
1139	Pleural needle biopsy (not including aftercare): modifier 0005 not applicable ● Naaldbiopsie van pleura (nasorg uitgesluit): wysiger 0005 nie van toepassing nie	50	1 273.50	50	1 273.50	3	357.06	+T
1141	Insertion of intercostal catheter (under water drainage) ● Inplasing van tussenribse kateter (met onderwater-dreinasie)	50	1 273.50	50	1 273.50	6	714.12	+T
1143	Paracentesis chest: Diagnostic ● Parasetese borskas: Diagnosties	8	203.76	8	203.76	3	357.06	+T
1145	Paracentesis chest: Therapeutic ● Parasetese borskas: Terapeuties	13	331.11	13	331.11	3	357.06	+T
1147	Pneumothorax: Induction (diagnostic) ● Pneumotoraks: Induksie (diagnosties)	25	636.75	25	636.75			
1149	Pleurectomy ● Pleurektomie	250	6 367.50	200	5 094.00	11	1309.22	+T
1151	Decortication of lung ● Dekortikasie van long	350	8 914.50	280	7 131.60	11	1309.22	+T
1153	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc) ● Chemiese pleurodesis (instillering silwer nitraat, tetraskilien, talk, ens)	55	1 400.85	55	1 400.85	3	357.06	+T
4.6	Pulmonary procedures I Longprosedures							
4.6.1	Surgical ● Chirurgies							
1155	Needle biopsy lung (not including after-care): modifier 0005 not applicable ● Naaldbiopsie long (nasorg uitgesluit): wysiger 0005 nie van toepassing nie	32	815.04	32	815.04	5	595.10	+T
1157	Pneumectomy ● Pneumonektomie	350	8 914.50	280	7 131.60	11	1309.22	+T
1159	Pulmonary lobectomy ● Pulmonêre lobektomie	389.5	9 920.57	311.6	7 936.45	11	1309.22	+T
1161	Segmental lobectomy ● Segmentale lobektomie	365	9 286.55	292	7 437.24	11	1309.22	+T
1163	Excision tracheal stenosis: Cervical ● Eksisie van stenose van trachea: Servikaal	375	9 651.25	300	7 641.00	8	952.16	+T
1164	Excision tracheal stenosis: Intra-thoracic ● Eksisie van stenose van trachea: Intratorakale	350	8 914.50	280	7 131.60	12	1428.24	+T
1171	Drainage empyema (including six weeks after-treatment) ● Dreinerings van empiëem (insluitende ses weke nabe-handeling)	170	4 329.90	136	3 463.92	11	1309.22	+T
1173	Drainage of lung abscess (including six weeks after-treatment) ● Dreinerings van longabses (insluitende ses weke nabe-handeling)	170	4 329.90	136	3 463.92	11	1309.22	+T
1175	Thoracotomy (limited): Limited: For lung or pleural biopsy ● Torakotomie (beperk): Beperk: Vir biopsie van long of pleura	115	2 929.05	115	2 929.05	11	1309.22	+T
1177	Thoracotomy: Major: Diagnostic ● Torakotomie: Groot: Diagnosties	215	5 476.05	172	4 380.84	11	1309.22	+T
1179	Thoracoscopy ● Torakoskopie	89	2 266.83	89	2 266.83	11	1309.22	+T
4.6.2	Pulmonary function tests ● Longfunksietoetse							
1186	Flow volume test: Inspiration/expiration ● Vloei-volume toets: Inspirasie/ekspirasie	30	764.10	30	764.10			Fees as for specialist/Gelde
1188	Flow volume test: Inspiration/expiration pre- and post-bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies) ● Vloei-volume toets: Inspirasie/ekspirasie voor- en na-bronchodilator (hefbaar slegs tydens eerste konsultasie - daarna is item 1186 toepaslik)	50	1 273.50	50	1 273.50			Fees as for specialist/Gelde soos vir spesialis
1189	Forced expirogram only ● Forseerde ekspiogram alleenlik	10	254.70	10	254.70			
1191	N2 single breath distribution ● N2 enkel asem verspreiding	10	254.70	10	254.70			
1197	Compliance and resistance, using oesophageal balloon ● Rekbaarheid en weerstand d.m.v. esofageale ballon	24	611.28	24	611.28			Fees as for specialist/Gelde
1198	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent or after exercise, with subsequent spirometry ● Verlengde na-blootstelling bepaling van brongospasma met spirometrie voor en na antigeen, koue lug, meta choline of ander chemiese agent, of na oefening met opvolg spirometrie	55.89	1 423.52	55.89	1 423.52			
1199	Pulmonary stress testing: For determination of VO2 max ● Pulmonale inspanningstoets: vir bepaling van maksimum VO2	96.5	2 457.86	96.5	2 457.86			
1201	Maximum inspiratory/expiratory pressure ● Maksimum inspiratoriese/ekspiratoriese druk	5	127.35	5	127.35			Fees as for specialist/Gelde

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Pulmonologists and Practitioners accredited to SATS Pulmonoloog en praktisyns geakrediteer deur SATS		Other Specialists and General practitioner Ander Spesialiste en Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1193	Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method • Funksionele residuele kapasiteit of residuele volume: helium, stikstof opebaan of ander metode	37.76	961.75					
1195	Thoracic gas volume • Intra torakale gas volume	37.93	966.08					
1196	Determination of resistance to airflow, oscillatory or plethysmographic methods • Bepaling van lugweg weerstand ossillasie of met plethysmograaf	45.31	1 154.05					
1200	Carbon monoxide diffusing capacity, any method • Kool monoksied diffusie, enige metode	38.06	969.39					
		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4.7	Intensive care (in intensive care or high care unit): Respiratory, cardiac, general • Intensiewe sorg (in intensiewe of hoësoorgseenheid): Respiratories, kardiale, algemeen.							
4.7.1	Tariff items for intensive care • Tarief items vir intensiewe sorg Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated, e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc). Please note that item 1204 may not be charged by the responsible surgeon for monitoring a patient post-operatively in ICU or in the high-care unit since post-operative monitoring is included in the fee for the procedure • Kategorie 1: Gevalle wat intensiewe monitoring vereis (sluit spesifieke gevalle in waar fisiologiese onstabielheid vermoed word, bv. diabetiese pre-koma, asma, gastrointestinale bloeding, ens). Let asseblief daarna op dat item 1204 nie deur die verantwoordelike chirurg geheel mag word vir monitoring van die pasiënt na-operatief in die intensiewe sorg-eenheid of in die hoë sorg aangesien na-operatiewe monitoring ingesluit is in die gelde vir die prosedure •							
1204	Category 1: Per day • Kategorie 1: Per dag Category 2 Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction; diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc.) Ventilation may or may not be part of the active system support • Kategorie 2 : Gevalle wat aktiewe sisteem bystand vereis (waar aktiewe gespesialiseerde intervensie vereis word, byvoorbeeld akute miokardiale infarksie, diabetiese koma, hoofbesering, ernstige asma, akute pankreatitis, eklamptisie, veel borskas, ens.) Ventilasiemag deel uitmaak of nie deel uitmaak van die aktiewe sisteem bystand nie	30	764.10	30	764.10			Fees as for specialist/Gekle soos vir spesialis
1205	Category 2: First day • Kategorie 2: Eerste dag	100	2 547.00	100	2 547.00			Fees as for specialist/Gekle
1206	Category 2: Subsequent days, per day • Kategorie 2: Daaropvolgende dae, per dag	50	1 273.50	50	1 273.50			Fees as for specialist/Gekle
1207	Category 2: After two weeks, per day • Kategorie 2: Na twee weke, per dag Category 3 : Cases with multiple organ failure or Category 2 patients that may require multidisciplinary intervention • Kategorie 3: Gevalle met veelvuldige orgaan ineensortlang of Kategorie 2 pasiënte wat multidisiplinêre intervensie mag vereis	30	764.10	30	764.10			Fees as for specialist/Gekle
1208	Category 3: First day (principal practitioner) • Kategorie 3: Eerste dag (hoof praktisyn)	137	3 489.39	120	3 056.40			Fees as for specialist/Gekle
1209	Category 3: First day (per involved practitioner) • Kategorie 3: Eerste dag (per betrokke praktisyn)	58	1 477.26	58	1 477.26			Fees as for specialist/Gekle
1210	Category 3: Subsequent days (per involved practitioner) • Kategorie 3: Opvolgende dae (per betrokke praktisyn)	50	1 273.50	50	1 273.50			Fees as for specialist/Gekle
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc. • Kardio-respiratoriese resussitasie: Verlengde bystand in noodgevalle (nie noodwendig in intensiewe sorg eenheid nie) 50,00 kliniese prosedure eenhede per halfuur of gedeelte daarvan vir die eerste uur per praktisyn, daarna 25,00 kliniese prosedure eenhede per halfuur met 'n maksimum van 150,00 kliniese prosedure eenhede per praktisyn. Resussitasiegelde sluit alle nodige bykomende prosedures in byvoorbeeld infuus, intubasie, ens.	50	1 273.50	50	1 273.50			Fees as for specialist/Gekle soos vir spesialis
		25	636.75	25	636.75			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		150	3 820.50	150	3 820.50			
1212	Ventilation: First day • Ventilasië: Eerste dag	75	1 910.25	75	1 910.25		Fees as for specialist/Gelde	
1213	Ventilation: Subsequent days • Ventilasië: Opvolgende dae	50	1 273.50	50	1 273.50		Fees as for specialist/Gelde	
1214	Ventilation: After two weeks, per day • Ventilasië: Na twee weke, per dag	25	636.75	25	636.75		Fees as for specialist/Gelde	
1215	Insertion of arterial pressure cannula • Inplasing van arteriële druk kannule	25	636.75	25	636.75		Fees as for specialist/Gelde	
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring • Inplasing van Swan Ganz kateter vir hemodinamiese monitoring	50	1 273.50	50	1 273.50		Fees as for specialist/Gelde soos vir spesialis	
1217	Insertion of central venous line via peripheral vein • Inplasing van sentrale venouse lyn via perifere vena	10	254.70	10	254.70		Fees as for specialist/Gelde	

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1218	Insertion of central venous line via subclavian or jugular veins • Implasering van sentrale veniese lyn via subklaviese of jugulêre venas	25	636.75	25	636.75			Fees as for specialist/Gelde soos vir spesialis
1219	Hyperalimentation (daily fee) • Hiperalimentasie (dagtarief)	15	382.05	15	382.05			Fees as for specialist/Gelde soos vir spesialis
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient) • Patiënt-beheerde verdoewingspomp: Verhuuringsgelde: Per 24 uur (Gelde vir kassette word gehef volgens item 0201 per pasiënt)	30	764.10	30	764.10			
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charge appropriate hospital follow-up consultation) • Professionele gelde vir bestuur van pasiënt-beheerde verdoewingspomp: Eerste 24 uur (vir daaropvolgende dag word hospitaal opvolgkonsultasie gehef)	30	764.10	30	764.10			Fees as for specialist/Gelde soos vir spesialis
4.8	Hyperbaric Oxygen Treatment • Hiperbariese Suurstofbehandeling							
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): Low pressure table (1.5- 1.8 ATA x 45-60 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): Lae druk tabel (1.5-1.8 ATA x 45-60 min): PROFESSIONELE KOMPONENT	30	764.10	30	764.10			
4820	Low pressure table (1.5-1.8 ATA x 45-60 min): TECHNICAL COMPONENT Lae druk tabel (1.5-1.8 ATA x 45-60 min): TEGNIESE KOMPONENT	101.13	2 575.78	101.13	2 575.78			
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): Routine HBO table (2-2.5 ATA x 90-120 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): Roetine HST tabel (2-2.5 ATA x 90-120 min): PROFESSIONELE KOMPONENT	60	1 528.20	60	1 528.20			
4821	Routine HBO table (2-2.5 ATA x 90-120 min): TECHNICAL COMPONENT • Roetine HST tabel (2-2.5 ATA x 90-120 min): TEGNIESE KOMPONENT	131.26	3 343.19	131.26	3 343.19			
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment monitoring during treatment and post treatment evaluation): Emergency HBO table (2.5- 3 ATA x 90-120 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): Nood HST tabel (2.5-3 ATA x 90-120 min): PROFESSIONELE KOMPONENT	80	2 037.60	80	2 037.60			
4822	Emergency HBO table (2.5-3 ATA x 90-120 min): TECHNICAL COMPONENT Nood HST tabel (2.5-3 ATA x 90-120 min): TEGNIESE KOMPONENT	131.26	3 343.19	131.26	3 343.19			
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT5 (2.8 ATA x 135 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitering tydens behandeling en opvolg ondersoek na behandeling in): USN TT5 (2.8 ATA x 135 min) PROFESSIONELE KOMPONENT	90	2 292.30	90	2 292.30			
4825	USN TT5 (2.8 ATA x 135 min): TECHNICAL COMPONENT USN TT5 (2.8 ATA x 135 min): TEGNIESE KOMPONENT	214.18	5 455.16	214.18	5 455.16			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT6 (2.8 ATA x 285 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): USN TT6 (2.8 ATA x 285 min) PROFESSIONELE KOMPONENT	190	4 839.30	190	4 839.30			
4826	USN TT6 (2.8 ATA x 285 min): TECHNICAL COMPONENT USN TT6 (2.8 ATA x 285 min): TEGNIESE KOMPONENT	386.42	9 842.12	386.42	9 842.12			
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT6ext/6A or Cx 30 (2.8-6 ATA x 305-490 min) PROFESSIONAL COMPONENT Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hyperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): USN TT6ext/6A of Cx 30 (2.8-6 ATA x 305-490 min) PROFESSIONELE KOMPONENT	327	8 328.69	327	8 328.69			
4827	USN TT6ext (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT USN TT6ext (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	680.85	17 341.25	680.85	17 341.25			
4828	USN 6A (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT USN 6A (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	678.28	17 275.79	678.28	17 275.79			
4829	USN Cx 30 (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT USN Cx 30 (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	671.85	17 112.02	671.85	17 112.02			
4815	Prolonged attendance inside a hyperbaric chamber: 40 clinical procedure units per half hour or part thereof for the first hour. Thereafter 20 clinical procedure units per half hour; minimum 40 clinical procedure units; maximum 320 clinical procedure units (Please indicate time in minutes and not per half hour) ● Verlengde bystand binne 'n hiperbariese kamer: 40 kliniese prosedure eenhede per halfuur of gedeelte daarvan vir die eerste uur. Daarna 20 kliniese prosedure eenhede per half uur; minimum 40 kliniese prosedure eenhede; maksimum 320 kliniese prosedure eenhede (dui asseblief tyd aan in minute en nie per halfuur)							
5.	MEDIASTINAL PROCEDURES ● MEDIASTINALE PROSEDURES							
1223	Mediastinoscopy ● Mediastinoskopie	95	2 419.65	95	2 419.65	5	595.10	+T
6.	CARDIOVASCULAR SYSTEM ● KARDIO-VASKULÊRE SISTEEM							
	MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM) ● WYSIGER VAN TOEPASSING OP GELDE VIR 'N ANESTESIOLOOG VIR BEHEER VAN INTRA-AORTIESE BALLONPOMP (KARDIO-VASKULÊRE SISTEEM)							
0100	Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75.00 clinical procedure units is applicable ● Waar 'n anesthesioloog verantwoordelik is vir beheer van 'n intra-aortiese ballonpomp is 'n tarief van 75.00 kliniese prosedure eenhede van toepassing					75	1 910.25	

		Specialist Spesiallste		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6.1	General • Algemeen General practitioner's fee for the taking of an ECG only • Algemene praktisyn se gelde vir slegs die neem van 'n EKG Where an ECG is done by a general practitioner and interpreted by a physician, the general practitioner is entitled to his full consultation fee, plus half of fee determined for ECG • Wanneer 'n EKG deur 'n algemene praktisyn geneem is en deur 'n spesialis vertolk word, is die algemene praktisyn geregtig op konsultasiegeelde plus helfte van die bedrag toepaslik van die EKG							
1228	General Practitioner's fee for the taking of an ECG only: Without effort: (1232) • Algemene praktisyn se gelde vir slegs die neem van 'n EKG: Rustend: (1232)			4.5	114.62			
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: 1/2 (item 1233) • Algemene praktisyn se gelde vir slegs die neem van 'n EKG: Sonder en met inspanning: 1/2 (item 1233) Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added • Opmerking: Items 1228 en 1229 deal slegs die gelde vir die neem van die EKG aan, die konsultasietarief moet bygevoeg word Physician's fee for interpreting an ECG • Internis se gelde vir vertolkling van 'n EKG A specialist physician is entitled to the following fees for interpretation of an ECG tracing referred for interpretation • 'n Internis is geregtig op die volgende gelde vir die vertolkling van 'n EKG wanneer dit verwys word vir vertolkling.			6.5	165.56			
1230	Physician's fee for interpreting an ECG: Without effort • Internis se gelde vir vertolkling van 'n EKG: Rustend	6	152.82					
1231	Physician's fee for interpreting an ECG: With and without effort • Internis se gelde vir vertolkling van 'n EKG: Met en sonder inspanning	10	254.70					
1232	Electrocardiogram: Without effort • Elektrokardiogram: Rustend	9	229.23	9	229.23			
1233	Electrocardiogram: With and without effort • Elektrokardiogram: Met en sonder inspanning	13	331.11	13	331.11			
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus • Inspannings-elektrokardiogram met behulp van 'n spesiale fiets-ergometer, monitorapparaat en beskikbaarheid van geassosieerde apparaat	40	1 018.80	40	1 018.80			
1235	Multi-stage treadmill • Meerfasige trapmeutoets	80	1 528.20	80	1 528.20			
1241	X-ray screening (Chest) • X-straaldeurfigting (Borskas)	4	101.88	4	101.88			
1245	Angiography cerebral: First two series • Angiografie serebraal: Eerste twee reekse	34.3	873.62	34.3	873.62	4	476.08	+T
1246	Angiography peripheral: Per limb • Angiografie perifeer: Per ledemaat	25	636.75	25	636.75	4	476.08	+T
1248	Paracentesis of pericardium • Parasentese van perikardium	50	1 273.50	50	1 273.50	9	1071.18	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6.3	Cardiac surgery • Hartchirurgie							
1311	Pericardial drainage • Dreinerings van perikardium	140	3 565.80	120	3 056.40	13	1547.26	+T
6.3.1	Open heart surgery • Opehart-chirurgie							
1322	Attendance at other operations for monitoring at bedside, by physician heart block, etc: Per hour • Bystand by ander operasies, en toesighouding by siekbed deur internis by vir 'n hartblok, ens.: Per uur	20	509.40					
6.4	Peripheral vascular system • Perifere vasculêre sisteem							
6.4.2	Arterio-venous abnormalities • Arterio-veneuse afwykings							
1369	Fistula or aneurysm (as for grafting of various arteries) • Fistel of aneurisme (soos vir transplantasie van arteriële)							
6.4.3	Arteries • Arteries							
6.4.3.1	Aorta-iliac and major branches • Aorta-iliac en groot takke							
1373	Abdominal aorta and iliac artery: Ruptured • Abdominale aorta en arteria iliaca: Geruptuur	600	15 282.00	480	12 225.60	15	1785.30	+T
6.4.3.2	Iliac artery • Arteria iliaca							
1379	Prosthetic grafting and/or Thrombo-endarterectomy • Implanting van protese en/of Trombo-endarterektomie	300	7 641.00	240	6 112.80	13	1547.26	+T
6.4.3.3	Peripheral • Perifere							
1385	Prosthetic grafting • Implanting van protese	255	6 494.85	204	5 195.88	5	595.10	+T
1387	Vein grafting proximal to knee joint • Vena transplantasie bokant kniegewrig	300	7 641.00	240	6 112.80	5	595.10	+T
1388	Vein grafting distal to knee joint • Vena transplantasie onderkant kniegewrig	444	11 308.68	355.2	9 046.94	5	595.10	+T
1389	Endarterectomy when not part of another specified procedure • Endarterektomie wanneer nie 'n deel van 'n ander gespesifiseerde prosedure nie	264	6 724.08	211.2	5 379.26	5	595.10	+T
1393	Embolectomy: Peripheral embolectomy transthemorale • Embolektomie: Perifere transthemorale embolektomie	168	4 278.96	134.4	3 423.17	5	595.10	+T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma • Diverse arteriële prosedures: Hegting van arterie: Trauma	125	3 183.75	100	2 547.00	5	595.10	+T
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure) • Hegting van groot bloetvaat (arterie of vena) - trauma (groot bloedete word omskryf as aorta innominate arterie, karotis arterie, en vertebrale arterie subklaviese arterie, axillêre arterie, ilaka arterie, gewone femorale en popliteale arterie. Die femorale en popliteale arterie word ingesluit as gevolg van die onbereikbaarheid van die arteries en moeilike chirurgiese blootlegging).	264	6 724.08	211.2	5 379.26	15	1785.30	+T
1397	Profoundoplasty • Profundoplastie	210	5 348.70	168	4 278.96	5	595.10	+T
1399	Distal tibial (ankle region) • Tibiaal distaal (naby enkel)	456	11 614.32	364.8	9 291.46	5	595.10	+T
1401	Femoro-femoral • Femoro-femoraal	254	6 469.38	203.2	5 175.80	5	595.10	+T
1402	Carotid-subclavian • Carotis-subklavies	288	7 335.36	230.4	5 868.29	8	952.16	+T
1403	Axillo-femoral (Bifemoral + 50% of the fee) • Aksillo-femoraal (Bifemoraal + 50% van die fee)	288	7 335.36	230.4	5 868.29	8	952.16	+T

		Specialist Spesialis		General practitioner Algemene Praktisiern		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
6.4.4	Veins • Venas							
1407	Ligation of saphenous vein • Afbinding van vena saphena	50	1 273.50	50	1 273.50	3	357.06	+T
1408	Placement of Hickman catheter or similar • Inplanting van Hickman kateter of soortgelyk	91	2 317.77	91	2 317.77	4	476.08	+T
1410	Ligation of inferior vena cava: Abdominal • Afbinding van vena cava inferior: Abdominaal	180	4 584.60	144	3 667.68	8	952.16	+T
1412	Umbrella operation on inferior vena cava: Abdominal • Sambreëloperasie op vena cava inferior: Abdominaal	100	2 547.00	100	2 547.00	8	952.16	+T
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral • Gekombineerde prosedure vir spatare: Afbinding van vena saphenous stripping, veelvuldige afbinding van perforerende venas soos aangedui: Afbinding van vena cava inferior: Unilateraal	141	3 591.27	120	3 056.40	3	357.06	+T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral • Gekombineerde prosedure vir spatare: Afbinding van vena saphenous stripping, veelvuldige afbinding van perforerende venas soos aangedui: Afbinding van vena cava inferior: Bilateraal	247	6 291.09	197.6	5 032.87	3	357.06	+T
1417	Extensive sub-fascial ligation of perforating veins • Uitgebreide sub-fasiale afbinding van perforerende venas	125	3 183.75	120	3 056.40	3	357.06	+T
1419	Lesser varicose vein procedure • Klein spatare prosedures	31	789.57	31	789.57	3	357.06	+T
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine injections per leg (excluding cost of material) • Skleroserende inspuiting met kompresie vir spatare: Per inspuiting tot 'n maksimum van nege inspuitings per been (kosse van materiaal uitgesluit)	9	229.23	9	229.23			
1425	Thrombectomy: Inferior vena cava (Trans-abdominal) • Trombektomie: Vena cava inferior (Transabdominaal)	240	6 112.80	192	4 890.24	11	1309.22	+T
1427	Thrombectomy: Ilio-femoral • Trombektomie: Ilio-femoraal	175	4 457.25	140	3 565.80	6	714.12	+T
7.	LYMPHO RETICULAR SYSTEM • LIMFO RETIKULÊRE STELSEL							
7.1	Spleen • Milt							
1435	Splenectomy (trauma) • Splenektomie (trauma)	221.3	5 636.51	177.04	4 509.21	9	1071.18	+T
1457	Bone marrow biopsy: By trephine • Beenmurg biopsie: Deur middel van trefien	13	331.11	13	331.11	3	357.06	+T
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula • Beenmurg biopsie: Eenvoudige aspirasie van murg trokar of kannula	8	203.76	8	203.76			
8.	DIGESTIVE SYSTEM • SPYSVERTERINGSTELSEL							
8.1	Oral cavity • Mondholte							
1467	Drainage of infra-oral abscess • Dreinerings van abses in die mondholte	31	789.57	31	789.57	4	476.08	+T
1483	Alveolar periosteal or other flaps for arch closure • Alveolêre periosteale of ander flappe vir boog sluiting	138	3 514.86	120	3 056.40	4	476.08	+T
8.2	Lips • Lippe							
1485	Local excision of benign lesion of lip • Lokale uitsnyding van goedaardige letsels van lip	27	687.69	27	687.69	4	476.08	+T
1499	Lip reconstruction following an injury: Directed repair • Liprekonstruksie na besering: Direkte herstel	105.6	2 689.63	105.6	2 689.63	4	476.08	+T
1501	Lip reconstruction following an injury only: Flap repair • Liprekonstruksie slegs na besering: Flap herstel	206	5 246.82	164.8	4 197.46	4	476.08	+T
1503	Lip reconstruction following an injury only: Total reconstruction (first stage) • Liprekonstruksie slegs na besering: Totale rekonstruksie (eerste stadium)	206	5 246.82	164.8	4 197.46	4	476.08	+T
1504	Lip reconstruction following an injury only: Subsequent stages (see item 0297) • Liprekonstruksie slegs na besering: Daaropvolgende stadiums (Sien item 0297)	104	2 648.88	104	2 648.88	4	476.08	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
8.3	Tongue • Tong							
1505	Partial glossectomy • Gedeeltelike glossektomie	225	5 730.75	180	4 584.60	6	714.12	+T
1507	Local excision of lesion of tongue • Lokale uitsnyding van letsel van tong	27	687.69	27	687.69	4	476.08	+T
8.4	Palate, uvula and salivary gland • Verhemelte, uvula en speekselklier							
1526	Total parotidectomy with preservation of facial nerve • Totale verwydering van parotis met behoud van facialis senuwee	358.5	9 131.00	286.8	7 304.80	5	595.10	+T
1531	Drainage of parotid abscess • Dreinerings van parotissabses	25	636.75	25	636.75	4	476.08	+T
8.5	Oesophagus • Oesofagus							
1545	Oesophagoscopy with rigid instrument: First and subsequent • Oesofagoskopie met onbuigbare instrument: Eerste en herhaal	47	1 197.09	47	1 197.09	4	476.08	+T
1550	Oesophagoscopy with removal of foreign body • Oesofagoskopie met verwydering van vreemde voorwerp	70	1 782.90	70	1 782.90	4	476.08	+T
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure • Hiatusbreuk en diafragmaatiese breukherstel: Met anti-refluksprosedure	300	7 641.00	240	6 112.80	11	1309.22	+T
1565	Hiatus hernia and diaphragmatic hernia repair: With Collins Nissen oesophageal lengthening procedure • Hiatusbreuk en diafragmaatiese breukherstel: Met Collins Nissen esofagusverlenging	350	8 914.50	280	7 131.60	11	1309.22	+T
8.6	Stomach • Maag							
1587	Upper gastro-intestinal endoscopy: Using hospital equipment • Boorste gastro-intestinale endoskopie: Hospitaaltoerusting	48.75	1 241.66	48.75	1 241.66	4	476.08	+T
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictor and/or sclerotherapy (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653) • Endoskopiese beheer van gastro-intestinale bloeding van boonste gastro-intestinale weg, derms, of dikdarm d.m.v. inspuiting van vatvernouers en/of sklerose (endoskopiese hemostase): voeg by gastroskopie (item 1587) of kolonoskopie (item 1653)	+ 34	865.98	34	865.98	6	714.12	+T
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (item 1587) • Plus verwydering van vreemde voorwerpe (maag): VOEG BY gastro-intestinale endoskopie (item 1587)	+ +25	636.75	+25	636.75	4	476.08	+T
1597	Gastrostomy or Gastrostomy • Gastrostomie of Gastrostomie	147.5	3 756.83	120	3 056.40	6	714.12	+T
1615	Suture of perforated gastric or duodenal ulcer or wound or injury • Hegting van gepeperforeerde maag- of duodenale ulkus of van wond of besering	200	5 094.00	160	4 075.20	7	833.14	+T
1617	Partial gastrectomy • Gedeeltelike gastrektomie	328.3	8 361.80	262.64	6 689.44	7	833.14	+T
1619	Total gastrectomy • Totale gastrektomie	384.43	9 791.43	307.54	7 833.04	7	833.14	+T
8.7	Duodenum • Duodenum							
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy) • Endoskopiese ondersoek van die dunderm verder as die duodenojejunale fleksuur met biopsie met of sonder stopsetting van bloeding (enteroskopie)	120	3 056.40	120	3 056.40	6	714.12	+T
1627	Duodenal intubation (under X-ray screening) • Duodenale intubasie (met X-straal deurligting)	8	203.76					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
8.8	Intestines • Dermkanaal							
1634	Enterotomy or Enterostomy • Enterotomie of Enterostomie	202.6	5 160.22	162.08	4 128.18	6	714.12	+T
1637	Operation for relief of intestinal obstruction • Operasie vir verligting van intestinale obstruksie	240	6 112.80	192	4 890.24	7	833.14	+T
1639	Resection of small bowel with enterostomy or anastomosis • Reseksie van dunderm met enterostomie of anastomose	244.9	6 237.60	195.92	4 990.08	6	714.12	+T
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (item 0201 applicable for video capsule - disposable single patient use) - (Please note: All patients should have had a normal gastroscopy and colonoscopy) • Spysverteringskanaal beelding, intraluminaal (bv. video kapsule endoskopies): verhuur van apparaat (item 0201 vir videokapsule - wegdoenbaar) - (Neem asb kennis dat die pasiënt moet presenteer met 'n normale gastroskopiese en kolonoskopiese ondersoek	150	3 820.50	120	3 056.40			
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report • Spysverteringskanaal beelding, intraluminaal (bv. video kapsule endoskopies), oesofagus deur tot ileum: Interpretasie en verslag deur die geneesheer wat die prosedure uitgevoer het.	90	2 292.30	90	2 292.30			
1645	Suture of intestine (small or large): Wound or injury • Hegting van dem (dun of dik): Wond of besering	185.2	4 717.04	148.16	3 773.64	6	714.12	+T
1647	Closure of intestinal fistula • Sluiting van intestinale fistel	258	6 571.26	206.4	5 257.01	6	714.12	+T
1657	Right or left hemicolectomy or segmental colectomy • Regter of linker-hemikolektomie of segmentele kolektomie	325	8 277.75	260	6 622.20	6	714.12	+T
1661	Colectomy: including removal of foreign body • Kolektomie: Verwydering van vreemde voorwerp ingeslote	205.7	5 239.18	164.56	4 191.34	6	714.12	+T
1663	Total colectomy • Totale kolektomie	390	9 933.30	312	7 946.64	6	714.12	+T
1665	Colostomy or ileostomy isolated procedure • Kolostomie of ileostomie losstaande prosedure	233.8	5 954.89	187.04	4 763.91	6	714.12	+T
1667	Colostomy: Closure • Kolostomie: Sluiting	179.1	4 561.68	143.28	3 649.34	5	595.10	+T
1668	Revision of ileostomy pouch • Hersiening van ileostomie sak	375	9 551.25	300	7 641.00	6	714.12	+T
8.10	Rectum and anus • Rektum en anus							
1677	Sigmoidoscopy: First and subsequent, with or without biopsy • Sigmoidoskopies: Eerste en daaropvolgende met of sonder biopsie	13	331.11	13	331.11	3	357.06	+T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy • Totale mesorektale uitsnyding met kolo-ale anastomose en enterostomie of kolostomie.	445	11 334.15	356	9 067.32	8	962.16	+T
1705	Incision and drainage of submucous abscess • Insnyding en dreinerig van perianale abces	40	1 018.80	40	1 018.80	3	357.06	+T
1707	Drainage of submucous abscess • Dreinerig van sub-mukusale abces	40	1 018.80	40	1 018.80	3	357.06	+T
1737	Dilatation of ano-rectal structure • Dilatasie van ano-rektale struktuur	12.5	318.38	12.5	318.38	3	357.06	+T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor • Bio-terugvoeropleiding vir fekale inkontinensie gedurende anorektale manometrie uitgevoer deur dokter	27	687.69					
8.11	Liver • Lewer							
1743	Needle biopsy of liver • Naaldbiopsie van lewer	30.3	771.74	30.3	771.74	3	357.06	+T
1745	Biopsy of liver by laparotomy • Biopsie van lewer deur laparotomie	125	3 183.76	120	3 056.40	4	476.08	+T
1747	Drainage of liver abscess • Dreinerig van lewerabces	179.1	4 561.68	143.28	3 649.34	7	833.14	+T
1748	Body composition measured by bio-electrical impedance • Liggaamsamestelling gemeet deur middel van bio-elektriese impedansie	3	76.41	3	76.41			
1749	Hemi-hepatectomy: Right • Hemi-hepatektomie: Regs	564	14 365.08	451.2	11 492.06	9	1071.18	+T
1751	Hemi-hepatectomy: Left • Hemi-hepatektomie: Links	521.1	13 272.42	416.88	10 617.93	9	1071.18	+T
1752	Extended right or left hepatectomy • Uitgebreide linker of regter hepatektomie	570.9	14 540.82	456.72	11 632.86	9	1071.18	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1753	Partial or segmental hepatectomy ● Gedeeltelike of segmentale hepatektomie	378	9 627.66	302.4	7 702.13	9	1071.18	+T
1757	Suture of liver wound or injury ● Hegting van lewerwond of besering	214.2	5 455.67	171.36	4 364.54	9	1071.18	+T
8.12	Biliary tract ● Galweë							
1763	With exploration of common bile duct ● Met eksplorاسie van choledochus	264.5	6 736.82	211.6	5 389.45	6	714.12	+T
1765	Exploration of common bile duct: Secondary operation ● Eksplorاسie van choledochus: Sekondêre operاسie	327.7	8 346.52	262.16	6 677.22	6	714.12	+T
1767	Reconstruction of common bile duct ● Rekonstruksie van choledochus	371.7	9 467.20	297.36	7 573.76	6	714.12	+T
8.13	Pancreas ● Pankreas							
1778	Endoscopic: Retrograde Cholangiopancreatography (ERCP): Endoscopy + Catheterisation of pancreas duct or choledochus ● Endoskopiese retrograde Retrograde Cholangiopancreatografie (ERCP): Endoskopiese + kateterisasie van pankreasbuis of choledochus	105.9	2 697.27	105.9	2 697.27	4	476.08	+T
1779	Endoscopic: retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778) ● Endoskopiese retrograde verwydering van stene soos vir galbuis en/of pankreatiese buis. Voeg by ERCP (item 1778)	+ 15.82	402.94	15.82	402.94	4	476.08	+T
1791	Local, partial or subtotal pancreatectomy ● Lokale, gedeeltelike of subtotale pankreatiekтомie	351.3	8 947.61	281.04	7 168.09	8	952.16	+T
1793	Distal pancreatectomy with internal drainage ● Distale pankreatiekтомie met interne dreinasie	377.4	9 612.38	301.92	7 589.90	8	952.16	+T
8.14	Peritoneal cavity ● Peritoneale holte							
1797	Pneumo-peritoneum: First ● Pneumoperitoneum: Eerste	13	331.11	13	331.11	4	476.08	+T
1799	Pneumo-peritoneum: Repeat ● Pneumoperitoneum: Daaropvolgende	6	152.82	6	152.82	4	476.08	+T
1800	Peritoneal lavage ● Peritoneale uitspoeling	20	509.40	20	509.40			
1801	Diagnostic paracentesis: Abdomen ● Diagnostiese parasentese: Buik	8	203.76	8	203.76			
1803	Therapeutic paracentesis: Abdomen ● Terapeutiese parasentese: Buik	13	331.11	13	331.11			
1807	Add to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027) ● Voeg by oop prosedure wanneer 'n prosedure deur 'n laparoskoop uitgevoer word (vir narkose verwys na wysiger 0027)	+ 45	1 146.15	45	1 146.15	5	595.10	+T
1809	Laparotomy ● Laparotomie	196	4 992.12	156.8	3 993.70	4	476.08	+T
1811	Suture of burst abdomen ● Hegting van gebarste abdomen	188.3	4 796.00	150.64	3 836.80	7	833.14	+T
1812	Laparotomy for control of surgical haemorrhage ● Laparotomie vir beheer van chirurgiese bloeding	105	2 674.35	105	2 674.35	9	1071.18	+T
1813	Drainage of sub-phrenic abscess ● Dreinerings van sub-freniese abses	180	4 584.60	144	3 667.68	7	833.14	+T
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal ● Dreinerings van ander intraperitoneale abses (appendiksabses uitgesluit): Transabdominaal	248.4	6 326.76	198.72	5 061.40	5	595.10	+T
1817	Transrectal drainage of pelvic abscess ● Transrektale dreinerings van bekkenabses	75	1 910.25	75	1 910.25	4	476.08	+T
9.	HERNIAE ● BREUKE							
1819	Inguinal or femoral hernia ● Inguinale of femorale breuk (trauma)	125	3 183.75	120	3 056.40	4	476.08	+T
1825	Recurrent inguinal or femoral hernia ● Herhalende inguinale of femorale breuk	155	3 947.85	124	3 158.28	4	476.08	+T
1827	Strangulated hernia or femoral hernia ● Gestranguleerde breuk of femorale breuk	238	6 061.86	190.4	4 849.49	7	833.14	+T
1831	Umbilical hernia ● Nabelbreuk	140	3 565.80	120	3 056.40	4	476.08	+T
1835	Incisional hernia ● Snitbreuk	166.8	4 248.40	133.44	3 398.72	4	476.08	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair) • Inplaas van wondgaas (mesh) of ander protese vir snit- of ventrale breuk herstel (Hef saam met die toepaslike prosedure kode vir snit- of ventrale breuk herstel)	+	77	1 961.19	77	1 961.19	4	476.08 +T
10. URINARY SYSTEM • URINEWEE								
10.1	Kidney • Nier							
1839	Renal biopsy, per kidney, open • Nierbiopsie, per nier, oop		71	1 808.37	71	1 808.37	5	595.10 +T
1841	Renal biopsy (needle) • Nierbiopsie (naald)		30	764.10	30	764.10	3	357.06 +T
1843	Peritoneal dialysis: First day • Peritoneale dialise: Eerste dag		33	840.51	33	840.51		
1845	Peritoneal dialysis: Every subsequent day • Peritoneale dialise: Elke daaropvolgende dag		33	840.51	33	840.51		
1847	Haemodialysis: Per hour or part thereof • Hemodialise: Per uur of gedeelte daarvan		21	534.87	21	534.87		
1849	Haemodialysis: Maximum: Eight hours • Hemodialise: Maksimum: Agt uur		168	4 278.96	134.4	3 423.17		
1851	Haemodialysis: Thereafter per week • Hemodialise: Daarna per week		55	1 400.85	55	1 400.85		
1852	Continuous haemodiafiltration per day in intensive or high care unit • Volgehoue haemodiafiltrasie per dag in intensiewe of hoë sorgseenheid		33	840.51	33	840.51		
1853	Primary nephrectomy • Primêre nefrektomie		225	5 730.75	180	4 584.60	5	595.10 +T
1855	Secondary nephrectomy • Sekondêre nefrektomie		267	6 800.49	213.6	5 440.39	5	595.10 +T
1863	Nephro-ureterectomy • Nefro-ureterektomie		305	7 768.35	244	6 214.68	5	595.10 +T
1865	Nephrotomy with drainage nephrostomy • Nefrotomie met dreineringsnefrostomie		189	4 813.83	151.2	3 851.06	6	714.12 +T
1873	Suture renal laceration (renotomy) • Hegting renalelaserasie (renotomie)		193	4 915.71	154.4	3 932.57	6	714.12 +T
1879	Closure of renal fistula • Sluiting van nierfistel		189	4 813.83	151.2	3 851.06	5	595.10 +T
1881	Pyeloplasty • Piëloplastie		252	6 418.44	201.6	5 134.75	5	595.10 +T
1885	Pyelolithotomy • Piëloliotomie		189	4 813.83	151.2	3 851.06	5	595.10 +T
1891	Perinephric abscess or renal abscess: Drainage • Perinefriesse abses of nierabses: Dreinasie		200	5 094.00	160	4 075.20	7	833.14 +T
10.2	Ureter • Ureter							
1897	Ureterorrhaphy: Suture of ureter • Ureterorrhie: Hegting van ureter		147	3 744.09	120	3 056.40	5	595.10 +T
1898	Ureterorrhaphy: Lumbar approach • Ureterorrhie: Deur middel van lendesnit		189	4 813.83	151.2	3 851.06	5	595.10 +T
1899	Ureteroplasty • Ureteroplastie		181	4 510.07	144.8	3 688.06	5	595.10 +T
1903	Ureterectomy only • Ureterektomie alleenlik		137	3 489.39	120	3 056.40	5	595.10 +T
1919	Closure of ureteric fistula • Sluiting van fistula van ureter		147	3 744.09	120	3 056.40	5	595.10 +T
1921	Immediate deligation of ureter • Onmiddellike losmaak van afbinding om ureter (deligasie)		147	3 744.09	120	3 056.40	5	595.10 +T
10.3	Bladder • Blaas							
1945	Installation of radio-opaque material for cystography or urethrocytography • Installeren van radio-opaak materiaal vir sistografie of uretrasistografie		5	127.35	5	127.35	3	357.06 +T
1949	Cystoscopy: Hospital equipment • Sistoskopie: Hospitaal toerusting		44	1 120.68	44	1 120.68	3	357.06 +T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral • En retrograde piëlografie of retrograde kateterisering van ureter: Unilateraal of bilateraal	+	10	254.70	10	254.70	3	357.06 +T
1952	J J Stent catheter • J J Stent kateter	+	44	1 120.68	44	1 120.68	3	357.06 +T
1954	Ureteroscopy • Ureteroskopies	+	35	891.45			3	357.06 +T
1959	With manipulation of ureteral calculus • Met manipulasie van uretersteen	+	20	509.40	20	509.40	3	357.06 +T
1961	With removal of foreign body or calculus from urethra or bladder • Met verwydering van vreemde voorwerp of kalkulus van uretra of blaas	+	20	509.40	20	509.40	3	357.06 +T
1964	And control of haemorrhage and blood clot evacuation • En kontroliering van bloeding en bloedklont ewakuasie	+	15	382.05	15	382.05	3	357.06 +T
1976	Optic urethrotomy • Optiese uretrotomie		80	2 037.60	80	2 037.60	3	357.06 +T
1979	Internal urethrotomy: Female • Interne uretrotomie: Vroulik		50	1 273.50	50	1 273.50	3	357.06 +T
1981	Internal urethrotomy: Male • Interne uretrotomie: Manlik		76.2	1 940.81	76.2	1 940.81	3	357.06 +T
1985	Transurethral resection of bladder neck: Female • Transureterale reseksie van blaasnek: Vroulik		105	2 674.35	105	2 674.35	5	595.10 +T
1986	Transurethral resection of bladder neck: Male • Transureterale reseksie van blaasnek: Manlik		125	3 183.75	120	3 056.40	5	595.10 +T
1987	Litholapaxy • Litolapsie		80	2 037.60	80	2 037.60	3	357.06 +T
1989	Cystometrogram • Sistometrogram		25	636.75	25	636.75	3	357.06 +T
1991	Fluorimetric bladder studies with videocystography • Vloeï-metriese blaasstudies met videosistografie		40	1 018.80	40	1 018.80	3	357.06 +T
1992	Without videocystography • Sonder videosistografie		25	636.75	25	636.75	3	357.06 +T
1993	Voiding cysto-urethrogram • Urinerings sisto-urethrogram		21	534.87	21	534.87	3	357.06 +T
1995	Percutaneous aspiration of bladder • Perkutane aspirasie van blaas		10	254.70	10	254.70	3	357.06 +T
1996	Bladder catheterisation - male (not at operation) • Blaas kateterisasie - manlik (nie tydens operasie)		6	152.82	6	152.82	3	357.06 +T
1997	Bladder catheterisation - female (not at operation) • Blaas kateterisasie - vroulik (nie tydens operasie)		3	76.41	3	76.41		
1999	Percutaneous cystostomy • Perkutane sistostomie		24	611.28	24	611.28	3	357.06 +T
2013	Diverticulectomy (independent procedure): Multiple or single • Divertikulektomie (onafhanklike prosedure): Veelvuldig of enkelevoudig		137	3 489.39	120	3 056.40	5	595.10 +T
2015	Suprapubic cystostomy • Suprapubiese sistostomie		67	1 706.49	67	1 706.49	5	595.10 +T
2035	Cutaneous vesicostomy • Kutane vesikostomie		118	3 005.46	118	3 005.46	5	595.10 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2039	Operation for ruptured bladder ● Operasie vir ruptuur van blaas	137	3 489.39	120	3 056.40	6	714.12	+T
2047	Drainage of perivesical or prevesical abscess ● Dreinerings van peri-vesikale of prevesikale absees	105	2 674.35	105	2 674.35	5	595.10	+T
2049	Evacuation of clots from bladder: Other than post-operative ● Verwydering van bloedklonte uit blaas: Post-operatief uitgesluit	132.10	3 364.59	120	3 056.40	3	357.06	+T
2050	Evacuation of clots from bladder: Post-operative ● Verwydering van bloedklonte uit blaas: Post-operatief					4	476.08	+T
2051	Simple bladder lavage: Including catheterisation ● Eenvoudige blaasspoeling: Kateterisasie ingesluit	12	305.84	12	305.84	3	357.06	+T
2058	(code moved to consultation section/kode geskuif na konsultasie afdeling)							
10.4	Urethra ● Uretra							
2063	Dilatation of urethra stricture: By passage sound: Initial (male) ● Dilatasie van striktuur van uretra: Eerste (manlik)	20	509.40	20	509.40	3	357.06	+T
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male) ● Dilatasie van striktuur van uretra: Opvolg (manlik)	10	254.70	10	254.70	3	357.06	+T
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male) ● Dilatasie van striktuur van uretra: D.m.v. 'n filiform en opvolger (manlik)	20	509.40	20	509.40	3	357.06	+T
2071	Urethromaphy: Suture of urethral wound or injury ● Uretroraie: Hegting van wond of besering van uretra	139	3 540.33	120	3 056.40	4	476.08	+T
2075	Urethraplasty: Pendulous urethra: First stage ● Uretraplastie: Pendulose uretra: Eerste stadium	71	1 808.37	71	1 808.37	4	476.08	+T
2077	Urethraplasty: Pendulous urethra: Second stage ● Uretraplastie: Pendulose uretra: Tweede stadium	145	3 693.15	120	3 056.40	4	476.08	+T
2081	Reconstruction or repair of male anterior urethra (one stage) ● Rekonstruksie of herstel van anterior manlike uretra (een stadium)	261.6	6 562.95	209.28	5 330.36	4	476.08	+T
2083	Reconstruction or repair of prostatic or membranous urethra: First stage ● Rekonstruksie of herstel van prostatiese of membraneuse uretra: Eerste stadium	168	4 278.96	134.4	3 423.17	6	714.12	+T
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage ● Rekonstruksie of herstel van prostatiese of membraneuse uretra: Tweede stadium	168	4 278.96	134.4	3 423.17	6	714.12	+T
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage ● Rekonstruksie of herstel van prostatiese of membraneuse uretra: Indien dit 'n een stadium operasie is	294	7 488.18	235.2	5 990.54	6	714.12	+T
2095	Drainage of simple localised perineal urinary extravasation ● Dreinerings van eenvoudige geïkalisierde perineale urinêre ekstrasvasie	128.8	3 280.54	120	3 056.40	5	595.10	+T
2097	Drainage of extensive perineal and/or abdominal urinary extravasation ● Dreinerings van uitgebreide perineale en/of abdominale urinêre ekstrasvasie	137	3 489.39	120	3 056.40	5	595.10	+T
2103	Simple urethral meatotomy ● Eenvoudige uretrale meatotomie	26.3	669.86	26.3	669.86	3	357.06	+T
2105	Incision of deep peri-urethral abscess: Female ● Insnyding van diep peri-uretrale absees: Vroulik	123.1	3 135.36	120	3 056.40	3	357.06	+T
2107	Incision of deep peri-urethral abscess: Male ● Insnyding van diep peri-uretrale absees: Manlik	123.1	3 135.36	120	3 056.40	3	357.06	+T
2109	Badenoch pull-through for intractable stricture or incontinence ● Badenoch deurtrek operasie vir moeilike striktuur of inkontinensie	181	4 610.07	144.8	3 688.06	5	595.10	+T
2111	External sphincterotomy ● Eksterne stinkterotomie	108	2 750.76	108	2 750.76	5	595.10	+T
2115	Operation for correction of male urinary incontinence with or without introduction of prosthesis (excluding cost of prosthesis) ● Operasie vir regstel van manlike urinêre inkontinensie met of sonder die aanbring van protese (sonder koste van protese)	168	4 278.96	134.4	3 423.17	5	595.10	+T
2116	Urethral meatoplasty ● Uretrale meatoplastiek	101.5	2 585.21	101.50	2 585.21	3	357.06	+T
2117	Closure of urethrostomy or urethrocutaneous fistula (independent procedure) ● Sluiting van uretrostomie of uretrokutane fistel (onafhanklike prosedure)	150.3	3 828.14	120.24	3 062.51	3	357.06	+T
11.	MALE GENITAL SYSTEM ● MANLIKE							
11.1	Penis ● Penis							
2141	Reconstructive operation for insertion of prosthesis ● Rekonstruktiewe operasie vir inplaaas van protese	101	2 572.47	101	2 572.47	3	357.06	+T
2147	Reconstructive operation of penis: for injury: Including fracture of penis and skin graft if required ● Rekonstruktiewe operasie op penis: vir 'n besering: Insluitende fraktuur van penis en veloorplanting indien nodig	168	4 278.96	134.4	3 423.17	3	357.06	+T
11.2	Testis and epididymis ● Testis en epididimis							
2191	Orchiectomy (total or subcapsular): Unilateral ● Orgidektomie (totaal of subkapsulêr): Unilateraal	98	2 496.06	98	2 496.06	3	357.06	+T
2193	Orchiectomy (total or subcapsular): Bilateral ● Orgidektomie (totaal of subkapsulêr): Bilateraal	147	3 744.09	120	3 056.40	3	357.06	+T
2213	Suture or repair of testicular injury ● Hegting of herstel van besering van testis	110.3	2 809.34	110.3	2 809.34	4	476.08	+T
2215	Incision and Drainage of testis or epididymis e.g. abscess or haematoma ● Insnyding en dreinerings van testis of epididimis bv. absees of hematoom	90	2 292.30	90	2 292.30	4	476.08	+T
2227	Incision and drainage of scrotal wall abscess ● Insnyding en dreinerings van skrotumwandabsees	42.7	1 087.57	42.7	1 087.57	3	357.06	+T
11.3	Prostate ● Prostaat							
2245	Trans-urethral resection of prostate ● Trans-uretrale reseksie van prostaat	252	6 418.44	201.6	5 134.75	6	714.12	+T
14.	NERVOUS SYSTEM ● SENUWEESTELSE							

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
14.1	Diagnostic procedures • Diagnostiese prosedures							
2709	Full spinogram including bilateral median and posterior-tibial studies • Volledige spinogram wat bilaterale medianus en tibialis posterior studies insluit	140	3 565.80					
2711	Electro-encephalography; Taking of record • Elektro-enkefalografie: Naem van rekord	36.10	919.47	36.10	919.47			
2712	Electro-encephalography - Interpretation • Elektro-enkefalografie - interpretasie	24	611.28	24	611.28			

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications ● Spinale (lumbale) punksie. Vir diagnose, of dreinasië van spinale vloeistof of vir terapeutiese indikasies	18.4	468.66	18.4	468.66			
2714	Cisternal puncture and/or intrathecal injections ● Sisternale punksie en/of intratekale inspuitings	15	382.05	15	382.05			
2717	Electromyography: First ● Elektromiografie: Eerste	75	1 910.25	75	1 910.25			
2718	Electromyography: Subsequent ● Elektromiografie: Opvolg	75	1 910.25	75	1 910.25			
2725	Angiography carotis: Unilateral ● Angiografie karotis: Unilateraal	25	636.75	25	636.75	4	476.08	+T
2726	Angiography carotis: Bilateral ● Angiografie karotis: Bilateraal	44	1 120.68	44	1 120.68	4	476.08	+T
2727	Vertebral artery: Direct needling ● Vertebrale arterie: Direkte benaalding	50	1 273.50	50	1 273.50	4	476.08	+T
2729	Vertebral catheterisation ● Vertebrale kateterisasie	50	1 273.50	50	1 273.50	4	476.08	+T
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure) ● Lugensefalografie en posterior fossa tomografie: Insuitt van lug (alleenstaande prosedure)	14.5	369.32			4	476.08	+T
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen ● Lugensefalografie en posterior fossa tomografie: Gesigsveldbepaling d.m.v. Bjerrum se skerm	7	178.29	7	178.29			
2739	Ventricular needling without burring: Tapping only ● Ventrikelpunksie, sonder boorgate: Slegs aftapping	16	407.52	16	407.52	4	476.08	+T
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography ● Ventrikelpunksie, sonder boorgate: Plus inslasing van lug en/of kontrasmiddel vir ventrikulografie	43	1 095.21	43	1 095.21	4	476.08	+T
2743	Subdural tapping: First sitting ● Subdurale aftapping: Eerste keer	15	382.05	15	382.05	4	476.08	+T
2745	Subdural tapping: Subsequent ● Subdurale aftapping: Daaropvolgende keer	10	254.70	10	254.70	4	476.08	+T
14.2	Introduction of burr holes for ● Boorgate vir							
2747	Ventriculography ● Ventrikulografie	150	3 820.50	120	3 056.40	8	952.16	+T
2749	Catheterisation for ventriculography and/or drainage ● Kateterisering vir ventrikulografie en/of dreinerings	150	3 820.50	120	3 056.40	8	952.16	+T
2753	Subdural haematoma ● Subdurale hematoom	150	3 820.50	120	3 056.40	8	952.16	+T
2755	Subdural empyema ● Subdurale empiëem	150	3 820.50	120	3 056.40	8	952.16	+T
2757	Brain abscess ● Breinabses	150	3 820.50	120	3 056.40	8	952.16	+T
14.3	Nerve procedures ● Senuwee prosedures							
2765	Nerve conduction studies (see items 0733 and 3285) ● Senuweegeleidingstudies (sien items 0733 en 3285)	26	662.22	26	662.22	4	476.08	+T
14.3.1	Nerve repair of suture ● Senuwee herstel van hegting							
2767	Suture Brachial Plexus (see also items 2837 and 2839) ● Hegting Brachiale Plexus (sien items 2837 en 2839)	300	7 641.00	240	6 112.80	6	714.12	+T
2769	Suture: Large nerve: Primary ● Hegting: Groot senuwee: Primêr	134	3 412.98	120	3 056.40	5	595.10	+T
2771	Suture: Large nerve: Secondary ● Hegting: Groot senuwee: Sekondêr	202	5 144.94	161.60	4 115.95	5	595.10	+T
2773	Suture: Digital nerve: Primary ● Hegting: Digitale senuwee: Primêr	65	1 655.55	65	1 655.55	3	357.06	+T
2775	Suture: Digital nerve: Secondary ● Hegting: Digitale senuwee: Sekondêr	96	2 445.12	96	2 445.12	3	357.06	+T
2777	Nerve graft: Simple ● Senuwee-transplantaat: Eenvoudig	202	5 144.94	161.6	4 115.95	4	476.08	+T
2779	Fascicular: First fasciculus ● Fassikulêr: Eerste fassikulus	202	5 144.94	161.6	4 115.95	4	476.08	+T
2781	Fascicular: Each additional fasciculus ● Fassikulêr: Elke bykomende fassikulus	50	1 273.50	50	1 273.50	4	476.08	+T
2783	Fascicular: Nerve flap: To include all stages ● Fassikulêr: Senuweeflap: Alle stadia ingesluit	224	5 705.28	179.2	4 564.22	4	476.08	+T
2787	Fascicular: Grafting of facial nerve ● Fassikulêr: Oorplanting van nervus facialis	215	5 476.05	172	4 380.84	5	595.10	+T
14.3.2	Neurectomy ● Neurektomie							
2795	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, one level (unilateral or bilateral) ●	45.4	1 156.34	45.4	1 156.34	5	595.10	+T
2796	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, lumbar spine/sacral, each additional level each additional level (unilateral or bilateral) ●	+ 16.3	415.16	16.3	415.16	5	595.10	+T
2797	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, one level (unilateral or bilateral) ●	44	1 120.68	44	1 120.68	5	595.10	+T
2798	Procedures for pain relief: Paravertebral facet joint nerve: Destruction by neurolytic agent, cervical/thoracic, each additional level (unilateral or bilateral) ●	+ 15	382.05	15	382.05	5	595.10	+T
2799	Intrathecal injections for pain ● Intratekale inspuitings vir pyn	36	916.92	36	916.92	4	476.08	+T
2800	Plexus nerve block - as part of treatment refer to annexure c on the back of this gazette (motivation to be supplied by treating doctor) ● Pleksus senuweeblok - as deel van behandeling (motivering moet verskaf word deur verwysende dokter)	36	916.92	36	916.92			Fees as for specialist/Gekke soos vir spesials

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
2801	Epidural injection, plexus nerve block or peripheral nerve block for pain refer to annexure c on the back of this gazette, motivation to be supplied by treating doctor (see modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic) • Epidurale inspuiting, plexus senuweeblok of perifere senuweeblok vir pyn (sien wysiger 0045 vir post-operatiewe pynverligting) (verwys na wysiger 0021 vir epidurale narkose)	36	916.92	36	916.92			Fees as for specialist/Gelde soos vir spesialis
2802	Peripheral nerve block - as part of treatment (motivation to be supplied) • Perifere senuweeblok - as deel van behandeling (motivering moet verskaf word)	25	636.75	25	636.75			Fees as for specialist/Gelde soos vir spesialis
2803	Alcohol injection in peripheral nerves for pain: Unilateral • Alkohol inspuiting in perifere senuwees vir pyn: Unilateraal	20	509.40	20	509.40	3		357.06 +T
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique) To be used only with items 2799, 2800, 2801 or 2802 • Implasing van indwylende senuwee kateter (sluit verwydering van kateter in) (nie vir bolus tegniek) Slegs vir gebruik saam met items 2799, 2800, 2801 of 2802	+ 10	254.70	10	254.70			Fees as for specialist/Gelde soos vir spesialis
2805	Alcohol injection in peripheral nerves for pain: Bilateral • Alkohol inspuiting in perifere senuwees vir pyn: Bilateraal	35	891.45	35	891.45	3		357.06 +T
2809	Peripheral nerve section for pain • Perifere senuwee-deursnyding vir pyn	45	1 146.15	45	1 146.15	3		357.06 +T
2815	Excision interdigital neuroma - Morton • Eksisie Interdigitale neuroom - Morton	82.3	2 096.18	82.3	2 096.18	3		357.06 +T
2825	Excision: Neuroma: Peripheral • Eksisie: Neuroom: Perifeer	109.5	2 788.97	109.5	2 788.97	3		357.06 +T
14.3.3	Other nerve procedures • Ander senuwee prosedures							
2827	Transposition of ulnar nerve • Transposisionering van nervus ulnaris	100	2 547.00	100	2 547.00	3		357.06 +T
2829	Neurolysis: Minor • Neurolyse: Klein	51	1 298.97	51	1 298.97	3		357.06 +T
2831	Neurolysis: Major • Neurolyse: Groot	132	3 362.04	120	3 056.40	3		357.06 +T
2833	Neurolysis: Digital • Neurolyse: Digitaal	96	2 445.12	96	2 445.12	3		357.06 +T
2835	Scalenotomy • Skalotomie	132	3 362.04	120	3 056.40	6		714.12 +T
2837	Brachial plexus, suture or neurolysis (item 2767) • Brachiaal pleksus, hegting of neurolyse (item 2767)	300	7 641.00	240	6 112.80	6		714.12 +T
2839	Total brachial plexus exposure with graft, neurolysis and transplantation • Totale brachiaal pleksus blootlegging met oorplanting, neurolyse en transplantaat	895.2	22 800.74	716.16	18 240.50	6		714.12 +T
2841	Carpal Tunnel • Karpaaltouneel	64	1 630.08	64	1 630.08	3		357.06 +T
2843	Lumbar sympathectomy: Unilateral • Lumbale simpatetektomie: Unilateraal	153	3 896.91	122.4	3 117.53	4		476.08 +T
2845	Lumbar sympathectomy: Bilateral • Lumbale simpatetektomie: Bilateraal	268	6 825.96	214.4	5 460.77	6		714.12 +T
2849	Sympathetic block: Other levels: Unilateral • Simpatiese senuweeblok: Ander vlakke: Unilateraal	20	509.40	20	509.40	3		357.06 +T
2851	Sympathetic block: Other levels: Bilateral • Simpatiese senuweeblok: Ander vlakke: Bilateraal	35	891.45	35	891.45	3		357.06 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
14.4	Skull procedures • Skedelprosedures							
2869	Repair of depressed fracture of skull: Without brain laceration: Major • Herstel van ingedrewe skedelfraktuur: Sonder skeuring van hersings: Groot	200	5 094.00	160	4 075.20	8	952.16	+T
2860	Repair of depressed fracture of skull: Without brain laceration: Small • Herstel van ingedrewe skedelfraktuur: Sonder skeuring van hersings: Klein	170	4 329.90	136	3 463.92	8	952.16	+T
2861	Repair of depressed fracture of skull: With brain lacerations: Small • Herstel van ingedrewe skedelfraktuur: Met skeuring van hersings: Klein	200	5 094.00	160	4 075.20	8	952.16	+T
2862	Repair of depressed fracture of skull: With brain lacerations: Major • Herstel van ingedrewe skedelfraktuur: Met skeuring van hersings: Groot	375	9 551.25	300	7 641.00	8	952.16	+T
2863	Cranioplasty • Kranioplastie	280	7 131.60	224	5 705.28	8	952.16	+T
2875	Theco-peritoneal C.S.F. shunt • Teko-peritoneale S.S.V. kortsluiting	280	7 131.60	224	5 705.28	8	952.16	+T
14.6	Aneurysm repair • Aneurisme herstel							
2876	Repair of aneurysm or arterio-venous anomalies (intracranial) • Herstel van aneurisme of arterio-veniese anomalieë (Intrakraniaal)	700	17 829.00	560	14 263.20	15	1785.30	+T
14.7	Posterior fossa surgery • Posterior fossa chirurgie							
2879	Glossopharyngeal nerve • Glosso-faringeale senuwee	480	12 225.60	384	9 780.48	6	714.12	+T
2881	Eighth nerve: Intracranial • Agtste kopsenuwee: Intrakraniaal	480	12 225.60	384	9 780.48	8	952.16	+T
2887	Eighth nerve: Vestibular nerve • Agtste kopsenuwee: Vestibulêre senuwee	480	12 225.60	384	9 780.48	9	1071.18	+T
14.7.1	Supratentorial procedures • Supratentoriale prosedures							
2899	Cranectomy for extra-dural haematoma or empyema • Kraniëktomie weens ekstradurale hematoom of empieën	375	9 551.25	300	7 641.00	11	1309.22	+T
14.8	Craniotomy for • Kraniotomie vir							
2900	Extra-dural orbital decompression • Ekstradurale orbitale dekompressie	700	17 829.00	560	14 263.20	11	1309.22	+T
2903	Abscess, glioma • Abses, glioom	450	11 461.50	360	9 169.20	11	1309.22	+T
2904	Haematoma, foreign body: Cerebral or cerebellar • Hematoom, vreemde voorwerpe: Serebraal of serebellêr	450	11 461.50	360	9 169.20	11	1309.22	+T
2905	Focal epilepsy: Excision of cortical scar • Fokale epilepsie: Uitsnyding van kortikale litteken	450	11 461.50	360	9 169.20	11	1309.22	+T
2906	With anterior fossa meningocoele and repair of bony skull defect • Met herstel anterior fossa meningoseel en sluiting van benige skedeldefek	375	9 551.25	300	7 641.00	11	1309.22	+T
2909	CSF-leaks • SSV-lekkasie	450	11 461.50	360	9 169.20	11	1309.22	+T
14.8.1	Stereo-tactic cerebral and spinal cord procedures • Sterio-taktiese serebrale en rugmurg prosedures							
2918	(code moved to consultation section/kode geskuif na konsultasie afdeling)							
14.9	Spinal operations • Spinale operasies							
2923	Chordotomy: Unilateral • Chordotomie: Unilateraal	178	4 533.66	142.4	3 626.93	3	357.06	+T+M
2925	Chordotomy: Open • Chordotomie: Oop	350	8 914.50	280	7 131.60	3	357.06	+T+M
2927	Rhizotomy: Extradural, but intraspinal • Risetomie: Extraduraal, maar intraspinaal	320	8 150.40	256	6 520.32	3	357.06	+T+M
2928	Rhizotomy: Intradural • Risetomie: Intraduraal	350	8 914.60	280	7 131.60	3	357.06	+T+M
2940	Lumbar osteophyte removal • Lumbale osteofiet verwydering	187	4 762.89	149.6	3 810.31	3	357.06	+T+M
2941	Cervical or thoracic osteophyte removal • Servikale of torakale osteofiet verwydering	285	7 258.95	228	5 807.16	3	357.06	+T+M
14.10	Arterial ligations • Arteriële afbinding							
2951	Carotis: Trauma • Karotis: Trauma	120	3 056.40	120	3 056.40	8	952.16	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Psychiatrist Psigiater		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyvns		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
14.11	Medical Psychotherapy • Mediese Psigoterapie							
2957	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per short session (20 minutes) • Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) - per kort sessie (20 minute)	20	509.40	16	407.52			
2974	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per intermediate session (40 minutes) • Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) per intermediêre sessie (40 minute)	40	1 018.80	32	815.04			
2975	Individual psychotherapy (specific psychotherapy with approved evidence based method) - per extended session (60 minutes or longer) • Individuele psigoterapie (spesifieke psigoterapie met goedgekeurde bewys metode) - per verlengde sessie (60 minute of langer)	60	1 528.20	48	1 222.56			
2958	DELETED 2009: Psychoanalytic therapy - per 60-minute session • GESKRAP 2009: Psigoanalitiese terapie - per 60-minute sessie							
14.12	Physical treatment methods • Fisiese behandelingsmetodes							
2970	Electro-convulsive treatment (ECT) - each time (see rule Va) • Elektro-konvulsiewe behandeling (EKB) - per keer (raadpleeg reël Va)	17	432.99	17	432.99	3	357.06	+T
2971	Intravenous anti-depressive medication through infusion - per push in (maximum 1 push in per 24 hours) / Binneaarsee anti-depressiewe medikasie deur infuus - per instoot (maksimum 1 instoot per 24 uur)	6	152.82					
14.13	Psychiatric examination methods • Psigiatriese ondersoekmetodes							
2972	Narco-analysis (maximum of 3 sessions per treatment) - per session • Narkoanalise (maksimum van 3 sessies per behandeling) - per sessie	24	611.28					
2973	Psychometry by Psychiatrist (specify examination) - per session (maximum of 3 sessions per examination) • Psigometrie deur Psigiater (spesifiseer ondersoek) - per sessie (maksimum van 3 sessies per ondersoek)	24	611.28					

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
15. GENERAL • ALGEMEEN								
3001	Implantation of pellets (excluding cost of material) (excluding aftercare) • Implantasie van pellets (koste van materiaal uitgesluit) (nasorg uitgesluit)	3	76.41	3	76.41			
16. EYE • OOG								
16.1	Procedures performed in rooms • Spreekkamerprosedures							
16.1.1	Eye investigations • Oogondersoeke Note: Not more than three (3) items in this section may be charged during one visit • Opmerking: 'n Maksimum van drie (3) items uit hierdie afdeling mag gedurende een besoek gehef word. Eye investigations and photography refer to one or both eyes except where otherwise indicated • Oogondersoeke en fotografie verwys na een of albei oë, behalwe waar anders aangetoon Material used is excluded • Materiaal gebruik word uitgesluit The tariff for photography is not related to the number of photographs taken • Die tarief vir fotografie het nie betrekking op die aantal foto's wat geneem word nie							
3002	Gonioscopy • Gonioskopie	7	178.29	7	178.29			
3003	Fundus contact lens or 90D lens examination (not to be charged with item 3004 and/or item 3012) • Fundus kontaklens of 90D lens ondersoek (mag nie gehef word saam met item 3004 en/of item 3012 nie)	7	178.29	7	178.29			
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012) • Perifere fundus ondersoek met indirekte oftalmoskoop (mag nie gehef word saam met item 3003 en/of item 3012 nie)	7	178.29	7	178.29			
3009	Basic capital equipment used in own rooms by Ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations • Basiese kapitaal apparaat gebruik in eie kamers deur oftalmoloë. Mag slegs tydens eerste en opvolgkonsultasies gehef word. Nie vir gebruik tydens na-operatiewe besoeke nie	+ 11.68	297.49	*				
3013	Ocular motility assessment: Comprehensive examination • Okulêre motiliteitsbepalings: Omvattende ondersoek	12	305.64	12	305.64			
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes) • Tonometrie per toets met maksimum van 2 toetse vir ukioktonometrie (een of albei oë)	7	178.29	7	178.29			
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations • Retinafunksie-bepaling insluitend refraksie na okulêre chirurgie (binne vier maande), maksimum twee ondersoeke	9	229.23	9	229.23			-
16.1.2	Special eye investigations • Spesiale oogondersoeke							
3015	Charting of visual field with manual perimeter • Kartering van gesigsveld met manuele periméter	28	713.16	28	713.16			
3016	Retinal threshold test without storage facilities • Retina drempeltoets sonder bergingstasilliete	30	764.10	30	764.10			
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs • Retina drempeltoets insluitende rekenaarskyfberging vir Delta of Statpak programme	74	1 884.78	74	1 884.78			
3018	Retinal threshold trend evaluation (additional to 3017) • Retina drempelverloop evaluasie (addisioneel tot 3017)	16	407.52	16	407.52			-
3020	Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery • Pagimetrie: Alleenlik wanneer eie instrument gebruik word per oog. Alleenlik as toevoeging tot kornea chirurgie	46	1 171.62	46	1 171.62			-
3025	Electronic tonography • Elektroniese tonografie	19	483.93	19	483.93			-
3027	Fundus photography • Fundusfotografie	21	534.87	21	534.87			-
3029	Anterior segment microphotography • Anterior-segment mikrofotografie	21	534.87	21	534.87			-
3031	Fluorescein angiography: One or both eyes • Fluorasien angiografie: Een of beide oë	45	1 146.15	45	1 146.15	4	476.08	+T
3032	Eyelid and orbit photography • Ooglid en orbit fotografie	9	229.23	9	229.23			-

		Specialist Spesiall		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3033	Interpretation of item 3031 referred by other clinician • Interpretasie van item 3031 verwys deur ander geneesheer	15	382.05	15	382.05			
3034	Determination of lens implant power per eye • Bepaling van lensimplantstuk sterkte per oog	15	382.05	15	382.05			
3035	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged • Wanneer 'n klein prosedure wat gewoonlik in die spreekkamer uitgevoer word 'n algemene narkose of die gebruik van 'n teater vereis, kan bykomende gelde gehef word	22	560.34	22	560.34			As per procedure/Soos per prosedure
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes) • Kornea topografie: alleenlik vir patologiese korneas met spesiale motivering. Vir refraktêre chirurgie: mag een maal pre-operatief en een maal post-operatief gehef word per sitting (vir een of beide oë)	36	916.92	36	916.92			
16.2	Retina • Retina							
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy • Chirurgiese behandeling van retinalosiating insluitende vervanging van vitreous uitsluitende vitrektomie	306.9	7 816.74	245.52	6 253.39	6		714.12 +T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye • Profylakse en behandeling van retina en choroid met krioterapie en/of diatermie en/of fotokoagulasie en/of laser per oog	105	2 674.35	105	2 674.35	6		714.12 +T
3041	Pan retinal photocoagulation (per eye), done in one sitting • Panretinale fotokoagulasie (per oog), in een sitting (Subsequent sittings: Modifier 0005) • (Daaropvolgende sittings: Wysiger 0005)	150	3 820.50	120	3 056.40	6		714.12 +T
3044	Removal of encircling band and/or buckling material • Verwydering van omsirkelende bande en/of induik-materiaal	105	2 674.35	105	2 674.35	6		714.12 +T
16.3	Cataract • Katarak							
3045	Intra-capsular extraction • Intra-kapsulêre ekstraksie	210	5 348.70	168	4 278.96	7		833.14 +T
3047	Extra-capsular (including capsulotomy) • Ekstra-kapsulêr (kapsulotomie ingesluit)	210	5 348.70	168	4 278.96	7		833.14 +T
3049	Insertion of lenticulus in addition to 3045 or 3047 (cost of lens excluded) Modifier 0005 not applicable • Implasing van lenticulus addisioneel tot 3045 of 3047 (kosse van lens uitgesluit) (Wysiger 0005 nie van toepassing nie)	57	1 451.79	57	1 451.79	7		833.14 +T
3050	Repositioning of intra ocular lens • Herposisionering van intra okulêre lens	171.10	4 357.92	136.88	3 486.33	7		833.14 +T
3051	Needling or capsulotomy • Benaalding of kapsulotomie	130	3 311.10	120	3 056.40	4		476.08 +T
3052	Laser capsulotomy • Laser kapsulotomie	105	2 674.35	105	2 674.35	4		476.08 +T
3057	Removal of lenticulus • Verwydering van lenticulus	210	6 348.70	168	4 278.96	7		833.14 +T
3058	Exchange of intra ocular lens • Vervanging van intra okulêre lens	236	6 010.92	188.8	4 808.74	7		833.14 +T
3059	Insertion of lenticulus when 3045 or 3047 was not executed (cost of lens excluded) • Implasing van lenticulus wanneer 3045 of 3047 nie uitgevoer is nie (kosse van lens uitgesluit)	210	5 348.70	168	4 278.96	7		833.14 +T
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only) • Gebruik van eie chirurgiese mikroskoop vir chirurgie of ondersoek (nie vir spleetlamp mikroskoop nie) (slegs vir gebruik deur oftalmoloe)	4	101.88					
16.4	Glaucoma • Glaukoom							
3061	Drainage operation • Dreineringsoperasie	247.6	6 306.37	198.08	5 045.10	6		714.12 +T
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061) • Implanting van voorkamerkepl/ seton in glaukoom (Addisioneel tot item 3061)	60	1 528.20	60	1 528.20	6		714.12 +T
3063	Cyclotherapy or cycloclathemy • Siklokrioterapie of siklodatermie	105	2 674.35	105	2 674.35	6		714.12 +T
3064	Laser trabeculoplasty • Laser trabekuloplastie	105	2 674.35	105	2 674.35	6		714.12 +T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3065	Removal of blood anterior chamber ● Verwydering van bloed van voorste kamer	105	2 674.35	105	2 674.35	4	476.08	+T
3067	Goniotomy ● Goniotomie	210	5 348.70	168	4 278.96	7	833.14	+T
16.5	Intra-ocular foreign body ● Vreemde voorwerp in oog							
3071	Intra-ocular foreign body: Anterior to Iris ● Vreemde voorwerp in oog: Anterior tot die Iris	127	3 234.69	120	3 056.40	4	476.08	+T
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina) ● Vreemde voorwerp in oog: Posterior tot die Iris (profielaktiese hittebehandeling van retina ingesluit)	210	5 348.70	168	4 278.96	6	714.12	+T
16.6	Strabismus ● Strabismus							
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Operasie op een of twee spiere	175.6	4 472.53	140.48	3 578.03	5	595.10	+T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Operasie op drie of vier spiere	200	5 094.00	160	4 075.20	5	595.10	+T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Daaropvolgende operasie een of twee spiere	120	3 056.40	120	3 056.40	5	595.10	+T
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles ● Strabismus (hetsy operasie uitgevoer op een of albei oë): Daaropvolgende operasie op drie of vier spiere	150	3 820.50	120	3 056.40	5	595.10	+T
16.7	Globe ● Oogbol							
3080	Examination of eyes under general anaesthetic where no surgery is done ● Ondersoek van oë onder algemene narkose waar 'n operasie nie gedoen word nie	80	2 037.60	80	2 037.60	4	476.08	+T
3081	Treatment of minor perforating injury ● Behandeling van minor perforasie besering	161.6	4 115.95	129.28	3 292.76	6	714.12	+T
3083	Treatment of major perforating injury ● Behandeling van major perforasie besering	267.5	6 813.23	214	5 450.58	6	714.12	+T
3085	Enucleation or Evisceration ● Enukleasie of Eviserasie	105	2 674.35	105	2 674.35	5	595.10	+T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis ● Enukleasie of Eviserasie met beweeglike implantstuk: Koste van implantstuk en protese uitgesluit	160	4 075.20	128	3 260.16	5	595.10	+T
3088	Hydroxyapatite insertion (Additional to item 3087) ● Hidroksilapetite Inplanting (Addisionele tot item 3087)	40	1 018.80	40	1 018.80	5	595.10	+T
3089	Subconjunctival injection if not done at time of operation ● Subkonjunktivale inspuiting indien nie tydens operasie gedoen nie	10	254.70	10	254.70	5	595.10	+T
3091	Retrobulbar injection (if not done at time of operation) ● Retrobulbêre inspuiting (indien nie gedoen tydens operasie)	16	407.52	16	407.52	4	476.08	+T
3092	External laser treatment for superficial lesions ● Eksterne laser behandeling vir oppervlakkige letsels	53	1 349.91	53	1 349.91			
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy ● Byvoeging van lug of gas in vitreous as 'n n-operatiewe prosedure of pneumoretinopeksie	130	3 311.10	120	3 056.40	7	833.14	+T
3097	Anterior vitrectomy ● Anterior vitrektomie	280	7 131.60	224	5 705.28	6	714.12	+T
3098	Removal of silicon from globe ● Verwydering van silikon uit oogbol	280	7 131.60	224	5 705.28	6	714.12	+T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement ● Posteriorvitrektomie insluitende anterior vitrektomie omsirkeling van oogbol en vervanging van vitreus	419	10 671.93	335.2	8 537.54	6	714.12	+T
3100	Lensectomy done at time of posterior vitrectomy ● Lensektomie gedoen saam met posterior vitrektomie	30	764.10	30	764.10	7	833.14	+T

		Specialist Specialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
16.8	Orbit • Oogkas							
3101	Drainage of orbital abscess • Drainering van orbitale abces	105	2 674.35	105	2 674.35	5	595.10	+T
3104	Removal orbital prosthesis • Vervyndering orbitale prostese	212.7	5 417.47	170.16	4 333.98	5	595.10	+T
3105	Exenteration • Eksenterasie	275	7 004.25	220	5 603.40	5	595.10	+T
3107	Orbitotomy requiring bone flap • Orbitotomie wat beenflap vereis	393	10 009.71	314.40	8 007.77	5	595.10	+T
3108	Eye socket reconstruction • Oogkasrekonstruksie	206	5 246.82	164.8	4 197.46	5	595.10	+T
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously • Hidroksiapetite implanting wanneer evisserasie of enukleasie reeds voorheen gedoen is	300	7 641.00	240	6 112.80	5	595.10	+T
3110	Second stage hydroxyapatite implantation • Tweede stadium hidroksiapetite implanting	110	2 801.70	110	2 801.70	5	595.10	+T
16.9	Cornea • Komea							
3111	Contact lenses: Assessment involving preliminary fittings and tolerance • Kortaktersberaming: Aanvanklike passings en toleransie	*		*				
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fittings of the contact lenses and further post-fitting visits for one year • Passing van kortakters en instruksie aan die pasient: Oog-onderzoek, eerste aanpas van kortakters en opvolgbesoeke vir een jaar ingesote	200	5 094.00	160	4 075.20			
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included • Passing van slegs een kortakters en instruksies aan die pasient: Oog-onderzoek, eerste pas van kortakters en opvolgbesoeke vir een jaar ingesote	166	4 228.02	132.8	3 382.42			
3116	Astigmatic correction with T cuts or wedge resection in pathological corneal astigmatism following trauma. Intra ocular surgery or penetrating keratoplasty • Astigmatiese korraksie met T snitte of wig reseksie in patologiese korneale astigmatisme na trauma. Intraokulêre chirurgie of korneale oorpanting.	135.2	3 443.54	120	3 056.40	6	714.12	+T
3117	Removal of foreign body: On the basis of fee per consultation • Vervyndering van vreemde voorwerp op die basis van gelde per konsultasie					4	476.08	+T
3118	Curettage of cornea after removal of foreign body(aftercare excluded) • Kurettasie van kornea na vervyndering van vreemde voorwerp (nasorg uitgesluit)	10	254.70	10	254.70			
3119	Tattooing • Tattoëring	26	662.22	26	662.22	4	476.08	+T
3121	Corneal graft (Lamellar or full thickness) • Korneale oorpanting (Lamellêr of volle dikte)	289	7 360.83	231.2	5 888.66	6	714.12	+T
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery • Inplaas van intra/korneale of intrasklerale prostese vir refraktiewe chirurgie	254	6 469.38	203.2	5 175.50	6	714.12	+T
3125	Keratotomy • Keratektomie	127	3 234.69	120	3 056.40	6	714.12	+T
3127	Cauterization of Cornea (by chemical, thermal or cryotherapy methods) • Kouterisasie van Komea (deur chemiese, termale of krioterapie metodes)	10	254.70	10	254.70	4	476.08	+T
3130	Pterygium or conjunctival cyst. No conjunctival flap or graft used • Pterigium of konjunktivale kiste. Geen konjunktivale flap of oorpanting.	96.9	2 466.04	96.9	2 466.04	4	476.08	+T
3131	Paracentesis • Parasentese	53	1 349.91	53	1 349.91	4	476.08	+T
3136	Conjunctival flap or graft. Not for use with pterygium surgery I Konjunktivale flap of oorpanting. Nie vir gebruik tydens pterigium chirurgie nie.	95.7	2 437.48	95.7	2 437.48	6	714.12	+T
16.10	Ducts • Buis							
3133	Probing and/or syringing, per duct • Sondering en/of deuspoeling per buis	10	254.70	10	254.70	4	476.08	+T
3135	Insert polythene tubes/stent: Unilateral: Additional • Inplasing van polieteenbuis of stent: Unilateraal: Addisioneel	51.8	1 319.35	51.8	1 319.35	4	476.08	+T
3137	Excision of lacrimal sac: Unilateral • Uitsnyding van traarsak: Unilateraal	132	3 362.04	120	3 056.40	4	476.08	+T
3139	Dacryocystostomy (single) with or without polythene tube • Dakriosistostomie (enkel) met of sonder polieteenbuis	210	5 348.70	168	4 278.96	5	595.10	+T
3141	Sealing Punctum surgical/cautery per eye • Toemaak van punktum chirurgies of met kouterisasie. Per oog.	24.9	634.20	24.9	634.20	4	476.08	+T
3142	Sealing Punctum with plugs. Per eye • Toemaak van punktum met proppe. Per oog	20	509.40	20	509.40	4	476.08	+T
3143	Three-snip operation • Driesnit-operasie	10	254.70	10	254.70	4	476.08	+T
3145	Repair of canaliculus: Primary procedure • Herstel van kanalikulus: Primêre prosedure	132	3 362.04	120	3 056.40	4	476.08	+T
3147	Repair of canaliculus: Secondary procedure • Herstel van kanalikulus: Sekondêre prosedure	175	4 457.25	140	3 565.80	4	476.08	+T
16.11	Iris • Irie							
3149	Iridectomy or iridotomy by open operation as isolated procedure • Iridektomie of iridotomie met oop operasie as geïsoleerde prosedure	132	3 362.04	120	3 056.40	4	476.08	+T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure) • Iridektomie of iridotomie met laser of fotokoagulasie as geïsoleerde prosedure (maksimum een prosedure)	105	2 674.35	105	2 674.35	4	476.08	+T
3157	Division of anterior synechiae as isolated procedure • Verdeling van anterior singeleë as geïsoleerde prosedure	132	3 362.04	120	3 056.40	4	476.08	+T
3158	Repair iris as in dialysis. Anterior chamber reconstruction • Herstel van iris soos in dialise. Anterior segment rekonstruksie	142.4	3 626.93	120	3 056.40	4	476.08	+T
16.12	Lids • Ooglede							

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AIDS HELPLINE: 0800-0123-22 Prevention is the cure

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3161	Tarsorrhaphy ● Tarsorrasie	47	1 197.09	47	1 197.09	4	476.08	+T
3165	Repair of skin laceration of the lid. Simple ● Herstel van vellaserasie van die ooglid. Eenvoudig.	27.3	695.33	27.3	695.33	4	476.08	+T
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material ● Ooglidoperasie vir fasiale senuweeverlamming, tarsorrasie ingesluit maar koste van materiaal uitgesluit	187	4 762.89	149.6	3 810.31	4	476.08	+T
16.12.1	Entropion or ectropion by ● Entropion of ektropion d.m.v.							
3177	Entropion or ectropion by cautery ● Entropion of ektropion d.m.v. kouterisasie	10	254.70	10	254.70	4	476.08	+T
3179	Entropion or ectropion by suture ● Entropion of ektropion d.m.v. hegting	49.4	1 258.22	49.4	1 258.22	4	476.08	+T
3181	Entropion or ectropion by open operation ● Entropion of ektropion d.m.v. oop operasie	111.5	2 839.91	111.5	2 839.91	4	476.08	+T
3183	Entropion or ectropion by free skin, mucosal grafting or flap ● Entropion of ektropion d.m.v. vry vel, slymvlies oorplanting of flap	122.6	3 122.62	120	3 056.40	4	476.08	+T
16.12.2	Reconstruction of eyelid ● Rekonstruksie van ooglid							
3185	Staged procedure for partial or total loss of eyelid: First stage ● Prosedures vir gedeeltelike of volledige verlies van ooglid: Eerste stadium	259	6 596.73	207.2	5 277.38	4	476.08	+T
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage ● Prosedures vir gedeeltelike of volledige verlies van ooglid: Daaropvolgende stadium	206	5 246.82	164.8	4 197.46	4	476.08	+T
3189	Full thickness eyelid laceration for injury: Direct repair ● Volle dikte ooglid laserasie as gevolg van besering: Direkte herstel	136.5	3 476.66	120	3 056.40	4	476.08	+T
3172	Blepharoplasty lower eyelid plus fat pad ● Blefaroplastie onderste ooglid met vet kussinkie	125.80	3 204.13	120	3 056.40	4	476.08	+T
3191	Blepharoplasty: Upper lid for improvement in function (unilateral) ● Blefaroplastie: Boonste ooglid om funksie te verbeter (unilateraal)	150.2	3 825.59	120.16	3 060.48	4	476.08	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
16.12.3	Ptosis • Ptose							
3193	Repair by superior rectus, levator or frontalis muscle operation • Herstel deur middel van superior rektus, ligespier of frontalespier operasie	190	4 839.30	152	3 871.44	4	476.08	+T
3195	Ptosis: By lesser procedure, e.g. sling operation: Unilateral • Ptose d.m.v. enige kleiner operasies, bv. draagbandoperasie: Unilateraal	137.6	3 504.67	120	3 056.40	4	476.08	+T
3197	Ptosis: By lesser procedure, e.g. sling operation: Bilateral • Ptose d.m.v. enige kleiner operasies, bv. draagbandoperasie: Bilateraal	166	4 228.02	132.8	3 382.42	4	476.08	+T
16.13	Conjunctiva • Konjunktiva							
3199	Repair of conjunctiva by grafting • Herstel van konjunktiva deur oorplanting	132	3 362.04	120	3 056.40	4	476.08	+T
3200	Repair of lacerated conjunctiva • Herstel van laserasie van konjunktiva	47	1 197.09	47	1 197.09	4	476.08	+T
16.14	General • Algemeen							
3196	Diamond knife: Use of own diamond knife during intraocular surgery • Diamantmes: Gebruik van eie diamantmes gedurende intraokulêre chirurgie	12	305.54					
3198	Excimer laser: Hire fee • Eksimer laser: Verhuuringsgelde	284.13	7 236.79					
3201	Laser apparatus (ophthalmic): hire fee for one or both eyes treated in one sitting (not to be used with IOL master) • Laser apparaat (opthalmies): verhuuringsgelde vir een of beide oe in een sitting behandel (Nie vir gebruik met IOL Master)	109	2 776.23					
3202	PHAKO emulsification apparatus (hire fee) • FAKO emulsifiseringsapparaat (verhuuringsgelde)	109	2 776.23					
3203	Vitrectomy apparatus (hire fee) • Vitrektomie apparaat (verhuuringsgelde)	120	3 056.40					
17.	EAR • OOR							
17.1	External Ear (Pinna) • Eksterne Oor (Doorskulp)							
3271	Partial or total reconstruction for traumatic absence or following tumour excision of external ear (fee according to arrangement) • Gedeeltelike of algehele rekonstruksie van uitwendige oor vir traumatiese afwesigheid (foel volgens ooreenkoms)							-
17.2	External ear canal • Uitwendige gehoorgang							
3204	Removal of foreign body at rooms with the use of a microscope (excludes loupe) - not to be used combined with item 3206 • Verwydering van vreemde voorwerp in spreekkamer met die gebruik van 'n mikroskoop (vergrootglas uitgesluit) - moet nie saam met item 3206 gebruik word nie	21.58	549.54					
3205	External ear canal: Removal of foreign body: Under general anaesthetic • Uitwendige gehoorkanaal: Verwydering van vreemde voorwerp: Onder algemene narkose	21	534.87	21	534.87	4	476.08	+T
3215	Meatus atresia: Repair of stenosis of cartilaginous portion • Meatus-atresie: Herstel van stenose van kraakbeenige deel	164	4 177.08	131.2	3 341.66	4	476.08	+T
3219	Meatus atresia: Removal of osteoma from meatus: Solitary • Meatus-atresie: Verwydering van enkele meatale osteoom	77	1 961.19	77	1 961.19	4	476.08	+T
3220	Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with item 3206 • Debridement van mastoidektomie holte met die gebruik van 'n mikroskoop (vergrootglas uitgesluit) - moet nie saam met item 3206 gebruik word nie	23.14	589.38	23.14	589.38			
3221	Removal of osteoma from meatus: Multiple • Verwydering van veelvuldige meatale osteome	215	5 476.05	172	4 380.84	4	476.08	+T
17.3	Middle ear • Middeloor							
3209	Bilateral myringotomy • Bilaterale miringotomie	46	1 171.62	46	1 171.62	4	476.08	+T
3211	Unilateral myringotomy with insertion ventilation tube • Unilaterale miringotomie met inplaa van ventilasie buis	38	967.86	38	967.86	4	476.08	+T
3212	Bilateral myringotomy with insertion ventilation tube • Bilaterale miringotomie met inplaa van ventilasiebuis	57	1 451.79	57	1 451.79	4	476.08	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3214	Reconstruction of middle ear ossicles (ossiculoplasty) • Rekonstruksie van middelfoor ossikels (ossikulêre rekonstruksie)	255	6 494.85	204	5 195.88	5	595.10	+T
3237	Exploratory tympanotomy • Eksploratiewe timpanotomie	158.9	4 047.18	127.12	3 237.75	5	595.10	+T
3243	Myringoplasty • Miringoplastie	138	3 514.86	120	3 056.40	5	595.10	+T
3245	Functional reconstruction of tympanic membrane • Funksionele rekonstruksie van timpaniese membraan	277	7 055.19	221.6	5 644.15	5	595.10	+T
3264	Tympanomastoidectomy • Timpanomastoidektomie	375	9 551.25	300	7 541.00	5	595.10	+T
3265	Reconstruction of posterior canal wall, following radical mastoidectomy • Rekonstruksie van posterior wand van die kanaal, na radikale mastoidektomie	320	8 150.40	256	6 520.32	5	595.10	+T
17.4	Facial nerve • Fasielissenuwee							
17.4.1	Facial nerve tests • Fasielissenuweetoetse							
3223	Percutaneous stimulation of the facial nerve • Perkutane stimulasie van die fasielissenuwee	9	229.23	9	229.23	4	476.08	+T
3224	Electroneurography (ENOG) • Elektroneurografie (ENOG)	75	1 910.25	75	1 910.25	4	476.08	+T
17.4.2	Facial nerve surgery • Fasielissenuweechirurgie							
3227	Exploration of facial nerve: Exploration of tympano mastoid segment • Blootlegging van nervus facialis: Blootlegging van die timpanomastoid segment	297	7 564.59	237.6	6 051.67	5	595.10	+T
3228	Exploration of facial nerve: Grafting of the tympano mastoid segment (including item 3227) • Blootlegging van nervus facialis: Oorplanting van die timpanomastoid segment (insluitende item 3227)	436	11 104.92	348.8	8 883.94	5	595.10	+T
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve • Blootlegging van nervus facialis: Ekstratemporale oorplanting van die fasielissenuwee	436	11 104.92	348.8	8 883.94	5	595.10	+T
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis • Blootlegging van nervus facialis: Fasio-aksessortiese of fasio-hipoglossale anastomose	124	3 158.28	120	3 056.40	6	714.12	+T
17.5	Inner ear • Binne-oor							
17.5.1	Audiometry • Oudiometrie							
3273	Pure tone audiometry (air conduction) • Suiver toon oudiometrie (luggeleiding)	6.5	165.56	6.5	165.56			
3274	Pure tone audiometry (bone conduction with masking) • Suiver toon oudiometrie (beengeleiding met maskering)	6.5	165.56	6.5	165.56			
3275	Impedance audiometry (tympanometry) • Impedansie oudiometrie (timpanometrie)	6.5	165.56	6.5	165.56			
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score • Spraak oudiometrie: Gelde sluit in spraak audiogram, spraak ontvangsrempel, diskrimineringsstelling	10	254.70	10	254.70			
17.5.2	Balance tests • Balanstoeetse							
3260	Computerized static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems • Gerekenariseerde statiese bewegingsondersoeke met 'n pasiënt in 'n staande posisie op 'n Piezo-elektriese platform wat die vestibulêre en proprioseptiewe stelsels toets	71.48	1 820.60	71.48	1 820.60			
3251	Minimal caloric test (excluding consultation fee) • Minimale kalorietoets (konsultasie uitgesluit)	10	254.70	10	254.70			
3253	Electro-nystagmography for spontaneous and positional nystagmus • Elektro-nistagmografiese ondersoeke vir spontane en posisie nistagmus	25	636.75	25	636.75			
3255	Caloric test done with electro-nystagmography • Kaloriese toets met elektro-nistagmografie	70	1 782.90	70	1 782.90			
3256	Video nystagmoscopy (binocular) • Videonistagmoskopie (binokulêr)	50	1 273.50	50	1 273.50			
3258	Otolith repositioning manoeuvre • Otoliet herposisionering manuever	14	356.58	14	356.58	4	476.08	+T

		Specialist Spesialis		General practitioner Algemene Praktisyn		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
17.6	Microsurgery of the skull base • Mikrochirurgie van die skedelbasis							
17.6.1	Middle fossa approach (i.e. transtemporal or supralabyrinthine) • Middelfossatoegang (d.i. transtemporale of supralabirintien)							
3229	Facial nerve: Exploration of the labyrinthine segment • Fasiaalissenuwee: Eksploorasie van die labirintiene segment	420	10 697.40	336	8 557.92	5	595.10	+T
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included) • Fasiaalissenuwee: Oorplantingswaarsel en eksploratie van die labirintiene segment (verwydering van oorplantingswaarsel en eksploratie van die labirintiene segment ingesluit)	510	12 989.70	408	10 391.76	11	1309.22	+T
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included) • Fasiaalissenuwee-chirurgie binne die inwendige gehoorgang (indien oorplanting benodig word, is die oorplanting en weefselverwydering ingesluit)	620	15 791.40	496	12 633.12	11	1309.22	+T
17.6.2	Translabirintine approach • Translabirintiene toegang							
5229	Facial nerve surgery in the internal auditory canal, translabirintine (if grafting is required, the grafting and harvesting are included) • Chirurgie van die fasiaalissenuwee in die inwendige gehoorgang, translabirintiene toegang (indien oorplanting benodig word is die weefselverwydering en oorplanting ingesluit)	660	16 810.20	528	13 448.16	11	1309.22	+T
17.6.7	Subtotal petrosotomy • Subtotale petrosektomie							
5247	Subtotal petrosotomy for CSF leak and/or for total obliteration of the mastoid cavity • Subtotale petrosektomie vir SSV-lek en/of obliterasie van die mastoïdholte	480	12 225.60	384	9 780.48	11	1309.22	+T
		Confined to specialist in Physical Medicine Beperk tot spesialiste in Fisiese Geneeskunde		Other Specialists and General Practitioner Ander Spesialiste en Algemene Praktisyns		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
18.	PHYSICAL TREATMENT • FISIESE BEHANDELING							
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	+	0.75	19.10				
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)		13.5	343.85				
3281	Ultrasonic therapy		10	254.70				
3282	Shortwave diathermy		10	254.70				
3284	Sensory nerve conduction studies		31	789.57				
3285	Motor nerve conduction studies		26	662.22				
3287	Spinal joint and ligament injection		20	509.40	20	509.40		
3288	Epidural injection		36	916.92				
3289	Multiple injections - First joint		7.5	191.03				
3290	Each additional joint		4.5	114.62				
3291	Tendon or ligament injection		9	229.23				
3292	Aspiration of joint or interarticular injection		9	229.23				
3293	Aspiration or injection of bursa or ganglion		9	229.23				
3294	Paracervical (neck) nerve block		20	509.40	20	509.40		
3295	Paravertebral root block - unilateral		20	509.40				
3296	Paravertebral root block - bilateral		30	754.10				
3297	Manipulation of spine performed by a specialist in Physical Medicine		14	356.58				
3298	Spinal traction		6	152.82				
3299	Manipulation large joint under general anaesthetic (not subject to rule G) (Modifier 0005 not applicable)		14	356.58	14	356.58	4 3	476.08 Hip+T 357.06 Knee / Shoulder + T
3300	Manipulation of large joints without anaesthetic							
3301	Muscle fatigue studies		20	509.40				
3302	Strength duration curve per session		10.5	267.44				
3303	Electromyography		75	1 910.25				
3304	All other physical treatments carried out: Complete physical treatment: Specify treatment (for subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only is applicable: See rules L and M)		10	254.70	10	254.70		

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
19. RADIOLOGY ● RADIOLOGIE	The amounts in this section are calculated according to the unit values (unless otherwise specified) ● Die bedrae in hierdie afdeling word volgens die eenheidswaardes bereken (tensy anders gespesifiseer)						
19.1 Skeleton ● Skelet							
19.1.1 Limbs ● Ledemate							
3305	Finger, toe ● Vinger, toon			6.3	167.83		
6500	Hand ● Hand			7.7	205.13		
6501	Wrist (specify region) ● Polsgewrig (spesifiseer streek)			7.7	205.13		
6503	Scaphoid ● Skafoïed			7.7	205.13		
6504	Radius and Ulna ● Radius en ulna			7.7	205.13		
6505	Elbow ● Elmboog			7.7	205.13		
6506	Humerus ● Humerus			7.7	205.13		
6507	Shoulder ● Skouer			7.7	205.13		
6508	Acromio-Clavicular Joint ● Akromio-klavikulêre gewrig			7.7	205.13		
6509	Clavicle ● Clavikel			7.7	205.13		
6510	Scapula ● Skapula			7.7	205.13		
6511	Foot ● Voet			7.7	205.13		
6512	Ankle ● Enkel			7.7	205.13		
6513	Calcaneus ● Kalkaneus			7.7	205.13		
6514	Tibia and fibula ● Tibia en fibula			7.7	205.13		
6515	Knee ● Knie			7.7	205.13		
6516	Patella ● Patella			7.7	205.13		
6517	Femur ● Femur			7.7	205.13		
6518	Hip ● Heup			7.7	205.13		
6519	Sesamoid Bone ● Sesamoïedbeen			7.7	205.13		
3309	Smith-Petersen or equivalent controle, in theatre ● Smith Petersen of ekwivalente kontrole, in teater			38.7	1 030.97		
3311	Stress studies, e.g. Joint ● Spanningsopnames, bv. gewrig			7.7	205.13		
3313	Full length study, both legs ● Vollengte opnames, beide bene			15.5	412.92		
3317	Skeletal survey ● Skeletopname			28	745.92		
3319	Arthrography per joint ● Artografie per gewrig			15.4	410.26		
3320	Introduction of contrast medium or air: Ad ● Insit van kontrasmedium of lug: Voeg by			13.8	367.63		
19.1.2 Spinal column ● Werwelkolom							
3321	Per region, cervical, sacral, coccygeal, one region thoracic ● Per streek, bv. nek, sakrum, koksiks, een streek torakaal			11	293.04		
3325	Stress studies ● Spanningsopname			11	293.04		
3331	Pelvis (Sacro-iliac or hip joints to be added where an extra set of views required) ● Bekken (ilio-sakrale gewrigte of heupe word slegs bygetel wanneer 'n aparte stel opnames van die addisionele gebied vereis word)			11	293.04		
3333	Myelography: Lumbar ● Miëlografie: Lumbaal			28.9	769.90	4	476.08 +T
3334	Myelography: Thoracic ● Miëlografie: Torakaal			22.2	591.41	4	476.08 +T
3335	Myelography: Cervical ● Miëlografie: Servikaal			35.5	945.72	4	476.08 +T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium) ● Veelvuldig (lumbaal, torakaal en servikaal): Dieselfde gelde as vir eerste segment (geen bykomende insit van kontrasmedium)					4	476.08 +T
3344	Introduction of contrast medium ● Insit van kontrasmedium	+		18.7	498.17		
3345	Discography ● Diskografie			34.6	921.74	4	476.08 +T
3347	Introduction of contrast medium per disc level: Ad ● Insit van kontrasmedium per diskus vlak: Voeg by	+		28.2	751.25		-
19.1.3 Skull ● Skedel							
3349	Skull studies ● Skedelstudies			15.7	418.25		
3351	Paranasal sinuses ● Paranasale sinusse			11	293.04		
3353	Facial bones and/or orbits ● Aangesigsbene en/of oogholtes			12.6	335.66		
3355	Mandible ● Mandibula			9.4	250.42		
3357	Nasal bone ● Nasale been			7.8	207.79		
3359	Mastoid: Bilateral ● Mastoïed: Bilateeraal			18	479.52		

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Anders Spesialiste en Algemeen		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
3361	Teeth: One quadrant● Tande: Een kwadrant			3.7	98.57			
3363	Teeth: Two quadrants● Tande: Twee kwadrante			6.3	167.83			
3365	Teeth: Full mouth● Tande: Volle mond			11	293.04			
3366	Teeth: Rotation tomography of the teeth and jaws ● Tande: Rotasietomografie van die kaak en tande			13.3	354.31			
3367	Teeth:Temporo-mandibular joints: Per side● Tande:Temporo-mandibulêre gewrigte: Per kant			11	293.04			
3369	Teeth:Tomography: Per side● Tande: Tomografie: Per kant			11	293.04			
3371	Localisation of foreign body in the eye● Lokalisering van vreemde voorwerp in die oog			15.7	418.25			
3381	Ventriculography● Ventrikulografie			27.3	727.27	4		476.08+T
3385	Post-nasal studies: Lateral neck● Post-nasale studies: Laterale nek			6.3	167.83			
3387	Maxillo-facial cephalometry● Maksillofasiale kefalometrie			8.8	234.43			
3389	Dacrocystography ● Dakrosistografie			11	293.04	4		476.08+T
3391	For introduction of contrast medium add● Vir insit van kontrasmedium voeg by	+		11	293.04			
19.2	Alimentary tract● Spysverteringskanaal							
3393	Bowel washout: Add● Dermspoeling:Voeg by	+		4.8	127.87			
3395	Sialography (plus 80% for each additional gland)● Sialografie (plus 80% vir elke bykomende klier)			12.7	338.33	4		476.08+T
3397	Introduction of contrast medium (plus 80% for each additional gland - add) ● Insit van kontrasmedium (plus 80% vir elke bykomende klier - voeg by)	+		11	293.04			
3399	Pharynx and oesophagus● Farinks en oesofagus			12.7	338.33			
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through● Oesofagus, maag en duodenum (Oorsigfoto van die buik ingesluit) en beperkte deurvolging			20	532.80			
3405	Double contrast: Add● Dubbel kontras: Voeg by	+		7.3	194.47			
3406	Small bowel meal (control film of abdomen included except when part of item 3408) ● Dundermmaal (Oorsigfoto van die buik ingesluit tensy deel van item 3408)			20	532.80			
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)● Barium maal en toegewyde gastroïntestinale kanaal deurvolging (insluitend kontrole film van die buik, oesofagus, maag, duodenum en kolon)			28.9	769.90			
3409	Barium enema (control film of abdomen included)● Barium klieasma (oorsigfoto van die buik ingesluit)			18.3	487.51			
3411	Air contrast study (add)● Lug-kontrasstudie (voeg by)	+		19.3	514.15			
3416	Pancreas: ERCP hospital equipment: Choleodogram and/ or pancreatography screening included● Pankreas: ERCP hospitaal toerusting: Choleodogram en/of pancreatografie deurligting ingesluit			15.5	412.92	4		476.08+T
Note: For items 3415 and 3416: Endoscopy (See item 1778)								
Opmerking: Vir items 3415 en 3416: Endoskopie (sien item 1778)								
3417	Gastric/oesophageal/duodenal intubation control● Gastriese/esofageale/duodenale intubasie-kontrole			5.9	157.18			
3419	Gastric/oesophageal intubation insertion of tube (add)● Gastriese/esofageale intubasie insit van buis (voeg by)	+		5.6	149.18			
3421	Duodenal intubation: Insertion of tube (add)● Duodenale intubasie: Insit van buis (voeg by)	+		11	293.04			
3423	Hypotonic duodenography (3403 and 3405 included) (add)● Hipotoniese duodenografie (3403 en 3405 ingesluit) (voeg by)	+		29.3	780.55			
19.3	Biliary tract● Galweë							
3427	Cholangiography: Intravenous● Cholangiografie: Intraveneus			22	586.08			
3431	Operative Cholangiography: First series: Add item 3607 only when the Radiologist attends personally in the theatre● Operatief Cholangiografie Eerste reeks: Voeg item 3607 slegs by as die Radioloog self in die teater teenwoordig is			21	559.44			

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		U/E	R	U/E	R	U/E	R	T/M
3433	Post-operative: T-Tube● Post-operatief: T-Buis			16.7	444.89			
3435	Introduction of contrast medium (add)● Insit van kontrasmedium (voeg by)	+		5.6	149.18			
3437	Trans hepatic, percutaneous● Transhepaties, perkutaan			18.3	487.51			
3439	Introduction of contrast medium (add)● Insit van kontrasmedium (voeg by)	+		33.1	881.78			
3441	Tomography of biliary tract (add)● Tomografie van galweë (voeg by)	+		33.1	881.78			
19.4	Chest ● Borskas							
3443	Larynx (Tomography included)● Larinks (Tomografie ingesluit)			12.5	333.00			
3445	Chest (item 3601 included)● Borskas (item 3601 ingesluit)			9.4	250.42			
3447	Chest and cardiac studies (item 3601 included)● Borskas en hartstudies (item 3601 ingesluit)			12.6	335.66			
3449	Ribs ● Ribbes			12.3	327.67			
3451	Sternum or sternoclavicular joints● Sternum of sternoklavikulêre gewrigte			12.6	335.66			
3453	Bronchography: Unilateral● Brongografie: Unilateraal			12.6	335.66	8		952.16+T
3455	Bronchography: Bilateral● Brongografie: Bilateraal			22.1	588.74	8		952.16+T
3457	Introduction of contrast medium included● Insit van kontrasmedium ingesluit			35.7	951.05			
3461	Pleurography● Pleurografie			12.6	335.66	3		357.06+T
3463	For introduction of contrast medium: Add● Vir insit van kontrasmedium: Voeg by	+		2.8	74.59			
3465	Laryngography● Laringografie			11	293.04			
3467	For introduction of contrast medium: Add● Vir insit van kontrasmedium: Voeg by	+		10	266.40			
3468	Thoracic Inlet● Toraksinlaat			6.3	167.83			
19.5	Abdomen ● Bulk							
3477	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.) ● Oorsigfoto van die Bulk (wat nie deel vorm van bv bariummaal, bariumkiesma, piëlogram, cholecistogram of cholangiogram ensovoort nie)			9.4	250.42			
3479	Acute abdomen or equivalent studies● Akute buikstudies of ekwivalente opnames			15.7	418.25			
19.6	Urinary tract ● Urinewêë							
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable) ● Uitskeidingsurogram: Oorsigfoto ingesluit, asook blaasopnames voor en na lediging (binnearse piëlogram) (item 0206 nie van toepassing nie)			25.1	668.66			
3493	Waterload test: Add● Hidrasie-toets: Voeg by	+		12.2	325.01			
3497	Cystography only or urethrography only (retrograde)● Sistografie alleen of uretrografie alleen (retrograad)			19.3	514.15			
3499	Cysto-urethrography: Retrograde● Sisto-uretrografie: Retrograad			31.9	849.82			
3503	Cysto-urethrography: Introduction of contrast medium: Add● Sisto-uretrografie: Insit van kontrasmedium: Voeg by	+		3.7	98.57			
3505	Retrograde-prograde pyelography● Piëlografie retrograad-prograad			18.3	487.51	3		357.06+T
3511	Aspiration renal cyst● Aspirasie nier sist			18.4	490.18			
3513	Tomography of renal tract: Add● Tomografie van nierweë: Voeg by	+		9.4	250.42			
19.8.1	Vascular Studies● Vaskulêre Studies							
3536	Dedicated angiography suite: Analogue monoplane unit. Once off chart per patient by owner of equipment● Toegewyde angiografie suite: Analoe enkelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
3537	Dedicated angiography suite: Digital monoplane unit: Once off charge per patient by owner of equipment● Toegewyde angiografie suite: Digitale enkelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3538	Dedicated angiography suite: Analogue bi-plane unit: Once off charge per patient by owner of equipment● Toegewyde angiografie suite: Analooë dubbelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3539	Dedicated angiography suite: Digital bi-plane unit: Once off charge per patient by owner of equipment● Toegewyde angiografie suite: Digitale dubbelvlak eenheid: Eenmalige heffing per pasiënt deur eienaar van toerusting							
3545	Venography: Per limb● Venografie: Per ledemaat			16.5	439.56			
3548	Analogue monoplane screening table● Analooë enkelvlak deurligtingstafel							
3550	Digital monoplane screening table● Digitale enkelvlak deurligtingstafel							
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram● Kateterisasie aorta of vena cava, enige vlak, enige roete, met aortogram/cavogram			48.6	1 294.70	4		476.08 +T
3558	Translumbal aortic puncture, with full study● Translumbale aortiese punksie, met volle studie			69.6	1 854.14	5		595.10 +T
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram● Selektiewe eerste orde kateterisasie, arterieel of veneus, met angiogram/venogram			57	1 518.48	4		476.08 +T
3560	Selective second order catheterisation, arterial or venous, with angiogram/venogram● Selektiewe tweede orde kateterisasie, arterieel of veneus, met angiogram/venogram			65.4	1 742.26	4		476.08 +T
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram● Selektiewe derde orde kateterisasie, arterieel of veneus, met angiogram/venogram			73.2	1 950.05	4		476.08 +T
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM)● Gids kateter plasing, enige plek arterieel of veneus, vir enige intrakraniale prosedure of arterioveneuse malformasie (AVM)			85.8	2 285.71	5		595.10 +T
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)● Mikrokateter inplasing, enige kranale vat en/of pulmonêre vat, arterieel of veneus (insluitende gids kateter plasing)			130.8	3 484.51	5		595.10 +T
3572	Transcatheter selective blood sampling, arterial or venous● Transkateter selektiewe bloedmonsterneming, arterieel of veneus			32.4	863.14			
3574	Spinal angiogram (global fee) including all selective catheterisation● Spinale angiogram (globale gelde) alle selektiewe kateterisasies ingesluit			480	12 787.20	5		595.10 +T
19.8.2	Introduction of contrast medium● Inplasing van kontrasmedium							
3563	Direct intravenous for limb: Add● Direkte intraveneuse inplasing in ledemaat: Voeg by			7.4	197.14			
3564	Direct femoral arterial or venous or jugular venous puncture● Direkte femorale arteriële of veneuse of jugulêre veneuse punksie			37.2	991.01			
3575	"Cut-downs" for venography: Add● Insnyding vir venografie: Voeg by			11	293.04			
6400	Plus Spiral CT● Plus Spirale RT							
6401	Plus 3D reconstruction● Plus 3D rekonstruksie							
6402	Plus high resolution study● Plus hoë resolusie studie							
6403	CT limb without contrast● RT ledemaat ongekontrasteerd					5		595.10 +T
6404	CT limb with contrast only● RT ledemaat met kontras alleenlik					5		595.10 +T
6405	CT Limb pre AND post contrast● RT ledemaat voor EN na kontras					5		595.10 +T
6406	CT joint without contrast● RT gewrig ongekontrasteerd					5		595.10 +T

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		U/E	R	U/E	R	U/E	R	T/M
6407	CT joint with contrast only ● RT gewrig met kontras alleenlik					5		595.10 +T
6408	CT joint pre AND post contrast ● RT gewrig voor EN na kontras					5		595.10 +T
6409	CT brain without contrast (including posterior fossa) ● RT brein ongekontrasteerd (insluitend posterior fossa)					5		595.10 +T
6410	CT brain with contrast only (including posterior fossa) ● RT brein met kontras alleenlik (insluitend posterior fossa)					5		595.10 +T
6411	CT brain pre AND post contrast (including posterior fossa) ● RT brein voor EN na kontras (insluitend posterior fossa)					5		595.10 +T
6412	CT orbits complete study, axial OR coronal, without contrast ● RT oogkaste volledige studie, aksiaal OF koronaal, ongekontrasteerd					5		595.10 +T
6413	CT orbits complete study, axial AND coronal, without contrast ● RT oogkaste volledige studie, aksiaal EN koronaal, ongekontrasteerd					5		595.10 +T
6414	CT orbits complete study, axial OR coronal pre AND post contrast ● RT oogkaste volledige studie, aksiaal OF koronaal voor EN na kontras					5		595.10 +T
6415	CT orbits complete study, axial AND coronal pre AND post contrast ● RT oogkaste volledige studie, aksiaal EN koronaal voor EN na kontras					5		595.10 +T
6416	CT paranasal sinuses limited study axial OR coronal ● RT paranasale sinusse beperkte studie, aksiaal OF koronaal					5		595.10 +T
6417	CT paranasal sinuses limited study axial AND coronal ● RT paranasale sinusse beperkte studie aksiaal EN koronaal					5		595.10 +T
6418	CT paranasal sinuses complete study, axial OR coronal, without contrast ● RT paranasale sinusse volledige studie, aksiaal OF koronaal ongekontrasteerd					5		595.10 +T
6419	CT paranasal sinuses complete study, axial AND coronal, without contrast ● RT paranasale sinusse volledige studie, aksiaal EN koronaal ongekontrasteerd					5		595.10 +T
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast ● RT paranasale sinusse volledige studie, aksiaal OF koronaal voor EN na kontras					5		595.10 +T
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast ● RT paranasale sinusse volledige studie, aksiaal EN koronaal voor EN na kontras					5		595.10 +T
6422	CT pituitary fossa, without contrast ● RT pituitêre fossa, ongekontrasteerd					5		595.10 +T
6423	CT pituitary fossa, pre AND post contrast ● RT pituitêre fossa, voor EN na kontras					5		595.10 +T
6424	CT internal auditory meati, without contrast ● RT binneoorkanale, ongekontrasteerd					5		595.10 +T
6425	CT internal auditory meati, pre AND post contrast ● RT binneoorkanale, voor EN na kontras					5		595.10 +T
6426	CT mastoids ● RT mastoïede					5		595.10 +T
6427	CT ear structures, limited study ● RT oor struktuur, beperkte studie					5		595.10 +T
6428	CT middle AND inner ear, complete study including reconstruction ● RT middel- EN binne-oor, volledige studie insluitend rekonstruksies					5		595.10 +T
6429	CT facial bones ● RT gesigsbene					5		595.10 +T
6430	CT neck soft tissue, without contrast ● RT nek sagteweefsel, ongekontrasteerd					5		595.10 +T
6431	CT neck soft tissue with contrast only ● RT nek sagteweefsel met kontras alleenlik					5		595.10 +T
6432	CT neck pre AND post contrast ● RT nek voor EN na kontras					5		595.10 +T
6433	CT cervical spine without contrast ● RT servikale werwels ongekontrasteerd					5		595.10 +T
6434	CT cervical spine pre AND post contrast ● RT servikale werwels voor EN na kontras					5		595.10 +T
6435	CT cervical spine post myelogram ● RT servikale werwels post-miëlogram					5		595.10 +T
6436	CT dorsal spine without contrast ● RT torakale werwels ongekontrasteerd					5		595.10 +T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
6437	CT dorsal spine pre AND post contrast● RT torakale werwels voor EN na kontras					5		595.10+T
6438	CT dorsal spine post myelogram● RT torakale werwels post-miëlogram					5		595.10+T
6439	CT lumbar spine without contrast● RT lumbale werwels ongekontrasteerd					5		595.10+T
6440	CT lumbar spine pre AND post contrast● RT lumbale werwels voor EN na kontras					5		595.10+T
6441	CT lumbar spine post myelogram● RT lumbale werwels post-miëlogram					5		595.10+T
6442	CT pelvimetry (topogram only)● RT pelvimetrie (topogram alleenlik)					5		595.10+T
6443	CT chest without contrast● RT borskas ongekontrasteerd					5		595.10+T
6444	CT chest with contrast● RT borskas met kontras					5		595.10+T
6445	CT chest pre AND post contrast● RT borskas voor EN na kontras					5		595.10+T
6446	CT chest high resolution lungs, limited study● RT borskas hoë resoluë longe, beperkte studie					5		595.10+T
6447	CT high resolution lungs, complete study● RT hoë resoluë longe, volledige studie					5		595.10+T
6448	CT abdomen without contrast● RT buik ongekontrasteerd					5		595.10+T
6449	CT abdomen with contrast● RT buik met kontras					5		595.10+T
6450	CT abdomen pre AND post contrast● RT buik voor EN na kontras					5		595.10+T
6451	CT abdomen triphasic study● RT buik trifasiese studie					5		595.10+T
6452	CT pelvis without contrast● RT bekken ongekontrasteerd					5		595.10+T
6453	CT pelvis with contrast● RT bekken met kontras					5		595.10+T
6454	CT pelvis pre AND post contrast● RT bekken voor EN na kontras					5		595.10+T
6455	CT abdomen AND pelvis without contrast● RT buik EN bekken ongekontrasteerd					5		595.10+T
6456	CT abdomen AND pelvis with contrast● RT buik EN bekken met kontras					5		595.10+T
6457	CT abdomen AND pelvis pre AND post contrast● RT buik EN bekken voor EN na kontras					5		595.10+T
6458	CT chest, abdomen AND pelvis with contrast● RT borskas, buik EN bekken met kontras					5		595.10+T
6459	CT base of skull to symphysis pubis with contrast● RT skedelbasis tot simfise pubis met kontras					5		595.10+T
6460	CT for dental implants maxilla OR mandible● RT vir tandinplantings maksilla OF mandible					5		595.10+T
6461	CT for dental implants maxilla AND mandible● RT vir tandinplantings maksilla EN mandible					5		595.10+T
6462	CT angiography per limited region (including spiral, high resolution AND all reconstructions)● RT angiografie per beperkte gebied (insluitend spiral, hoë resoluë EN alle rekonstruksies)					5		595.10+T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
6463	CT angiography per extensive region (including spiral, high resolution, AND all other reconstructions)● RT angiografie per ekstensiewe gebied (insluitend spiral, hoë resolusie, 3D en alle rekonstruksies)					5	595.10 +T
6464	CT limited study any region, Region to be identified on the account● RT beperkte studie enige gebied, Gebied moet aangedui word op rekening					5	595.10 +T
6465	CT guidance for aspiration, biopsy or drainage● RT begeleiding vir aspirasie, biopsie of dreinasie					11	1309.22 +T
6466	CT guidance for aspiration at time of CT diagnostic study● RT begeleiding vir aspirasie, ten tye van RT diagnostiese studie					5	595.10 +T
6467	CT stereotactic localisation for biopsy● RT stereotaktiese lokalisasie vir biopsie					11	1309.22 +T
6468	CT for radiotherapy planning (not to be used as an add-on)● RT vir radioterapie beplanning (mag nie as 'n byvoeging gebruik word nie)						
6469	Quantitative CT for bone mineral density● Kwantitatiewe RT vir beendigtheid						
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour● Waar 'n volledige digitale C-arm mobiele x-straaleenheid, met angiografie/intervensionele kapasiteit soos gebruik in hospitaal of teater, per halfuur.						
3597	Contrast media.● Kontrasmiddels.						
19.10	Miscellaneous ● Diverse						
3601	Fluoroscopy: Per half hour: Add (not applicable for items 3445 and 3447)● Fluoroskopie: Per halfuur: Voeg by (nie van toepassing op items 3445 en 3447)			7.7	205.13		
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add● Waar 'n C-arm mobiele röntgeneenheid in die hospitaal of teater gebruik word: Per half-uur: Voeg by			10.7	285.05		
3603	Sinography● Sinografie			18.4	490.18		
3600	Peripheral bone densitometry utilizing ionizing radiation● Perifere beendigtheidsmeting met gebruik van ioniserende bestraling			13	346.32		
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)● Beendigtheidsmeting (word slegs eenmalig geëis vir een of meer vlakke gedoen tydens dieselfde sessie)			77	2 051.28		
3607	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in X-ray department (except item 3309): Per half hour: Plus fee for examination performed (Only to be used by radiological technical staff)● Teenwoordigheid by operasie in teater of by radiologiese prosedure uitgevoer deur 'n chirurg of internis in X-straalafdeling (behalwe item 3309): Per halfuur: Plus gelde vir ondersoek gedoen (Mag slegs deur die radiologiese tegniese personeel gehef word)			5.6	149.18		
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series and add fluoroscopy fee if this is done● Bepaling van ligging van vreemde voorwerp: Tarief vir deel wat ondersoek is, plus twee derdes vir elke bykomstige reeks, voeg by tarief vir fluoroskopie indien dit uitgevoer word						
3611	Foreign body localisation: Introduction of sterile needle markers: Add● Bepaling van ligging: Vreemde voorwerp, met inplanting van steriele naaldmerkers: Voeg by			11	293.04		
3613	Setting of sterile trays● Stel van steriele blaaië			3.3	87.91		
5034	Fine needle aspiration or biopsy● Aspirasie of biopsie deur middel van 'n fyn naald			25	666.00	6	714.12 +T

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
		Specialist Spesialis	Spesialis	General practitioner Algemene Praktisyn		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
19.11	Ultrasonic Investigations • Ultrasoniese ondersoeke The amounts in this section are calculated according to the unit values (unless otherwise specified) • Die bedrae in hierdie afdeling word volgens die Ultraklank eenheidswaardes bereken (tensy anders gespesifiseer)							
3612	Ultrasonic bone densitometry • Ultrasoniese beendigtheidsmeting			19	478.23			
3619	Intravascular ultrasound imaging assesses the atherosclerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed • Intravaskulêre ultrasoniese beelding evalueer die aterosklerotiese proses om die terapeutiese intervensies te lei. Hierdie item mag eenmaal toegepas word per vaat (linker voorafdalende tak verspreiding, sirkumfleks verspreiding en/of regter koronêre verspreiding) waarin 'n stent of veelvuldige stents geplaas word.			30	755.10	9	1071.18	+T
3596	Intravascular ultrasound per case, arterial or venous, for intervention • Intravaskulêre ultraklank per geval, arterieel of veneus, vir intervensie			30	755.10			
3621	Cardiac examination (M. Mode) • Eggo kardiografie (M. Mode)			25	629.25			
3622	Cardiac examination: 2 Dimensional • Eggo kardiografie: 2 Dimensioneel			50	1 258.50			
3623	Cardiac examination+effort: Add • Eggo kardiografie +inspanning: Voeg by			10	251.70			
3624	Cardiac examination+contrast: Add • Eggo kardiografie +kontras: Voeg by			10	251.70			
3625	Cardiac examinations + doppler • Eggo kardiografie + doppler			50	1 258.50			
3626	Cardiac examinations + phonocardiography: Add • Eggo kardiografie + fonokardiografie: Voeg by			10	251.70			
3627	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs) • Ultraklank ondersoek van hele buik en bekkenorgane, indien bekkenorgane klinies aangedui is (insluitende lewer, galblaas, milt, pankreas, abdominale vaskulêre anatomie, para-aortiese area, urienweë, bekkenorgane.)			60	1 510.20			
5102	Ultrasound of joints (eg shoulder hip knee), per joint • Ultraklank van gewrigte (bv. skouer, heup, knie) per gewrig			50	1 258.50			
5103	Ultrasound soft tissue, any region • Ultraklank sagteweefsel, enige gebied			50	1 258.50			
3628	Renal tract • Urienweë			50	1 258.50			
3631	Ophthalmic examination • Oogondersoek			50	1 258.50			
3632	Axial length measurement and calculation of intra-ocular lens power. Per eye. Not to be used with item 3034 • Meet van aksiale lengte en bepaling van sterkte van 'n intraokulêre lens. Per oog. Kan nie saam met item 3034 gebruik word nie.			50	1 258.50			
3634	Peripheral vascular study, B mode only • Perifere vaskulêre studie, B mode alleenlik			39	981.63			

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
5110	Carotid ultrasound vascular study; B mode, pulsed and colour doppler; bilateral study, internal, external and common carotid flow and anatomy ● Karotis ultraklank vaskulêre studie: B mode en kleur Doppler; bilaterale studie, interne, eksterne en gemene karotisvloei en anatomie			120	3 020.40		
5111	Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree; carotids, vertebral and subclavian vessels (not to be used together with items 5110, 5112, 5113, 5114) ● Vol ultraklank en Doppler evaluasie van totale ekstra-kraniale vaskulêre strukture; karotisse, vertebrale en subklaviese vate. (Mag nie saam met items 5110, 5112, 5113, 5114 gehef word nie)			164.8	4 148.02		
5112	Peripheral arterial ultrasound vascular study; B mode, pulsed and colour doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results ● Perifere arteriële ultraklank vaskulêre studie; B mode "pulsed" en kleurdoppler; per ledemaat om golfvorms by 'n minimum van drie vlakke, drukking studies by twee vlakke en volle interpretasie van resultate, in te sluit.			117	2 944.89		
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour doppler; to evaluate deep vein thrombosis ● Perifere veneuse ultraklank vaskulêre studie; B mode "pulsed" en kleurdoppler; om diep veen trombose te evalueer			117	2 944.89		
5114	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler in erect and supine position including compression manoeuvre and reflux in superficial and deep systems, bilaterally ● Perifere veneuse ultraklank vaskulêre studie; B mode, "pulsed" en kleurdoppler in liggende en staande posisie insluitend kompressie maneuvres en refluks in oppervlakkige en diep sisteme, bilateral			142.4	3 584.21		
3635	Plus (+) Doppler ● Plus (+) Doppler			39	981.63		
3637	Plus (+) Colour Doppler (may be added onto any other regional exam, but not to be added to items 5110, 5111, 5112, 5113 or 5114) ● Plus (+) Kleur Doppler (mag by enige ander streeksondersoek gevoeg word, maar mag nie by items 5110, 5111, 5112, 5113 of 5114 gevoeg word nie)			78	1 963.26		
		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic Narkose	
		U/E	R	U/E	R	U/E	R T/M
19.12	Portable unit examinations ● Ondersoeke met mobiele eenheid						
3639	Where X-ray unit is kept and used in the hospital: Ad ● Waar mobiele Röntgen-eenheid in die hospitaal gehou en gebruik word: Voeg by	+		7	186.48		
3640	Theatre investigations (with fixed installation): Ad ● Teaterondersoeke (met vaste installasie): Voeg by	+		3	79.92		
3641	Tracer test ● Speurtoets			22.1	588.74		
3642	Repeat of further tracer tests for same investigation: half of tracer test (item 3641) fee ● Herhaling van verdere speurtoetse vir dieselfde ondersoek: helfte van speurtoets (item 3641)			11.1	295.70		
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee ● Indien beide speurtoetse en terapeutiese prosedures uitgevoer word, moet die helfte van die bedrag vir die speurtoets plus die bedrag vir terapie gevra word						
3645	Other organ scanning with use of relevant radio isotope ● Ander orgaanaftasting met radio-isotope			54.8	1 459.87		

		Specialist Radiologist Spesialis Radioloog		Other Specialists and General Practitioner Ander Spesialiste en Algemene		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
		Specialist Radiologist with own facility Spesialis Radioloog met eie fasiliteit		Non-radiologist or specialist radiologist without own facility (calculate at 60% of the fee) Nie-radioloog of spesialis radioloog sonder eie fasiliteit		Anaesthetic		Narkose
		U/E	R	U/E	R	U/E	R	T/M
19.14	Interventional radiological procedures • Intervensionele radiologiese prosedures							
5014	Atherectomy (per vessel) • Aterektomie (per vat)			204.6	5 450.54			
5016	Aspiration thrombectomy (per vessel) • Aspirasie trombektomie (per vat)			131.4	3 500.50			
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite • Op-tafel trombolise/transkateter infuus uitgevoer in angiografie suite			106.8	2 845.15	5		595.10+T
5022	Embolisation non-intracranial, per vessel • Embolisering nie-intrakraniaal, per vat			106.8	2 845.15	9		1071.18+T
5031	Antegrade ureteric stent insertion • Antegraad ureteriese stent inplasing			69.6	1 854.14	6		714.12+T
5033	Percutaneous cystostomy in radiology suite • Perkutane sistostomie in radiologie suite			30	799.20			
5035	Urethral balloon dilatation in radiology suite • Uretrale ballon dilatasie in radiologie suite			22.8	607.39			
5036	Percutaneous Abdominal / pelvic / other drain insertion, any modality • Perkutane abdominale / pelviese / ander dreineringsbuis invoering, enige modaliteit			34.2	911.09			
5037	Urethral stenting in radiology suite • Uretrale stent inplasing in radiologie suite			102.6	2 733.26			
5041	Balloon occlusion / Wada test • Ballon afsluiting / Wada toets			106.8	2 845.15	9		1071.18+T
5043	Intracranial angioplasty • Intrakraniale angioplastiek			204.6	5 450.54	13		1547.26+T
5045	Hepatic arterial infusion catheter insertion • Hepatiese arteriële infuus kateter inplasing			156	4 155.84	6		714.12+T
5047	Combined internal/external biliary drainage • Gekombineerde interne/eksterne galdreinerings			102.6	2 733.26	9		1071.18+T
5049	Percutaneous gall bladder drainage • Perkutane galblaas dreinerings			69.6	1 854.14	9		1071.18+T
5072	Tunnelled/Subcutaneous arterial/venous line performed in radiology suite • Getoonel/subkutane arteriële/veneuse lyn uitgevoer in radiologie suite			82.2	2 189.81	5		595.10+T
5074	IVC filter insertion jugular or femoral route • IVC filter inplasing jugulêre of femorale roete			156	4 155.84	9		1071.18+T
5076	Intravascular foreign body removal, arterial or venous, any route • Intravaskulêre vreemde voorwerp verwydering, arterieel of veneus, enige roete			204.6	5 450.54	9		1071.18+T
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM) • Perkutane skleroterapie van 'n arterioveneuse malformasie (AVM)			70.2	1 870.13			
5080	Transjugular intrahepatic portosystemic shunt • Transjugulêre intrahepatiese portosistemiese omleiding			335.4	8 935.06	13		1547.26+T
5082	Transjugular liver biopsy • Transjugulêre lewer biopsie			69.6	1 854.14	9		1071.18+T
5088	Oesophageal stent insertion in radiology suite • Esofageale stent inplasing in radiologie suite			102.6	2 733.26	6		714.12+T
5090	Trachial stent insertion • Tragiale stent inplasing			102.6	2 733.26	6		714.12+T
5091	GIT Balloon dilatation under fluoroscopy • GIT ballon dilatasie onder fluoroskopies			66.6	1 774.22	6		714.12+T
5092	Other GIT stent insertion • Ander GIT stent inplasing			102.6	2 733.26	6		714.12+T
5093	Percutaneous gastrostomy in radiology suite • Perkutane gastrostomie in radiologie suite			85.8	2 285.71			
5094	Cutting needle biopsy with image guidance • Insnydende naalbiopsie onder beeldende begeleiding			22.8	607.39			
5095	Chest drain insertion in radiology suite • Borskas dreineringsbuis inplasing in radiologie suite			32.4	863.14			

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

Code Structure Framework

a. The tariff code consists of 5 digits

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

• 0 = General (non specific)

• 1 = Head

• 2 = Neck

• 3 = Thorax

• 4 = Abdomen and Pelvis (soft tissue)

• 5 = Spine, Pelvis and Hips

• 6 = Upper limbs

• 7 = Lower limbs

• 8 = Interventional

• 9 = Soft tissue regions (nuclear medicine)

eg "Head" = 1xxxx

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

• "Head / Skull and Brain" = 10xxx

iii. 3rd digit indicates modality

• 1 = General (Black and White) x-rays

• 2 = Ultrasound

• 3 = Computed Tomography

• 4 = Magnetic Resonance Imaging

• 5 = Angiography

• 6 = Interventional radiology

• 9 = Nuclear Medicine (Isotopes)

eg:

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

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

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

Guidelines for use of coding structure

• The vast majority of the codes describe complete procedures / examination and their use for the appropriate studies is self-explanatory.

• Some codes may have multiple applications and their use is described in notes associated with each code

• Codes 00510 to 00560 (Angiography machine codes) may only be used by owners of the equipment and who have registered such equipment with the Board of Healthcare Funders / RSSA.

• The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be added to 60540, 60550, 70530, 70535 (Antegrade Venography, upper and lower limbs)

• Where public sector hospital equipment is used for a procedure, the units will be reduced by 33.33%.

Consumables

o Prior to the implementation of Act 90, contrast will be billed according to the official 2004 RSSA reimbursement price list, without mark up.

o After the implementation of Act 90, contrast medium will be billed according to the suppliers' list price, without mark up.

General Comments on Procedural Codes

• All x-ray tomography codes are stand alone studies and may be used as a unique study or in combination with the appropriate regional study if done simultaneously. May not be added to 20130, 42110, 42115.

• Setting of sterile tray is included in all appropriate procedure codes.

• Where introduction of contrast is necessary eg. sialography, arthrography, angiography, etc, the codes used for the procedures are comprehensive and include the introduction of contrast or isotopes.

• The use of Doppler or Colour Doppler as an adjunct to a study (eg small parts thyroid) is included in the code for that study.

• CT Angiography (10330, 20330, 32300, 32310, 44300, 44310, 44320, 44330, 60310, 70310, 70320) are stand alone studies and may not be added to the regional contrasted studies (see 10335, 20340, 20350, 44325 for combined studies).

• Angiography and interventional procedures include selective and super selective catheterization of vessels as are necessary to perform the procedures.

Codes 00230 (Ultrasound guidance), 00320 (CT guidance) and 00430 (MR guidance) are stand alone procedures that include the regional study and may not be added to any of the ultrasound, CT or MR regional studies

General Codes

Modifiers

00091 Radiology and nuclear medicine services rendered to hospital inpatients

00092 Radiology and nuclear medicine services rendered to outpatients

00093 A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment is used

Equipment / Diagnostic

00090 Consumables used in radiology procedures: cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above).

Appropriate code to be provided. See separate codes for contrast and isotopes

00110 X-ray skeletal survey under five years

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
00090	Consumables used in radiology procedures				
00091	Radiology and nuclear medicine services rendered to hospital inpatients				
00092	Radiology and nuclear medicine services rendered to outpatients				
00093	A reduction of one third (33.33%) will apply to radiological examinations where hospital equipment is used				
00115	X-ray skeletal survey over five years	-	-	10.40	1 806.79
00120	X-ray sinogram any region	-	-	10.89	1 891.92
00130	X-ray with mobile unit in other facility	-	-	1.90	330.09
	To be added to applicable procedure codes eg 30100.	-	-		
00135	X-ray control view in theatre any region	-	-	5.26	913.82
00140	X-ray fluoroscopy any region	-	-	2.26	392.63
	May only be added to the examination when fluoroscopy is not included in the standard procedure code. May not be added to:				
	• any angiography, venography, lymphangiography or interventional codes.				
	• any contrasted fluoroscopy examination.	-	-		
00145	X-ray fluoroscopy guidance for biopsy, any region	-	-	5.30	920.77
	Add to the procedure eg. 80600, 80605, 80610.	-	-		
00150	X-ray C-Arm (equipment fee only, not procedure) per half hour	-	-	2.42	420.43
	Only to be used if equipment is owned by the radiologist.	-	-		
00155	X-ray C-arm fluoroscopy in theatre per half hour (procedure only)	-	-	2.30	399.58
00160	X-ray fixed theatre installation (equipment fee only)	-	-	2.26	392.63
	Only to be used if equipment is owned by the radiologist.	-	-		
00190	X-ray examination contrast material	-	-		
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	-	-		
00210	Ultrasound with mobile unit in other facility	-	-	1.84	319.66
	Add to the relevant ultrasound examination codes eg 10200.	-	-		
00220	Ultrasound intra-operative study	-	-	7.32	1 271.70
	Covers all regions studied. Single code per operative procedure.	-	-		
00230	Ultrasound guidance	-	-	12.10	2 102.13
	guidance. Guided procedure code to be added eg. 80600, 80605, 80610.	-	-		
00240	Ultrasound guidance for tissue ablation	-	-	11.24	1 952.73
	Comprehensive ultrasound code including regional study and guidance. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. Guided procedure code to be added if performed by a radiologist. 80620 or 80630.	-	-		
00250	Ultrasound limited Doppler study any region	-	-	6.50	1 129.25
	Stand alone code may not be added to any other code.	-	-		
00290	Ultrasound examination contrast material	-	-		
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	-	-		
00310	CT planning study for radiotherapy	-	-	21.37	3 712.61
00320	CT guidance (separate procedure)	-	-	16.92	2 939.51
	Comprehensive CT code including regional study and guidance. Guided procedure code to be added eg 80600, 80605, and 80610.	-	-		
00330	CT guidance, with diagnostic procedure	-	-	8.46	1 469.76
	To be added to the diagnostic procedure code. Guided procedure code to be added eg 80600, 80605, 80610.	-	-		
00340	CT guidance and monitoring for tissue ablation	-	-	21.15	3 674.39
	May only be used once per procedure for a region. Radiologist assistance (01030) may be added if procedure is performed by a non-radiologist. If performed by radiologist, add procedural code 80620, or 80630.	-	-		
00390	CT examination contrast material	-	-		
	Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	-	-		

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
00420	MR Spectroscopy any region May be added to the regional study, once only.	-	-	28.90	5 020.80
00430	MR guidance for needle replacement	-	-	42.56	7 393.95
	Comprehensive MRI code including region studied and guidance. Guided procedure code to be added eg 80600, 80605, 80610.	-	-		
00440	MR low field strength imaging of peripheral joint any region	-	-	12.00	2 084.76
00450	MR planning study for radiotherapy or surgical procedure	-	-	38.00	6 601.74
00455	MR planning study for radiotherapy or surgical procedure, with contrast	-	-	47.00	8 165.31
00490	MR examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	-	-		
00510	Analogue monoplane screening table A machine code may be added once per complete procedure / patient visit.	-	-	41.01	7 124.67
00520	Analogue monoplane table with DSA attachment A machine code may be added once per complete procedure / patient visit.	-	-	47.50	8 252.18
00530	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment. A machine code may be added once per complete procedure / patient visit.	-	-	47.50	8 252.18
00540	Digital monoplane screening table A machine code may be added once per complete procedure / patient visit.	-	-	79.92	13 884.50
00550	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment. A machine code may be added once per complete procedure / patient visit.	-	-	93.03	16 162.10
00560	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment. A machine code may be added once per complete procedure / patient visit.	-	-	125.00	21 716.25
00590	Angiography and interventional examination contrast material Identification code for the use of contrast with a procedure. Appropriate codes to be supplied.	-	-		
00900	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton	-	-	34.92	6 066.65
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT	-	-	48.33	8 396.37
00906	Nuclear Medicine study - Venous thrombosis regional	-	-	21.54	3 742.14
00909	Nuclear Medicine study - Tumour whole body	-	-	34.15	5 932.88
00912	Nuclear Medicine study - Tumour whole body multiple studies	-	-	47.56	8 262.60
00915	Nuclear Medicine study - Tumour whole body and SPECT	-	-	47.56	8 262.60
00918	Nuclear Medicine study - Tumour whole body multiple studies & SPECT	-	-	60.98	10 594.06
00921	Nuclear Medicine study - Infection whole body	-	-	31.45	5 463.81
00924	Nuclear Medicine study - infection whole body with SPECT	-	-	44.86	7 793.53
00927	Nuclear Medicine study - infection whole body multiple studies	-	-	44.86	7 793.53
00930	Nuclear Medicine study - infection whole body with SPECT multiple studies	-	-	58.27	10 123.25
00933	Nuclear Medicine study - Bone marrow imaging limited area	-	-	24.10	4 186.89
00936	Nuclear Medicine study - Bone marrow imaging whole body	-	-	37.51	6 516.61
00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	-	-	37.51	6 516.61
00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	-	-	50.92	8 846.33
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	-	-	24.10	4 186.89
00960	Nuclear Medicine therapy - Hyperthyroidism	-	-	11.99	2 083.02
00965	Nuclear Medicine therapy - Thyroid carcinoma and metastases	-	-	6.47	1 124.03

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
00970	Nuclear Medicine therapy – Intra-cavity radio-active colloid therapy	-	-	6.47	1 124.03
00975	Nuclear Medicine therapy - Interstitial radio-active colloid therapy	-	-	6.47	1 124.03
00980	Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate	-	-	6.47	1 124.03
00985	Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy	-	-	6.47	1 124.03
00990	Nuclear Medicine Isotope	-	-		
	Identification code for the use of isotope with a procedure.	-	-		
	Appropriate codes to be supplied.	-	-		
00991	Nuclear Medicine Substrate	-	-		
00956	PET/CT scan whole body without contrast	-	-	165.13	28 688.03
00957	PET/CT scan whole body with contrast	-	-	163.19	28 351.00
00951	PET/CT local	-	-	120.00	20 847.60
00952	PET/CT local with contrast	-	-	124.68	21 660.66
	Call and assistance	-	-		
	<p>•Emergency call out code 01010 only to be used if radiologist is called out to the rooms to report on an examination after normal working hours. May not be used for routine reporting during extended working hours.</p> <p>•Emergency call out code 01020 only to be used when a radiologist reports on subsequent cases after having been called out to the rooms to report an initial after hours procedure. This code may also be used for home tele-radiology reporting of an emergency procedure. May not be used for routine reporting during normal or extended working hours.</p> <p>•Radiologist assistance in theatre code 01030 only to be used if the radiologist is actively involved in assisting another radiologist or clinician with a procedure.</p> <p>•Radiographer assistance in theatre 01040 may not be used for procedures performed in facilities owned by the radiologist; ie only for attendance in hospital theatres etc. Does not apply to Bed Side Unit (BSU) examinations.</p> <p>•Second opinion consultations only to be used if a written report is provided as indicated in codes 01050, 01055, 01060. Not intended for ad hoc verbal consultations.</p>	-	-		
01010	Emergency call out fee, first case	-	-	3.00	521.19
01020	Emergency call out fee, subsequent cases same trip	-	-	2.00	347.46
01030	Radiologist assistance in theatre, per half hour	-	-	6.00	1 042.38
01040	Radiographer attendance in theatre, per half hour	-	-	1.60	277.97
01050	Written report on study done elsewhere, short	-	-	1.50	260.60
01055	Written report on study done elsewhere, extensive	-	-	4.20	729.67
01060	Written report for medico legal purposes, per hour	-	-	9.72	1 688.66
01070	Consultation for pre-assessment of interventional procedure	-	-	4.86	844.33
01100	X-ray procedure after hours, per procedure	-	-	2.00	347.46
01200	Ultrasound procedure after hours, per procedure	-	-	4.00	694.92
01300	CT procedure after hours, per procedure	-	-	10.00	1 737.30
01400	MR procedure after hours, per procedure	-	-	14.00	2 432.22
01500	Angiography procedure after hours, per procedure	-	-	20.00	3 474.60
01600	Interventional procedure after hours, per procedure	-	-	26.00	4 516.98
01970	Consultation for nuclear medicine study	-	-	2.20	382.21
	Monitoring	-	-		
	•ECG / Pulse oximetry monitoring (02010). Use for monitoring patients requiring conscious sedation during imaging procedure. Not to be used as a routine.	-	-		
02010	ECG/pulse Oximeter monitoring	-	-	2.00	347.46
	Head	-	-		
	Skull and Brain	-	-		
	Codes 10100 (skull) and 10110 (tomography) may be combined.	-	-		
10100	X-ray of the skull	-	-	3.86	670.60
10110	X-ray tomography of the skull	-	-	4.30	747.04

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
10120	X-ray shuntogram for VP shunt	-	-	15.36	2 668.49
10200	Ultrasound of the brain – Neonatal	-	-	7.38	1 282.13
10210	Ultrasound of the brain including doppler	-	-	13.22	2 296.71
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour doppler	-	-	15.04	2 612.90
10300	CT Brain uncontrasted	-	-	22.65	3 934.98
10310	CT Brain with contrast only	-	-	33.28	5 781.73
10320	CT Brain pre and post contrast	-	-	40.48	7 032.59
10325	CT brain pre and post contrast for perfusion studies	-	-	49.10	8 530.14
	Stand alone code may not be added to any other CT studies of the brain, except for code 10330	-	-		
10330	CT angiography of the brain	-	-	77.58	13 477.97
10335	CT of the brain pre and post contrast with angiography	-	-	97.91	17 009.90
10340	CT brain for cranio-stenosis including 3D	-	-	34.16	5 934.62
10350	CT Brain stereotactic localisation	-	-	19.36	3 363.41
10360	CT base of skull coronal high resolution study for CSF leak	-	-	34.90	6 063.18
10400	MR of the brain, limited study	-	-	43.56	7 567.68
10410	MR of the brain uncontrasted	-	-	63.80	11 083.97
10420	MR of the brain with contrast	-	-	75.94	13 193.06
10430	MR of the brain pre and post contrast	-	-	104.04	18 074.87
10440	MR of the brain pre and post contrast, for perfusion studies	-	-	107.44	18 665.55
10450	MR of the brain plus angiography	-	-	92.20	16 017.91
10460	MR of the brain pre and post contrast plus angiography	-	-	121.23	21 061.29
10470	MR angiography of the brain uncontrasted	-	-	58.50	10 163.21
10480	MR angiography of the brain contrasted	-	-	74.02	12 859.49
10485	MR of the brain, with diffusion studies	-	-	79.00	13 724.67
10490	MR of the brain, pre and post contrast, with diffusion studies,	-	-	110.64	19 221.49
10492	MR study of the brain plus angiography plus diffusion, uncontrasted	-	-	95.00	16 504.35
10495	MR of the brain pre and post contrast plus angiography and diffusion	-	-	125.44	21 792.69
10500	Arteriography of intracranial vessels: 1 - 2 vessels	-	-	48.60	8 443.28
10510	Arteriography of intracranial vessels: 3 - 4 vessels	-	-	82.33	14 303.19
10520	Arteriography of extra-cranial (non-cervical) vessels	-	-	48.44	8 415.48
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	-	-	118.09	20 515.78
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	-	-	97.57	16 950.84
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	-	-	37.29	6 478.39
10560	Venography of dural sinuses	-	-	52.23	9 073.92
10900	Nuclear Medicine study – Bone regional, static	-	-	21.50	3 735.20
10905	Nuclear Medicine study – Bone regional, static, with flow	-	-	27.53	4 782.79
10910	Nuclear Medicine study – Bone regional, static with SPECT	-	-	34.92	6 066.65
10915	Nuclear Medicine study – Bone regional, static, with flow, with SPECT	-	-	40.94	7 112.51
10920	Nuclear Medicine study – Brain, planar, complete, static	-	-	16.92	2 939.51
10925	Nuclear Medicine study – Brain complete static with vascular flow	-	-	22.95	3 987.10
10930	Nuclear Medicine study – Brain, planar, complete, static, with SPECT	-	-	30.33	5 269.23
10935	Nuclear Medicine study – Brain, planar, complete, static, with flow, with SPECT	-	-	36.36	6 316.82
10940	Nuclear Medicine study - CSF flow imaging cisternography	-	-	21.60	3 752.57
10945	Nuclear Medicine study – Ventriculography	-	-	13.41	2 329.72
10950	Nuclear Medicine study - Shunt evaluation static, planar	-	-	13.41	2 329.72
10955	Nuclear Medicine study - CFS leakage detection and localisation	-	-	13.41	2 329.72
10960	Nuclear medicine study - CSF SPECT	-	-	13.41	2 329.72
10971	PET/CT scan of the brain uncontrasted	-	-	110.12	19 131.15
10972	PET/CT of the brain contrasted	-	-	116.11	20 171.79
10981	PET/CT perfusion scan of the brain	-	-	131.07	22 770.79

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
Facial bones and nasal bones		-	-		
Codes 11100 (facial bones) and 11110 (tomography) may be combined		-	-		
11100	X-ray of the facial bones	-	-	3.93	682.76
11110	X-ray tomography of the facial bones	-	-	4.30	747.04
11120	X-ray of the nasal bones	-	-	2.39	415.21
11300	CT of the facial bones	-	-	20.96	3 641.38
11310	CT of the facial bones with 3D reconstructions	-	-	30.40	5 281.39
11320	CT of the facial bones/soft tissue, pre and post contrast	-	-	41.26	7 168.10
11400	MR of the facial soft tissue	-	-	62.40	10 840.75
11410	MR of the facial soft tissue pre and post contrast	-	-	100.60	17 477.24
11420	MR of the facial soft tissue plus angiography, with contrast	-	-	110.30	19 162.42
11430	MR angiography of the facial soft tissue	-	-	74.02	12 859.49
Orbits, lacrimal glands and tear ducts		-	-		
Code 12130 (tomography) may be added to 12100 or 12110 or 12120 (orbits) or 12140 (dacrocystography).		-	-		
12100	X-ray orbits less than three views	-	-	3.56	618.48
12110	X-ray of the orbits, three or more views, including foramina	-	-	5.30	920.77
12120	X-ray of the orbits for foreign body	-	-	3.56	618.48
12130	X-ray tomography of the orbits	-	-	4.30	747.04
12140	X-ray dacrocystography	-	-	11.20	1 945.78
12200	Ultrasound of the orbit/eye	-	-	5.13	891.23
12210	Ultrasound of the orbit/eye including doppler	-	-	10.97	1 905.82
12300	CT of the orbits single plane	-	-	15.70	2 727.56
12310	CT of the orbits, more than one plane	-	-	20.59	3 577.10
12320	CT of the orbits pre and post contrast single plane	-	-	36.03	6 259.49
12330	CT of the orbits pre and post contrast multiple planes	-	-	39.70	6 897.08
12400	MR of the orbits	-	-	62.46	10 851.18
12410	MR of the orbitae, pre and post contrast	-	-	100.64	17 484.19
12900	Nuclear Medicine study – Dacrocystography	-	-	20.77	3 608.37
Paranasal sinuses		-	-		
Code 13120 (tomography) may be added to 13100, 13110 (paranasal sinuses), 13130 (nasopharyngeal).		-	-		
13100	X-ray of the paranasal sinuses, single view	-	-	2.74	476.02
13110	X-ray of the paranasal sinuses, two or more views	-	-	3.66	635.85
13120	X-ray tomography of the paranasal sinuses	-	-	4.30	747.04
13130	X-ray of the naso-pharyngeal soft tissue	-	-	2.74	476.02
13300	CT of the paranasal sinuses single plane, limited study	-	-	7.20	1 250.86
13310	CT of the paranasal sinuses, two planes, limited study	-	-	12.40	2 154.25
13320	CT of the paranasal sinuses, any plane, complete study	-	-	15.42	2 678.92
13330	CT of the paranasal sinuses, more than one plane, complete study	-	-	20.77	3 608.37
13340	CT of the paranasal sinuses, any plane, complete study: pre and post contrast	-	-	34.74	6 035.38
13350	CT of the paranasal sinuses, more than one plane, complete study: pre and post contrast	-	-	41.01	7 124.67
13400	MR of the paranasal sinuses	-	-	60.27	10 470.71
13410	MR of the paranasal sinuses, pre and post contrast	-	-	96.59	16 780.58
Mandible, teeth and maxilla		-	-		
Code 14110 (orthopantomogram) may be combined with 14100 (mandible) if two separate studies are performed.		-	-		
Code 14110 (orthopantomogram) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.		-	-		
Code 14160 (tomography) may be combined with 14130 or 14140 or 14150 (teeth).		-	-		
Code 14160 (tomography) may be combined with 15100 and / or 15110 (TM joint) if complete separate studies are performed.		-	-		
Code 14330 and 14340 (Dental implants) may be combined if mandible and maxilla are examined at the same visit.		-	-		
14100	X-ray of the mandible	-	-	3.66	635.85
14110	X-ray orthopantomogram of the jaws and teeth	-	-	4.06	705.34

		Other specialist / General Practitioner		Specialist / Specials	
		U/E	R	U/E	
14120	X-ray maxillofacial cephalometry	-	-	2.77	481.23
14130	X-ray of the teeth single quadrant	-	-	2.00	347.46
14140	X-ray of the teeth more than one quadrant	-	-	2.53	439.54
14150	X-ray of the teeth full mouth	-	-	3.62	628.90
14160	X-ray tomography of the teeth per side	-	-	3.23	561.15
14300	CT of the mandible	-	-	22.28	3 870.70
14310	CT of the mandible, pre and post contrast	-	-	41.26	7 168.10
14320	CT mandible with 3D reconstructions	-	-	30.40	5 281.39
14330	CT for dental implants in the mandible	-	-	27.45	4 768.89
14340	CT for dental implants in the maxilla	-	-	27.45	4 768.89
14400	MR of the mandible/maxilla	-	-	63.80	11 083.97
14410	MR of the mandible/maxilla, pre and post contrast	-	-	98.64	17 136.73
TM Joints		-	-		
Code 15100 (TM joint) and 15120 (tomography) may be combined.					
Code 15110 (TM joint) and 15130 (tomography) may be combined.					
Code 15140 (arthrography) and 15120 (tomography) may be combined.					
Code 15150 (arthrography) and 15130 (tomography) may be combined.					
Codes 15320 (CT arthrogram) and 15420 (MR arthrogram) include introduction of contrast (00140 may not be added).					
15100	X-ray temporo-mandibular joint, left	-	-	3.56	618.48
15110	X-ray temporo-mandibular joint, right	-	-	3.56	618.48
15120	X-ray tomography temporo-mandibular joint, left	-	-	4.30	747.04
15130	X-ray tomography temporo-mandibular joint, right	-	-	4.30	747.04
15140	X-ray arthrography of the temporo-mandibular joint, left	-	-	15.41	2 677.18
15150	X-ray arthrography of the temporo-mandibular joint, right	-	-	15.41	2 677.18
15200	Ultrasound temporo-mandibular joints, one or both sides	-	-	6.56	1 139.67
15300	CT of the temporo-mandibular joints	-	-	25.38	4 409.27
15310	CT of the temporo-mandibular joints plus 3D reconstructions	-	-	34.50	5 993.69
15320	CT arthrogram of the temporo-mandibular joints	-	-	35.96	6 247.33
15400	MR of the temporo-mandibular joints	-	-	63.80	11 083.97
15410	MR of the temporo-mandibular joints, pre and post contrast	-	-	100.84	17 518.93
15420	MR arthrogram of the temporo-mandibular joints	-	-	74.71	12 979.37
Mastoids and internal auditory canal		-	-		
Code 16100 (mastoids) and 16120 (tomography) may be combined.					
Code 16110 (mastoids bilat) and 16130 (tomography) may be combined					
Code 16140 (IAM's) and 16150 (tomography) may be combined.					
16100	X-ray of the mastoids, unilateral	-	-	3.59	623.69
16110	X-ray of the mastoids, bilateral	-	-	7.18	1 247.38
16120	X-ray tomography of the petro-temporal bone, unilateral	-	-	4.30	747.04
16130	X-ray tomography of the petro-temporal bone, bilateral	-	-	8.60	1 494.08
16140	X-ray internal auditory canal, bilateral	-	-	5.23	908.61
16150	X-ray tomography of the internal auditory canal, bilateral	-	-	4.30	747.04
16300	CT of the mastoids	-	-	12.60	2 189.00
16310	CT of the internal auditory canal	-	-	21.47	3 729.98
16320	CT of the internal auditory canal, pre and post contrast	-	-	34.20	5 941.57
16330	CT of the ear structures, limited study	-	-	13.40	2 327.98
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	-	-	43.35	7 531.20
16400	MR of the internal auditory canals, limited study	-	-	43.56	7 567.68
16410	MR of the internal auditory canals, pre and post contrast, limited study	-	-	68.93	11 975.21
16420	MR of the internal auditory canals, pre and post contrast, complete study	-	-	102.64	17 831.65
16430	MR of the ear structures	-	-	64.40	11 188.21
16440	MR of the ear structures, pre and post contrast	-	-	102.64	17 831.65
Sella turcica		-	-		

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	Code 17100 (sella) and 17110 (tomography) may be combined.	-	-		
17100	X-ray of the sella turcica	-	-	3.08	535.09
17110	X-ray tomography of the sella turcica	-	-	4.30	747.04
17300	CT of the sella turcica/hypophysis	-	-	17.45	3 031.59
17310	CT of the sella turcica/hypophysis, pre and post contrast	-	-	42.26	7 341.83
	Salivary glands and floor of the mouth	-	-		
	Neck	-	-		
	Code 20120 (laryngography) includes fluoroscopy (00140 may not be added).				
	Code 20130 (speech) includes tomography and cinematography (00140 may not be added).				
	Code 20450 (MR Angiography) may be combined with 10410 (MR brain).				
		-	-		
20100	X-ray of soft tissue of the neck	-	-	2.74	476.02
20110	X-ray of the larynx including tomography	-	-	9.39	1 631.32
20120	X-ray laryngography	-	-	8.28	1 438.48
	X-ray evaluation of pharyngeal movement and speech by screening and / or cine with or without video recording	-	-	8.30	1 441.96
20130		-	-	8.30	1 441.96
20200	Ultrasound of the thyroid	-	-	6.56	1 139.67
20210	Ultrasound of soft tissue of the neck	-	-	6.56	1 139.67
	Ultrasound of the carotid arteries, bilateral including B mode, pulsed and colour doppler	-	-	15.00	2 605.95
20220		-	-		
	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour doppler	-	-	21.84	3 794.26
20230		-	-		
	Ultrasound study of the venous system of the neck including pulse and colour Doppler	-	-	10.80	1 876.28
20240		-	-		
20300	CT of the soft tissues of the neck	-	-	18.25	3 170.57
20310	CT of the soft tissues of the neck, with contrast	-	-	38.15	6 627.80
20320	CT of the soft tissues of the neck, pre and post contrast	-	-	43.81	7 611.11
20330	CT angiography of the extracranial vessels in the neck	-	-	79.36	13 787.21
20340	intracranial vessels of the brain	-	-	107.50	18 675.98
	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain plus a pre and post contrast study of the brain	-	-	124.43	21 617.22
20350		-	-		
20400	Mr of the soft tissue of the neck	-	-	63.60	11 049.23
20410	MR of the soft tissue of the neck, pre and post contrast	-	-	102.04	17 727.41
20420	MR of the soft tissue of the neck and uncontrasted angiography	-	-	92.60	16 087.40
	MR angiography of the extracranial vessels in the neck, without contrast	-	-	59.60	10 354.31
20430		-	-		
	MR angiography of the extracranial vessels in the neck, with contrast	-	-	74.02	12 859.49
20440		-	-		
20450	MR angiography of the extra and intracranial vessels with contrast	-	-	116.05	20 161.37
	MR angiography of the intra and extra cranial vessels plus brain, without contrast	-	-	135.17	23 483.08
20460		-	-		
	MR angiography of the intra and extra cranial vessels plus brain, with contrast	-	-	156.05	27 110.57
20470		-	-		
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	-	-	44.43	7 718.82
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	-	-	50.73	8 813.32
20520	Arteriography of cervical vessels: carotid and vertebral	-	-	77.63	13 486.66
20530	Arteriography of aortic arch and cervical vessels	-	-	91.97	15 977.95
20540	Arteriography of aortic arch, cervical and intracranial vessels	-	-	108.87	18 913.99
20550	Venography of jugular and vertebral veins	-	-	48.95	8 504.08
	Thyroid (Nuclear Medicine)	-	-		
21900	Nuclear Medicine study - Thyroid, single uptake	-	-	9.68	1 681.71
21910	Nuclear medicine study - Thyroid, multiple uptake	-	-	14.69	2 552.09
21920	Nuclear medicine study - Thyroid imaging with uptake	-	-	17.72	3 078.50
21930	Nuclear medicine study - Thyroid imaging	-	-	12.72	2 209.85
21940	Nuclear medicine study - Thyroid imaging with vascular flow	-	-	18.74	3 255.70
21950	Nuclear medicine study - Thyroid suppression/stimulation	-	-	12.72	2 209.85
29961	PET/CT scan of the soft tissue of the neck uncontrasted	-	-	105.87	18 392.80
29962	PET/CT scan of the soft tissue of the neck contrasted	-	-	111.69	19 403.90

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	Thorax	-	-		
	Chest wall, pleura, lungs and mediastinum	-	-		
	Code 30140 (tomography) may be combined with 30100 or 30110 (chest) or 30150 or 30155 (ribs) or 30160 (thoracic inlet). Codes 30170 (Sterno-clavicular) and 30175 (tomography) may be combined. Code 30180 (sternum) and 30185 (tomography) may be combined.				
	Code 30340 (CT limited high resolution) may be combined with 30310 or 30320 or 30330 (CT chest). Motivation may be required. Code 30350 (high resolution) is a stand alone study. Code 30360, (CT chest for pulmonary embolism) is a complete examination and includes the preceding uncontrasted CT scan of the chest, and may not be combined with 40330 or 40333 (CT abdomen and pelvis). Code 30370 (CT pulmonary embolism plus CT venography) may not be combined with 70230 (Doppler).	-	-		
30100	X-ray of the chest, single view	-	-	3.04	528.14
30110	X-ray of the chest two views, PA and lateral	-	-	3.84	667.12
30120	X-ray of the chest complete with additional views	-	-	4.24	736.62
30130	X-ray of the chest complete including fluoroscopy	-	-	4.48	778.31
30140	X-ray tomography of the chest	-	-	4.30	747.04
30150	X-ray of the ribs	-	-	4.79	832.17
30155	X-ray of the chest and ribs	-	-	6.42	1 115.35
30160	X-ray of the thoracic inlet	-	-	2.56	444.75
30170	X-ray of the sterno-clavicular joints	-	-	4.21	731.40
30175	X-ray tomography of the sterno-clavicular joint	-	-	4.30	747.04
30180	X-ray of the sternum	-	-	4.21	731.40
30185	X-ray tomography of the sternum	-	-	4.30	747.04
30200	Ultrasound of the chest wall, any region	-	-	6.56	1 139.67
30210	Ultrasound of the pleural space	-	-	6.56	1 139.67
30220	Ultrasound of the mediastinal structures	-	-	6.56	1 139.67
30300	CT of the chest, limited study	-	-	9.50	1 650.44
30310	CT of the chest uncontrasted	-	-	26.60	4 621.22
30320	CT of the chest contrasted	-	-	42.43	7 371.36
30330	CT of the chest, pre and post contrast	-	-	45.70	7 939.46
30340	CT of the chest, limited high resolution study	-	-	11.20	1 945.78
30350	CT of the chest, complete high resolution study	-	-	24.01	4 171.26
30355	prone and expiratory studies	-	-	33.30	5 785.21
30360	CT of the chest for pulmonary embolism	-	-	57.12	9 923.46
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	-	-	80.28	13 947.04
30400	MR of the chest	-	-	63.60	11 049.23
30410	MR of the chest with uncontrasted angiography	-	-	92.60	16 087.40
30420	MR of the chest, pre and post contrast	-	-	102.04	17 727.41
30900	Nuclear Medicine study - Lung perfusion	-	-	21.54	3 742.14
30910	Nuclear Medicine study - Lung ventilation, aerosol	-	-	21.50	3 735.20
30920	Nuclear Medicine study - Lung perfusion and ventilation	-	-	42.03	7 301.87
30930	Nuclear Medicine study - Lung ventilation using radio-active gas	-	-	14.17	2 461.75
30940	Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	-	-	34.69	6 026.69
30950	Nuclear medicine study - Muco-ciliary clearance study dynamic	-	-	26.51	4 605.58
30960	Nuclear medicine study - alveolar permeability	-	-	26.51	4 605.58
	Stand alone code. Not to be combined with 30910.	-	-		
30970	Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation	-	-	6.02	1 045.85
	Stand alone code. Not to be combined with 30920.	-	-		0.00
30981	PET/CT scan of the chest uncontrasted	-	-	111.44	19 360.47
30982	PET/CT scan of the chest contrasted	-	-	117.42	20 399.38

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
30983	PET/CT scan of the chest pre and post contrast	-	-	148.32	25 767.63
	Oesophagus	-	-		
	may not be added).	-	-		
31100	X-ray barium swallow	-	-	6.60	1 146.62
31105	X-ray 3 phase dynamic contrasted swallow	-	-	12.60	2 189.00
31110	X-ray barium swallow, double contrast	-	-	7.92	1 375.94
31120	X-ray barium swallow with cinematography	-	-	10.07	1 749.46
	Aorta and large vessels	-	-		
	Codes 32210 and 32220 (Ivus) may be combined	-	-		
32200	intervention, once per complete procedure	-	-	4.20	729.67
32210	Ultrasound intravascular (IVUS) first vessel	-	-	8.44	1 466.28
32220	Ultrasound intravascular (IVUS) subsequent vessels	-	-	5.30	920.77
32300	CT angiography of the aorta and branches	-	-	79.08	13 738.57
32305	CT angiography of the thoracic and abdominal aorta and branches	-	-	105.50	18 328.52
32310	CT angiography of the pulmonary vasculature	-	-	79.08	13 738.57
32400	MR angiography of the aorta and branches	-	-	78.50	13 637.81
32410	MR angiography of the pulmonary vasculature	-	-	105.27	18 288.56
32500	Arteriography of thoracic aorta	-	-	28.26	4 909.61
32510	Arteriography of bronchial intercostal vessels alone	-	-	50.15	8 712.56
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	-	-	67.43	11 714.61
32530	Arteriography of pulmonary vessels	-	-	63.27	10 991.90
32540	Arteriography of heart chambers, coronary arteries	-	-	44.27	7 691.03
32550	Venography of thoracic vena cava	-	-	28.38	4 930.46
32560	Venography of vena cava, azygos system	-	-	56.31	9 782.74
32570	Venography patency of A-port or other central line	-	-	19.64	3 412.06
	Heart	-	-		
	Codes 33300 (CT anatomy / function) and 33310 (CT Angiography) may be done as stand alone studies or as additive studies if both are performed at the same time.	-	-		
	Ultrasound study of the heart for foetal or paediatric cases	-	-		
33205	including doppler	-	-	12.30	2 136.88
	or 33210. This code is intended for paediatric and foetal cases only	-	-		
33200	Ultrasound study of the heart, including Doppler	-	-	8.20	1 424.59
33210	Ultrasound study of the heart trans-oesophageal	-	-	10.52	1 827.64
	Ultrasound intravascular imaging to guide placement of	-	-		
33220	intracoronary stent once per vessel	-	-	5.20	903.40
33300	CT anatomical/functional study of the heart	-	-	34.61	6 012.80
33310	CT angiography of heart vessels	-	-	81.28	14 120.77
33970	Nuclear Medicine study - Multi stage treadmill ECG test	-	-	6.66	1 157.04
	Abdomen and Pelvis	-	-		
	Abdomen/stomach/bowel	-	-		
	Code 40120 (tomography) may be combined with 40100 or 40105 or 40110 (abdomen).	-	-		
	Codes 40140 to 40190 (barium studies) include fluoroscopy (00140 may not be added).	-	-		
	Code 40190 (intussusception) is a stand alone code and may not be combined with 40160 or 40165 (barium enema), (00140 may not be added).	-	-		
40100	X-ray of the abdomen	-	-	3.32	576.78
40105	X-ray of the abdomen supine and erect, or decubitus	-	-	5.36	931.19
40110	X-ray of the abdomen multiple views including chest	-	-	8.10	1 407.21
40120	X-ray tomography of the abdomen	-	-	4.30	747.04
40140	X-ray barium meal single contrast	-	-	8.87	1 540.99
40143	X-ray barium meal double contrast	-	-	11.99	2 083.02
40147	X-ray barium meal double contrast with follow through	-	-	15.80	2 744.93
40150	X-ray small bowel enteroclysis (meal)	-	-	25.45	4 421.43
	intubation) may be added.	-	-		
40153	X-ray small bowel meal follow through single contrast	-	-	19.55	3 396.42
40157	X-ray small bowel meal with pneumocolon	-	-	25.63	4 452.70
40160	X-ray large bowel enema single contrast	-	-	12.97	2 253.28
40165	X-ray large bowel enema double contrast	-	-	19.63	3 410.32

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
40170	X-ray guided gastro oesophageal intubation	-	-	1.60	277.97
40175	X-ray guided duodenal intubation	-	-	2.80	486.44
40180	X-ray defaecogram	-	-	12.97	2 253.28
40190	X-ray guided reduction of intussusception	-	-	16.27	2 826.59
40200	Ultrasound study of the abdominal wall	-	-	5.54	962.46
40210	Ultrasound study of the whole abdomen including the pelvis	-	-	8.24	1 431.54
40300	CT study of the abdomen	-	-	26.41	4 588.21
40310	CT study of the abdomen with contrast	-	-	44.82	7 786.58
40313	CT study of the abdomen pre and post contrast	-	-	52.99	9 205.95
40320	CT of the pelvis	-	-	26.13	4 539.56
40323	CT of the pelvis with contrast	-	-	47.48	8 248.70
40327	CT of the pelvis pre and post contrast	-	-	53.87	9 358.84
40330	CT of the abdomen and pelvis	-	-	38.50	6 688.61
40333	CT of the abdomen and pelvis with contrast	-	-	62.17	10 800.79
40337	CT of the abdomen and pelvis pre and post contrast	-	-	67.43	11 714.61
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast	-	-	74.11	12 875.13
40345	CT of the chest, abdomen and pelvis without contrast	-	-	70.12	12 181.95
40350	CT of the chest, abdomen and pelvis with contrast	-	-	88.35	15 349.05
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast	-	-	93.05	16 165.58
40360	CT of the base of skull to symphysis pubis with contrast	-	-	102.73	17 847.28
40365	CT colonoscopy	-	-	34.78	6 042.33
	Stand alone study, may not be added to any code between 40300 and 40360	-	-		
40400	MR of the abdomen	-	-	64.58	11 219.48
40410	MR of the abdomen pre and post contrast	-	-	100.84	17 518.93
40420	MR of the pelvis, soft tissue	-	-	64.58	11 219.48
40430	MR of the pelvis, soft tissue, pre and post contrast	-	-	102.04	17 727.41
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying	-	-	21.50	3 735.20
40905	Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies	-	-	34.92	6 066.65
40910	Nuclear Medicine study - Gastro intestinal protein loss	-	-	21.50	3 735.20
40915	Nuclear Medicine study - Gastro intestinal protein loss multiple studies	-	-	34.92	6 066.65
40920	Nuclear Medicine study - Acute GIT bleed static/dynamic	-	-	21.50	3 735.20
40925	Nuclear medicine study - Acute GIT bleed multiple studies	-	-	34.92	6 066.65
40930	Nuclear medicine study - Meckel's localisation	-	-	20.77	3 608.37
40935	Nuclear medicine study - Gastric mucosa imaging	-	-	20.77	3 608.37
40940	Nuclear medicine study - colonic transit multiple studies	-	-	44.86	7 793.53
	Stand alone code	-	-		
40951	PET/CT scan of the abdomen and pelvis uncontrasted	-	-	119.53	20 765.95
40952	PET/CT scan of the abdomen and pelvis contrasted	-	-	129.31	22 465.03
40953	PET/CT scan of the abdomen and pelvis pre and post contrast	-	-	140.50	24 409.07
	Liver, spleen, gall bladder and pancreas	-	-		
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).	-	-		
41100	X-ray ERCP including screening	-	-	18.90	3 283.50
41105	X-ray ERCP reporting on images done in theatre	-	-	2.40	416.95
41110	X-ray cholangiography intra-operative	-	-	8.45	1 468.02
41120	X-ray T-tube cholangiography post operative	-	-	14.05	2 440.91
41130	X-ray transhepatic percutaneous cholangiography	-	-	32.34	5 618.43
41200	Ultrasound study of the upper abdomen	-	-	7.00	1 216.11
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	-	-	9.80	1 702.55
	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200	-	-		
41300	CT of the abdomen triphasic study - liver	-	-	54.90	9 537.78
41400	MR study of the liver/pancreas	-	-	64.78	11 254.23
41410	MR study of the liver/pancreas pre and post contrast	-	-	100.84	17 518.93

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
41420	MRCP	-	-	49.20	8 547.52
41430	MR study of the abdomen with MRCP	-	-	92.98	16 153.42
41440	MR study of the abdomen pre and post contrast with MRCP	-	-	133.60	23 210.33
41900	Nuclear Medicine study - Liver and spleen, planar views only	-	-	21.50	3 735.20
41905	Nuclear Medicine study - Liver and spleen, with flow study	-	-	27.53	4 782.79
41910	Nuclear Medicine study - Liver and spleen, planar views SPECT	-	-	34.92	6 066.65
41915	Nuclear Medicine study - Liver and spleen, with flow study and SPECT	-	-	40.94	7 112.51
41920	Nuclear Medicine study - Hepatobiliary system planar static/dynamic	-	-	21.50	3 735.20
41925	Nuclear Medicine study - hepatobiliary tract including flow	-	-	26.51	4 605.58
41930	Nuclear medicine study - Hepatobiliary system planar, static/dynamic multiple studies	-	-	34.92	6 066.65
41935	Nuclear medicine study - Hepatobiliary tract including flow multiple studies	-	-	39.92	6 935.30
41940	Nuclear medicine study - Gall bladder ejection fraction	-	-	6.02	1 045.85
41945	Nuclear medicine study - Biliary gastric reflux study	-	-	20.77	3 608.37
	Renal tract	-	-		
42100	X-ray tomography of the renal tract	-	-	4.30	747.04
	Code 42100 (tomography) may not be added to 42110 or 42115 (IVP). Codes 42115 (IVP), 42120 (cystography), 42130 (urethrography), 42140 (MCU), 42150 (retrograde), and 42160 (prograde) include fluoroscopy (00140 may not be added).	-	-		
42110	X-ray excretory urogram including tomography	-	-	24.86	4 318.93
42115	X-ray excretory urogram including tomography with micturating study	-	-	32.86	5 708.77
42120	X-ray cystography	-	-	15.05	2 614.64
42130	X-ray urethrography	-	-	15.37	2 670.23
42140	X-ray micturating cysto-urethrography	-	-	19.30	3 352.99
42150	X-ray retrograde/prograde pyelography	-	-	12.53	2 176.84
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre	-	-	2.41	418.69
42160	X-ray prograde pyelogram - percutaneous	-	-	32.67	5 675.76
42200	Ultrasound study of the renal tract including bladder	-	-	7.42	1 289.08
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney	-	-	3.80	660.17
	Code 42205 is a stand alone study and may not be added to 42200	-	-		
42210	Ultrasound study of the renal arteries including Doppler	-	-	10.60	1 841.54
42300	CT of the renal tract for a stone	-	-	25.15	4 369.31
42400	MR of the renal tract for obstruction	-	-	47.00	8 165.31
42410	MR of the kidneys without contrast	-	-	64.58	11 219.48
42420	MR of the kidneys pre and post contrast	-	-	102.24	17 762.16
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	-	-	21.94	3 811.64
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	-	-	27.96	4 857.49
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	-	-	35.35	6 141.36
42915	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	-	-	41.37	7 187.21
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	-	-	26.51	4 605.58
42930	Nuclear Medicine study - Renovascular study, baseline	-	-	26.51	4 605.58
42940	Nuclear Medicine study - Renovascular study, with intervention	-	-	26.51	4 605.58
42950	Nuclear medicine study - indirect voiding cystogram	-	-	6.02	1 045.85
	Aorta and vessels	-	-		
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).	-	-		
44200	Ultrasound study of abdominal aorta and branches including doppler	-	-	18.32	3 182.73
44205	Ultrasound study of the IVC and pelvic veins including Doppler	-	-	14.00	2 432.22

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	This is a stand alone code and may not be added to 44200.	-	-		0.00
44300	CT angiography of abdominal aorta and branches	-	-	76.72	13 328.57
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	-	-	94.32	16 386.21
44310	CT angiography of the pelvis	-	-	78.64	13 662.13
44320	CT angiography of the abdominal aorta and pelvis	-	-	89.54	15 555.78
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	-	-	119.15	20 699.93
44330	CT portogram	-	-	74.40	12 925.51
44400	MR angiography of abdominal aorta and branches	-	-	76.64	13 314.67
44500	Arteriography of abdominal aorta alone	-	-	28.12	4 885.29
44503	Arteriography of aorta plus coeliac, mesenteric branches	-	-	75.63	13 139.20
44505	Arteriography of aorta plus renal, adrenal branches	-	-	63.01	10 946.73
44507	Arteriography of aorta plus non-visceral branches	-	-	60.79	10 561.05
44510	Arteriography of coeliac, mesenteric vessels alone	-	-	64.35	11 179.53
44515	Arteriography of renal, adrenal vessels alone	-	-	49.49	8 597.90
44517	Arteriography of non-visceral abdominal vessels alone	-	-	54.91	9 539.51
44520	Arteriography of internal and external iliac vessels alone	-	-	56.72	9 853.97
44525	Venography of internal and external iliac veins alone	-	-	62.11	10 790.37
44530	Corpora cavernosography	-	-	25.06	4 353.67
44535	Vasography, vesciculography	-	-	29.19	5 071.18
44540	Venography of inferior vena cava	-	-	26.12	4 537.83
44543	Venography of hepatic veins alone	-	-	53.77	9 341.46
44545	Venography of inferior vena cava and hepatic veins	-	-	68.91	11 971.73
44550	Venography of lumbar azygos system alone	-	-	43.89	7 625.01
44555	Venography of inferior vena cava and lumbar azygos veins	-	-	65.46	11 372.37
44560	Venography of renal, adrenal veins alone	-	-	43.99	7 642.38
44565	Venography of inferior vena cava and renal/adrenal veins	-	-	68.39	11 881.39
44570	Venography of spermatic, ovarian veins alone	-	-	40.39	7 016.95
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	-	-	73.99	12 854.28
44580	Venography indirect splenoportogram	-	-	48.67	8 455.44
44583	Venography direct splenoportogram	-	-	31.59	5 488.13
44587	Venography transhepatic portogram	-	-	66.75	11 596.48
	Soft Tissue	-	-		
	Spine, Pelvis and Hips	-	-		
	Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventional myelography codes viz. 51160, 52150, 53160	-	-		
	General	-	-		
	Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).	-	-		
50100	X-ray of the spine scoliosis view AP only	-	-	7.00	1 216.11
50105	X-ray of the spine scoliosis view AP and lateral	-	-	12.00	2 084.76
	X-ray of the spine scoliosis view AP and lateral including stress views	-	-		
50110		-	-	18.54	3 220.95
50120	X-ray bone densitometry	-	-	11.52	2 001.37
50130	X-ray guided lumbar puncture	-	-	4.80	833.90
50140	X-ray guided cisternal puncture cisternogram	-	-	22.98	3 992.32
50300	CT quantitative bone mineral density	-	-	11.83	2 055.23
50500	Arteriogram of the spinal column and cord, all vessels	-	-	127.23	22 103.67
50510	Venography of the spinal, paraspinal veins	-	-	58.45	10 154.52
	Cervical	-	-		

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
Code 51100 (stress) is a stand alone study and may not be added to 51110, 51120 (cervical spine), 51160 (myelography) and 51170 (discography).					
Code 51140 (tomography) may be combined with 51110 or 51120 (spine).					
Code 51160s (myelography) and 51170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).					
Code 51300 (CT) limited - limited to a single cervical vertebral body.					
Code 51310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.					
Code 51320 (CT) complete study - an extensive study of the cervical spine.					
Code 51340 (CT myelography) - post myelographic study and includes all disc levels, includes fluoroscopy and introduction of contrast (00140 may not be added).					
51100	X-ray of the cervical spine, stress views only	-	-	4.14	719.24
51110	X-ray of the cervical spine, one or two views	-	-	3.01	522.93
51120	X-ray of the cervical spine, more than two views	-	-	4.28	743.56
51130	X-ray of the cervical spine, more than two views including stress views	-	-	7.58	1 316.87
51140	X-ray Tomography cervical spine	-	-	4.30	747.04
51160	X-ray myelography of the cervical spine	-	-	27.46	4 770.63
51170	X-ray discography cervical spine per level	-	-	25.17	4 372.78
51300	CT of the cervical spine limited study	-	-	9.50	1 650.44
51310	CT of the cervical spine - regional study	-	-	13.91	2 416.58
51320	CT of the cervical spine - complete study	-	-	37.13	6 450.59
51330	CT of the cervical spine pre and post contrast	-	-	58.85	10 224.01
51340	CT myelography of the cervical spine	-	-	47.19	8 198.32
51350	CT myelography of the cervical spine following myelogram	-	-	21.69	3 768.20
51400	MR of the cervical spine, limited study	-	-	44.40	7 713.61
51410	MR of the cervical spine and cranio-cervical junction	-	-	64.82	11 261.18
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast	-	-	102.14	17 744.78
51900	Nuclear Medicine study - Bone regional cervical	-	-	21.50	3 735.20
51910	Nuclear Medicine study - Bone tomography regional cervical	-	-	13.41	2 329.72
51920	Nuclear Medicine study - with flow	-	-	6.02	1 045.85
Thoracic		-	-		
Code 52120 (tomography) may be combined with 52100 or 52110 (spine).					
Code 52150 (myelography) includes fluoroscopy and introduction of contrast (00140 may not be added).					
Code 52300 (CT) limited study - limited to a single thoracic vertebral body.					
Code 52305 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.					
Code 52310 (CT) complete study - an extensive study of the thoracic spine.					
Code 52330 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).					
52100	X-ray of the thoracic spine, one or two views	-	-	3.21	557.67
52110	X-ray of the thoracic spine, more than two views	-	-	4.00	694.92
52120	X-ray tomography thoracic spine	-	-	4.30	747.04
52140	X-ray of the thoracic spine, more than two views including stress views	-	-	6.64	1 153.57
52150	X-ray myelography of the thoracic spine	-	-	18.62	3 234.85
52300	CT of the thoracic spine limited study	-	-	9.50	1 650.44
52305	CT of the thoracic spine - regional study	-	-	13.91	2 416.58
52310	CT of the thoracic spine complete study	-	-	35.78	6 216.06
52320	CT of the thoracic spine pre and post contrast	-	-	58.85	10 224.01
52330	CT myelography of the thoracic spine	-	-	48.09	8 354.68
52340	CT myelography of the thoracic spine following myelogram	-	-	20.37	3 538.88

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
52400	MR of the thoracic spine, limited study	-	-	46.60	8 095.82
52410	MR of the thoracic spine	-	-	64.34	11 177.79
52420	MR of the thoracic spine pre and post contrast	-	-	101.42	17 619.70
52900	Nuclear Medicine study – Bone regional dorsal	-	-	21.50	3 735.20
52910	Nuclear Medicine study – Bone tomography regional dorsal	-	-	13.41	2 329.72
52920	Nuclear Medicine study – with flow	-	-	6.02	1 045.85
	Lumbar	-	-		
	Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography).				
	Code 53140 (tomography) may be combined with 53110 or 53120 (spine).				
	Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 53300 (CT) limited study – limited to a single lumbar vertebral body.				
	Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.				
	Code 53320 (CT) complete study - an extensive study of the lumbar spine.				
	Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).	-	-		
53100	X-ray of the lumbar spine – stress study only	-	-	4.14	719.24
53110	X-ray of the lumbar spine, one or two views	-	-	3.56	618.48
53120	X-ray of the lumbar spine, more than two views	-	-	4.46	774.84
	X-ray of the lumbar spine, more that two views including stress views	-	-	7.52	1 306.45
53130	X-ray tomography lumbar spine	-	-	4.30	747.04
53160	X-ray myelography of the lumbar spine	-	-	23.94	4 159.10
53170	X-ray discography lumbar spine per level	-	-	25.17	4 372.78
53300	CT of the lumbar spine limited study	-	-	9.50	1 650.44
53310	CT of the lumbar spine – regional study	-	-	13.91	2 416.58
53320	Ct of the lumbar spine complete study	-	-	37.64	6 539.20
53330	CT of the lumbar spine pre and post contrast	-	-	58.85	10 224.01
53340	CT myelography of the lumbar spine	-	-	49.11	8 531.88
53350	CT myelography of the lumbar spine following myelogram	-	-	23.46	4 075.71
53400	MR of the lumbar spine, limited study	-	-	46.20	8 026.33
53410	MR of the lumbar spine	-	-	64.32	11 174.31
53420	MR of the lumbar spine pre and post contrast	-	-	103.29	17 944.57
53900	Nuclear medicine study – Bone regional lumbar	-	-	21.50	3 735.20
53910	Nuclear medicine study – Bone tomography regional lumbar	-	-	13.41	2 329.72
53920	Nuclear medicine study – with flow	-	-	6.02	1 045.85
	Sacrum	-	-		
	Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints).				
	Code 54300 (CT) limited study - limited to single sacral vertebral body.				
	Code 54310 (CT) complete study - an extensive study of the sacral spine.	-	-		
54100	X-ray of the sacrum and coccyx	-	-	3.58	621.95
54110	X-ray of the sacro-iliac joints	-	-	4.10	712.29
54120	X-ray tomography – sacrum and/or coccyx	-	-	4.30	747.04
54300	CT of the sacrum – limited study	-	-	7.60	1 320.35
54310	CT of the sacrum – complete study – uncontrasted	-	-	25.61	4 449.23
54320	CT of the sacrum with contrast	-	-	46.93	8 153.15
54330	CT of the sacrum pre and post contrast	-	-	52.97	9 202.48
54400	MR of the sacrum	-	-	65.00	11 292.45
54410	MR of the sacrum pre and post contrast	-	-	101.04	17 553.68
	Pelvis	-	-		

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
Codes 55110 (tomography) and 55100 (pelvis) may be combined. Code 55300 (CT) limited study – limited to a small region of interest of the pelvis eg. acetabular roof or pubic ramus.		-	-		
55100	X-ray of the pelvis	-	-	3.66	635.85
55110	X-ray tomography – pelvis	-	-	4.30	747.04
55300	CT of the bony pelvis limited	-	-	9.50	1 650.44
55310	CT of the bony pelvis complete uncontrasted	-	-	25.61	4 449.23
55320	CT of the bony pelvis complete 3D recon	-	-	37.47	6 509.66
55330	CT of the bony pelvis with contrast	-	-	46.93	8 153.15
55340	CT of the bony pelvis – pre and post contrast	-	-	52.97	9 202.48
55400	MR of the bony pelvis	-	-	65.00	11 292.45
55410	MR of the bony pelvis pre and post contrast	-	-	102.24	17 762.16
55900	Nuclear medicine study – Bone regional pelvis	-	-	21.50	3 735.20
55910	Nuclear medicine study – Bone tomography regional pelvis	-	-	13.41	2 329.72
55920	Nuclear medicine study – with flow	-	-	6.02	1 045.85
Hips		-	-		
Code 56130 (tomography) may be combined with 56100 or 56110 or 56120 (hip). Code 56140 (stress) may be combined with 56100 or 56110 or 56120 (hip). Code 56150 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 56160 (introduction of contrast into hip joint) to be used with 56310 (CT hip) and 56410 (MR hip) and includes fluoroscopy. The combination of 56150 and 56310 and 56410 is not supported except in exceptional circumstances with motivation. Code 56300 (CT) study limited to small region of interest eg part of femur head.		-	-		
56100	X-ray of the left hip	-	-	3.18	552.46
56110	X-ray of the right hip	-	-	3.18	552.46
56120	X-ray pelvis and hips	-	-	6.02	1 045.85
56130	X-ray tomography – hip	-	-	4.30	747.04
56140	X-ray of the hip/s – stress study	-	-	4.38	760.94
56150	X-ray arthrography of the hip joint including introduction contrast	-	-	15.75	2 736.25
56160	X-ray guidance and introduction of contrast into hip joint only	-	-	7.41	1 287.34
56200	Ultrasound of the hip joints	-	-	6.50	1 129.25
56300	CT of hip – limited	-	-	9.50	1 650.44
56310	CT of hip – complete	-	-	27.37	4 754.99
56320	CT of hip – complete with 3D recon	-	-	39.78	6 910.98
56330	CT of hip with contrast	-	-	43.26	7 515.56
56340	CT of hip pre and post contrast	-	-	47.88	8 318.19
56400	MR of the hip joint/s, limited study	-	-	44.90	7 800.48
56410	MR of the hip joint/s	-	-	64.10	11 136.09
56420	MR of the hip joint/s, pre and post contrast	-	-	101.64	17 657.92
56900	Nuclear medicine study – Bone regional pelvis	-	-	21.50	3 735.20
56910	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
56920	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 329.72
Upper limbs		-	-		
General		-	-		
Code 60100 (stress only) is a standalone study and may not be combined with other codes. Code 60110 (tomography) may be combined with any one of the defined regional x-ray studies of the upper limb. Motivation may be required for more than one regional tomographic study per visit. Code 60200 (U/S) may only be used once per visit. Code 60300 (CT) limited study – limited to a small region of interest eg. part of humeral head. Code 60400 (MR limited) may only be used once per visit.		-	-		
60100	X-ray upper limbs - any region - stress studies only	-	-	4.52	785.26
60110	X-ray upper limbs - any region – tomography	-	-	4.30	747.04
60200	Ultrasound upper limb – soft tissue - any region	-	-	7.38	1 282.13

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	-	-	13.64	2 369.68
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	-	-	13.64	2 369.68
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	-	-	12.54	2 178.57
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	-	-	17.26	2 998.58
60300	CT of the upper limbs limited study	-	-	9.50	1 650.44
60310	CT angiography of the upper limb	-	-	78.28	13 599.58
60400	MR of the upper limbs limited study, any region	-	-	44.80	7 783.10
60410	MR angiography of the upper limb	-	-	74.66	12 970.68
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	-	-	45.67	7 934.25
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	-	-	82.67	14 362.26
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	-	-	56.75	9 859.18
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	-	-	88.11	15 307.35
60540	Venography, antegrade of upper limb veins, unilateral	-	-	26.12	4 537.83
60550	Venography, antegrade of upper limb veins, bilateral	-	-	49.43	8 587.47
60560	Venography, retrograde of upper limb veins, unilateral	-	-	31.01	5 387.37
60570	Venography, retrograde of upper limb veins, bilateral	-	-	54.81	9 522.14
60580	Venography, shuntogram, dialysis access shunt	-	-	23.79	4 133.04
60900	Nuclear medicine study – Venogram upper limb	-	-	37.12	6 448.86
	Shoulder	-	-		
	Code 61160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 61170 (introduction of contrast into the shoulder joint) may be combined with 61300 and 61305 (CT), or 61400 and 61405 (MR). The combination of 61160 (arthrography) and 61300 and 61305 (CT) or 61400 and 61405 (MR) is not supported except in exceptional circumstances with motivation.	-	-		
61100	X-ray of the left clavicle	-	-	3.04	528.14
61105	X-ray of the right clavicle	-	-	3.04	528.14
61110	X-ray of the left scapula	-	-	3.04	528.14
61115	X-ray of the right scapula	-	-	3.04	528.14
61120	X-ray of the left acromio-clavicular joint	-	-	3.14	545.51
61125	X-ray of the right acromio-clavicular joint	-	-	3.14	545.51
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	-	-	7.68	1 334.25
61130	X-ray of the left shoulder	-	-	3.48	604.58
61135	X-ray of the right shoulder	-	-	3.48	604.58
61140	X-ray of the left shoulder plus subacromial impingement views	-	-	5.92	1 028.48
61145	X-ray of the right shoulder plus subacromial impingement views	-	-	5.92	1 028.48
61150	X-ray of the left subacromial impingement views only	-	-	3.24	562.89
61155	X-ray of the right subacromial impingement views only	-	-	3.24	562.89
61160	X-ray arthrography shoulder joint including introduction of contrast	-	-	15.83	2 750.15
61170	X-ray guidance and introduction of contrast into shoulder joint only	-	-	7.41	1 287.34
61200	Ultrasound of the left shoulder joint	-	-	6.50	1 129.25
61210	Ultrasound of the right shoulder joint	-	-	6.50	1 129.25
61300	CT of the left shoulder joint – uncontrasted	-	-	24.36	4 232.06
61305	CT of the right shoulder joint – uncontrasted	-	-	24.36	4 232.06
61310	CT of the left shoulder – complete with 3D recon	-	-	37.66	6 542.67
61315	CT of the right shoulder – complete with 3D recon	-	-	37.66	6 542.67
61320	CT of the left shoulder joint - pre and post contrast	-	-	48.63	8 448.49
61325	CT of the right shoulder joint - pre and post contrast	-	-	48.63	8 448.49
61400	MR of the left shoulder	-	-	64.64	11 229.91
61405	MR of the right shoulder	-	-	64.64	11 229.91
61410	MR of the left shoulder pre and post contrast	-	-	101.04	17 553.68
61415	MR of the right shoulder pre and post contrast	-	-	101.04	17 553.68
	Humerus	-	-		
62100	X-ray of the left humerus	-	-	2.94	510.77

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
62105	X-ray of the right humerus	-	-	2.94	510.77
62300	CT of the left upper arm	-	-	24.36	4 232.06
62305	CT of the right upper arm	-	-	24.36	4 232.06
62310	CT of the left upper arm contrasted	-	-	39.97	6 943.99
62315	CT of the right upper arm contrasted	-	-	39.97	6 943.99
62320	CT of the left upper arm pre and post contrast	-	-	48.58	8 439.80
62325	CT of the right upper arm pre and post contrast	-	-	48.58	8 439.80
62400	MR of the left upper arm	-	-	64.20	11 153.47
62405	MR of the right upper arm	-	-	64.20	11 153.47
62410	MR of the left upper arm pre and post contrast	-	-	102.04	17 727.41
62415	MR of the right upper arm pre and post contrast	-	-	102.04	17 727.41
62900	Nuclear medicine study – Bone limited/regional static	-	-	21.50	3 735.20
62905	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
62910	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 329.72
	Elbow	-	-		
	Code 63120 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). Code 63130 (introduction of contrast) may be combined with 63300 and 63305 (CT) or 63400 and 63405 (MR). The combination of 63120 (arthrography) and 63300 and 63305 or 63400 and 63405 (MR) is not supported except in exceptional circumstances with motivation.	-	-		
63100	X-ray of the left elbow	-	-	3.14	545.51
63105	X-ray of the right elbow	-	-	3.14	545.51
63110	X-ray of the left elbow with stress	-	-	4.34	753.99
63115	X-ray of the right elbow with stress	-	-	4.34	753.99
63120	X-ray arthrography elbow joint including introduction of contrast	-	-	15.89	2 760.57
63130	X-ray guidance and introduction of contrast into elbow joint only	-	-	7.41	1 287.34
63200	Ultrasound of the left elbow joint	-	-	6.50	1 129.25
63205	Ultrasound of the right elbow joint	-	-	6.50	1 129.25
63300	CT of the left elbow	-	-	24.36	4 232.06
63305	CT of the right elbow	-	-	24.36	4 232.06
63310	CT of the left elbow – complete with 3D recon	-	-	37.66	6 542.67
63315	CT of the right elbow – complete with 3D recon	-	-	37.66	6 542.67
63320	CT of the left elbow contrasted	-	-	39.97	6 943.99
63325	CT of the right elbow contrasted	-	-	39.97	6 943.99
63330	CT of the left elbow pre and post contrast	-	-	48.63	8 448.49
63335	CT of the right elbow pre and post contrast	-	-	48.63	8 448.49
63400	MR of the left elbow	-	-	64.64	11 229.91
63405	MR of the right elbow	-	-	64.64	11 229.91
63410	MR of the left elbow pre and post contrast	-	-	101.04	17 553.68
63415	MR of the right elbow pre and post contrast	-	-	101.04	17 553.68
63905	Nuclear medicine study – Bone limited/regional static	-	-	21.50	3 735.20
63910	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
63915	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 329.72
	Forearm	-	-		
64100	X-ray of the left forearm	-	-	2.94	510.77
64105	X-ray of the right forearm	-	-	2.94	510.77
64110	X-ray peripheral bone densitometry	-	-	1.96	340.51
64300	CT of the left forearm	-	-	24.36	4 232.06
64305	CT of the right forearm	-	-	24.36	4 232.06
64310	CT of the left forearm contrasted	-	-	39.97	6 943.99
64315	CT of the right forearm contrasted	-	-	39.97	6 943.99
64320	CT of the left forearm pre and post contrast	-	-	48.58	8 439.80
64325	CT of the right forearm pre and post contrast	-	-	48.58	8 439.80
64400	MR of the left forearm	-	-	64.20	11 153.47
64405	MR of the right forearm	-	-	64.20	11 153.47
64410	MR of the left forearm pre and post contrast	-	-	98.04	17 032.49

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
64415	MR of the right forearm pre and post contrast	-	-	98.04	17 032.49
64900	Nuclear medicine study – Bone limited/regional static	-	-	21.50	3 735.20
64905	Nuclear medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
64910	Nuclear medicine study – Bone tomography regional	-	-	13.41	2 329.72
	Hand and Wrist	-	-		
	Code 65120 (finger) may not be combined with 65100 or 65105 (hands).				
	Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done.				
	Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added).				
	Code 65170 (contrast) may be combined with 65300 and 65305 (CT) or 65400 and 65405 (MR). The combination of 65160 (arthrography) and 65300 and 65305 or 65400 and 65405 is not supported except in exceptional circumstances with motivation.	-	-		
65100	X-ray of the left hand	-	-	3.08	535.09
65105	X-ray of the right hand	-	-	3.08	535.09
65110	X-ray of the left hand – bone age	-	-	3.08	535.09
65120	X-ray of a finger	-	-	2.67	463.86
65130	X-ray of the left wrist	-	-	3.18	552.46
65135	X-ray of the right wrist	-	-	3.18	552.46
65140	X-ray of the left scaphoid	-	-	3.30	573.31
65145	X-ray of the right scaphoid	-	-	3.30	573.31
65150	X-ray of the left wrist, scaphoid and stress views	-	-	7.56	1 313.40
65155	X-ray of the right wrist, scaphoid and stress views	-	-	7.56	1 313.40
65160	X-ray arthrography wrist joint including introduction of contrast	-	-	15.93	2 767.52
65170	X-ray guidance and introduction of contrast into wrist joint only	-	-	7.41	1 287.34
65200	Ultrasound of the left wrist	-	-	6.50	1 129.25
65210	Ultrasound of the right wrist	-	-	6.50	1 129.25
65300	CT of the left wrist and hand	-	-	24.36	4 232.06
65305	CT of the right wrist and hand	-	-	24.36	4 232.06
65310	CT of the left wrist and hand - complete with 3D recon	-	-	37.66	6 542.67
65315	CT of the right wrist and hand - complete with 3D recon	-	-	37.66	6 542.67
65320	CT of the left wrist and hand contrasted	-	-	39.97	6 943.99
65325	CT of the right wrist and hand contrasted	-	-	39.97	6 943.99
65330	CT of the left wrist and hand pre and post contrast	-	-	48.63	8 448.49
65335	CT of the right wrist and hand pre and post contrast	-	-	48.63	8 448.49
65400	MR of the left wrist and hand	-	-	64.64	11 229.91
65405	MR of the right wrist and hand	-	-	64.64	11 229.91
65410	MR of the left wrist and hand pre and post contrast	-	-	101.04	17 553.68
65415	MR of the right wrist and hand pre and post contrast	-	-	101.04	17 553.68
65900	Nuclear Medicine study – bone limited/regional static	-	-	21.50	3 735.20
65905	Nuclear Medicine study – bone limited static plus flow	-	-	27.53	4 782.79
65910	Nuclear Medicine study – bone tomography regional	-	-	13.41	2 329.72
	Soft Tissue	-	-		
69900	Nuclear medicine study – Tumour localisation planar, static	-	-	20.74	3 603.16
69905	Nuclear medicine study – Tumour localisation planar, static, multiple studies	-	-	35.17	6 110.08
69910	Nuclear medicine study – Tumour localisation planar, static and SPECT	-	-	34.15	5 932.88
69915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	-	-	47.56	8 262.60
69920	Nuclear medicine study – Infection localisation planar, static	-	-	18.04	3 134.09
69925	Nuclear medicine study – Infection localisation planar, static, multiple studies	-	-	31.45	5 463.81
69930	Nuclear medicine study – Infection localisation planar, static and SPECT	-	-	31.45	5 463.81
69935	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	-	-	44.86	7 793.53
69940	Nuclear medicine study – Regional lymph node mapping dynamic	-	-	6.02	1 045.85

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
69945	Nuclear medicine study – Regional lymph node mapping, static, planar	-	-	24.10	4 186.89
69950	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	-	-	37.51	6 516.61
69955	Nuclear medicine study – Regional lymph node mapping SPECT	-	-	13.41	2 329.72
69960	Nuclear medicine study – Lymph node localisation with gamma probe	-	-	13.41	2 329.72
	Lower Limbs	-	-		
	General	-	-		
	Code 70100 (stress) is a stand alone study and may not be combined with other codes.				
	Code 70110 (tomography) may be combined with any one of the defined regional x-ray studies of the lower limb. Motivation may be required for more than one regional tomographic study per visit.				
	Code 70200 (U/S) may only be billed once per visit.				
	Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee.				
	Codes 70310 and 70320 (CT angiography) may not be combined.				
	Code 70400 (MR limited) may only be used once per visit.				
	Code 70410 and 70420 (MR angiography) may not be combined.	-	-		
70100	X-ray lower limbs - any region- stress studies only	-	-	4.52	785.26
70110	X-ray lower limbs - any region-tomography	-	-	4.30	747.04
70120	X-ray of the lower limbs full length study	-	-	6.46	1 122.30
70200	Ultrasound lower limb – soft tissue - any region	-	-	7.38	1 282.13
70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	-	-	13.64	2 369.68
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	-	-	13.64	2 369.68
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	-	-	13.64	2 369.68
	Ultrasound peripheral venous system lower limbs including pulse and colour doppler in erect and supine position including all compression and reflux manoeuvres, deep and superficial systems bilaterally	-	-	19.66	3 415.53
70240	CT of the lower limbs limited study	-	-	9.50	1 650.44
70300	CT angiography of the lower limb	-	-	79.43	13 799.37
70310	CT angiography abdominal aorta and outflow lower limbs	-	-	98.34	17 084.61
70320	MR of the lower limbs limited study	-	-	46.40	8 061.07
70400	MR angiography of the lower limb	-	-	76.66	13 318.14
70410	MR angiography of the abdominal aorta and lower limbs	-	-	118.86	20 649.55
70420	Angiography of pelvic and lower limb arteries unilateral	-	-	40.59	7 051.70
70500	Angiography of pelvic and lower limb arteries bilateral	-	-	75.92	13 189.58
70505	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	-	-	61.23	10 637.49
70510	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	-	-	85.66	14 881.71
70515	Angiography translumbar aorta with full peripheral study	-	-	45.68	7 935.99
70520	Venography, antegrade of lower limb veins, unilateral	-	-	25.46	4 423.17
70530	Venography, antegrade of lower limb veins, bilateral	-	-	49.43	8 587.47
70535	Venography, retrograde of lower limb veins, unilateral	-	-	31.17	5 415.16
70540	Venography, retrograde of lower limb veins, bilateral	-	-	56.79	9 866.13
70545	Lymphangiography, lower limb, unilateral	-	-	51.04	8 867.18
70560	Lymphangiography, lower limb, bilateral	-	-	83.97	14 588.11
70565	Nuclear medicine study – Venogram lower limb	-	-	37.12	6 448.86
70900	Femur	-	-		
71100	X-ray of the left femur	-	-	2.94	510.77
71105	X-ray of the right femur	-	-	2.94	510.77
71300	CT of the left femur	-	-	24.52	4 259.86
71305	CT of the right femur	-	-	24.52	4 259.86
71310	CT of the left upper leg contrasted	-	-	41.83	7 267.13

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
71315	CT of the right upper leg contrasted	-	-	41.83	7 267.13
71320	CT of the left upper leg pre and post contrast	-	-	49.71	8 636.12
71325	CT of the right upper leg pre and post contrast	-	-	49.71	8 636.12
71400	MR of the left upper leg	-	-	64.80	11 257.70
71405	MR of the right upper leg	-	-	64.80	11 257.70
71410	MR of the left upper leg pre and post contrast	-	-	102.04	17 727.41
71415	MR of the right upper leg pre and post contrast	-	-	102.04	17 727.41
71900	Nuclear Medicine study – bone limited/regional static	-	-	21.50	3 735.20
71905	Nuclear Medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
71910	Nuclear Medicine study – Bone tomography regional	-	-	13.41	2 329.72
	Knee	-	-		
	Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views)				
	Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 72170 (introduction of contrast) may be combined with 72300 and 72305 (CT) or 72400 and 72405 (MR). The combination of 72160 (arthrography) and 72300 and 72305 (CT) or 72400 and 72405 (MR) is not supported except in exceptional circumstances with motivation.	-	-		
72100	X-ray of the left knee one or two views	-	-	2.77	481.23
72105	X-ray of the right knee one or two views	-	-	2.77	481.23
72110	X-ray of the left knee, more than two views	-	-	3.32	576.78
72115	X-ray of the right knee, more than two views	-	-	3.32	576.78
72120	X-ray of the left knee including patella	-	-	4.62	802.63
72125	X-ray of the right knee including patella	-	-	4.62	802.63
72130	X-ray of the left knee with stress views	-	-	5.82	1 011.11
72135	X-ray of the right knee with stress views	-	-	5.82	1 011.11
72140	X-ray of left patella	-	-	2.77	481.23
72145	X-ray of right patella	-	-	2.77	481.23
72150	X-ray both knees standing – single view	-	-	2.80	486.44
72160	X-ray arthrography knee joint including introduction of contrast	-	-	15.81	2 746.67
72170	X-ray guidance and introduction of contrast into knee joint only	-	-	7.41	1 287.34
72200	Ultrasound of the left knee joint	-	-	6.50	1 129.25
72205	Ultrasound of the right knee joint	-	-	6.50	1 129.25
72300	CT of the left knee	-	-	24.52	4 259.86
72305	CT of the right knee	-	-	24.52	4 259.86
72310	CT of the left knee complete study with 3D reconstructions	-	-	35.93	6 242.12
72315	CT of the right knee complete study with 3D reconstructions	-	-	35.93	6 242.12
72320	CT of the left knee contrasted	-	-	41.83	7 267.13
72325	CT of the right knee contrasted	-	-	41.83	7 267.13
72330	CT of the left knee pre and post contrast	-	-	49.76	8 644.80
72335	CT of the right knee pre and post contrast	-	-	49.76	8 644.80
72400	MR of the left knee	-	-	64.10	11 136.09
72405	MR of the right knee	-	-	64.10	11 136.09
72410	MR of the left knee pre and post contrast	-	-	100.84	17 518.93
72415	MR of the right knee pre and post contrast	-	-	100.84	17 518.93
72900	Nuclear Medicine study – Bone limited/regional static	-	-	21.50	3 735.20
72905	Nuclear Medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
72910	Nuclear Medicine study – Bone tomography regional	-	-	13.41	2 329.72
	Lower Leg	-	-		
73100	X-ray of the left lower leg	-	-	2.94	510.77
73105	X-ray of the right lower leg	-	-	2.94	510.77
73300	CT of the left lower leg	-	-	24.52	4 259.86
73305	CT of the right lower leg	-	-	24.52	4 259.86
73310	CT of the left lower leg contrasted	-	-	41.83	7 267.13
73315	CT of the right lower leg contrasted	-	-	41.83	7 267.13
73320	CT of the left lower leg pre and post contrast	-	-	49.71	8 636.12
73325	CT of the right lower leg pre and post contrast	-	-	49.71	8 636.12
73400	MR of the left lower leg	-	-	64.20	11 153.47

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
73405	MR of the right lower leg	-	-	64.20	11 153.47
73410	MR of the left lower leg pre and post contrast	-	-	102.04	17 727.41
73415	MR of the right lower leg pre and post contrast	-	-	102.04	17 727.41
73900	Nuclear Medicine study – bone limited/regional static	-	-	21.50	3 735.20
73905	Nuclear Medicine study – bone limited static plus flow	-	-	27.53	4 782.79
73910	Nuclear Medicine study – bone tomography regional	-	-	13.41	2 329.72
	Ankle and Foot	-	-		
	Code 74145 (toe) may not be combined with 74120 or 74125 (foot).				
	Code 74150 (sesamoid bones) may be combined with 74120 or 74125 (foot) if requested.				
	Codes 74120 and 74125 (foot) may only be combined with 74130 and 74135 (calcaneus) if specifically requested.				
	Code 74160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).				
	Code 74170 (introduction of contrast) may be combined with 74300 and 74305 (CT) or 74400 and 74405 (MR). The combination of 74160 (arthrography) and 74300 and 74305 (CT) or 74400 and	-	-		
74100	X-ray of the left ankle	-	-	3.32	576.78
74105	X-ray of the right ankle	-	-	3.32	576.78
74110	X-ray of the left ankle with stress views	-	-	4.52	785.26
74115	X-ray of the right ankle with stress views	-	-	4.52	785.26
74120	X-ray of the left foot	-	-	2.80	486.44
74125	X-ray of the right foot	-	-	2.80	486.44
74130	X-ray of the left calcaneus	-	-	2.74	476.02
74135	X-ray of the right calcaneus	-	-	2.74	476.02
74140	X-ray of both feet – standing – single view	-	-	2.80	486.44
74145	X-ray of a toe	-	-	2.67	463.86
74150	X-ray of the sesamoid bones one or both sides	-	-	2.80	486.44
74160	X-ray arthrography ankle joint including introduction of contrast	-	-	15.91	2 764.04
74170	X-ray guidance and introduction of contrast into ankle joint	-	-	7.41	1 287.34
74210	Ultrasound of the left ankle	-	-	6.50	1 129.25
74215	Ultrasound of the right ankle	-	-	6.50	1 129.25
74220	Ultrasound of the left foot	-	-	6.50	1 129.25
74225	Ultrasound of the right foot	-	-	6.50	1 129.25
74290	Ultrasound bone densitometry	-	-	2.04	354.41
74300	CT of the left ankle/foot	-	-	24.52	4 259.86
74305	CT of the right ankle/foot	-	-	24.52	4 259.86
74310	CT of the left ankle/foot – complete with 3D recon	-	-	37.81	6 568.73
74315	CT of the right ankle/foot – complete with 3D recon	-	-	37.81	6 568.73
74320	CT of the left ankle/foot contrasted	-	-	41.83	7 267.13
74325	CT of the right ankle/foot contrasted	-	-	41.83	7 267.13
74330	CT of the left ankle/foot pre and post contrast	-	-	49.71	8 636.12
74335	CT of the right ankle/foot pre and post contrast	-	-	49.71	8 636.12
74400	MR of the left ankle	-	-	64.10	11 136.09
74405	MR of the right ankle	-	-	64.10	11 136.09
74410	MR of the left ankle pre and post contrast	-	-	100.64	17 484.19
74415	MR of the right ankle pre and post contrast	-	-	100.64	17 484.19
74420	MR of the left foot	-	-	64.20	11 153.47
74425	MR of the right foot	-	-	64.20	11 153.47
74430	MR of the left foot pre and post contrast	-	-	102.04	17 727.41
74435	MR of the right foot pre and post contrast	-	-	102.04	17 727.41
74900	Nuclear Medicine study – Bone limited/regional static	-	-	21.50	3 735.20
74905	Nuclear Medicine study – Bone limited static plus flow	-	-	27.53	4 782.79
74910	Nuclear Medicine study – Bone tomography regional	-	-	13.41	2 329.72
	Soft Tissue	-	-		
79900	Nuclear Medicine study – Tumour localisation planar, static	-	-	20.74	3 603.16
79905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	-	-	35.17	6 110.08
79910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	-	-	34.15	5 932.88

		Other specialist / General Practitioner		Specialist / Specialis	
		U/E	R	U/E	
79915	Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT	-	-	47.56	8 262.60
79920	Nuclear Medicine study – Infection localisation planar, static	-	-	18.43	3 201.84
79925	Nuclear Medicine study – Infection localisation planar, static, multiple studies	-	-	31.84	5 531.56
79930	Nuclear Medicine study – Infection localisation planar, static and SPECT	-	-	31.84	5 531.56
79935	Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT	-	-	45.25	7 861.28
79940	Nuclear Medicine study – Regional lymph node mapping dynamic	-	-	6.02	1 045.85
79945	Nuclear Medicine study – Regional lymph node mapping, static, planar	-	-	24.10	4 186.89
79950	Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies	-	-	37.51	6 516.61
79955	Nuclear Medicine study – Regional lymph node mapping and SPECT	-	-	13.41	2 329.72
79960	Nuclear Medicine study – Lymph node localisation with gamma probe	-	-	13.41	2 329.72
	Intervention	-	-		
	General	-	-		
	Codes 80600, 80605, 80610, 80620, 80630, 81660, 81680, 82600, 84660, 85640, 85645, 86610, 86615, 86620, 86630, (aspiration / biopsy / ablations etc) may be combined with the relevant guidance codes (fluoroscopy, ultrasound, CT, MR) as previously described. The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be combined with these codes. If ultrasound guidance (00230) is used for a procedure which also attracts one of the machine codes (00510, 00520, 00530, 00540, 00550, 00560), it may not be billed for separately. Codes 80640, 80645, 87682, 87683 include fluoroscopy. Machine fees may not be added. All other interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated.	-	-		
80600	Percutaneous abscess, cyst drainage, any region	-	-	9.37	1 627.85
80605	Fine needle aspiration biopsy, any region	-	-	4.22	733.14
80610	Cutting needle, trochar biopsy, any region	-	-	6.36	1 104.92
80620	Tumour/cyst ablation chemical	-	-	25.37	4 407.53
80630	Tumour ablation radio frequency, per lesion	-	-	21.21	3 684.81
80640	Insertion of CVP line in radiology suite	-	-	8.99	1 561.83
80645	Peripheral central venous line insertion	-	-	12.12	2 105.61
80650	Infiltration of a peripheral joint, any region	-	-	6.40	1 111.87
	May be combined with relevant guidance (fluoroscopy, ultrasound, CT and MR). May not be combined with machine codes 00510, 00520, 00530, 00540, 00550, 00560 or 86610 (facet joint or SI joint) or arthrograph codes.	-	-		
	Neuro Intervention	-	-		
81600	Intracranial aneurysm occlusion, direct	-	-	214.52	37 268.56
81605	Intracranial arteriovenous shunt occlusion	-	-	254.82	44 269.88
81610	Dural sinus arteriovenous shunt occlusion	-	-	264.33	45 922.05
81615	Extracranial arteriovenous shunt occlusion	-	-	157.28	27 324.25
81620	Extracranial arterial embolisation (head and neck)	-	-	163.12	28 338.84
81625	Carotidocavernous fistula occlusion	-	-	192.29	33 406.54
81630	Intracranial angioplasty for stenosis, vasospasm	-	-	126.92	22 049.81
81632	Intracranial stent placement (including PTA)	-	-	133.72	23 231.18
81635	Temporary balloon occlusion test	-	-	83.42	14 492.56
	Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.	-	-		
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)	-	-	178.18	30 955.21
81645	Intracranial aneurysm occlusion with balloon remodelling	-	-	216.35	37 586.49

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
81650	Intracranial aneurysm occlusion with stent assistance	-	-	230.45	40 036.08
81655	Intracranial thrombolysis, catheter directed	-	-	58.94	10 239.65
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650	-	-		
81660	Nerve block, head and neck, per level	-	-	7.66	1 330.77
81665	Neurolysis, head and neck, per level	-	-	20.14	3 498.92
81670	Nerve block, head and neck, radio frequency, per level	-	-	19.04	3 307.82
81680	Nerve block, coeliac plexus or other regions, per level	-	-	9.28	1 612.21
	Thorax	-	-		
82600	Chest drain insertion	-	-	8.82	1 532.30
82605	Trachial, bronchial stent insertion	-	-	30.36	5 274.44
	Gastrointestinal	-	-		
83600	Oesophageal stent insertion	-	-	31.22	5 423.85
83605	GIT balloon dilation	-	-	24.36	4 232.06
83610	GIT stent insertion (non-oesophageal)	-	-	32.02	5 562.83
83615	Percutaneous gastrostomy, jejunostomy	-	-	25.36	4 405.79
	Hepatobiliary	-	-		
84600	Percutaneous biliary drainage, external	-	-	33.98	5 903.35
84605	Percutaneous external/internal biliary drainage	-	-	37.21	6 464.49
84610	Permanent biliary stent insertion	-	-	51.22	8 898.45
84615	Drainage tube replacement	-	-	20.22	3 512.82
84620	Percutaneous bile duct stone or foreign object removal	-	-	49.98	8 683.03
84625	Percutaneous gall bladder drainage	-	-	29.58	5 138.93
84630	Percutaneous gallstone removal, including drainage	-	-	69.25	12 030.80
84635	Transjugular liver biopsy	-	-	24.93	4 331.09
84640	Transjugular intrahepatic Portosystemic shunt	-	-	119.47	20 755.52
	Transhepatic Portogram including venous sampling, pressure studies	-	-	81.89	14 226.75
84645	Transhepatic Portogram with embolisation of varices	-	-	100.81	17 513.72
84655	Percutaneous hepatic tumour ablation	-	-	15.68	2 724.09
84660	Percutaneous hepatic abscess, cyst drainage	-	-	13.20	2 293.24
84665	Hepatic chemoembolisation	-	-	59.44	10 326.51
84670	Hepatic arterial infusion catheter placement	-	-	60.30	10 475.92
	Urogenital	-	-		
85600	Percutaneous nephrostomy, external drainage	-	-	29.97	5 206.69
85605	Percutaneous double J stent insertion including access	-	-	40.82	7 091.66
85610	Percutaneous renal stone, foreign body removal including access	-	-	66.79	11 603.43
85615	Percutaneous nephrostomy tract establishment	-	-	29.27	5 085.08
85620	Change of nephrostomy tube	-	-	15.90	2 762.31
85625	Percutaneous cystostomy	-	-	16.52	2 870.02
85630	Urethral balloon dilatation	-	-	14.24	2 473.92
85635	Urethral stent insertion	-	-	31.22	5 423.85
85640	Renal cyst ablation	-	-	11.92	2 070.86
85645	Renal abscess, cyst drainage	-	-	15.16	2 633.75
85655	Fallopian tube recanalisation	-	-	45.06	7 828.27
	Spinal	-	-		
86600	Spinal vascular malformation embolisation	-	-	275.16	47 803.55
86605	Vertebroplasty per level	-	-	22.30	3 874.18
86610	Facet joint block per level, uni- or bilateral	-	-	9.54	1 657.38
	Code 86610 may only be billed once per level, and not per left and right side per level	-	-		
86615	Spinal nerve block per level, uni- or bilateral	-	-	8.16	1 417.64
86620	Epidural block	-	-	9.42	1 636.54
86625	Chemoneurolysis, including discogram	-	-	18.32	3 182.73
86630	Spinal nerve ablation per level	-	-	11.60	2 015.27
	Vascular	-	-		

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
	Code 87654 (Thrombolysis follow up) may only be used on the days following the initial procedure, 87650 (thrombolysis). If a balloon angioplasty and / or stent placement is performed at more than one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code.	-	-		
87600	Percutaneous transluminal angioplasty: aorta, IVC	-	-	56.56	9 826.17
87601	Percutaneous transluminal angioplasty: iliac	-	-	55.76	9 687.18
87602	Percutaneous transluminal angioplasty: femoropopliteal	-	-	60.16	10 451.60
87603	Percutaneous transluminal angioplasty: subpopliteal	-	-	73.34	12 741.36
87604	Percutaneous transluminal angioplasty: brachiocephalic	-	-	67.12	11 660.76
87605	Percutaneous transluminal angioplasty: subclavian, axillary	-	-	60.16	10 451.60
87606	Percutaneous transluminal angioplasty: extracranial carotid	-	-	71.62	12 442.54
87607	Percutaneous transluminal angioplasty: extracranial vertebral	-	-	73.30	12 734.41
87608	Percutaneous transluminal angioplasty: renal	-	-	87.69	15 234.38
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	-	-	87.69	15 234.38
87620	Aorta stent-graft placement	-	-	120.75	20 977.90
87621	Stent insertion (including PTA): aorta, IVC	-	-	73.87	12 833.44
87622	Stent insertion (including PTA): iliac	-	-	76.37	13 267.76
87623	Stent insertion (including PTA): femoropopliteal	-	-	77.97	13 545.73
87624	Stent insertion (including PTA): subpopliteal	-	-	84.55	14 688.87
87625	Stent insertion (including PTA): brachiocephalic	-	-	98.47	17 107.19
87626	Stent insertion (including PTA): subclavian, axillary	-	-	86.69	15 060.65
87627	Stent insertion (including PTA): extracranial carotid	-	-	106.99	18 587.37
87628	Stent insertion (including PTA): extracranial vertebral	-	-	100.55	17 468.55
87629	Stent insertion (including PTA): renal	-	-	98.59	17 128.04
87630	Stent insertion (including PTA): coeliac, mesenteric	-	-	98.59	17 128.04
87631	Stent-graft placement: iliac	-	-	76.37	13 267.76
87632	Stent-graft placement: femoropopliteal	-	-	77.97	13 545.73
87633	Stent-graft placement: brachiocephalic	-	-	98.47	17 107.19
87634	Stent-graft placement: subclavian, axillary	-	-	82.77	14 379.63
87635	Stent-graft placement: extracranial carotid	-	-	120.43	20 922.30
87636	Stent-graft placement: extracranial vertebral	-	-	114.73	19 932.04
87637	Stent-graft placement: renal	-	-	98.59	17 128.04
87638	Stent-graft placement: coeliac, mesenteric	-	-	98.59	17 128.04
87650	Thrombolysis in angiography suite, per 24 hours	-	-	45.82	7 960.31
	Code 87650 may be combined with any of the relevant non neuro interventional angiography and interventional codes 10520, 20500, 20510, 20520, 20530, 20540, 32500, 32530, 44500, 44503, 44505, 44507, 44510, 44515, 44517, 44520, 60500, 60510, 60520, 60530, 70500, 70505, 70510, 70515, 87600 to 87638.	-	-		
87651	Aspiration, rheolytic thrombectomy	-	-	77.67	13 493.61
87652	Atherectomy, per vessel	-	-	91.89	15 964.05
87653	or other line insertion	-	-	28.15	4 890.50
87654	Thrombolysis follow-up	-	-	23.57	4 094.82
87655	Percutaneous sclerotherapy, vascular malformation	-	-	21.10	3 665.70
87660	Embolisation, mesenteric	-	-	100.43	17 447.70
87661	Embolisation, renal	-	-	99.36	17 261.81
87662	Embolisation, bronchial, intercostal	-	-	108.34	18 821.91
87663	Embolisation, pulmonary arteriovenous shunt	-	-	103.22	17 932.41
87664	Embolisation, abdominal, other vessels	-	-	101.44	17 623.17
87665	Embolisation, thoracic, other vessels	-	-	97.60	16 956.05
87666	Embolisation, upper limb	-	-	90.92	15 795.53
87667	Embolisation, lower limb	-	-	92.14	16 007.48
87668	Embolisation, pelvis, non-uterine	-	-	117.12	20 347.26
87669	Embolisation, uterus	-	-	113.88	19 784.37
87670	Embolisation, spermatic, ovaria veins	-	-	85.82	14 909.51
87680	Inferior vena cava filter placement	-	-	61.84	10 743.46

		Other specialist / General Practitioner		Specialist / Spesialis	
		U/E	R	U/E	
87681	Intravascular foreign body removal	-	-	85.03	14 772.26
87682	Revision of access port (tunnelled or implantable)	-	-	14.12	2 453.07
87683	Removal of access port (tunnelled or implantable)	-	-	11.12	1 931.88
87690	Superior petrosal venous sampling	-	-	73.01	12 684.03
87691	Pancreatic stimulation test	-	-	89.79	15 599.22
87692	Transportal venous sampling	-	-	76.95	13 368.52
87693	Adrenal venous sampling	-	-	55.01	9 556.89
87694	Parathyroid venous sampling	-	-	86.66	15 055.44
87695	Renal venous sampling	-	-	55.01	9 556.89

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGSONKOLOGIE The amounts in this section are calculated according to the Radiation Oncology unit values (unless otherwise specified) • Die bedrae in hierdie afdeling word volgens die Stralingsonkologie eenheidswaardes bereken (tensy anders gespesifiseer)							
20.10	Chemotherapy • Chemoterapie Note: When patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790-5795 • Let wel: Indien pasiënte nie in chemoterapie fasiliteite behandel word nie, word items 0213, 0214 en 0215 gebruik in plaas van items 5790- 5795. The amounts in this section are calculated according to the Clinical Procedure unit values • Die bedrae in hierdie afdeling word volgens die Kliniese Prosedure eenheidswaardes bereken							
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy or hormonal therapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology related drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) • Nie Infusionele Chemoterapie: Globale Fooi vir die bestuur van en vir dienste gelewer in die behandeling van kanker met orale chemo- of hormonale terapie (per siklus), binnespierre, subkutane, intratekale of bolus chemoterapie of onkologie verwante middel toedienings per behandelingsdag - vir eksklusiewe gebruik deur dokters met toepaslike onkologie opleiding (konsultasies moet afsonderlik gehef word)	42.95	1 203.46	42.95	1 203.46			
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, per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - only one of the parties are to charge this fee • Nie Infusionele Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne voorsien of voorgeskryf word vir orale chemoterapie, binnespierre, subkutane, intratekale of bolus chemoterapie, per behandelingsdag. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5790) - slegs een van die partye mag die fooi hef.	24.49	686.21	24.49	686.21			
5792	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy or hormonal therapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. These facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - only one of the parties are to charge this fee •	30.61	857.69	30.61	857.69			

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE Nie Infusionele Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne self aangekoop, verkoop en geresepteer word tydens orale chemo- of hormonale terapie (per siklus), binnespiers, subkutane, intratekale of bolus chemoterapie per behandelingsdag. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5790) - slegs een van die partye mag die foor hef							
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities (consultations to be charged separately) • Infusie Chemoterapie: Globale foor vir dienste gelewer tydens chemoterapie per behandelingsdag - vir eksklusiewe gebruik deur dokters met toepaslike onkologie opleiding wat in erkende chemoterapie fasiliteite werksaam is (konsultasies moet afsonderlik gehef word)	159.47	4 468.35	127.58	3 574.79			
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 • Infusie Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne verskaf, gestoor, vermeng en toegedien word en waar toepaslik opgeleide mediese, verpleging en ondersteunende personeel teenwoordig is. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5793) - slegs een van die partye mag die foor hef	90.03	2 522.64	90.03	2 522.64			
5795	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. These facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee • Infusie Chemoterapie fasiliteitsfooi: 'n Fasiliteit waar onkologie medisyne self aangekoop, gestoor, vermeng, geresepteer en toegedien word en waar toepaslik opgeleide mediese, verpleging en ondersteunende personeel teenwoordig is. Vir gebruik deur dokters met toepaslike onkologie opleiding wat die fasiliteite besit of huur, en andere soos klinieke of hospitale wat die dienste verskaf waar chemoterapie toegedien word. Sodanige fasiliteite moet akkrediteer word onder die vaandel van SASMO en/of SASCRO (slegs vir gebruik saam met item 5793) - slegs een van die partye mag die foor hef.	112.54	3 153.37	112.54	3 153.37			

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE							
20.11	Radiation Therapy • Radioterapie							
20.11.1	Manual Radiotherapy Planning Procedures • Manuele Bestralings Beplanningsprosedures							
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - PROFESIONELE KOMPONENT	42.56	1 192.53					
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - TEGNEIESE KOMPONENT	99.32	2 782.95					
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - PROFESIONELE KOMPONENT	56.18	1 574.16					
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - TEGNEIESE KOMPONENT	131.10	3 673.42					
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - PROFESIONELE KOMPONENT	76.62	2 146.89					
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT • Manuele Bestralingsbeplanning: Geen Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - TEGNEIESE KOMPONENT	178.77	5 009.14					
20.11.2	Conventional Radiotherapy Planning Procedures • Konvensionele Radioterapie Beplanningsprosedures							
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - PROFESIONELE KOMPONENT	170.26	4 770.69					
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Enkel Volume van Belang - TEGNEIESE KOMPONENT	397.27	11 131.51					
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - PROFESIONELE KOMPONENT	238.36	6 678.85					
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Veelvuldige Volumes van Belang - TEGNEIESE KOMPONENT	556.18	15 584.16					
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - PROFESIONELE KOMPONENT	297.95	8 348.56					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.5610	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT • Konvensionele Radioterapie Beplanningsprosedures: Simulasie, Beperkte Rekenaar Plan, Spesiale Tegniek - TEGNIESE KOMPONENT	695.22	19 480.06					
20.11.3	Three Dimensional Radiotherapy Planning Procedures • Drie Dimensionele Radioterapie Beplanningsprosedures							
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	240.23	6 731.24					
5620	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, single volume of interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	977.20	27 381.14					
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Enkel Volume van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	407.75	11 425.16					
5621	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, multiple volumes of interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 368.07	38 333.32					
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Spesiale Tegniek - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	554.33	15 532.33					
5622	Three dimensional radiotherapy planning procedures: 3-dimensional simulation and graphic planning, special technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Drie Dimensionele Radioterapie Beplanningsprosedures: Drie Dimensionele Simulasie en Grafiese Plan, Spesiale Tegniek - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 710.09	47 916.72					
20.11.4	Intensity Modulated Radiotherapy Planning Procedures • Intensiteits gemoduleerde bestraling							

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE							
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Radikale Kursus - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	642.92	18 014.62					
5623	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, radical course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Radikale Kursus - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	1 916.81	53 709.02					
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - PROFESSIONELE KOMPONENT (sluit koste vir RT en MRB uit)	232.18	6 505.68					
5625	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, booster volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	958.40	26 854.37					
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Alleenlik vir Skraag Volumes (nie vir gebruik saam met ander IMRT Beplanningskodes nie) - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	753.35	21 108.87					
5626	Intensity modulated radiotherapy (IMRT) planning procedures: Intensity modulated radiotherapy simulation, inverse planning, CT scan with magnetic resonance imaging or other similar imaging fusion techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI) • Intensiteits Gemoduleerde Bestraling Beplanningsprosedures: Intensiteits Gemoduleerde Bestralings Simulasie, Inverse Beplanning, Rekenaar Skanderling met Magnetiese Resonansie of ander gelyksoortige BeeldfusieTegniese - TEGNIESE KOMPONENT (sluit koste vir RT en MRB uit)	2 174.48	60 928.93					
20.11.5	Kilovolt Radiation Treatment • Kilovolt Bestralingsterapie							
5834	Kilovoltage Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT • Kilovolt Bestralingsterapie: Weeklikse Bestraling, Kilovolt of soortgelyk, per week of deel daarvan - PROFESSIONELE KOMPONENT	49.08	1 375.22					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20. 5634	RADIATION ONCOLOGY ● STRALINGSONKOLOGIE Kilovoltage Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT ● Kilovolt Bestralingsterapie: Weeklikse Bestraling, Kilovolt of soortgelyk, per week of deel daarvan - TEGNIESE KOMPONENT	114.52	3 208.85					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE							
20.11.6	Short course radiation treatment • Kort kursus bestralingsterapie							
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Enkel Volume van Belang - PROFESSIONELE KOMPONENT							
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Enkel Volume van Belang - TEGNIESE KOMPONENT	246.73	6 913.37					
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	148.04	4 148.08					
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus bestraling, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	345.41	9 678.39					
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus Bestraling, Spesiale Tegniek - PROFESSIONELE KOMPONENT	190.33	5 333.05					
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT • Kort Kursus Bestralingsterapie: Kort kursus Bestraling, Spesiale Tegniek - TEGNIESE KOMPONENT	444.11	12 443.96					
20.11.7	Weekly radiation treatment sessions • Weeklikse Bestralingsbehandelingsessies							
20.11.7.1	Conventional Techniques • Konvensionele tegnieke							
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Enkel Volume van Belang - PROFESSIONELE KOMPONENT	193.86	5 431.96					
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Enkel Volume van Belang - TEGNIESE KOMPONENT	452.33	12 674.29					
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Veelvuldige Volumes van Belang - PROFESSIONELE KOMPONENT	246.73	6 913.37					
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	575.69	16 130.83					
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapieessies - Konvensionele Tegnieke: Weeklikse Bestralings, Spesiale Tegniek - PROFESSIONELE KOMPONENT	317.22	8 888.50					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE							
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Konvensionele Tegnieke: Weeklikse Bestralings, Spesiale Tegniek - TEGNIESE KOMPONENT	740.18	20 739.84					
20.11.7.2	Advanced Techniques • Gevorderde tegnieke							
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Enkel Volume van Belang - PROFESIONELE KOMPONENT	236.24	6 619.44					
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Enkel Volume van Belang - TEGNIESE KOMPONENT	551.21	15 444.90					
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Veelvuldige Volumes van Belang - PROFESIONELE KOMPONENT	330.73	9 267.05					
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestralingsessies - Veelvuldige Vin Kollimators, Veelvuldige Volumes van Belang - TEGNIESE KOMPONENT	771.71	21 623.31					
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Spesiale Tegniek - PROFESIONELE KOMPONENT	425.23	11 914.94					
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Veelvuldige Vin Kollimators, Spesiale Tegniek - TEGNIESE KOMPONENT	992.19	27 801.16					
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Intensiteits Gemoduleerde Bestraling - TEGNIESE KOMPONENT	348.87	9 775.34					
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestraling, Intensiteits Gemoduleerde Bestraling - TEGNIESE KOMPONENT	814.03	22 809.12					
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestralings, Heeliggam Bestraling of Soortgelyk - PROFESIONELE KOMPONENT	826.83	23 167.78					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE							
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT • Weeklikse Bestralingsterapiesessies - Gevorderde Tegnieke: Weeklikse Bestralings, Heelriggaam Bestraling of Soortgelyk - TEGNIESE KOMPONENT	1 929.26	54 057.87					
20.11.8	Stereotactic Radiation • Stereotaktiese Bestraling							
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT • Stereotaktiese Bestraling: Stereotaktiese Bestraling, Enkel of tot 4 (vier) Fraksies, Globale Fooi - PROFESSIONELE KOMPONENT	3 719.34	104 215.91					
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT • Stereotaktiese Bestraling: Stereotaktiese Bestraling, Enkel Fraksie Behandeling, Globale Fooi - TEGNIESE KOMPONENT	8 678.46	243 170.45					
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT • Stereotaktiese Bestraling: Stereotaktiese Bestraling, 5 (vyf) of meer Fraksies, Volle Kursus, Globale Fooi - PROFESSIONELE KOMPONENT	4 277.24	119 848.26					
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT • Stereotaktiese Bestraling: Stereotaktiese Bestraling, Gefraksioneerd, Volle Kursus, Globale Fooi - TEGNIESE KOMPONENT	9 980.23	279 646.04					
20.12	Brachytherapy • Bragiterapie							
20.12.1	Isotope/Applicator Therapy • Isotope/ Toedienenterapie							
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an out patient procedure. The cost of any isotopes and materials are not included • Isotope-/Toedienenterapie: Isotope - Lae kompleksiteit, toediening van lae dosis orale isotope of gebruik van oppervlakte toedieners, per vyf toedienings. Tipies buite pasiënt prosedure. Die koste van isotope en materiale is uitgesluit.	108.40	3 037.37					
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical out patient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included • Isotope-/Toedienenterapie: Isotope - Intermediêre kompleksiteit, toediening van isotope deur intervensionele tegnieke, soos intraveneuse, intrakavitêre of intra-artikulêre radio-aktiewe isotope. Tipies buite pasiënt prosedure of toelating en monitering <48 uur. Die koste van isotope en materiale is uitgesluit.	216.80	6 074.74					
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included • Isotope-/Toedienenterapie: Isotope - Hoë kompleksiteit, oppervlakte toedienings met veelvuldige sade wat dosimetrie beoordeling benodig en/of hoë dosis radio-aktiewe isotope wat toelating en monitering benodig. Regverdig tipies toelating en monitering vir >48 uur. Die koste van isotope en materiale is uitgesluit	601.16	16 844.50					
20.12.2	Brachytherapy Implants • Bragiterapie Implanterings							

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY • STRALINGS ONKOLOGIE							
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included • Bragiterapie Implanterings: Implanterings - Lae kompleksiteit, implasing van enkel gidsbuis vir bragiterapie met <8 bron posisies. Die koste van materiale is uitgesluit.	216.80	6 074.74					
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included • Bragiterapie Implanterings: Implanterings - Intermediêre kompleksiteit, planare implanterings met > 1 gidsbuis vir bragiterapie, of die gebruik van >8 bron posisies in 'n enkel gidsbuis, of enige prosedure met < 8 bron posisies maar wat algemene narkose benodig. Die koste van materiale is uitgesluit.	786.80	22 046.14					
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included • Bragiterapie Implanterings: Implanterings - Hoë Kompleksiteit implantering wat komplekse volumetriese studies benodig. Inklusiewe fooi vir implantering onder lokale of algemene narkose. Die koste van materiale is uitgesluit.	1 049.07	29 394.94					

		Specialist Medical or Radiation Oncologist Spesialis Mediese of Stralings onkoloog		Other Specialists and General Practitioner Ander Spesialiste en		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	T/M
20.	RADIATION ONCOLOGY ● STRALINGSONKOLOGIE							
20.12.3	Brachytherapy Treatment ● Bragiterapie Behandeling							
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included ● Bragiterapie Behandeling: Globale Fooi vir Manuele Nalading - fooi sluit in berging, hantering, kalibrasie, beplanning (manueel of gerekenariseerd), manuele nalading, daaglikse behandeling, monitering, verwydering en wegruiming van isotope. Die koste van isotope en materiale is uitgesluit.	613.04	17 177.38					
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT ● Bragiterapie Behandeling: Globale Fooi vir Afstandbeheerde Nalading - fooi sluit in insette in kalibrasie, grafiese beplanning, daaglikse behandeling, monitering, verwydering en wegruiming van implanterings materiale na afloop van behandeling. Die koste van isotope en materiale is uitgesluit - PROFESSIONELE KOMPONENT	415.96	11 655.20					
5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT ● Globale Fooi vir Afstandbeheerde Nalading - fooi sluit in insette in kalibrasie, grafiese beplanning, daaglikse behandeling, monitering, verwydering en wegruiming van implanterings materiale na afloop van behandeling. Die koste van isotope en materiale is uitgesluit - TEGNIESE KOMPONENT	970.56	27 195.09					
20.12.4	Brachytherapy Imaging ● Bragiterapie Beelding							
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885 ● Bragiterapie Beelding: Bragiterapie: Spesiale Beelding waar benodig en indien gebruik, ongewoon om te gebruik saam met 'n kode ander dan items 5883 of 5885	156.77	4 392.72					

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
21.	PATHOLOGY • PATOLOGIE				
Notes: For fees for Histology and Cytology refer to items 4561 to 4595 under section 22: Anatomical Pathology • Opmerkings: Vir Histologiese- en Sitologiese tariewe verwys na items 4561 tot 4595 onder Afdeling 22: Anatomiese Patologie The amounts in this section are calculated according to the Clinical Pathology unit values • Die bedrae in hierdie afdeling word volgens die Kliniese Patologie eenheidswaardes bereken					
21.1	Haematology • Hematologie				
3705	Alkali resistant haemoglobin • Alkaliebestande hemoglobien	4.5	119.30	3	79.53
3709	Antiglobulin test (Coombs' or trypsinized red cells) • Antiglobulintoets (Coombsmetode of getripsineerde rooiselle)	3.65	96.76	2.45	64.95
3710	Antibody titration • Antiliggam-titrasie	7.2	190.87	4.8	127.25
3711	Arneth count • Arneth-telling	2.25	59.65	1.5	39.77
3712	Antibody identification • Antiliggam identifikasie	8.45	224.01	5.65	149.78
3713	Bleeding time (does not include the cost of the simplate device) • Bloeytyd (sluit nie die koste van simplateapparaat in nie)	6.94	183.98	4.63	122.74
3715	Buffy Layer examination • "Buffy" laag ondersoek	19.9	527.55	13.27	351.79
3716	Mean Cell Volume • Gemiddelde Selvolume	2.25	59.65	1.5	39.77
3717	Bone marrow cytological examination only • Beenmurg sitologiese ondersoek alleen	19.9	527.55	13.27	351.79
3719	Bone marrow: Aspiration • Beenmurg: Aspirasie	8.4	222.68	5.6	148.46
3720	Bone marrow trephine biopsy • Beenmurg trefien biopsie	32.6	864.23	21.7	575.27
3721	Bone marrow aspiration and trephine biopsy (excluding histological examination) • Beenmurg aspirasie en trefien biopsie (sluit nie histologiese ondersoek in nie)	36.8	975.57	24.5	649.50
3722	Capillary fragility: Hess • Kapillêre breekbaarheid: Hess	2.02	53.55	1.35	35.79
3723	Circulating anticoagulants • Sirkulerende antistolmiddel	5.85	155.08	3.9	103.39
3724	Coagulation factor inhibitor assay • Koagulasiefaktor-inhibeerderessas	57.56	1 525.92	38.37	1 017.19
3726	Activated protein C resistance • Geaktiveerde proteïen C-weerstandigheid	26	689.26	17.3	458.62
3727	Coagulation time • Stollingstyd	3.16	83.77	2.11	55.94
3728	Anti-factor Xa Activity • Anti-faktor Xa aktiwiteit	53.6	1 420.94	35.73	947.20
3729	Cold agglutinins • Koue agglutiniene	3.6	95.44	2.4	63.62
3730	Protein S: Functional • Proteïen S: Funksioneel	37.5	994.13	25	662.75
3731	Compatibility for blood transfusion • Verenigbaarheid vir bloedtransfusie	3.6	95.44	2.4	63.62
3734	Protein C (chromogenic) • Proteïen C (chromogenies)	30.29	802.99	20.19	535.24
3739	Erythrocyte count • Eritrosietelling	2.25	59.65	1.5	39.77
3740	Factors V and VII: Qualitative • Faktore V en VII: Kwalitatief	7.2	190.87	4.8	127.25
3741	Coagulation factor assay: functional • Stollingsfaktor-essai: funksioneel	9.45	250.52	6.3	167.01
3742	Coagulation factor assay: Immunological • Stollings faktor-essais: Immunologies	4.5	119.30	3	79.53
3743	Erythrocyte sedimentation rate • Eritrosiet-besinkingsnelheid	2.5	66.28	1.67	44.27
3744	Fibrin stabilising factor (urea test) • Fibrin-Stabiliserende faktor (ureum oplosbaarheidstoets)	4.5	119.30	3	79.53
3746	Fibrin monomers • Fibrin monomere	2.7	71.58	1.8	47.72
3748	Plasminogen Activator Inhibitor (PAI-1) • Plasminogeen aktivator inhibitor (PAI-I)	65.95	1 748.33	43.97	1 165.64
3750	Tissue Plasminogen Activator (tPA) • Weefsel plasminogeen aktivator (tPA)	67.79	1 797.11	45.19	1 197.99
3751	Osmotic fragility (screen) • Osmotiese breekbaarheid (sifting)	2.25	59.65	1.5	39.77
3753	Osmotic fragility (before and after incubation) • Osmotiese breekbaarheidstoets (voor en na inkubasie)	18	477.18	12	318.12

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
3754	ABO Reverse Group ● ABO Terugwaartse groep	5.5	145.81	3.67	97.29
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791) ● Volbloedtelting (insluitende items 3739, 3762, 3783, 3785, 3791)	10.5	278.36	7	185.57
3756	Full cross match ● Volledige kruisverenigbaarheid	7.2	190.87	4.8	127.25
3757	Coagulation factors (quantitative) ● Stollingsfaktore (kwantitatief)	32.2	853.62	21.47	569.17
3758	Factor VIII related antigen ● Faktor VIII verwante antigeen	60.46	1 602.79	40.31	1 068.62
3759	Coagulation factor correction study ● Stollingsfaktor-korreksiestudies	11.72	310.70	7.81	207.04
3761	Factor XIII related antigen ● Faktor XIII verwante antigeen	61.11	1 620.03	40.74	1 080.02
3762	Haemoglobin estimation ● Hemoglobienbepaling	1.8	47.72	1.2	31.81
3763	Contact activated product essay ● Kontakgeaktiveerde produk-essay	16.2	429.46	10.8	286.31
3764	Grouping: A-, B- and O-antigens ● Groepering: A-, B- en O-antigene	3.6	95.44	2.4	63.62
3765	Grouping: Rh antigens ● Groepering: Rh antigene	3.6	95.44	2.4	63.62
3766	PIVKA ● PIVKA	43.49	1 152.92	28.99	768.52
3767	Euglobulin lysis time ● Euglobienlisetyd	25.58	678.13	17.05	452.00
3768	Haemoglobin A2 (column chromatography) ● Hemoglobien A2 (kolom chromatografie)	15	397.65	10	265.10
3769	HB Electrophoresis ● Hemoglobien elektroforese	26.82	711.00	17.88	474.00
3770	Haemoglobin-S (solubility test) ● Hemoglobien-S (oplosbaarheidstoets)	3.6	95.44	2.4	63.62
3773	Ham's acidified serum test ● Ham se aangesuurde serumtoets	8	212.08	5.33	141.30
3775	Heinz bodies ● Heinz-liggaampies	8	212.08	5.33	141.30
3776	Haemosiderin in urinary sediment ● Haemosiderien in uriensediment	2.25	59.65	1.5	39.77
3777	DELETED 2009: Heparin estimation ● GESKRAP 2009: Heparienbepaling				
3781	Heparin tolerance ● Heparien toleransie	7.2	190.87	4.8	127.25
3783	Leucocyte differential count ● Leukosiet differensiële telling	6.2	164.36	4.15	110.02
3785	Leucocytes: total count ● Leukosiet: totale telling	1.8	47.72	1.2	31.81
3786	QBC malaria concentration and fluorescent staining ● QBC malaria konsentraat en fluoressensie kleuring	25	662.75	16.7	442.72
3787	LE-cells ● LE-selle	8.3	220.03	5.55	147.13
3789	Neutrophil alkaline phosphatase ● Neutrofiel alkaliese fosfatase	28	742.28	18.7	495.74
3791	Packed cell volume: Haematocrit ● Gepakte selvolume: Hematokrit	1.8	47.72	1.2	31.81
3792	Plasmodium falciparum: Monoclonal immunological identification ● Plasmodium flaciparum: Monokonaal immunologiese identifikasie	9	238.59	6	159.06
3793	Plasma haemoglobin ● Plasma-hemoglobien	6.75	178.94	4.5	119.30
3794	Platelet Sensitivities ● Plaatjie sensitiviteit	18.64	494.15	12.43	329.52
3795	Platelet aggregation per aggregan ● Plaatjieklomping per klomp	12.14	321.83	8.09	214.47
3796	Platelet antibodies: agglutination ● Plaatjie-antiligggame: agglutinasie	5.4	143.15	3.6	95.44
3797	Platelet count ● Plaatjetelling	2.25	59.65	1.5	39.77
3799	Platelet adhesiveness ● Plaatjieklewerigheid	4.5	119.30	3	79.53
3801	Prothrombin consumption ● Protrombienenverbruik	5.85	155.08	3.9	103.39
3803	Prothrombin determination (two stages) ● Protrombienenbepaling (twee stadia)	5.85	155.08	3.9	103.39
3805	Prothrombin index ● Protrombienenindeks	6	159.06	4	106.04
3806	Therapeutic drug level: Dosage ● Geneesmiddelvlak: Dosering	4.5	119.30	3	79.53
3807	Recalcification time ● Herkalsifiseringtyd	2.25	59.65	1.5	39.77
3809	Reticulocyte count ● Retikulosietelling	3	79.53	2	53.02
3811	Sickling test ● Sekelseltoets	2.25	59.65	1.5	39.77
3814	Sucrose lysis test for PNH ● Sukrose-lisettoets vir PNH	3.6	95.44	2.4	63.62

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts) ● T en B-selle EAC-merkers (beperk tot EEN merker alleen vir CD4/8 tellings)	21.1	559.36	14.07	373.00
3820	Thrombo-Elastogram ● Trombo-Elastogram	26	689.26	17.33	459.42
3825	Fibrinogen titre ● Fibrinogeen-titer	3.6	95.44	2.4	63.62
3829	Glucose 6-phosphate-dehydrogenase: Qualitative ● Glukose 6-fosfaat-dehidrogenase: Kwalitatief	8	212.08	5.33	141.30
3830	Glucose 6-phosphate-dehydrogenase: quantitative ● Glukose 6-fosfaat-dehidrogenase: kwantitatief.	16	424.16	10.7	283.66
3832	Red cell pyruvate kinase: quantitative ● Rooisel piruvaat kinase: kwantitatief	16	424.16	10.7	283.66
3834	Red cell Rhesus phenotype ● Rooisel Rhesus fenotipe	9.9	262.45	6.6	174.97
3835	Haemoglobin F in blood smear ● Hemoglobien F in bloedsmeer	5.85	155.08	3.9	103.39
3837	Partial thromboplastin time ● Gedeeltelike tromboplastientyd	5.85	155.08	3.9	103.39
3841	Thrombin time (screen) ● Trombientyd (sifting)	5.85	155.08	3.9	103.39
3843	Thrombin time (serial) ● Trombientyd (reeks)	7.65	202.80	5.1	135.20
3847	Haemoglobin H ● Hemoglobien H	2.25	59.65	1.5	39.77
3851	Fibrin degeneration products (diffusion plate) ● Fibrin degenerasieprodukte (diffusieplaat)	10.35	274.38	6.9	182.92
3853	Fibrin degeneration products (latex slide) ● Fibrin degenerasie produkte (latex plaatjie)	4.5	119.30	3	79.53
3854	DXP (Dimer test or equivalent latex slide test) ● DXP (Dimer-toets of ekwivalente latex-plaatjetoets)	8.5	225.34	5.67	150.31
3856	D-Dimer ● D-Dimer	27.52	729.56	18.35	486.46
3855	Hemagglutination inhibition ● Hemagglutinasie inhibisie	9.9	262.45	6.6	174.97
3858	Heparin Removal ● Heparin verwydering	28.88	765.61	19.25	510.32
21.2	Microscopic examinations ● Mikroskopiese ondersoeke				
3863	Autogenous vaccine ● Outogene vaksien	12.6	334.03	8.4	222.68
3864	Entomological examination ● Entomologiese ondersoek	20.7	548.76	13.8	365.84
3865	Parasites in blood smear ● Parasiete in bloedsmeer	5.6	148.46	3.73	98.88
3867	Miscellaneous (body fluids, urine, exudate, fungi, Pus scrapings, etc) ● Diverse (liggaamsvog, urien, eksudaat, Skimmels, etterskrappings, ens)	4.9	129.90	3.3	87.48
3868	Fungus identification ● Fungus identifikasie	8.3	220.03	5.5	145.81
3869	Faeces (including parasites) ● Fekalieë (parasiete ingesluit)	4.9	129.90	3.27	86.69
3872	Automated urine microscopy	8.72	231.17	5.81	154.02
3873	Transmission electron microscopy ● Transmissie elektronmikroskopie	85	2 253.35	57	1 511.07
3874	Scanning electron microscopy ● Skanderings-elektronmikroskopie	100	2 651.00	67	1 776.17
3875	Inclusion bodies ● Insluitingsliggaampie	4.5	119.30	3	79.53
3878	Crystal identification polarised light microscopy ● Kristal identifikasie gepolariseerde ligmikroskopie	4.5	119.30	3	79.53
3879	Campylobacter in stool: fastidious culture ● Campylobacter in feces: puntenerige kweking	9.9	262.45	6.6	174.97
3880	Antigen detection with polyclonal antibodies ● Antigeen bespeuring met poliklonale antiligggame	4.5	119.30	3	79.53
3881	Mycobacteria ● Mikobakterie	3	79.53	2	53.02
3882	Antigen detection with monoclonal antibodies ● Antigeenbespeuring met monoklonale antiligggame	10.8	286.31	7.2	190.87
3883	Concentration techniques for parasites ● Konsentrasie tegnieke vir parasiete	3	79.53	2	53.02
3884	Dark field, Phase- or interference contrast microscopy, Nomarski or Fontana ● Donkerveld, Fase- of interferensie-kontrasmikroskopie, Nomarski of Fontana	6.3	167.01	4.2	111.34
3885	Cytochemical stain ● Sitochemiese kleuring	5.45	144.48	3.65	96.76
21.3	Bacteriology (culture and biological examination) ● Bakteriologie (kweking en biologiese ondersoek)				
3886	DELETED 2009: Antibiotic MIC per organism per antibiotic ● GESKRAP 2009: Antibiotikum MIK per organisme per antibiotikum				

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
3887	Antibiotic susceptibility test, per organism● Antibiotikum gevoeligheidstoets per organisme	8	212.08	5.33	141.30
3889	Clostridium difficile toxin: Monoclonal immunological● Clostridium difficile toksien: Monoklonaal immunologies.	12.4	328.72	8.27	219.24
3890	Antibiotic assay of tissues and fluids● Antibiotikum-essai vir weefsels en vloeistof	13.9	368.49	9.27	245.75
3891	Blood culture: aerobic● Bloedkweking: aerobies	5.85	155.08	3.9	103.39
3892	Blood culture: anaerobic● Bloedkweking: anaerobies	5.85	155.08	3.9	103.39
3893	Bacteriological culture: miscellaneous● Bakteriologiese kweking: diverse	6.3	167.01	4.2	111.34
3894	Radiometric blood culture● Radiometriese bloedkweking	10.8	286.31	7.2	190.87
3895	Bacteriological culture: fastidious organisms● Bakteriologiese kweking: puntenerige organisme	9.9	262.45	6.6	174.97
3896	In vivo culture: bacteria● In vivo kweking: bakterie	16	424.16	10.65	282.33
3897	In vivo culture: virus● In vivo kweking: virus	16	424.16	10.65	282.33
3898	Bacterial exotoxin production (in vitro assay)● Bakteriële eksotoksien produksie (in vitro essay)	4.5	119.30	3	79.53
3899	Bacterial exotoxin production (in vivo assay)● Bakteriële eksotoksien produksie (in vivo essay)	20.7	548.76	13.8	365.84
3901	Fungal culture● Fungus-kweking	4.5	119.30	3	79.53
3903	Antibiotic level: biological fluids● Antibiotikum vlak: biologiese vog	11.7	310.17	7.8	206.78
3905	Identification of virus or rickettsia● Identifikasie van virus of rickettsia	20.7	548.76	13.8	365.84
3906	Identification: chlamydia● Identifikasie: chlamidia	16	424.16	10.65	282.33
3907	Culture for staphylococcus aureus● Kweking vir stafilococcus aureus	2.25	59.65	1.5	39.77
3908	Anaerobic culture: comprehensive● Anaerobiese kweking: omvattend	9.9	262.45	6.6	174.97
3909	Anaerobic culture: limited procedure● Anaerobiese kweking: beperkte prosedure	4.5	119.30	3	79.53
3911	B-Lactamase● B-Laktamase	4.5	119.30	3	79.53
3915	Mycobacterium culture● Mikobakterie kweking	4.5	119.30	3	79.53
3917	Mycoplasma culture: limited● Mikoplasma kweking beperk	2.25	59.65	1.5	39.77
3918	Mycoplasma culture: comprehensive● Mikoplasma kweking: omvattend	9.9	262.45	6.6	174.97
3919	Identification of mycobacterium● Identifikasie van mikobakterie	9.9	262.45	6.6	174.97
3920	Mycobacterium: antibiotic sensitivity● Mikobakterie: antibiotikumsensitiwiteit	9.9	262.45	6.6	174.97
3921	Antibiotic synergistic study● Ondersoek vir sinergisme van antibiotiese middels	20.7	548.76	13.8	365.84
3922	Viable cell count● Lewendeseltelling	1.35	35.79	0.9	23.86
3923	Staph ID Abr (Yeast ID)● Staph ID Abr (Suurdeeg ID)	3.15	83.51	2.1	55.67
3924	Biochemical ident of bacterium: extended● Biologiese ident van bakterie: omvattend	12.5	331.38	8.33	220.83
3925	Serological ident of bacterium: abridged● Serologiese ident van bakterie: verkort	3.15	83.51	2.1	55.67
3926	Serological ident of bacterium: extended● Serologiese ident van bakterie: omvattend	10.2	270.40	6.8	180.27
3927	Grouping of streptococci● Streptokokkus groepering	7.3	193.52	4.85	128.57
3928	Antimicrobial substances● Antimikrobiese substansies	3.8	100.74	2.5	66.28
3929	Radiometric mycobacterium identification● Radiometriese mikobakterie identifikasie	14	371.14	9.3	246.54
3930	Radiometric mycobacterium antibiotic sensitivity● Radiometriese mikobakterie antibiotiese sensitiwiteit	25	662.75	16.7	442.72

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
4652	Rapid automated bacterial identification per organism Vinnige geoutomatiseerde bakteriële identifikasie per organisme	15	397.65	10	265.10
4653	Rapid automated antibiotic susceptibility per organism Vinnige geoutomatiseerde antibiotikum gevoeligheid per organisme	17	450.67	11.33	300.36
4654	Rapid automated MIC per organism per antibiotic Vinnige geoutomatiseerde MIK per organisme per antibiotikum	17	450.67	11.33	300.36
4655	Mycobacteria: MIC determination - E Test Mikobakterie: MIK bepaling - E Toets	16.50	437.42	11.00	291.61
4656	Mycobacteria: Identification HPLC Mikobakterie: Identifikasie HPLC	35.00	927.85	23.33	618.48
4657	Mycobacteria: Liquefied, concentrated, fluorochrome stain Mikobakterie: Vervloeide, gekonsentreerde fluorchromiese kleuring	9.90	262.45	6.60	174.97
21.4	Serology • Serologie				
3932	HIV Elisa Type I and II (Screening tests only) HIV Elisa Tipe I en II (Slegs siftingstoets)	14.1	373.79	9.4	249.19
3933	IgE: Total; EMIT or ELISA IgE: Totaal; EMIT of ELISA	11.7	310.17	7.8	206.78
3934	Auto antibodies by labelled antibodies Auto-antiligggame deur gemerkte antiligggame	16	424.16	10.65	282.33
3938	Precipitation test per antigen Presipitasie toets per antigeen	4.5	119.30	3	79.53
3939	Agglutination test per antigen Agglutinasietoets per antigeen	5.5	145.81	3.67	97.29
3940	Haemagglutination test: per antigen Haemagglutinasietoets: per antigeen	9.9	262.45	6.6	174.97
3941	Modified Coombs' test for brucellosis Gewysigde Coombs-toets vir brucellose	4.5	119.30	3	79.53
3942	Hepatitis Rapid Viral Ab Hepatitis Virus AI - spoedmetode	12.24	324.48	8.16	216.32
3943	Antibody titer to bacterial exotoxin Antiligggame titer teen bakteriese eksotoksien	3.6	95.44	2.4	63.62
3944	IgE: Specific antibody titer: ELISA/EMIT: per Ag IgE: spesifieke antiligggame titer: ELISA/EMIT: per Ag	12.4	328.72	8.27	219.24
3945	Complement fixation test Komplementbindingstoets	5.85	155.08	3.9	103.39
3946	IgM: Specific antibody titer: ELISA or EMIT: per Ag IgM: Spesifieke antiligggame titer: ELISA/EMIT: per Ag	14.05	372.47	9.37	248.40
3947	C-reactive protein C-reaktiwe proteïen	3.6	95.44	2.4	63.62
3948	IgG: Specific antibody titer: ELISA/EMIT: per Ag IgG: Spesifieke antiligggame titer: ELISA/EMIT: per Ag	12.95	343.30	8.63	228.78
3949	Qualitative Kahn. VDRL or other flocculation Kwalitatiewe Kahn. VDRL of ander flokkulasie	2.25	59.65	1.5	39.77
3950	Neutrophil phagocytosis Neutrofiel-fagositose	25.2	668.05	16.8	445.37
3951	Quantitative Kahn. VDRL or other flocculation Kwantitatiewe Kahn. VDRL of ander flokkulasie	3.6	95.44	2.4	63.62
3952	Neutrophil chemotaxis Neutrofiel-chemotakse	67.95	1 801.35	45.3	1 200.90
3953	Tube agglutination test Buise agglutinasietoets	4.15	110.02	2.76	73.17
3955	Paul Bunnell: presumptive Paul Bunnell: vermoedelik	2.25	59.65	1.5	39.77
3956	Infectious Mononucleosis latex slide test (Monospot or equivalent) Infektiewe Mononukleose latex-plaatjetoets (Monospot of ekwivalent)	8.5	225.34	5.67	150.31
3957	Paul Bunnell: Absorption Paul Bunnell: Absorpsie	4.5	119.30	3	79.53
4601	Panel typing: Antibody detection: Class I Paneeltipering: Antiligggame opsporing: Klas I	36	954.36	24	636.24
4602	Panel typing: Antibody detection: Class II Paneeltipering: Antiligggame opsporing: Klas II	44	1 166.44	29.3	776.74
4607	Cross matching T-cells (per tray) Kruispassing T-selle (per blad)	18	477.18	12	318.12
4608	Cross matching B-cells Kruispassing B-selle	38	1 007.38	25.3	670.70
4609	Cross matching T- & B-cells Kruispassing T- & B-selle	48	1 272.48	32	848.32
4610	Helicobacter pylori antigen test Helikobakter pylori stoelgang antigeen	34.6	917.25	23.07	611.59
4613	Anti-Gm1 Antibody Assay Anti Gm1 AI bepaling	75	1 988.25	50	1 325.50

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
4614	HIV Ab - Rapid Test● MIV AI - spoedmetode	12	318.12	8	212.08
3959	Rose Waaler Agglutination test● Rose Waaler agglutinasietoets	4.5	119.30	3	79.53
3961	Slide agglutination test● Voorwerpglas-agglutinasietoets	2.63	69.72	1.75	46.39
3962	Rebuck skin window● Rebuck-huidvenster	5.4	143.15	3.6	95.44
3963	Serum complement level: each component● Serum komplement vlak: per komponent	3.15	83.51	2.1	55.67
3967	Auto-antibody: Sensitised erythrocytes● Oto-antiliggame: Gesensitiseerde rooiselle	4.5	119.30	3	79.53
3969	Western blot technique● Western klad tegniek	74	1 961.74	49	1 298.99
3970	DELETED 2009: Epstein-Barr virus antibody tite● GESKRAP 2009: Epstein-Barr virus antiliggaam titer				
3971	Immuno-diffusion test: per antigen● Immuno-diffusie toets: per antigeen	3.15	83.51	2.1	55.67
3973	Immuno electrophoresis: per immune serum● Immuno-elektroforese: per immuunserum	9.45	250.52	6.3	167.01
3975	Indirect immuno-fluorescence test (Bacterial, viral, parasitic)● Indirekte immuno fluoressensietoets (Bakterieel, viraal, parasitêr)	12	318.12	8	212.08
3977	Counter immuno-electrophoresis● Kontra immuno-elektroferese	6.75	178.94	4.5	119.30
3978	Lymphocyte transformation● Limfosien-transformasie	51.7	1 370.57	34.5	914.60
3980	Bilharzia Ag Serum/Urine● Bilharzia Ag Serum/Urine	14.5	384.40	9.67	256.35
21.5	Skin tests ● Huidtoetse For skin-prick allergy tests, please refer to items 0218 to 0221 in the Integumentary Section● Vir vingerprik allergietoetse, verwys na items 0218 tot 0221 in die Velafdeling				
21.6	Biochemical tests: Blood ● Biochemiese toetse: Bloed				
3991	Abnormal pigments: qualitative● Abnormale pigmente: kwalitatief	4.5	119.30	3	79.53
3993	Abnormal pigments: quantitative● Abnormale pigmente: kwantitatief	9	238.59	6	159.06
3995	Acid phosphatase● Suurfosfatase	5.18	137.32	3.45	91.46
3996	Serum Amyloid A● Serum Amiloied A	8.28	219.50	5.52	146.34
3997	Acid phosphatase fractionation● Suurfosfatase fraksionasie	1.8	47.72	1.2	31.81
3998	Amino acids: Quantitative (Post derivatisation HPLC)● Aminosure: Kwantitatief (Post derivatisering HDVC	78.12	2 070.96	52.08	1 380.64
3999	Albumin● Albumien	4.8	127.25	3.2	84.83
4000	Alcohol● Alkohol	12.4	328.72	8.27	219.24
4001	Alkaline phosphatase● Alkalisiese fosfatase	5.18	137.32	3.45	91.46
4002	Alkaline Phosphatase-iso-enzymes● Alkalisiese fosfatase-iso-ensieme	11.7	310.17	7.8	206.78
4003	Ammonia: enzymatic● Ammoniak: ensiematies	7.71	204.39	5.14	136.26
4004	Ammonia: monitor● Ammoniak: monitor	4.5	119.30	3	79.53
4005	Alpha-1-antitrypsin● Alfa-1-antitripsien	7.2	190.87	4.8	127.25
4006	Amylase● Amilase	5.18	137.32	3.45	91.46
4007	Arsenic in blood, hair or nails● Arseen in bloed, hare of naels	36.25	960.99	24.17	640.75
4008	Bilirubin – Reflectance● Bilirubien reflektansie	4.77	126.45	3.18	84.30
4009	Bilirubin: total● Bilirubien: totaal	4.77	126.45	3.18	84.30
4010	Bilirubin: conjugated● Bilirubien: gekonjugeerd	3.62	95.97	2.41	63.89
4014	Cadmium: atomic absorp● Kadmium: atoomabsorpsies	18.12	480.36	12.08	320.24
4016	Calcium: Ionized● Kalsium: Gefoniseerd	6.75	178.94	4.5	119.30
4017	Calcium: spectrophotometric● Kalsium spektrofotometrie	3.62	95.97	2.41	63.89
4018	Calcium: atomic absorption● Kalsium: atoomabsorpsie	7.25	192.20	4.83	128.04
4019	Carotene● Karoteen	2.25	59.65	1.5	39.77
4023	Chloride● Chloried	2.59	68.66	1.73	45.86
4026	LDL cholesterol (chemical determination)● LDL cholesterol (chemiese determinasie)	6.9	182.92	4.6	121.95
4027	Cholesterol total● Cholesterol totaal	5.34	141.56	3.56	94.38

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		U/E	R	U/E	R
4029	Cholinesterase: serum or erythrocyte: each rooisel: elk	7.48	198.29	4.99	132.28
4030	Cholinesterase phenotype (Dibucaine or fluoride each) fenotipe (Dibucaine of fluoried elk)	9	238.59	6	159.06
4031	Total CO ₂ • Totale CO ₂	5.18	137.32	3.45	91.46
4032	Creatinine • Kreatinien	3.62	95.97	2.41	63.89
4035	CSF-Albumin • SSV Albumien	9.45	250.52	6.3	167.01
4036	CSF-IgG Index • SSV IgG Indeks	22.05	584.55	14.7	389.70
4040	Homocysteine (random) • Homosistein (lukraak)	15.3	405.60	10.2	270.40
4041	Homocysteine (after Methionine load) • Homosistein (na Metionien-lading)	18.1	479.83	12.06	319.71
4042	D-Xylose absorption test: two hours • D-Xylose absorpsietoets twee uur	13.15	348.61	8.75	231.96
4045	Fibrinogen: quantitative • Fibrinogeen: kwantitatief	3.6	95.44	2.4	63.62
4047	Hollander test • Hollander se toets	24.75	656.12	16.5	437.42
4049	Glucose tolerance test (2 specimens) • Glukose toleransietoets (2 monsters)	8.97	237.79	5.98	158.53
4050	Glucose strip-test with photometric reading • Glukose strokietoets met fotometriese lesing	1.8	47.72	1.2	31.81
4051	Galactose • Galaktose	11.25	298.24	7.5	198.83
4052	Glucose tolerance test (3 specimens) • Glukose toleransietoets (3 monsters)	13.17	349.14	8.78	232.76
4053	Glucose tolerance test (4 specimens) • Glukose toleransietoets (4 monsters)	17.37	460.48	11.58	306.99
4057	Glucose Quantitative • Glukose Kwantitatief	3.62	95.97	2.41	63.89
4061	Glucose tolerance test (5 specimens) • Glukose toleransietoets (5 monsters)	21.56	571.56	14.37	380.95
4063	Fructosamine • Fruktosamine	7.2	190.87	4.8	127.25
4064	Glycated haemoglobin: chromatography/HbA1c • Geglikosileerde hemoglobien: chromatografie/HbA1C	14.25	377.77	9.5	251.85
4067	Lithium: flame ionisation • Litium: vlam ionisasie	5.18	137.32	3.45	91.46
4068	Lithium: atomic absorption • Litium: atoomabsorpsie	7.48	198.29	4.99	132.28
4071	Iron • Yster	6.75	178.94	4.5	119.30
4073	Iron-binding capacity • Ysterbindingsvermoë	7.65	202.80	5.1	135.20
4076	Carboxy haemoglobin (6x per 24 hrs) • Karboksie hemoglobien (6 x per 24 uur periode)	19.1	506.34	12.73	337.47
4078	Oximetry analysis: MetHb, COHb, QHb, RHb, SulfHb • Oksimetriele analise: MetHb, COHb, QHb, RHb, SulfHb	6.75	178.94	4.5	119.30
4079	Ketones in plasma: qualitative • Ketone in plasma: kwalitatief	2.25	59.65	1.5	39.77
4081	Drug level-biological fluid: Quantitative • Middel vlak-biologiese vog: kwantitatief	10.8	286.31	7.2	190.87
4086	Plasma Lactate • Plasma Laktate				
4085	Lipase • Lipase				
4091	Lipoprotein electrophoresis • Lipoproteïen-elektroferese	9	238.59	6	159.06
4093	Osmolality: Serum or urine • Osmolaliteit: Serum of urien	6.75	178.94	4.5	119.30
4094	Magnesium: Spectrophotometric • Magnesium: Spektrofotometries	3.62	95.97	2.41	63.89
4095	Magnesium: Atomic absorption • Magnesium: Atoomabsorpsie	7.25	192.20	4.83	128.04
4096	Mercury: Atomic absorption • Kwik: Atoomabsorpsie	18.12	480.36	12.08	320.24
4098	Copper: Atomic absorption • Koper: Atoomabsorpsie	18.12	480.36	12.08	320.24
4105	Protein electrophoresis • Proteïen-elektroferese	9	238.59	6	159.06
4106	IgG sub-class 1.2. 3 or 4: Per sub-class • IgG subklas 1.2. 3 of 4: Per subklas	20	530.20	13.2	349.93
4109	Phosphate • Fosfaat	3.62	95.97	2.41	63.89

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		U/E	R	U/E	R
4111	Phospholipids ● Fosfolipiede	3.15	83.51	2.1	55.67
4113	Potassium ● Kalium	3.62	95.97	2.41	63.89
4114	Sodium ● Natrium	3.62	95.97	2.41	63.89
4117	Protein: total ● Proteïen: totaal	3.11	82.45	2.07	54.88
4121	pH, pCO ₂ or pO ₂ each ● pH, pCO ₂ of pO ₂ : elk	6.75	178.94	4.5	119.30
4123	Pyruvic acid ● Pirodruivesuur	4.5	119.30	3	79.53
4125	Salicylates ● Salisilate	4.5	119.30	3	79.53
4126	Secretin-pancreozymin responds ● Sekretien-pankreasimien-respons	26.1	691.91	17.4	461.27
4127	Caeruloplasmin ● Seruloplasmin	4.5	119.30	3	79.53
4128	Phenylalanine: Quantitative ● Fenielaanien: kwantitatief	11.25	298.24	7.5	198.83
4129	Glutamate dehydrogenase (GDH) ● Glutamaat dehydrogenase (GDH)	5.4	143.15	3.6	95.44
4130	Aspartate amino transferase (AST) ● Aspartaat amino transferase (AST)	5.4	143.15	3.6	95.44
4131	Alanine amino transferase (ALT) ● Alanien amino transferase (ALT)	5.4	143.15	3.6	95.44
4132	Cretine kinase (CK) ● Kreatien kinase (CK)	5.4	143.15	3.6	95.44
4133	Lactate dehydrogenase (LD) ● Laktaat dehydrogenase (LD)	5.4	143.15	3.6	95.44
4134	Gamma glutamyl transferase (GGT) ● Gamma glutamiel transferase (GGT)	5.4	143.15	3.6	95.44
4135	Aldolase ● Aldolase	5.4	143.15	3.6	95.44
4136	Angiotensin converting enzyme (ACE) ● Angiotensien omskakelingsensiem (ACE)	9	238.59	6	159.06
4137	Lactate dehydrogenase isoenzyme ● Laktaat dehydrogenase isoensiem	10.8	286.31	7.2	190.87
4138	CK-MB: immunoinhibition/precipitation ● CK-MB: immunoinhibisie/presipetasie	10.8	286.31	7.2	190.87
4139	Adenosine deaminase ● Adenosien deaminase	5.4	143.15	3.6	95.44
4142	Red cell enzymes: each ● Rooiselensieme: elk	7.8	206.78	5.2	137.85
4143	Serum/plasma enzymes: each ● Serum/plasma ensieme: elk	5.4	143.15	3.6	95.44
4144	Transferrin ● Transferrien	11.7	310.17	7.8	206.78
4146	Lead: atomic absorption ● Lood: atoomabsorpsie.	15	397.65	10	265.10
4151	Urea ● Ureum	3.62	95.97	2.41	63.89
4152	CK-MB ● CK-MB	12.4	328.72	8.27	219.24
4154	Myoglobin quantitative: Monoclonal immunologic ● Mioglobien kwantitatief: Monoklonaal immunologies	12.4	328.72	8.27	219.24
4155	Uric acid ● Uriensuur	3.78	100.21	2.52	66.81
4157	Vitamin A-saturation test ● Vitamien A-versadigingstoets	15.3	405.60	10.2	270.40
4158	Vitamin E (tocopherol) ● Vitamien E (tokoferol)	3.6	95.44	2.4	63.62
4159	Vitamin A ● Vitamien A	6.3	167.01	4.2	111.34
4160	Vitamin C (ascorbic acid) ● Vitamin C (askorbiensuur)	2.25	59.65	1.5	39.77
4161	Trop T	20	530.20	13.33	353.38
4171	Sodium + potassium + chloride + CO ₂ + urea ● Natrium + kalium + chloried + CO ₂ + ureum	15.84	419.92	10.56	279.95
4172	ELIZA or EMIT technique ● ELIZA of EMIT tegniek	12.42	329.25	8.28	219.50
4181	Quantitative protein estimation: Mancini metho ● Kwantitatiewe proteïen bepalings: Mancini metode	7.76	205.72	5.17	137.06
4182	Quantitative protein estimation: nephelometer ● Kwantitatiewe proteïen bepaling: nefelometer	8.28	219.50	5.52	146.34
4183	Quantitative protein estimation: labelled antibody ● Kwantitatiewe proteïen bepaling: gemerkte antiliggzaam	12.42	329.25	8.28	219.50
4185	Lactose ● Laktose	10.8	286.31	7.2	190.87
4187	Zinc: atomic absorption ● Sink: atoomabsorpsie	18.12	480.36	12.08	320.24

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
21.7	Biochemical tests: Urine ● Biochemiese toets: uriene				
4188	Urine dipstick, per stick (irrespective of the number of tests on stick) ● Urien doopstrok, per strok (ongeg die aantal toets op die strok)	1.5	39.77	1	26.51
4189	Abnormal pigments ● Abnormale pigmente	4.5	119.30	3	79.53
4193	Alkapton test: homogentisic acid ● Alkapton toets: homogentisien-suur	4.5	119.30	3	79.53
4194	Amino acids: quantitative (Post derivatisation HPLC) ● Aminosure: kwantitatief (Post derivatisering HDVC)	78.12	2 070.96	52.08	1 380.64
4195	Amino laevulinic acid ● Aminolevulien-suur	18	477.18	12	318.12
4197	Amylase ● Amilase	5.18	137.32	3.45	91.46
4199	Ascorbic acid ● Askorbiensuur	2.25	59.65	1.5	39.77
4201	Bence-Jones protein ● Bence-Jones proteïen	2.7	71.58	1.8	47.72
4203	Phenol ● Fenol	3.6	95.44	2.4	63.62
4204	Calcium: atomic absorption ● Kalsium: atoomabsorpsie	7.25	192.20	4.83	128.04
4205	Calcium: spectrophotometric ● Kalsium: spektrofotometries	3.62	95.97	2.41	63.89
4206	Calcium: absorption and excretion studies ● Kalsium: absorpsie en ekskresie studies	25	662.75	16.7	442.72
4209	Lead: atomic absorption ● Lood: atoom absorpsie	15	397.65	10	265.10
4211	Bile pigments: qualitative ● Galpigmente: kwalitatief	2.25	59.65	1.5	39.77
4213	Protein: quantitative ● Proteïen: kwantitatief	2.25	59.65	1.5	39.77
4216	Mucopolysaccharides: qualitative ● Mukopolisakkariede: kwalitatief	3.6	95.44	2.4	63.62
4217	Oxalate/Citrate: enzymatic each ● Oksalaat/Sitraat: ensiematies elk	9.38	248.66	6.25	165.69
4218	Glucose: quantitative ● Glukose: kwantitatief	2.25	59.65	1.5	39.77
4219	Steroids: chromatography (each) ● Steroïede: chromatografie (elk)	7.2	190.87	4.8	127.25
4221	Creatinine ● Kreatinien	3.62	95.97	2.41	63.89
4223	Creatinine clearance ● Kreatinien-opruiming	7.65	202.80	5.1	135.20
4227	Electrophoreses: qualitative ● Elektroforese: kwalitatief	4.5	119.30	3	79.53
4229	Uric acid clearance ● - uriensuuropruiming	7.65	202.80	5.1	135.20
4231	Metabolites HPLC (High Pressure Liquid Chromatography) ● Metaboliete HDVC (Hoë Druk Vloeistof Chromatografie)	37.50	994.13	25.00	662.75
4232	Metabolites (Gas chromatography/Mass spectrophotometry) ● Metaboliete (Gaschromatografie/massa spektrofotometrie)	46.80	1 240.67	31.20	827.11
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography) ● Farmakologiese/ Gewoontevormende middels: Metaboliete HDVC (Hoë Druk Vloeistof Chromatografie)	37.50	994.13	25.00	662.75
4234	Pharmacological/Drugs of abuse: Metabolites (Gas chromatography/Mass spectrophotometry) ● Farmakologiese/ Gewoontevormende middels: Metaboliete (Gaschromatografie/massa spektrofotometrie)	46.80	1 240.67	31.20	827.11
4237	5-Hydroxy-indole-acetic acid: screen test ● 5-Hidroksie-indolasynsuur: siftingstoets	2.7	71.58	1.8	47.72
4239	5-Hydroxy-indole-acetic acid: quantitative ● 5-Hidroksie-indolasynsuur: kwantitatief	6.75	178.94	4.5	119.30
4241	DELETED 2009: Indican or indole: qualitative ● GESKRAP 2009: Indikan of indool: kwalitatief				
4247	Ketones: excluding dip-stick method ● Ketone: dompelstrokiemetode uitgesluit	2.25	59.65	1.5	39.77
4248	Reducing substances ● Reduserende stowwe	1.8	47.72	1.2	31.81
4251	Metanephrines: column chromatography ● Metanefriene: kolom chromatografie	22.05	584.55	14.7	389.70
4253	Aromatic amines (gas chromatography/mass spectrophotometry) ● Aromatiese amiene (gas chromatografie/massaspektrofotometrie)	27	715.77	18	477.18
4254	Nitrosonaphtol test for tyrosine ● Nitrosonaftoltoets vir tirosien	2.25	59.65	1.5	39.77
4262	Micro Albumin-Qualitative ● Mikroalbumien Kwalitatief	4.5	119.30	3	79.53
4263	pH: Excluding dip-stick method ● pH: Dompelstrokiemetode uitgeslote	0.9	23.86	0.6	15.91
4265	Thin layer chromatography: one way ● Dunlaag chromatografie: enkelrigting	6.75	178.94	4.5	119.30

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		U/E	R	U/E	R
4266	Thin layer chromatography: two way ● Dunlaag chromatografie: tweerigting	11.25	298.24	7.5	198.83
4267	Total organic matter screen: Infrared ● Totale organiese materiaal sifting: Infrarooi	31.25	828.44	20.83	552.20
4268	Organic acids: quantitative: GCMS ● Organiese sure: kwantitatief: GCMS	109.38	2 899.66	72.92	1 933.11
4269	Phenylpyruvic acid: ferric chloride ● Fenilpirodruiwesuur: ferrichloried	2.25	59.65	1.5	39.77
4271	Phosphate excretion index ● Fosfaat uitskeidings indeks	22.05	584.55	14.7	389.70
4272	Porphobilinogen qualitative screen: urine ● Porfobilinogeen kwalitatiewe sifting: urien	5	132.55	3.33	88.28
4273	Porphobilinogen/ALA: quantitative each ● Porfobilinogeen/ALS kwantitatief elk	15	397.65	10	265.10
4283	Magnesium: spectrophotometric ● Magnesium: spektrofotometries	3.62	95.97	2.41	63.89
4284	Magnesium: atomic absorption ● Magnesium: atoomabsorpsie	7.25	192.20	4.83	128.04
4285	Identification of carbohydrate ● Identifikasie van koolhidrate	7.65	202.80	5.1	135.20
4287	Identification of drug: qualitative ● Identifikasie van geneesmiddel: kwalitatief	4.5	119.30	3	79.53
4288	Identification of drug: quantitative ● Identifikasie van geneesmiddel: kwantitatief	10.8	286.31	7.2	190.87
4293	Urea clearance ● Ureum opruiming	5.4	143.15	3.6	95.44
4297	Copper: spectrophotometric ● Koper: spektrofotometries	3.62	95.97	2.41	63.89
4298	Copper: Atomic absorption ● Koper: atoomabsorpsie	18.12	480.36	12.08	320.24
4300	Indican or Indole: Qualitative ● Indikan of Indool: Kwalitatief	3.15	83.51	2.1	55.67
4301	Chloride ● Chloried	2.59	68.66	1.73	45.86
4307	Ammonium chloride loading test ● Ammoniumchloried-ladingstoets	22.05	584.55	14.7	389.70
4309	Urobilinogen: quantitative ● Urobilinogeen: kwantitatief	6.75	178.94	4.5	119.30
4313	Phosphates ● Fosfaat	3.62	95.97	2.41	63.89
4315	Potassium ● Kalium	3.62	95.97	2.41	63.89
4316	Sodium ● Natrium	3.62	95.97	2.41	63.89
4319	Urea ● Ureum	3.62	95.97	2.41	63.89
4321	Uric acid ● Uriensuur	3.62	95.97	2.41	63.89
4322	Fluoride ● Fluoried	5.18	137.32	3.45	91.46
4323	Total protein and protein electrophoresis ● Totale proteïene en proteïenelektroforese	11.25	298.24	7.5	198.83
4325	VMA: quantitative ● VMA: kwantitatief	11.25	298.24	7.5	198.83
4327	Immunofixation: Total Protein, IgG, IgA, IgM, Kappa, Lambda ● Immunofiksasie: Totale proteïene, IgG, IgA, IgM, Kappa, Lambda	46.88	1 242.79	31.25	828.44
4335	Cystine: quantitative ● Sistien: kwantitatief	12.6	334.03	8.4	222.68
4336	Dinitrophenal hydrazine test: ketoacids ● Dinitrofenol-hidrasientoets vir ketosure	2.25	59.65	1.5	39.77
4337	Hydroxyproline: quantitative ● Hidroksieprolien: kwantitatief	18.9	501.04	12.6	334.03

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
21.8	Biochemical tests: Faeces • Biochemiese toetse: Fekalieë				
4339	Chloride • Chloried	2.59	68.66	1.73	45.86
4343	Fat: qualitative • Vet: kwalitatief	3.15	83.51	2.1	55.67
4345	Fat: quantitative • Vet: kwantitatief	22.05	584.55	14.7	389.70
4347	pH • pH	0.9	23.86	0.6	15.91
4351	Occult blood: chemical test • Okkulte bloed: chemiese toets	2.25	59.65	1.5	39.77
4352	Occult blood (monoclonal antibodies) • Okkulte bloed (monoklonale antiliggamme)	10	265.10	6.67	176.82
4357	Potassium • Kalium	3.62	95.97	2.41	63.89
4358	Sodium • Natrium	3.62	95.97	2.41	63.89
4361	Stercobilin • Sterkobilien	2.25	59.65	1.5	39.77
4363	Stercobilinogen: quantitative • Sterkobilinogeen: kwantitatief	6.75	178.94	4.5	119.30
21.9	Biochemical tests: Miscellaneous • Biochemiese toetse: Diverse				
4370	Vancomycin, Phenytoin, Theophylline • Vancomycin, Phenytoin, Theophylline	12.4	328.72	8.27	219.24
4371	Amylase in exudate • Amilase in eksudaat	5.18	137.32	3.45	91.46
4374	Trace metals in biological fluid: Atomic absorption • Spoorelemente in biologiese vog: atoomabsorpsie	18.13	480.63	12.08	320.24
4375	Calcium in fluid: Spectrophotometric • Kalsium in vog: Spektrofotometries	3.62	95.97	2.41	63.89
4376	Calcium in fluid: Atomic absorption • Kalsium in vog: Atoomabsorpsie	7.25	192.20	4.83	128.04
4388	Gastric contents: Maximal stimulation • Maaginhoud: Maksimum stimulasietoets	27	715.77	18	477.18
4389	Gastric fluid: Total acid per specimen • Maagsap: Totale suur per monster	2.25	59.65	1.5	39.77
4391	Renal calculus: Chemistry • Niersteen: Chemiese ontleding	5.4	143.15	3.6	95.44
4392	Renal calculus: Crystallography • Niersteen: Kristallografie	16.25	430.79	10.8	286.31
4393	Saliva: Potassium • Speeksel: Kalium	3.62	95.97	2.41	63.89
4394	Saliva: Sodium • Speeksel: Natrium	3.62	95.97	2.41	63.89
4395	Sweat: Sodium • Sweet: Natrium	3.62	95.97	2.41	63.89
4396	Sweat: Potassium • Sweet: Kalium	3.62	95.97	2.41	63.89
4397	Sweat: Chloride • Sweet: Chloried	2.59	68.66	1.73	45.86
4399	Sweat collection by iontophoresis (excluding collection material) • Sweetkolleksie deur iontoforese (kolleksie materiaal uitgesluit)	4.5	119.30	3	79.53
4400	Tryptophane loading test • Triptofaanladingstoets	22.05	584.55	14.7	389.70
21.10	Cerebrospinal fluid • Serebro spinale vog				
4401	Cell count • Seltelling	3.45	91.46	2.3	60.97
4407	Cell count, protein, glucose and chloride • Seltelling, proteïen, glukose en chloried	7.65	202.80	5.1	135.20
4409	Chloride • Chloried	2.59	68.66	1.73	45.86
4415	Potassium • Kalium	3.62	95.97	2.41	63.89
4416	Sodium • Natrium	3.62	95.97	2.41	63.89
4417	Protein: Qualitative • Proteïen: Kwalitatief	0.9	23.86	0.6	15.91
4419	Protein: Quantitative • Proteïen: Kwantitatief	3.11	82.45	2.07	54.88
4421	Glucose • Glukose	3.62	95.97	2.41	63.89
4423	Urea • Ureum	3.62	95.97	2.41	63.89
4425	Protein electrophoresis • Proteïenelektroforese	12.6	334.03	8.4	222.68
4434	Bacteriological DNA identification (PCR)	75	1 988.25	50	1 325.50

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
21.12	Isotopes • Isotope				
4451	HCG: Monoclonal immunological: Quantitative • HCG: Monoklonaal immunologies: Kwantitatief	12.4	329.72	8.27	219.24
4458	Micro-albuminuria: radio-isotope method • Mikro-albuminurie: radio-isotoop metode	12.42	329.25	8.3	220.03
4459	Acetyl choline receptor antibody • Asetielcholien reseptor antiliggam	158.12	4 191.76	105.41	2 794.42
4463	C6 complement functional assay • C6 komplement funksionele bepaling	45	1 192.95	30	795.30
4466	Beta-2-microglobulin • Beta-2-mikroglobulien	12.42	329.25	8.28	219.50
4469	S-S100 • S-S100	20	530.20	13.33	353.38
4452	Bone-Specific Alk. Phosphatase • Been alkaliese fosfatase	20	530.20	13.33	353.38
4479	Vitamin B12-absorption: Shilling test • Vitamien B12-absorpsie: Shillingtoets	11.7	310.17	7.8	206.78
4480	Serotonin • Serotonien	18.75	497.06	12.5	331.38
4482	Free thyroxine (FT4) • Vry tiroksien (FT4)	17.48	463.39	11.65	308.84
4484	Thyroid profile (only with special motivation) • Tiroied profiel (slegs met spesiale motivering)	37.8	1 002.08	24.72	655.33
4485	Insulin • Insulien	12.42	329.25	8.28	219.50
4488	NT Pro BNP • NT Pro BNP	47.04	1 247.03	33.35	884.11
4491	Vitamin B12 • Vitamien B12	12.42	329.25	8.28	219.50
4493	Drug concentration: quantitative • Middelkonsentrasie: kwantitatief	12.42	329.25	8.28	219.50
4497	Carbohydrate deficient transferrin • Koolwaterstof-gebreklike transferrien	29.06	770.38	19.37	513.50
4499	Cortisol • Kortisol	12.42	329.25	8.28	219.50
4500	DHEA sulphate • DHEA-sulfaat	12.42	329.25	8.28	219.50
4507	Thyrotropin (TSH) • Tirotropien (TSH)	19.6	519.60	13.07	346.49
4509	Free tri-iodothyronine (FT3) • Vry trijodotironien (FT3)	17.48	463.39	11.65	308.84
4511	Renin activity • Renien aktiwiteit	18.9	501.04	12.6	334.03
4516	Follicle stimulating hormone (FSH) • Follikotropien (FSH)	12.42	329.25	8.28	219.50
4517	Luteinizing hormone (LH) • Lutropien (LH)	12.42	329.25	8.28	219.50
4522	Alpha-Feto protein • Alfa-fetoproteïen	12.42	329.25	8.28	219.50
4523	ACTH • AKTH	21.74	576.33	14.49	384.13
4524	Free PSA • Vry PSA	14.49	384.13	9.66	256.09
4527	Gastrin • Gastrien	12.42	329.25	8.28	219.50
4528	Ferritin • Ferritien	12.42	329.25	8.28	219.50
4530	Antiplatelet antibodies • Antiplaatjie antiliggam	15.3	405.60	10.2	270.40
4531	Hepatitis: per antigen or antibody • Hepatitis: per antigeen of antiliggam	14.49	384.13	9.66	256.09
4532	Transcobalamin • Transkobalamien	12.42	329.25	8.28	219.50
4533	Folic acid • Foliensuur	12.42	329.25	8.28	219.50
4536	Erythrocyte folate • Rooisel foliensuur	17.48	463.39	11.65	308.84
4537	Prolactin • Prolaktien	12.42	329.25	8.28	219.50
4538	Procalcitonin: Qualitative • Procalcitonin: Kwalitatief	32	848.32	21.33	565.46
4539	Procalcitonin: Quantitative • Procalcitonin: Kwantitatief	46	1 219.46	30.67	813.06
21.13	After hour service and travelling fees (applicable to pathologists only) • Buite normale werksure en reisegele (slegs van toepassing op patoloë)				
	Miscellaneous • Diverse				
4544	Attendance in theatre • Teenwoordigheid in teater	27	715.77	-	-
4547	After hour service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holiday • Diens buite normale werksure (Maandag tot Vrydag) 17:00 tot 08:00, Saterdag 13:00 tot Maandag 08:00 en openbare vakansiedae	Tariff/Tarief + 50%	Tariff/Tarief + 50%	-	-
4549	Minimum fee for after hour service • Minimumgelde vir diens buite normale werksure	6.3	167.01	-	-
4551	Fees not detailed in the above Pathology Schedule (section 21) are obtainable from the National Pathology Group of the SAMA, and will be based on the fee for a comparable service in the Tariff of fee • Gelde vir dienste nie vermeld in die voorafgaande Patologie skedule (afdeling 21), verkrygbaar van die Nasionale Patologiegroep van die SAMA en sal basies word op die gelde van 'n vergelykbare diens in die Tarief	-	-	-	-

		Pathologist Patoloog		Other Specialists and General Practitioners Ander Spesialiste en Algemene	
		U/E	R	U/E	R
22.	ANATOMICAL PATHOLOGY • ANATOMIESE PATOLOGIE				
The amounts in this section are calculated according to the Anatomical Pathology unit values • Die bedrae in hierdie afdeling word volgens die Anatomiese Patologie eenheidswaardes bereken					
22.1	Exfoliative cytology • Eksfoliatiewe sitologie				
4561	Sputum and all body fluids: First unit • Sputum en alle liggaamsvog: Eerste eenheid	13.4	350.54	8.9	232.82
4563	Sputum and all body fluids: Each additional unit • Sputum en alle liggaamsvog: Elke addisionele eenheid	7.8	204.05	5.2	136.03
4564	Performance of fine-needle aspiration for cytology • Uitvoer van fynnaald aspirasie vir sitologie	15	392.40		
22.2	Histology • Histologie				
4567	Histology per sample/specimen each • Histologie per monster, elk	20	523.20	13.3	347.93
4571	Histology per additional block each • Histologie per blok, elk	11.6	303.46	7.7	201.43
4575	Histology and frozen section in laboratory • Histologie en bevrore snit in laboratorium	22.7	593.83	15.1	395.02
4577	Histology and frozen section in theatre • Histologie en bevrore snit in operasiesaal	90	2 354.40	60	1 569.60
4578	Second and subsequent frozen sections, each • Tweede en daaropvolgende bevrore snitte, elk.	20	523.20	13.4	350.54
4579	Attendance in theatre - no frozen section performed • Teenwoordigheid in teater - sonder dat bevrore snit uitgevoer is	26.3	688.01	17.5	457.80
4582	Serial step sections (including 4567) • Seriesneë (ingeslote 4567)	23.3	609.53	15.6	408.10
4584	Serial step sections per additional block each • Seriesneë, per bykomende blok elk	13.5	353.16	9	235.44
4587	Histology consultation • Histologie konsultasie	10.1	264.22	6.7	175.27
4589	Special stains • Spesiale kleuring	6.7	175.27	4.5	117.72
4591	Immuno-fluorescence/studies • Immuno-fluoresiën/studies	20.7	541.51	13.8	361.01
4593	Electron microscopy • Elektron-mikroskopiese ondersoek	94	2 459.04	63	1 648.08
4650	Autogenous vaccine • Outogene vaksien	8	209.28	5.33	139.43
4651	Entomological examination • Entomologiese ondersoeke	13.9	363.62	9.27	242.50

	Specialist Spesialis		General practitioner Algemene Praktisyn	
	U/E	R	U/E	R
IV. TRAVELLING EXPENSES • REISKOSTE				
Refer to General Rule P • Verwys na Algemene Reël P				
P. Travelling fees • Reisgelde:				
(a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if more than 16 kilometres in total had to be travelled. • Waar 'n praktisyn in noodgevalle vanaf sy huis of kamers na 'n pasiënt se woning of 'n hospitaal uitgeroep word, kan reisgelde gehef word volgens die afdeling aangaande reiskoste (afdeling IV) indien meer as 16 kilometers in totaal gereis moes word.				
(b) If more than one patient are attended to during the course of a trip the full travelling expenses must be divided between the relevant patients • Indien meer as een pasiënt tydens 'n reis aandag geniet, moet die volle reisgeld pro rata tussen die pasiënte verdeel word.				
(c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms • 'n Praktisyn is nie geregtig om fooie te hef vir enige reiskoste of reistyd na sy kamers nie.				
(d) Where a practitioner's residence is more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled) • Waar 'n praktisyn se woning meer as 8 kilometers vanaf 'n hospitaal geleë is, mag geen reisgelde gehef word vir dienste gelewer in sodanige hospitale nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste).				
(e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled) • Waar 'n praktisyn 'n rondreispraktijk bedryf, is hy nie geregtig om reisgelde te hef nie, behalwe in noodgevalle (onwillekeurig geskeduleerde dienste).				
When in cases of emergency (refer to general rule P), a doctor has to travel more than 16 kilometres in total to visit an employee travelling costs can be charged and shall be calculated as follows				
• Wanneer 'n praktisyn in noodgevalle (verwys na algemene reël P), meer as 16 kilometers in totaal moet reis om 'n werknemer te besoek, kan reiskoste gehef word en word dit soos volg bereken				
Consultation, visit or surgical fee PLUS • Konsultasie, besoek of chirurgiese gelde PLUS				
5001	Cost of public transport and travelling time <u>at</u> item 5003 • Koste van openbare vervoer en reistyd <u>of</u> item 5003.			
5003	R3.30 per km for each kilometre travelled in own car: 19 km total = 3 R3.30 = R62.70 (no travelling time)			

		Specialist Spesialis		General practitioner Algemene Praktisyn	
		U/E	R	U/E	R
Travelling time (Only applicable when public transport is used) ● Reistyd (Slegs van toepassing wanneer van openbare vervoer gebruik gemaak word.)					
5005	Specialist 18,00 clinical procedure units per hour or part thereof ● 18,00 kliniese prosedure eenhede per uur of deel daarvan vir 'n Spesialis	18	458.46		
5007	General Practitioner: 12,00 clinical procedure units per hour or part thereof ● Algemene Praktisyn: 12,00 kliniese prosedure eenhede per uur of deel daarvan.			12	305.64
5009	After hours: Specialist: 27,00 clinical procedure units per hour or part thereof ● Na ure: Spesialis: 27,00 kliniese prosedure eenhede per uur of deel daarvan	27	687.69		
5011	After hours: General Practitioners: 18,00 clinical procedure units per hour or part thereof ● Na ure: Huisarts: 18,00 kliniese prosedure eenhede per uur of deel daarvan			18	458.46
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them ● Reiskoste is nie betaalbaar indien 'n mediese praktisyn 'n afstand reis om as assistent behulpsaam te wees by 'n operasie op 'n pasiënt deur homself na die chirurg verwys nie				
5015	Travelling expenses may be charged from the medical practitioner's residence for calls received at night or during weekends in cases where travelling fees are allowed ● Reiskoste kan vir reise van die mediese praktisyn se woonhuis of in antwoord op oproepe ontvang gedurende die nag of naweke geëis word, in gevalle waar reiskoste geëis mag word				

**THE UNIT VALUES FOR THE VARIOUS GROUPS AND SECTIONS AS FROM 1 APRIL 2019
ARE AS FOLLOWS:**

Note : The unit value and amounts published in the tariff is **is VAT Exclusive**
Neem kennis : Die eenheidswaarde en bedrae gepubliseer in die tarief is **BTW Uitgesluit**

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

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

Annexure A ➡ MRI motivation form.

Annexure B ➡ COIDA & RSSA indication for MRI.

Annexure C ➡ Indications for plexus and peripheral nerve block.

Annexure D ➡ System format.

REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider must comply with the following requirements:

1. Registration requirements as an employer with the Compensation Fund.
2. Host a secure FTP server to ensure encrypted connectivity with the Fund.
3. Submit and complete a successful test file before switching the invoices.
4. Validate medical service providers' registration with the Health Professional Council of South Africa.
5. Validate medical service providers' registration with the Board of Healthcare Funders of South Africa.
5. Ensure elimination of duplicate medical invoices before switching to the Fund.
6. Invoices submitted to the Compensation Fund must have Gazetted COIDA Tariffs that are published annually and comply with minimum requirements for submission of medical invoices and billing requirements.
7. File must be switched in a gazetted documented file format published annually with COIDA tariffs.
8. Single batch submitted must have a maximum of 100 medical invoices.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Provide any information requested by the Fund.
13. The switching provider must sign a service level agreement with the Fund.
14. Third parties must submit power of attorney.

Failure to comply with the above requirements will result in deregistration of the switching house.

MSP's PAID BY THE COMPENSATION FUND	
Discipline Code :	Discipline Description :
4	Chiropractors
9	Ambulance Services - advanced
10	Anesthetists
11	Ambulance Services - Intermediate
12	Dermatology
13	Ambulance Services - Basic
14	General Medical Practice
15	General Medical Practice
16	Obstetrics and Gynecology (work related injuries)
17	Pulmonology
18	Specialist Physician
19	Gastroenterology
20	Neurology
22	Psychiatry
23	Radiation/Medical Oncology
24	Neurosurgery
25	Nuclear Medicine
26	Ophthalmology
28	Orthopedics
30	Otorhinolaryngology
34	Physical Medicine
36	Plastic and Reconstructive Surgery
38	Diagnostic Radiology
39	Radiographers
40	Radiotherapy/Nuclear Medicine/Oncologist
42	Surgery Specialist
44	Cardio Thoracic Surgery
46	Urology
49	Sub-Acute Facilities
52	Pathology
54	General Dental Practice
55	Mental Health Institutions
56	Provincial Hospitals
57	Private Hospitals
58	Private Hospitals
59	Private Rehab Hospital (Acute)
60	Pharmacies
62	Maxillo-facial and Oral Surgery
64	Orthodontics
66	Occupational Therapy
70	Optometrists
72	Physiotherapists
75	Clinical technology (Renal Dialysis only)
76	Unattached operating theatres / Day clinics
77	Approved U O T U / Day clinics
78	Blood transfusion services
82	Speech therapy and Audiology
86	Psychologists
87	Orthotists & Prosthetists

88	Registered nurses
89	Social workers
90	Manufacturers of assistive devices

Annexure: A
The Department of Labour: Compensation Fund

MRI Motivation Form for Employee's Injured on Duty

Claim Number:

Employee's Name:

Employees ID No:

Name of Employer:

Date of Accident / Injury:

Type of Injury:

**Brief description of how
injury occurred:**

**Previous clinic / imaging
investigations done, and dates:**

Imaging investigation required:

**Motivation / Clinical indications
for the investigation:**

Requesting Doctors Name:

Practice Number:

Date of Referral

This form should preferably be typed.

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

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

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

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

☐ **Head + Cervical Spine Injury – Acute (2)**

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

☐ **Head Injury – Sub acute**

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

☐ **Head Injury - long term sequela (3)**

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

☐ **Spine – Acute**

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

☐ **Spine – sub acute and long term sequela**

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

☐ **Chest / Body Injury (7)**

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

☐ **Extremities**

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

ANNEXURE: C

Item 2800 and 2802 as part of anaesthesia

2800 – Plexus nerve block

2802 – Peripheral nerve block

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

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

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

Examples of claims where the use is reasonable:

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

Examples where the use of the codes is not reasonable:

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

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

Item 2800 and 2802 as part of treatment

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

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


labour

 Department:
Labour
REPUBLIC OF SOUTH AFRICA

UMEHLUKO ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Employee surname	20	Alpha
7	Employee initials	4	Alpha
8	Employee Names	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	Description	Max length	Data Type
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha
25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha

35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD)	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD)	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER

1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal

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