



GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

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WINDHOEK - 1 January 1996

No. 1240

CONTENTS

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Page

GOVERNMENT NOTICE

No. 7 Employees' Compensation Act, 1941: Tariff of Fees for Medical Aid 1

Government Notice

MINISTRY OF LABOUR AND HUMAN RESOURCES DEVELOPMENT

No. 7 1996

EMPLOYEES' COMPENSATION ACT, 1941: TARIFF OF FEES FOR MEDICAL AID

Under section 79 of the Employees' Compensation Act, 1941 (Act 30 of 1941) I hereby with effect from 1 January 1996 -

- (a) prescribe the Tariff of Fees for Medical Aid and the general rules and general modifiers applicable thereto, as set out in the Schedule; and
- (b) repeal Government Notice 66 of 1993.

The fees as set out in the Schedule are applicable in respect of payments authorized for services rendered on or after 1 January 1996.

ADV. G.S. HINDA
CHAIRPERSON OF THE SOCIAL
SECURITY COMMISSION

Windhoek, 6 December 1995

**SCHEDULE
INDEX**

		Page
	GENERAL RULES	8
	GENERAL MODIFIERS	8
I.	CONSULTATIONS	8
II.	COST OF MATERIAL	21
1.	Injections and infusions	
	1.1 Intravenous treatment	21
2.	Integumentary system	
	2.1 Allergy	22
	2.2 Skin (general)	22
	2.3 Major plastic repairs	23
	2.4 Lacerations, scars, cysts and other skin lesions	24
	2.5 Burns	25
	2.6 Hands	25
3.	Musculoskeletal system	
	Modifiers	
	3.1 Bones	27
	3.1.1 Fractures	27
	3.1.1.1 Operations for fractures	29
	3.1.2 Bony operations	29
	3.1.2.1 Bonegrafting	29
	3.1.2.2 Acute or chronic osteomyelitis	30
	3.1.2.3 Osteotomy	30
	3.1.2.4 Exostosis	30
	3.1.2.5 Biopsy	31
	3.2 Joints	31
	3.2.1 Dislocations	32
	3.2.2 Operations for dislocations	32
	3.2.3 Capsular operations	32
	3.2.4 Synovectomy	32
	3.2.5 Arthrodesis	32
	3.2.6 Arthroplasty	33
	3.2.7 Miscellaneous (joints)	34
	3.2.8 Joint ligament reconstruction or suture	34
	3.3 Amputations	35
	3.3.1 Specific amputations	35
	3.3.2 Post-amputation reconstruction	35
	3.4 Muscles, tendons and fasciae	36

3.4.1	Investigations	36
3.4.2	Decompression operations	38
3.4.3	Muscle and tendon repair	38
3.4.4	Tendon graft	38
3.4.5	Stenolysis	39
3.4.6	Tenodesis	39
3.4.7	Muscle, tendon and fascia transfer	39
3.4.8	Muscle slide operations and tendon lengthening	39
3.5	Bursae and ganglia	40
3.6	Miscellaneous	41
3.6.2	Removal of internal fixative or prosthesis	41
3.7	Plasters (not subject to rule G)	41
3.8	Specific areas	42
3.8.1	Toes	42
3.8.2	Big toe	42
3.8.3	Reimplantations	42
3.8.4	Hands: (Note - skin: See integumentary system)	42
3.8.5	Spine	43
3.9	Facial bone procedures	45
4.	Respiratory system	
4.1	Nose and sinuses	46
4.3	Larynx	49
	Modifier	
4.4	Bronchial procedures	49
4.5	Pleura	50
4.6	Pulmonary procedures	50
4.6.1	Surgical	50
4.6.2	Pulmonary function tests	51
4.7	Intensive care: Respiratory therapy, cardiac, general	52
	Modifier and rules	52
4.7.1	Tariff items for intensive care	53
4.7.2	Procedures	54
5.	Mediastinal procedures	
6.	Cardiovascular system	
	Modifier	
6.1	General	55
6.3	Cardiac surgery	56
6.3.1	Open heart surgery	56
6.4	Peripheral vascular system	57
6.4.2	Arterio-venous-abnormalities	57
6.4.3	Arteries	57
6.4.3.1	Aorta-iliac and major branches	57

6.4.3.2	Iliac artery	57
6.4.3.3	Peripheral	57
6.4.4	Veins	58
7.	Lymphs reticular system	
7.1	Spleen	59
8.	Digestive system	
8.1	Oral cavity	59
8.2	Lips	59
8.3	Tongue	59
8.4	Palate, uvula and salivary glands	59
8.5	Oesophagus	60
8.6	Stomach	60
8.7	Duodenum	60
8.8	Intestines	60
8.10	Rectum and anus	61
8.11	Liver	61
8.12	Biliary tract	62
8.13	Pancreas	62
8.14	Peritoneal cavity	62
9.	Herniae	
10.	Urinary system	
10.1	Kidney	63
10.2	Ureter	64
10.3	Bladder	64
10.4	Urethra	66
11.	Male genital system	
11.1	Penis	68
11.2	Testis and epididymus	68
11.3	Prostate	68
14.	Nervous system	
14.1	Diagnostic procedures	69
14.2	Introduction of burr hole	70
14.3	Nerve procedure	70
14.3.1	Nerve repair or surface	70
14.3.2	Neurectomy	71

14.3.3	Other nerve procedures	71
14.4	Skull procedures	72
14.6	Aneurysm repair	72
14.7	Posterior fossa surgery	72
14.7.1	Supratentorial procedures	73
14.8	Craniotomy	73
14.8.1	Stereo-tactic cerebral procedures	73
14.9	Spinal operations	73
14.10	Arterial ligations	74
14.11	Medical psychotherapy	74
	Rules and modifier	74
14.12	Physical treatment methods	75
14.13	Psychiatric examination methods	75
15.	General	
16.	Eye	
16.1	Procedures performed in rooms	75
16.2	Ratine	77
16.3	Lens (Cataract)	77
16.4	Glaucoma	78
16.5	Intraocular foreign body	78
16.6	Strabismus	78
16.7	Globe	79
16.8	Orbit	79
16.9	Cornea	80
16.10	Ducts	81
16.11	Iris	81
16.12	Lids	81
16.13	Entropion or ectropion	82
16.12.2	Reconstruction of eyelid	82
16.12.3	Ptosis	82
16.13	Conjunctiva	82
16.14	General	82
17.	Ear	
17.	Audiometry	85
	Rules	85
18.	Physical treatment	
	Modifier	85

19. Radiology

	Modifiers	
19.1	Skeleton	87
19.1.1	Limbs	89
19.1.2	Spinal column	89
19.1.3	Skull	90
19.2	Alimentary tract	91
19.3	Biliary tract	92
19.4	Chest	92
19.5	Abdomen	93
19.6	Urinary tract	93
19.8	Vascular studies	94
	Modifier	94
19.8.1	Film series	94
	Modifier	
19.8.2	Introduction of contrast medium	95
	Modifier	
19.9	Tomography and cinematography	96
19.9.1	Computed tomography	97
	Modifier	
19.10	Miscellaneous	98
	Rules	
19.11	Ultrasonic investigations	99
	Modifier	
19.12	Portable unit examinations	100
19.13	Diagnostic procedures requiring the use of radio-isotopes	100
	Rule	
19.14	Interventional radiological procedures	101
	Modifier	
19.15	Magnetic resonance imaging	101

20. Radiotherapy

	Modifier	
20.1	Superficial therapy	102
	Rule (Kilovolt therapy)	

21. Pathology

	Modifiers	
21.1	Haematology	104
21.2	Microscopic examinations	108
21.3	Bacteriology	109
21.4	Serology	111
21.5	Skin tests	113

21.6	Biochemical tests: Blood	113
21.7	Biochemical tests: Urine	117
21.8	Biochemical tests: Faeces	120
21.9	Biochemical tests: Miscellaneous	121
21.10	Cerebro-spinal fluid	122
21.12	Isotopes	122
21.13	Travelling fees and after hours services	122
22.	Anatomical pathology	123
IV.	TRAVELLING EXPENSES	124

*** Per service (specify)**

Notes

(i) **THE EMPLOYEE AND THE DOCTOR**

The employee is permitted to choose freely his own doctor, and no interference with this privilege is permitted as long as it is exercised reasonably and without prejudice to the employee himself or the Compensation Fund. The only exceptions to this rule are those cases where employers, with the Commissions approval, provide their own medical aid facilities into to, i.e. including hospital, nursing and other services - section 78 of the Act.

In terms of section 42 either the Commission or an employer may send the injured employee to another doctor chosen by him (Commission or employer) for a special examination and report. Special fees are payable for this service.

In the event of a change of doctors attending a case, the first doctor 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. To avoid disputes, **doctors should refrain from treating a case already under treatment without first discussing it with the first doctor.** As a general rule, changes of doctors are not favoured, unless there are sufficient reasons therefore.

If an injured employee is in need of emergency treatment, the doctor should act in the same manner as he would to any patient who needs his urgent help. He should not, however, ask the Commission to authorise such treatment before the claim has been admitted as falling within the scope of the Act. It should be remembered that an employee seeks medical advice at his own risk. If, therefore, an employee represents to his doctor that he is a Employees Compensation Act case and yet fails to claim the benefits of the Act, leaving the Commission, or his employer, in ignorance of any possible grounds for a claim, the insurance fund concerned cannot accept any responsibility for any medical expenses incurred. In such circumstances the employee would be in the same position as any other member of the public as regards payment of his medical expenses.

- (ii) Except where otherwise stated the fees charged for services of a general practitioner shall be two-thirds of the fees of the specialist for the same service.
- (iii) Monetary values have been rounded off to the nearest 10 cents on the basis that monetary values ending with a 1 to 4 cents valued must be rounded off to the lower zero, and that 5 to 9 cents must be rounded off to the upper zero.

GENERAL RULES GOVERNING TARIFFS**A. Consultations: Definitions**

- (i) First consultation: Refers to a situation where a medical practitioner personally takes down a patient's medical history, performs an appropriate clinical examination and, if indicated, prescribes or administers treatment.
- (ii) Subsequent consultation: Refers to a voluntarily scheduled consultation performed for the same condition within four (4) months after the first consultation (although the symptoms or complaints may differ from those presented during the first consultation). It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling.
- (iii) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and no fees may be levied. Where no procedure or operation was carried out fees may be charged for hospital visits according to item 0109. Dates of hospital visits must be specified.

B. Normal hours versus after hours: Normal working hours refer to the period 08:00 to 17:00 on Mondays to Fridays; the period 08:00 to 13:00 on Saturdays; as well as 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 after-hours work. Services are scheduled involuntarily for a special time, if for medical reasons the doctor should not render the service at an earlier or later opportunity.

C. The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees shall be based on the fee in respect of a comparable service.

D. Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee shall be 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.

E. The appropriate fee may be charged for all pre-operative consultation with the exception of a routine pre-operative visit at the hospital.

F. Where applicable fees for administering injections and/or infusions may only be charged when done by the practitioner himself.

G. Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding four months. Where the surgeon does not himself complete the after-care, it shall be his responsibility to arrange for this to be done 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 surgeon and the

Commission, may be charged. Where an employee met with an accident and received medical treatment away from home and afterwards have to be transferred to his hometown, treatment may be taken over by another doctor who will be entitled to further payment.

- H. Items involving removal of lesions include follow-up treatment for four months.
- I. Fees for all pathology investigations performed by members of other disciplines (where permissible): See section for Pathology. (Refer to M 0097).
- J. In exceptional cases where the tariff 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. 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 the, indicate in the reference that the patient was injured in an "accident" and this shall also apply in respect of specimens sent to pathologists.
- L. If a procedure is performed at the time of an initial or subsequent consultation, the fee for the consultation plus the fee for the procedure is charged.
- M. If such a procedure, planned at an initial or subsequent consultation, is performed at another time, the fee for the procedure only is charged.
- N.
 - (a) No additional fee may be charged for service for which the fee is indicated as "**per consultation**". Such services are regarded as part of the consultation performed at the time the condition is brought to the doctor's attention.
 - (b) Where a fee for any service is prescribed herein, the medical practitioner shall not be entitled to payment calculated on a basis of visits or examinations made where such calculation would result in the prescribed fee being exceeded.
 - (c) The number of consultations must be in direct relation to the seriousness of the injury and should more than 20 consultations be necessary, the Commission must be furnished with a detailed motivation.
 - (d) A single fee for a consultation/visit shall be paid to a medical practitioner who gives a single treatment to an injured employee who thereafter passes to the permanent care of another medical practitioner, not being a partner or assistant of the first. The responsibility for furnishing the first medical report in such a case ordinarily rests with the second practitioner.
- O.
 - (a) An employee should be hospitalised only if and for such a period his condition justifies full-time "medical aid".

- (b) Occupational therapy/Physiotherapy. The same principles set out in modifier 0077 will apply when an employee is referred to a therapist.
- (c) In the case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain in writing the Commission for what amount the Commission will accept responsibility in respect of such treatment.

P. Travelling fees

- (a) Where, in case of emergency, a practitioner was called out from his residence or rooms to an employees home or the hospital, travelling fees can be charged according to Section IV if he had to travel more than 16 kilometres in total.
- (b) If more than one employee would be 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 or travelling time to his rooms.
- (d) Where a practitioner's residence would be 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).
- (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).

INTENSIVE CARE

RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

Q. Units in respect of items 1204 to 1210 exclude the following:

- (a) Anaesthetic and/or surgical fees for any condition or procedure.
- (b) Costs of any drugs and/or materials.
- (c) Any other cost which may be incurred before, during or after the consultation and/or the therapy.
- (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen.
- (e) Procedural items 1212 to 1219.

R. Units for items 1208, 1209 and 1210 include resuscitation(i.e. item 1211).

S. Units for items 1212, 1213 and 1214 include the following:

- (a) Measurement of minute volume, vital capacity, time and vital capacity studies.
- (b) Testing and connecting the machine.

- (c) Putting patient on machine: Setting machine, synchronising patient with machine.
- (d) Instruction to nursing staff.
- (e) All subsequent visits within 24 hours.

T. Ventilation (items 1212 to 1214) does not form a part of normal post-operative care

U. Magnetic Resonance Imaging

Note: In cases where a second Magnetic Resonance Imaging of the spine (items 6210, 6211, 6212 and 6213 refers) is deemed necessary, or a Magnetic Resonance Imaging of another anatomical region is requested, proper motivation must be submitted upon which the Commissioner will consider approval.

GENERAL MODIFIERS GOVERNING THE TARIFF

0001 For involuntarily scheduled after-hours emergency radiological services, the additional premium shall be 50% of the fee for the particular services (section 19.12 excluded). See general rule B.

For after-hours MR scans, a maximum levy of N\$494.00 is applicable.

0002 Item 38/0101 is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him.

0003 The fee in respect of more than one abdominal operation or procedure performed through the same incision shall be 100% of the fee in respect of the major operation or procedure plus 50% of the fee for the second operation or procedure, plus 25% of the fee for the third procedure or operation, with a maximum of two such additional operations or procedures.

0005 Multiple procedures/operations under the same anaesthetic (where modifier 0003 is not applicable). Unless otherwise identified in the tariff, when multiple procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identified and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, plus 50% (half of) the tariff fee in respect of each additional operation or procedure with a maximum of four additional operations or procedures. In the case of multiple fractures and/or dislocations the same values shall prevail. **Note:** When more than one small procedure is performed and the tariff makes provision for items 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.

Note: In the case of multiple fractures and/or dislocations the same values shall prevail.

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** Use of any type of own equipment in the rooms for procedures performed under intravenous sedation or for procedures performed in a hospital or day-clinic theatre when appropriate equipment is not provided by the hospital - N\$69.10 irrespective of the number of items of equipment provided.
- 0008** Where a procedure requires a registered specialist surgeon assistant, the fee is 33,33% (1/3) of the fee for the specialist surgeon.
- 0009** The fee for an assistant is 15% of the fee for the specialist surgeon, with a minimum of N\$110.60.
- 0010** A fee for a local anaesthetic administered by the operator may only be charged for an operation or a procedure having a value greater than N\$138.20. The fee shall be calculated according to the basic anaesthetic fees for the specific operations. Anaesthetics time may not be charged for, but the minimum fee as per modifier 0036 shall be applicable in such a case. Not applicable to radiological procedures (such as angiography and myelography). No fee may be levied for topical application of local anaesthetic.
- 0011** The additional fee to all members of the surgical team for after-hours emergency surgery for theatre procedures shall be N\$55.30 for each half hour or part thereof of the operation time. Normal hour fees to be charged in respect of patients on scheduled lists.
- 0013** Where an endoscopic examination is done at an operation by the operating surgeon or the attending anaesthetist, only 50% of the fee for the endoscopic examination may be charged.
- 0014** Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under General Rule J, except where already specified in the tariff.

INJECTIONS, INFUSIONS AND INHALATION SEDATION

MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

- 0015** Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after operation, no extra fees will be charged as this is included in the global operative fees. Should the practitioner doing the operation prefer to ask another practitioner to perform post operative intravenous infusions, then the practitioner himself (and not the patient) is responsible for remunerating such practitioner for the infusion.
- 0017** Where desensitisation, intravenous, intra-muscular or subcutaneous injections are administered by the doctor himself in respect of patients who attend the consulting rooms, a first injection forms part of the consultation and all subsequent injections for the same condition should be charged at 50% of the appropriate consultation fee in accordance with general practice schedule.

MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETIC FOR ALL THE PROCEDURES AND OPERATIONS INCLUDED IN THIS TARIFF

- 0021** Anaesthetic fees are determined by obtaining the sum of the BASIC ANAESTHETIC UNITS AND THE TIME UNITS. IN CASES OF OPERATIVE PROCEDURES ON THE MUSCULI-SKELETAL SYSTEM, OPEN FRACTURES AND OPEN REDUCTION OF FRACTURES OR DISLOCATIONS ADD FEES AS LAID DOWN BY MODIFIERS 5441 TO 5448.
- 0023** The basic unit value is laid down in the Tariff. This basic unit value is a reflection of the additional anaesthetic risk, the technical skill required of the anaesthesiologist and the scope of the surgical procedure, but excludes the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic unit value 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 anaesthetic N\$33.28 per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one hour the fee shall, after one hour be N\$66.40 per 15 minute period or part thereof.
- 0024** If a pre-operative assessment of a patient by the anaesthesiologist, is not followed by an operation it will be regarded as consultation at the hospital or nursing home.
- 0025** Anaesthetic time is calculated from the time the anaesthesiologist 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 is no longer required to give his personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for anaesthetic time. The anaesthesiologist must show in his account the exact anaesthetic time and the supervision time spent with the patient.
- 0027** Where more than one operation is performed under the same anaesthetic, the basic value will be that of the major operation with the highest unit value.
- 0029** When rendered necessary by the scope of the anaesthetic an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic.
- 0031** Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time.
- 0032** Anaesthesia administered to patients in the prone position shall have a minimum basic anaesthetic fee of N\$88.60.

- 0033** When an anaesthesiologist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic such services may be remunerated at full anaesthetic rate, subject to the provisions of modifier 0035.
- 0034** All anaesthetic administered for diagnostic, surgical or X-ray procedures on the **head and neck** shall have a minimum basic anaesthetic fee of N\$88.60. When the basic anaesthetic units for the procedure is 3.00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4.00 or more, not extra units should be added.
- 0035** The minimum fee for any anaesthetic procedure administered by a specialist anaesthesiologist shall be N\$155.00.
- 0036** Fees for an anaesthetic administered by a general practitioner shall be two-thirds of the units applicable to the specialist anaesthesiologist provided that no anaesthetic shall have a total value of less than N\$132.90. The monetary value of the unit is the same for both a specialist anaesthesiologist and a general practitioner anaesthesiologist.

Note: Modifying units may be added to the basic unit value according to the following table.

- 0037** Utilisation of total body hypothermia: Add N\$66.40.
- 0039** Deliberate control of the blood pressure: All cases up to one hour add N\$66.40 thereafter add N\$22.10 per quarter hour or part thereof.
- 0041** Utilisation of hyperbaric pressurisation: Add N\$66.40.
- 0042** Utilisation of extracorporeal circulation: Add N\$66.48.

Modifiers 5441 to 5448. General practitioners refer to M 0036 (two-thirds)

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** In all cases of open fractures, open reduction of fractures and dislocations. Add N\$22.10 except where the procedure refers to the bones named in Modifiers 5442 to 5448.
- 5442** Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add N\$44.30.
- 5443** Maxillary and orbital bones: Add N\$66.40.
- 5444** Shaft of femur: Add N\$88.60.

- 5445 Spine (except coccyx), pelvis, hip, neck of femur: Add N\$110.70.
- 5448 Sternum and/or ribs and procedures which involve an intra-thoracic approach: Add N\$177.10.

POST-OPERATIVE ALLEVIATION OF PAIN

- 0045 Where the anaesthesiologist has personally administered the anaesthetic, post-operative alleviation of pain, where special techniques are required, shall be charged according to item 0109 (subsequent visit at the hospital).

Where the anaesthetic was administered by another anaesthesiologist post-operative alleviation of pain employing special techniques shall be charged according to the particular procedure for instituting the therapy. Revisits shall be charged according to item 0109.

None of the above is applicable to routine post-operative pain management.

MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM)

- 0100 Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of N\$345.60 is applicable.

MUSCULI-SKELETAL SYSTEM

MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THAT 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 the fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee or the after-hours levy where applicable. After one month, a full fee as the initial treatment is applicable.
- 0047 A fracture NOT requiring reduction shall be charged on a fee for service basis PROVIDED that the cumulative amount does NOT exceed charges 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 N\$124.40 (not including after-care).
- 0049 Except where otherwise specified, in cases of compound fractures N\$354.80 (specialists) and N\$235.00 (general practitioners) are to be added to the fees for the fractures, including debridement.

- 0050** In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires and excluding fractures of hands and feet), the full amount to either modifier 0049 or 0051 may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either 0049 or 0051 as applicable).
- 0051** **Except where otherwise specified** in cases of fractures requiring open reduction, internal fixation, external skeletal fixation and or bone grafting. Add N\$354.80 (specialists) and N\$235.00 (general practitioner).
- 0053** Fractures requiring percutaneous internal fixation: [Insertion and removal of fixatives (wires) in respect of fingers and toes included]: Add N\$147.50 (specialists) and (general practitioners) add N\$96.80.
- 0055** Dislocation requiring open reduction: Fee for the specific joint plus N\$354.80 (specialists) and N\$235.00 (general practitioners).
- 0057** In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005. Calculate fees for the second foot in the same way, reduce the total to 50% and add to the total for the first foot.
- 0058** Revision operation for total joint replacement and immediate resubstitution (infected or non-infected): Per fee for total joint replacement + 100%.

MODIFIER GOVERNING COMBINED PROCEDURES ON THE SPINE

- 0061** 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.

MODIFIER GOVERNING THE SUBSECTION REPLANTATION OPERATION

- 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 the replantation 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** Micro-surgery of the larynx: To the fee of the operation performed add 25%. For other operations requiring the use of an operation microscope, the fee shall include the use of the microscope, except where otherwise specified elsewhere in the Tariff.
- 0068** Fees for multiple intra-nasal procedures should be charged for separately subject to modifier 0005 with a maximum of three procedures. Applicable to the following items: 1020, 1022, 1024, 1025, 1029, 1035, 1039, 1041, 1043, 1067, 1069, 1073 and 1079.

- 0069** When endoscopic instruments are used during intra-nasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027 and 1035.

MODIFIER GOVERNING THE SUBSECTION INTENSIVE RESPIRATORY THERAPY

- 0070** A reduction of 33.33% (1/3) of the fee will apply to the pulmonary function tests as indicated in section 4.6.2 where hospital equipment is used.

**MODIFIER GOVERNING THE SUBSECTION INTENSIVE CARE:
RESPIRATORY, CARDIAC, GENERAL**

- 0071** Where work is initiated after hours, over a weekend or on public holidays, a further N\$55.30 may be charged.

MODIFIER GOVERNING GASTROENTEROLOGY PROCEDURES

- 0074** A reduction of 33,33% (one third) of the fee will apply to all fibre optic procedures performed by means of hospital equipment.

MODIFIER GOVERNING FEES FOR FIBRE OPTIC PROCEDURES

- 0075** The fee plus N\$96.80 will apply where fibre optic procedures are performed in rooms with own equipment.

SPECIFIC MODIFIER: SECTION ON PHYSICAL TREATMENT

- 0077** (a) When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged.
- (b) The number of treatments to a patient for which the Commission shall accept responsibility is limited to 20. If further treatments are necessary payment thereof must be arranged with the Commission.
- 0079** If a first consultation proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure shall be calculated at N\$55.30 per 20 minute session or part thereof, provided that such a part comprises 50% or more of the time of a session.

MODIFIER GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY

- 0001** For involuntarily scheduled after-hours emergency radiological services, the additional premium shall be 50% of the fee for the particular services (section 19.12 excluded). See general rule B.

For after-hours MR scans, a maximum levy of N\$494.00 is applicable.

- 0002 Item 38/0111 is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him.
- 0080 Multiple examinations: Full fee
- 0081 Repeat examinations: No reduction
- 0082 "+" Means that this item is complementary to a preceding item and is therefore no subject to reduction.
- 0083 When a Radiologist makes use of hospital equipment, only 66.67% (2/3) of the fee for the examination is chargeable.
- 0084 In the case of radiological items where films are used practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit.

SPECIFIC MODIFIER GOVERNING VASCULAR STUDIES

- 0086 Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: Neither fee is therefore subjected to reduction (Modifier' 0080).

SPECIFIC MODIFIER GOVERNING "FILM SERIES"

- 0087 Per additional series of item 3531 to item 3551: 50% of the fees

MODIFIER GOVERNING CORONARY CINE ANGIOGRAPHY

- 0088 Multiple selective catheterisation: For each additional selective catheterisation after the first selective catheterisation, reduce the fee with 25%.

MODIFIER GOVERNING COMPUTER TOMOGRAPHY

- 0089 The number of sections of each examination and the matrix number must be specified. A full series of sections would be 8 or more for brain examinations, 12 or more for chest examinations, and 16 or more for abdomen examinations. Fees for examination on a matrix number of less than 250 shall be reduced by 50%.

MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS

See modifiers 0152 - 0160 under paragraph 19.11.

MODIFIERS GOVERNING THE SECTION RADIATION ONCOLOGY

- 0093** The fees for Radiation oncology shall apply only where a specialist in radiotherapy uses his own apparatus.
- 0094** Where a specialist in Radiation oncology uses equipment which is not his own, only 33,33% of the fee for the procedure is chargeable. The other 66.67% is chargeable by the owner of the equipment.

MODIFIERS GOVERNING THE SECTION PATHOLOGY

- 0097** Where items under Pathology and Anatomical Pathology fall within the province of the specialists or general practitioners, the fee is to be charged at two thirds of the pathologist's fee.
- 0099** For tests performed on a stat basis, an additional premium of 50% of the fee for the particular pathology service shall apply, with the following provisos:
- * Stat test requesting may only done by the referring practitioner and not by the pathologist.
 - * Specimens must be collected on a state basis where applicable.
 - * Test must be performed on a stat basis.
 - * Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained.
 - * This modifier will only apply during normal working hours and will never be used in combination with item 4547.

**MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING
INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM)**

- 0100** Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of N\$345.60 is applicable.

II. COST OF MATERIAL

0200 Cost of prostheses and/or internal fixation apparatus - cost price + 20% with a maximum of N\$683.50.

0201 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.

Please note: Item 0201 may not be used together with any pathology item.

(a) External fixation apparatus (disposable): An amount equivalent to 25% of the purchase price of the apparatus may be charged where such apparatus is used.

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.

(b) In case of minor injuries requiring additional material (e.g. suturing material) payment shall be considered provided the claim is motivated.

(c) **Note:**
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 this account. Charges for medicine used in treatment not to exceed the retail Ethical Price List.

0202 Setting of sterile tray: A fee of N\$46.10 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.

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1.	INTRAVENOUS TREATMENT			
0206	Intravenous infusions (push-in). Insertion of cannula-chargeable once per 24 hours	27.60	27.60	-
0207	Intravenous infusions (cutdown). Cutdown and insertion of cannula- chargeable once per 24 hours . .	36.90	36.90	-

	Specialist	General practitioner	Anaesthetic
	N\$	N\$	N\$
VENESECTION			
0208 Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations).			
<i>Note: How to charge for intravenous infusions</i>			
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 consultations.			
2. INTEGUMENTARY SYSTEM			
2.1 Allergy			
0217 First patch	18.40	18.40	-
0219 Each additional patch	9.20	9.20	-
0221 With a maximum of fees for reading of test as per subsequent consultation or visit (cost of material excluded)	110.60	110.60	66.40 +T
2.2 Skin (general)			
0255 Drainage of subcutaneous abscess, onychia, paronychia, pulp space or avulsion of nail	92.20	92.20	66.40 +T
0257 Drainage of major hand or foot infection; drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complex excision of pilonidal cyst or sinus	294.90	230.00	66.40 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0259	Removal of foreign body superficial to deep fascia (except hands)	92.20	92.20	66.40 +T
0261	Removal of foreign body deep to deep fascia (except hands)	142.80	142.80	66.40 +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 Commission before embarking upon such treatment.			
0289	Large skin graft, composite skin graft, large full thickness free skin graft	949.20	631.30	88.60 +T
0290	Reconstructive procedures (including all stages) and <i>skin graft by myocutaneous flap</i>	1 889.30	1 258.00	88.60 +T
0291	Reconstructive procedures (including all stages) grafting by microvascular reanastomosis . . .	3 686.00	2 455.10	88.60 +T
0292	Distant flaps: First stage	949.20	631.30	88.60 +T
0293	Contour grafts (<i>excluding cost of material</i>)	949.20	631.30	88.60 +T
0294	Vascularised bone graft with or without soft tissue with one or more sets microvascular anastomoses	5 530.00	3 686.00	132.90 +T

	Specialist	General practitioner	Anaesthetic
	N\$	N\$	N\$
0295 Local skin flaps (<i>large, complicated</i>)	949.20	631.30	88.60 +T
0296 Other procedures of major technical nature	949.20	631.30	88.60 +T
0297 Subsequent major procedures for repair of same lesion (M0006 not applicable)	479.20	317.90	88.60 +T
2.4 Lacerations, scars, cysts and other skin lesions/Stitching of soft tissue injuries			
0301 Suture of wound (<i>with or without local anaesthesia</i>): Subject to rule G	64.50	64.50	66.40 +T
0302 Additional wound sutured at same sitting (<i>each</i>)	32.30	32.30	66.40 +T
0303 Deep laceration involving limited muscle damage	294.90	230.40	88.60 +T
0304 Major debridement of wound, sloughectomy or secondary suture	230.40	230.40	66.40 +T
0305 Needle biopsy - soft tissue	115.20	73.70	66.40 +T
0306 Deep laceration involving extensive muscle damage (not applicable on fingers, toes and scalp)	589.80	391.70	88.60 +T
0307 Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	124.40	124.40	66.40 +T
0308 Each additional small procedure done at the same time	64.50	64.50	66.40 +T
0309 Maximum multiple additional minor procedures	479.20	317.90	66.40 +T
0310 Radical excision of nailbed	175.10	175.10	66.40 +T

	Specialist	General practitioner	Anaesthetic
	N\$	N\$	N\$
0314 Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	479.50	317.90	88.60 +T
0315 Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	253.40	230.40	66.40 +T
2.6 Burns			
0345 Minor burns	*	*	
0347 Moderate burns	*	*	
0351 Major burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	1 271.80	847.90	110.70 +T
0353 Tangential excision and grafting: Small	460.80	308.70	110.70 +T
0354 Tangential excision and grafting: Large	921.60	612.90	110.70 +T
2.7 Hands (skin)			
0355 Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler	345.60	230.40	88.60 +T
0357 Small skin graft in acute hand injury	207.40	207.40	66.40 +T
0359 Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	884.70	589.80	66.40 +T
0361 Z-plasty	294.90	230.40	66.40 +T
0363 Local flap and skin graft	691.20	450.80	66.40 +T
0365 Cross finger flap (<i>all stages</i>)	884.70	589.80	66.40 +T
0367 Palmar flap (<i>all stages</i>)	884.70	589.80	66.40 +T

	Specialist	General practitioner	Anaesthetic
	N\$	N\$	N\$
0369 Distant flap: First stage	691.20	460.80	66.40 +T
0371 Distant flap: Subsequent stage (not subject to General Modifier 0006)	354.80	235.00	66.40 +T
0373 Transfer neurovascular island flap	884.70	589.80	66.40 +T
0374 Syndactyly: Separation of, including skin graft for one web <i>Depuytren's contracture</i>	949.20	631.30	66.40 +T
0375 Fasciotomy	235.00	230.40	66.40 +T
0376 Fasciectomy	949.20	631.30	66.40 +T

3. MUSCULI-SKELETAL SYSTEM

- M/W 0046** Where in the treatment of a specific fracture for 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 the fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee or the after-hours levy where applicable. After one month, a full fee as for the initial treatment, is applicable.
- M/W 0047** A fracture NOT requiring reduction shall be charged on a fee for service basis PROVIDED that the cumulative amount does NOT exceed the charges for a reduction.
- M/W 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 reduction will be N\$124.40 (not including after-care).
- M/W 0049** Except where otherwise specified, in cases of compound fractures, N\$354.80 (specialists) and N\$235.00 (general practitioners) are to be added to the fees for the fractures, including debridement.
- M/W 0050** In case of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires and excluding fractures of hands and feet) the full amount according to either modifier 0049 or 0051 may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either 0049 or 0051 as applicable).

- M/W 0051** **Except where otherwise specified**, in cases of fractures requiring open reduction, internal fixation, external skeletal fixation and or bone grafting: Add N\$354.80 (specialists) and N\$235.00 (general practitioners).

- M/W 0053** Fractures requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Add N\$147.50 (specialists). General practitioners add N\$96.80.

- M/W 0055** Dislocation requiring open reduction: Fee for the specific joint plus N\$354.80 (specialists) and N\$235.00 (general practitioners).

- M/W 0057** In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005. Calculate fees for the second foot in the same way, reduce the total to 50% and add the total for the first foot.

- M/W 0058** Revision operation for total joint replacement and immediate resubstitution (infected or non-infected): Per fee for total joint replacement 100%.

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3.1	Bones			
3.1.1	Fractures			
0383	Scapula	*	*	66.40 +T+M
0387	Clavicle	*	*	66.40 +T+M
0389	Humerus	354.80	235.00	66.40 +T+M
0391	Radius and/or Ulna	354.80	235.00	66.40 +T+M
0392	Open reduction of both radius and ulna (Modifier 0051 not applicable)	967.70	645.10	66.40 +T+M
0402	Carpal bone	294.90	230.40	66.40 +T+M
0403	Bennett's fracture-dislocation . . .	235.00	230.40	66.40 +T+M
0405	Metacarpal: Simple	184.30	184.30	66.40 +T+M
	<i>Finger phalanx</i>			
	<i>Distal</i>			
0409	Simple	*	*	66.40 +T+M
0411	Compound	239.60	230.40	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
<i>Proximal or middle</i>				
0413	Simple	221.20	221.20	66.40 +T+M
0415	Compound	470.00	313.30	66.40 +T+M
<i>Pelvis</i>				
0417	Closed	*	*	66.40 +T+M
0419	Operative reduction and fixation	1 474.60	981.50	66.40 +T+M
0421	Femur: Neck or Shaft	884.70	589.80	66.40 +T+M
0425	Patella	235.00	230.40	66.40 +T+M
0429	Tibia with or without Fibula ...	589.00	391.70	66.40 +T+M
0433	Fibula shaft	*	*	66.40 +T+M
0435	Malleolus of ankle	267.30	230.40	66.40 +T+M
0437	Fracture-dislocation of ankle ...	589.80	391.70	66.40 +T+M
0439	Tarsal bones and Os calcis	294.90	230.40	66.40 +T+M
0441	Metatarsal	87.50	87.50	66.40 +T+M
<i>Toe phalanx</i>				
0443	Distal: Simple	*	*	66.40 +T+M
0445	Compound	147.50	147.50	66.40 +T+M
<i>Other</i>				
0447	Simple	119.80	119.80	66.40 +T+M
0449	Compound	239.60	239.60	66.40 +T+M
<i>Sternum and (or) Ribs</i>				
0451	Closed	*	*	66.40 +T+M
0452	Open reduction and fixation of multiple fractured ribs for flail chest	1 059.80	705.00	66.40 +T+M
<i>Spine</i>				
<i>With or without paralysis</i>				
0455	Cervical	*	*	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0456	Rest	*	*	66.40 +T+M
0459	Open reduction and internal fixation for fracture and/or dislocation of spine	1 474.60	981.50	66.40 +T+M
	<i>Compression fracture</i>			
0461	Cervical	*	*	66.40 +T+M
0462	Rest	*	*	66.40 +T+M
	<i>Spinous or transverse processes</i>			
0463	Cervical	*	*	66.40 +T+M
0464	Rest	*	*	66.40 +T+M
3.1.1.1	Operations for fractures			
0465	Fractures involving large joints	884.70	589.80	66.40 +T+M
0473	Percutaneous insertion plus subsequent removal of Kirchner wires or Steinmann pin (Not subject to rule G) (M0005 not applicable)	147.50	147.50	66.40 +T+M
	<i>Bonegrafting or internal fixation for mal- or non-union</i>			
0475	Femur, Tibia, Humerus, Radius and Ulna	1 299.50	866.30	66.40 +T+M
0479	Other bones (not applicable on finger and toes)	709.60	474.60	66.40 +T+M
3.1.2	Bony operations			
3.1.2.1	Bone grafting			
0497	Resection of bone with or without grafting	1 299.50	866.30	66.40 +T+M
0499	Large bones	884.70	589.80	66.40 +T+M
0501	Small bones	589.80	391.70	66.40 +T+M
0503	Cartilage graft	949.20	631.30	66.40 +T+M
0505	Inter-metacarpal bone graft	667.40	451.60	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0507	Removal of autogenous bone for grafting (not subject to modifier 0005)	230.40	230.40	66.40 +T+M
3.1.2.2 Acute or chronic osteomyelitis				
0509	Conservation treatment	*	*	-
0511	Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care	*	*	-
0512	Sternum sequentrectomy and drainage: Including six weeks after-care	589.80	391.70	66.40 +T+M
3.1.2.3 Osteotomy				
0514	Sternum: Repair of pectus-excavatum	1 520.60	1 013.80	66.40 +T+M
0515	Sternum: Repair of pectus carinatum	1 520.60	1 013.80	66.40 +T+M
0516	Pelvic	1 474.50	981.80	66.40 +T+M
0521	Femoral: Proximal	1 474.50	981.30	66.40 +T+M
0527	One leg/knee region	1 474.50	981.50	66.30 +T+M
0528	Os Calcis (Dwyer operation)	529.90	354.80	66.40 +T+M
0530	Metacarpal and phalanx: Corrective for mal-union or rotation	553.00	368.60	66.40 +T+M
0532	Rotation osteotomies of the Radius, Ulna or Humerus	737.30	493.10	66.40 +T+M
0533	Osteotomy single metatarsal	276.50	230.40	66.40 +T+M
0534	Multiple metatarsal osteotomies	691.20	460.80	66.40 +T+M
3.1.2.4 Exostosis				
<i>Excision</i>				
0535	Readily accessible sites	276.50	230.40	66.40 +T+M
0537	Less accessible sites	442.40	294.90	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3.1.2.5	Biopsy			
0539	Needle biopsy: Spine (no after-care), Modifier 0005 not applicable	230.40	230.40	88.60 +T
0541	Needle biopsy: Other sites (not after-care), Modifier 0005 not applicable	147.50	147.50	88.60 +T
	OPEN (MODIFIER 0005 NOT APPLICABLE)			
0543	Readily accessible site	294.90	230.40	Per bone
0545	Less accessible site	442.40	294.90	Per bone
3.2	Joints			
3.2.1	Dislocations			
0547	Clavicle: either end	175.10	175.10	66.40 +T+M
0549	Shoulder	235.00	230.40	66.40 +T+M
0551	Elbow	235.00	230.40	66.40 +T+M
0552	Wrist	354.80	235.00	66.40 +T+M
0553	Perilunar transscaphoid fracture dislocation	599.00	400.90	66.40 +T+M
0555	Lunate	354.80	235.00	66.40 +T+M
0556	Carpo-metacarpal dislocation	235.00	230.40	66.40 +T+M
0557	Metacarpal-phalangeal and interphalangeal (hand)	119.80	119.80	66.40 +T+M
0559	Hip	502.30	336.40	66.40 +T+M
0561	Knee	442.40	294.90	66.40 +T+M
0563	Patella	147.50	147.50	66.40 +T+M
0565	Ankle	414.70	276.50	66.40 +T+M
0567	Sub-Talar dislocation	414.70	276.50	66.40 +T+M
0569	Intertarsal or Tarsometatarsal or Midtarsal	354.80	235.00	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0571	Metatarsophalangeal and interphalangeal joints (foot)	64.50	64.50	66.40 +T+M
0573	Spine with or without paralysis .	*	*	-
0577	Operative treatment (see 0459) .	*	*	-
3.2.2	Operations for dislocations			
0578	Recurrent dislocation of shoulder	921.60	612.90	66.40 +T+M
0579	Recurrent dislocation of large joints	741.90	493.10	66.40 +T+M
3.2.3	Capsular operations			
	<i>Capsulotomy or arthrotomy or biopsy or drainage of joint</i>			
0582	Small joint (including three weeks after-care)	235.00	230.00	66.40 +T+M
0583	Large joint (including three weeks after-care)	442.40	294.90	66.40 +T+M
0585	Capsulectomy digital joint	294.90	230.40	66.40 +T+M
0586	Multiple percutaneous capsulomties of metacarpophalangeal joints	414.70	276.50	66.40 +T+M
0587	Release of digital joint contracture	589.80	391.70	66.40 +T+M
3.2.4	Synovectomy			
0589	Digital joint	354.80	235.00	66.40 +T+M
0592	Large joint	737.30	493.10	66.40 +T+M
0593	Tendon synovectomy	589.80	391.70	66.40 +T+M
3.2.5	Arthrodesis			
0597	Shoulder	1 032.20	686.60	66.40 +T+M
0598	Elbow	829.40	553.00	66.40 +T+M
0599	Wrist	829.40	553.00	66.40 +T+M
0600	Digital joint	589.80	391.70	66.40 +T+M
0601	Hip	1 474.60	981.50	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0602	Knee	829.40	553.00	66.40 +T+M
0603	Ankle	829.40	553.00	66.40 +T+M
0604	Subtalar	599.00	400.90	66.40 +T+M
0605	Stabilization of foot (triple-arthrodeses)	829.40	553.00	66.40 +T+M
0607	Mid-tarsal wedge resection	829.40	553.00	66.40 +T+M
3.2.6 Arthroplasty				
0614	Debridement large joints	737.30	493.10	66.40 +T+M
0615	Excision medial or lateral end of clavicle	534.50	354.80	66.40 +T+M
0617	Shoulder: Acromioplasty	884.70	589.80	66.40 +T+M
0619	Shoulder: Partial replacement	1 276.40	852.50	110.70 +T+M
0620	Shoulder: Total replacement	1 916.90	1 276.40	110.70 +T+M
0621	Elbow: Excision head of radius	442.40	294.00	66.40 +T+M
0622	Elbow: Excision	884.70	589.80	66.40 +T+M
0623	Elbow: Partial replacement	866.30	576.00	66.40 +T+M
0624	Elbow: Total replacement	1 299.50	866.30	66.40 +T+M
0625	Wrist: Excision distal end of ulna	442.40	294.90	66.40 +T+M
0626	Wrist: Excision single bone	506.90	336.40	66.40 +T+M
0627	Wrist: Excision proximal row	765.90	511.50	66.40 +T+M
0631	Wrist: Total replacement	1 147.40	764.90	66.40 +T+M
0635	Digital joint: Total replacement	884.70	589.80	66.40 +T+M
0637	Hip: Total replacement	1 916.90	1 276.40	66.40 +T+M
0639	Hip: Cup	1 916.90	1 276.40	66.40 +T+M
0641	Hip: Prosthetic replacement of femoral head	1 327.10	884.70	66.40 +T+M
0643	Hip: Girdlestone	1 474.60	981.50	66.40 +T+M
0645	Knee: Partial replacement	1 276.40	852.50	66.40 +T+M
0646	Knee: Total replacement	1 916.90	1 276.40	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0649	Ankle: Total replacement	1 147.40	764.90	66.40 +T+M
0650	Ankle: Astragalectomy	709.60	474.60	66.40 +T+M
3.2.7	Miscellaneous (joints)			
0661	Aspiration of joint or intra-articular injection (not subject to rule G) (M 0005 not applicable)	41.50	41.50	66.40 +T+M
0667	Arthroscopy (excluding after-care), modifiers 0005 and 0013 applicable	276.50	230.40	66.40 +T+M
0669	Manipulation large joint under general anaesthetic (not subject to rule G) (M 0005 not applicable)	64.50	64.50	Hip 88.60 +T Knee 66.40 +T Shoulder 66.40+T
0670	The consultation fee only should be charged whne manipulation of a large joint is performed with or without local anaesthetic	*	*	Hip 88.60 +T Knee 66.40 +T Shoulder 66.40+T
0673	Meniscectomy or operation for other internal derangement of knee	502.30	336.40	66.40 +T+M
3.2.8	Joint ligament reconstruction or suture			
0675	Ankle: Collateral	737.30	493.10	66.40 +T+M
0677	Knee: Collateral	737.30	493.10	66.40 +T+M
0678	Knee: Cruciate	737.30	493.10	66.40 +T+M
0679	Ligament augmentation procedure of knee	1 290.20	861.70	66.40 +T+M
0680	Digital joint ligament	645.10	428.50	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3.3	Amputations			
3.3.1	Specific amputations			
0682	Fore-quarter amputation	1 354.80	903.20	199.30 +T+M
0683	Through shoulder	682.00	456.20	110.70 +T+M
0685	Upper arm or fore-arm	534.50	354.80	66.40 +T+M
0687	Partial amputation of the hand: One ray	470.00	313.30	66.40 +T+M
0691	Part of or whole of finger (skin flap included)	235.00	230.40	66.40 +T+M
0693	Hindquarter amputation	1 935.40	1 290.20	132.90 +T+M
0695	Through hip joint region	884.70	589.80	132.90 +T+M
0697	Through thigh	589.80	391.70	132.90 +T+M
0699	Below knee, through knee or Syme	682.00	456.20	110.70 +T+M
0701	Trans metatarsal or transtarsal . .	414.70	276.50	66.40 +T+M
0703	Foot: One ray	294.90	230.40	66.40 +T+M
0705	Toe (skin flap included)	175.10	175.10	66.40 +T+M
3.3.2	Post-amputation reconstruction			
0706	Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler . .	345.60	230.40	66.40 +T+M
	Note: If not performed on thumb or index finger it must be motivated.			
0707	Krukenberg reconstruction	949.20	631.30	66.40 +T+M
0709	Metacarpal transfer	884.70	589.80	66.40 +T+M
0711	Pollicization of the finger (Prior permission must be obtained from the Commission at all times)	1 298.90	865.90	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0712	Toe to thumb transfer (Prior permission must be obtained from the Commission at all times)	3 684.80	2 455.00	66.40 +T+M
3.4	Muscles, tendons and fasciae			
3.4.1	Investigations			
0713	Electromyography	345.60	230.40	66.40 +T
0714	Electromyographic neuro-muscular junctional study, including edrophonium response	262.70	175.10	66.40 +T
0715	Strength duration curve per session	48.40	32.30	66.40 +T
0717	Electrical examination of single nerve or muscle	41.50	27.60	66.40 +T
0721	Voltage-integration during isometric contraction	55.30	36.90	66.40 +T
0723	Tonometry with edrophonium	36.90	23.00	66.40 +T
0725	Isometric tension studies with edrophonium	46.10	32.30	66.40 +T
	<i>Cranial reflex study (both early and late responses) supra occulofacial or corneofacial of Flabellofacial</i>			
0727	Unilateral	36.90	23.00	66.40 +T
0728	Bilateral	64.50	41.50	66.40 +T
0729	Tendon reflex time	32.30	23.00	66.40 +T
2730	Limb-brain somatosensory studies (per limb)	225.80	147.50	-
0731	Visio and audiosensory studies	225.80	147.50	-
0733	Motor nerve conduction studies (single nerve)	119.80	78.34	-

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	142.80	92.20	66.40 +T
0737	Biopsy for motor nerve terminals and end plates	92.90	92.20	66.40 +T
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	156.70	156.70	177.10 +T
0740	Muscle fatigue studies	92.20	92.20	66.40 +T
0741	Muscle biopsy	92.20	92.20	177.10 +T
0742	Global fee for all muscle studies, including histochemical studies .	1 207.30	-	-
	<i>Biochemical estimations on muscle biopsy specimens</i>			
4701	Creatine kinase	93.30	-	-
4703	Adenylate kinase	153.50	-	-
4705	Pyruvate kinase	26.20	-	-
4707	Lactate dehydrogenase	7.40	-	-
4709	Adenylate deaminase	45.60	-	-
4711	Phosphoglycerate kinase	63.10	-	-
4713	Phosphoglycerate mutase	119.30	-	-
4715	Enolase	150.70	-	-
4717	Phosphofructokinase	173.70	-	-
4719	Aldolase	72.60	-	-
4721	Glyceraldehyde 3 Phosphate Dehydrogenase	50.90	-	-
4723	Phosphorylase	159.90	-	-
4725	Phosphoglucomutase	185.70	-	-
4727	Phosphohexose Isomerase	132.70	-	-

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3.4.2	Decompression Operations			
0743	Major Compartmental Decompression	608.30	405.50	66.40 +T
0744	Fasciotomy only	276.50	230.40	66.40 +T
3.4.3	Muscle and tendon repair			
0745	Biceps humeri	502.30	336.40	66.40 +T
	<i>Supra-spinatus</i>			
0746	Removal of calcification in Rotator cuff	442.40	294.90	66.40 +T
0747	Rotator cuff	617.50	410.10	66.40 +T
0755	Infrapatellar or quadriceps tendon	589.80	391.70	66.40 +T
0757	Achilles tendon	589.80	391.70	66.40 +T
0759	Other single tendon	354.80	235.00	66.40 +T
0763	Tendon or ligament injection . . .	41.50	41.50	66.40 +T
	<i>Hand</i>			
	<i>Flexor tendon suture</i>			
0767	Primary (per tendon)	589.80	391.70	66.40 +T
0769	Secondary (per tendon)	737.30	493.10	66.40 +T
	<i>Extensor tendon suture</i>			
0771	Primary (per tendon)	294.90	230.40	66.40 +T
0773	Secondary (per tendon)	368.60	244.20	66.40 +T
0774	Repair of Boutonnière deformity or Mallet Finger	562.20	373.20	66.40 +T
3.4.4	Tendon graft			
0775	Free tendon graft	737.30	493.10	66.40 +T
0776	Reconstruction of pulley for flexor tendon	230.40	230.40	66.40 +T
	<i>Finger</i>			
0777	Flexor	884.70	589.80	66.40 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0779	Extensor	562.20	373.20	66.40 +T
0780	Two stage flexor tendon graft using silastic rod	1 105.90	737.30	66.40 +T
3.4.5 Tenolysis				
0781	Tendon freeing operation, except where specified elsewhere	294.90	230.40	66.40 +T
0782	Carpal tunnel syndrome	294.90	230.40	66.40 +T
0783	De Quervain	175.10	175.10	66.40 +T
0784	Trigger finger	175.10	175.10	66.40 +T
0785	Flexor tendon freeing operation following graft or suture	691.20	460.80	66.40 +T
0787	Extensor tendon freeing operation following graft or suture	529.90	354.80	66.40 +T
0788	Intrinsic tendon release per finger	294.90	230.40	66.40 +T
0789	Central tendon tenotomy for Boutonnière deformity	294.90	230.40	66.40 +T
3.4.6 Tenodesis				
0790	Digital joint	414.70	276.50	66.40 +T
3.4.7 Muscle, tendon and fascia transfer				
0791	Single tendon transfer	442.40	294.90	66.40 +T
0792	Multiple tendon transfer	589.80	391.70	66.40 +T
0793	Hamstring to quadriceps transfer	649.70	433.10	66.40 +T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon . .	1 474.60	981.50	110.70 +T
0795	Tendon transfer at elbow	534.50	354.80	66.40 +T
0796	Iliopsoas at hip	1 032.20	686.60	110.70 +T
0797	Knee (Eggers)	649.70	433.10	66.40 +T
<i>Hand tendons</i>				
0803	Single tendon transfer	442.40	294.90	66.40 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0809	Substitution for intrinsic paralysis of hand	1 032.20	686.60	66.40 +T
0811	Opponens transfer	589.80	391.70	66.40 +T
3.4.8	Muscle slide operations and tendon lengthening			
0812	Percutaneous Tenotomy	175.10	175.10	66.40 +T
0813	Torticollis	442.40	294.90	110.7- +T
0815	Scalenotomy	608.30	405.50	110.70 +T
0817	Scalenotomy with excision of first rib	875.50	585.20	66.40 +T
0823	Excision or slide for Volkmann's Contracture	884.70	589.80	66.40 +T
0825	Hip: Open muscle release	534.50	354.20	155.00 +T
0829	Knee: Quadricepsplasty	737.30	493.10	66.40 +T
0831	Knee: Open tenotomy	649.70	493.10	66.40 +T
0835	Calf	442.40	294.90	88.60 +T
0837	Open Elongation Tendon Achilles	442.40	294.90	88.60 +T
0845	Foot: Plantar fasciotomy	322.60	294.90	66.40 +T
3.5	Bursae and ganglia			
	<i>Excision</i>			
0847	Semi-membranosus	414.70	276.50	66.40 +T
0849	Prepatellar	207.40	207.40	66.40 +T
0851	Olecranon	207.40	207.40	66.40 +T
0853	Small bursa or ganglion	235.00	230.40	66.40 +T
0855	Compound palmar ganglion or synovectomy	589.80	391.70	66.40 +T
0857	Aspiration or injection (not subject to rule G) (M 0005 not applicable)	41.50	41.50	66.40 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3.6	Miscellaneous			
0861	Leg lengthening	1 916.90	1 276.40	66.40 +T
3.6.2	Removal of internal fixatives or prosthesis			
0833	Readily accessible	147.50	147.50	As per bone specify +M
0884	Less accessible	294.90	230.40	
0885	Removal of prosthesis for infection soon after operation . .	589.80	391.70	+M
0886	Late removal of infected total joint replacement prosthesis (including six weeks after-care). Fee for total joint replacement of the specific joint plus N\$294.90 (general practitioner N\$193.50) .	-	-	132.90 +T+M
3.7	Plasters (not subject to rule G)			
	Note: The initial application of a plaster cast is included in the scheduled fee.			
	Note: The Commission will only consider payment i.r.o splinting material (Scotschcast, 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 <i>one</i> application for an upper extremity injury.			
	A maximum of <i>two</i> applications for a lower extremity injury.			
	<i>Extremity</i>			
0087	Long (M 0005 not applicable) . .	59.90	59.90	66.40 +T
0888	Short (M 0005 not applicable) . .	32.30	32.30	66.40 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0889	Spica, plaster jacket or hinged cast brace	147.50	147.50	88.60 +T
3.8	Specific areas			
3.8.1	Toes			
	<i>Multiple claw toes</i>			
	<i>Radical operation</i>			
0897	One foot	645.10	428.50	66.40 +T
0901	Tenotomy extensor tendons	175.10	175.10	66.40 +T+M
0903	Hammertoe sor overlapping toe . .	235.00	230.40	66.40 +T+M
0905	Filleting toe or syndactyly	235.00	230.40	66.40 +T+M
3.8.2	Big toe			
0906	Arthrodesis Hallux	354.80	235.00	66.40 +T+M
0909	Excision arthroplasty	354.80	235.00	66.40 +T+M
0910	Prosthetic replacement big toe . .	368.60	244.20	66.40 +T+M
0911	Osteotomy first metatarsal including bunionectomy	470.00	313.30	66.40 +T+M
3.8.3	Reimplantation			
0912	Replantation of amputated upper limb proximal to wrist joint	1 382.40	921.60	66.40 +T+M
0913	Replantation of thumb	1 152.00	764.90	66.40 +T+M
0914	Replantation of a single digit (to be motivated), for multiple digits, modifier 0005 applicable	2 671.50	1 782.50	66.40 +T+M
0915	Replantation operation through the palm	1 843.20	1 225.70	66.40 +T+M
3.8.5	Hands: (Note - Skin: See Integumentary system)			
0919	Enclusion cysts	161.30	161.30	66.40 +T+M
0920	Ganglionor fibroma	235.00	230.40	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
<i>Removal of foreign bodies requiring incision</i>				
0922	Under local anaesthetic	87.50	87.50	66.40 +T+M
0923	Under general or regional anaesthetic	147.50	147.50	66.40 +T+M
<i>Crushed hand injuries</i>				
0924	Initial extensive soft tissue toilet under general anaesthetic (sliding scale)	170.50 to 506.90	170.50 to 336.40	66.40 +T+M
0925	Subsequent dressing changes under general anaesthetic	73.70	73.70	66.40 +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	1 239.50	824.80	66.40 +T+M
3.8.5 Spine				
0929	Manipulation of spine with anaesthetic (not including after-care), modifier 0005 not applicable	64.50	824.80	66.40 +T+M
0931	Spinal fusion: One level	1 474.60	981.50	66.40 +T+M
0934	Spinal fusion: Multiple levels	1 622.00	1 082.90	66.40 +T+M
0935	Sacro-iliac fusion	1 474.60	981.50	66.40 +T+M
0937	Occipito-cervical fusion	1 032.20	686.60	66.40 +T+M
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	737.20	493.10	66.40 +T+M
0940	Transthoracic anterior exposure of the spine if done by a second surgeon	737.30	493.10	66.40 +T+M
0943	Lumbar discectomy	1 105.92	737.30	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0945	Lumbar discectomy: Multiple levels or both sides	1 262.60	843.30	66.40 +T+M
0947	Surgical removal cervical or thoracic disc: One level	1 216.50	811.00	66.40 +T+M
0949	Surgical removal cervical or thoracic disc: Multiple levels . . .	1 382.40	921.60	66.40 +T+M
0951	Removal disc plus spinal fusion: One level	1 631.20	1 087.50	66.40 +T+M
0953	Removal disc plus spinal fusion: Multiple levels	1 778.70	1 184.30	66.40 +T+M
0959	Excision coccyx	442.40	294.90	66.40 +T+M
0961	Costo-transversectomy	912.40	608.30	66.40 +T+M
0963	Anterio-lateral decompression of spinal cord or anterior debridement	1 502.20	999.90	66.40 +T+M
0969	Skull or skull-femoral traction including two weeks after-care .	294.90	230.40	-
0975	Internal mechanical fixation and spinal fusion	2 027.50	1 350.10	88.60 xT+M
0976	Internal mechanical fixation by using Harrington/Zielker/or similar procedure and spinal fusion with sub-laminar wires	1 751.00	1 165.80	110.70 +T+M
0977	Cotrel-Dubboiset/or similar procedure (8 to 10 hooks) and spinal fusion	2 534.40	1 691.10	110.70 +T+M
0978	Internal mechanical fixation without fusion	1 520.00	1 013.30	88.60 +T+M
0979	Revision of fusion and repair of pseudoarthrosis at one or more levels: Posterior approach	1 382.40	921.60	66.40 +T+M
0985	Removal of internal mechanical fixation	322.60	230.40	132.90 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
0986	Removal of internal mechanical fixation: Multiple levels	460.80	308.70	132.90 +T+M
3.9	Facial bone procedures			
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9 of the tariff.			
0987	Repair of orbital floor (blowout fracture)	838.70	557.60	88.60 +T+M
0988	Genioplasty	1 211.90	806.40	88.60 +T+M
	<i>Open reduction and fixation of central mid-third facial fracture with displacement</i>			
0989	Le Fort I	847.90	566.80	88.60 +T+M
0990	Le Fort II	1 391.60	926.20	88.60 +T+M
0991	Le Fort III	1 995.30	1 331.70	88.60 +T+M
0992	Le fort I Osteotomy	4 469.80	2 981.40	88.60 +T+M
0993	Palatal Osteotomy	1 391.60	926.20	88.60 +T+M
0994	Le Fort II Osteotomy (team fee)	5 082.60	3 386.90	88.60 +T+M
0995	Le Fort III Osteotomy (team fee)	7 621.60	5 082.60	88.60 +T+M
0996	Fracture of maxilla without displacement	*	*	-
0997	Open reduction and fixation . . .	1 391.60	926.20	66.40 +T+M
0999	Closed reduction by inter-maxillary fixation	847.90	566.80	66.40 +T+M
1001	Temporo-mandibular joint: Reconstruction for dysfunction .	949.20	631.30	88.60 +T+M
1003	Manipulation: Immobilisation and follow-up of fractured nose	161.30	161.30	66.40 +T+M
1005	Nasal fracture without manipulation	*	*	110.70 +T+M
1007	Mandibulectomy	944.60	631.30	88.60 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1009	Maxillectomy	1 548.30	1 032.20	88.60 +T+M
1011	Bone graft to mandible	949.20	631.30	88.60 +T+M
1012	Adjustment of occlusion by ramisection	1 046.00	695.80	88.60 +T+M
1013	Fracture of arch of zygoma without displacement	*	*	-
1015	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; recent fractures (within four weeks) . . .	603.60	400.90	66.40 +T+M
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; delayed fractures (after four weeks)	1 207.30	806.40	66.40 +T+M
4.	RESPIRATORY SYSTEM			
4.1	Nose and sinuses			
1019	Nasalendoscopy in rooms (may only be charged for together with a first consultation)	55.30	-	-
1020	Septum perforation repair by any method	576.00	382.50	88.60 +T
1022	Septum plasty with or without caudal deflection	506.90	336.40	88.60 +T
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	125.80	125.80	88.60 +T
1025	Intranasal antrostomy, uni- or bilateral	276.50	230.40	88.60 +T
1027	Dacrocystorhinostomy	967.70	645.10	110.70 +T
1029	Turbinectomy, uni- or bilateral . .	207.40	207.40	88.60 +T
1034	Autogenous nasal bone transplant: Bone removal included	460.80	308.70	88.60 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1035	Unilateral intranasal ethmoidectomy with or without removal of polyps and/or intranasal frontal operation and/or intranasal sphenoid operation . . .	520.70	345.60	88.60 +T
1036	Bilateral intranasal ethmoidectomy with or without removal of polyps and/or intranasal frontal operation and/or intranasal sphenoid operation Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral.	912.40	608.30	88.60 +T
1037	Under local anaesthetic	36.90	36.90	-
1039	Under general anaesthetic <i>Severe epistaxis, requiring hospitalisation</i>	96.80	36.90	88.60 +T+M
1041	Anterior plugging (including after-care)	184.30	184.30	132.90 +T
1043	Anterior and posterior plugging (including after-care)	276.50	230.40	132.90 +T
1045	Ligation anterior ethmoidal artery	271.90	230.40	132.90 +T
1047	Cladwell-Luc operation (unilateral)	423.90	281.10	88.60 +T
1049	Ligation internal maxillary artery	599.00	296.30	132.90 +T
1054	Antroscopy through the canine fossa (uni- or bilateral)	184.30	-	-
1055	External frontal ethmoidectomy .	893.90	594.40	88.60 +T
1057	External ethmoidectomy and/or sphenoidectomy	755.70	502.30	88.60 +T
1059	Frontal osteomyelitis	893.90	594.40	88.60 +T
1061	Laterla rhinotomy	755.70	502.30	88.60 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1063	Removal of foreign bodies from nose at rooms	46.00	46.00	-
1065	Removal of foreign body from nose under general anaesthetic . .	96.80	96.80	88.60 +T
1067	Proof puncture, unilateral at rooms	46.00	46.00	88.60 +T
1069	Proof puncture, uni- or bilateral under general anaesthetic	96.80	96.80	88.60 +T
1075	Multiple intranasal procedures: Not to exceed (see Modifier 0068)	893.90	594.40	88.60 +T
1077	Septum abscess, at room, including after-care	36.90	36.90	-
1079	Septum abscess, under general anaesthetic	96.80	96.80	88.60 +T
1081	Oro-antral fistula (<i>without Caldwell-Luc</i>)	396.30	262.70	88.60 +T
1083	Choanal atresia: Intranasal approach	520.70	345.60	110.70 +T
1084	Choanal atresia: Transpalatal approach	893.90	594.40	155.00 +T
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomies) and nasal tip	1 612.80	1 073.70	110.70 +T
1087	Subtotal reconstruction consisting of any two of the following: Septumplasty, osteotomies, nasal tip reconstruction <i>Forehead rhinoplasty (all stages)</i>	967.70	645.10	110.70 +T
1089	Total	2 543.60	1 695.70	110.70 +T
1091	Partial	1 907.70	1 271.80	110.70 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
4.3	Larynx			
	SPECIFIC MODIFIER GOVERNING THIS SECTION OF THE TARIFF			
0067	Micro-surgery of the larynx; to the fee of the operation performed add 25%.			
1117	Laryngeal intubation <i>Laryngectomy</i>	46.00	46.00	-
1119	Without block dissection of the neck	1 612.80	1 073.70	155.00 +T
1127	Tracheostomy	368.60	244.20	199.30 +T
1129	External laryngeal operation, e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngofissure <i>Direct laryngoscopy</i>	907.80	603.60	177.10 +T
1130	Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	138.20	138.20	132.90 +T
1131	Plus foreign body removal	212.00	212.00	132.90 +T
4.4	Bronchial procedure			
	<i>Bronchoscopy</i>			
1132	Diagnostic bronchoscopy without removal of foreign object	299.50	198.10	132.90 +T
1133	With removal of foreign body . .	368.60	244.20	177.10 +T
1134	Bronchoscopy with use of laser .	345.60	-	177.10 +T
1135	With bronchograph	368.60	244.20	177.10 +T
1137	Bronchial lavage	-	-	177.10 +T
1138	Thoracotomy: for bronchopleural fistula (including ruptured bronchus, any cause)	1 612.80	1 073.70	265.70 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
4.5	Pleura			
1139	Pleural needle biopsy (not including after-care): modifier 0005 not applicable	96.80	96.80	66.40 +T
1141	Insertion of intercostal catheter (under water drainage)	230.40	230.40	132.00 +T
1143	Paracentesis chest: Diagnostic . .	36.90	36.90	66.40 +T
1145	Paracentesis chest: Therapeutic .	59.90	59.90	66.40 +T
1147	Pneumothorax: Induction (diagnostic)	115.20	1 152.20	243.60 +T
1149	Pleurectomy	1 152.00	769.50	43.60 +T
1151	Decortication of lung	1 612.80	1 073.70	66.40 +T
1153	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc.)	253.40	230.40	66.40 +T
4.6	Pulmonary procedures			
4.6.1	Surgical			
1155	Needle biopsy lung (not including after-care): modifier 0005 not applicable	115.20	115.20	110.70 +T
1157	Pneumonectomy	1 612.80	1 073.70	243.60 +T
1159	Pulmonary lobectomy	1 612.80	1 073.70	243.60 +T
1161	Segmental lobectomy	1 681.90	1 073.70	243.60 +T
	<i>Excision tracheal stenosis</i>			
1163	Cervical	1 728.00	1 152.00	177.10 +T
1164	Intra thoracic	1 612.80	1 073.70	265.70 +T
1168	Thoracoplasty: Complete	1 151.50	769.20	243.60 +T
1169	Thoracoplasty: Limited/osteoplastic	921.20	612.60	243.60 +T
1171	Drainage empyema (including six weeks after-treatment)	783.40	520.70	243.60 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1173	Drainage of lung abscess (including six weeks after-treatment)	783.40	520.70	243.60 +T
	<i>Thoracotomy</i>			
1175	Limited: For lung or pleural biopsy	529.90	354.80	243.60 +T
1177	Major: Diagnostic	990.70	658.90	243.60 +T
1179	Thoracoscopy	267.30	184.30	243.60 +T
4.6.2	Plumonary function tests			
1186	Flow volume test: Inspiration/expiration	92.20	92.20	-
1188	Flow volume test: Inspiration/expiration pre- and post-bronchodilator (to be charged for only with first consultation thereafter item 1186 applies) . . .	230.30	152.00	Fees as for specialist
1189	Forced expirogram only	18.40	18.40	Fees as for specialist
1191	N ₂ single breath distribution . . .	46.00	46.00	Fees as for specialist
1193	Closed circuit or body plethysmograph determination of F.R.C.	110.60	110.60	Fees as for specialist
1195	Airways resistance, body plethysmograph	110.60	110.60	Fees as for specialist
1196	Airways resistance, body plethysmograph: pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1195 applies)	184.20	184.20	Fees as for specialist
1197	Compliance and resistance, using oesophageal balloon	110.60	110.60	Fees as for specialist

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1198	Histamine/metacholine inhalation test	184.30	184.30	Fees as for specialist
1199	Cardio-respiratory exercise test (treadmill or cycle to be charged for separately) with recording of V.E, V.O ₂ , H.R., R.R., ECG and oximetry	110.60	110.60	Fees as for specialist
1200	C.O. diffusion test, single breath or steady state	110.50	110.50	Fees as for specialist
1201	Maximum inspiration/expiratory pressure	23.00	23.00	Fees as for specialist

47. Tariff items for intensive care: Respiratory, cardiac, general

MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

- 0071** Where work is initiated after hours, over a weekend or on public holidays, a further N\$58.80 may be charged.

RULE GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

- Q.** Units in respect of items 1204 to 1210 exclude the following:
- (a) Anaesthetic and/or surgical fees for any condition or procedure.
 - (b) Cost of any drugs and/or materials.
 - (c) Any other cost which may be incurred before, during or after the consultation, and/or the therapy.
 - (d) Blood gases and chemistry test, including the arterial puncture to obtain the specimen.
 - (e) Procedural items 1212 to 1219.
- R.** Units for items 1208, 1209 and 1210 include resuscitation (i.e. item 1211).
- S.** Units for 1212, 1213 and 1214 include the following:
- (a) Measurement of minute volume, vital capacity, time- and vital capacity studies.
 - (b) Testing and connecting the machine.
 - (c) Putting patient on machine: setting machine, synchronising patient with machine.

- (d) Instruction to nursing staff.
 (e) All subsequent visits within 24 hours.

T. Ventilation (items 1212 to 1214) does not form a part of normal post-operative care.

4.71. Tariff items for intensive care

Category 1 Cases requiring intensive monitoring (to include case where physiological instability is anticipated, e.g. diabetic pre-coma, asthma, gastrointestinal haemorrhage, etc.)

	Specialist	General practitioner	Anaesthetic
	N\$	N\$	N\$
1204 Per day	138.20	138.20	Fees as for specialists

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, flail chest, etc.)

	Specialist	General practitioner	Anaesthetic
	N\$	N\$	N\$
1205 First day	460.80	308.70	Fees as for specialists
1206 Subsequent days, per day	230.40	230.40	Fees as for specialists
1207 Per day	115.20	115.20	Fees as for specialists

Category 3 Cases with multiple organ failure (May require multidisciplinary intervention).

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1208	First day (principal practitioner) .	576.00	382.50	Fees as for specialists
1209	First day (per involved practitioner)	230.40	230.40	Fees as for specialists
1210	Subsequent days (per involved practitioner)	230.40	230.40	Fees as for specialists

4.7.2 Procedures

1211 Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily IN ICU), N\$230.40 per half hour or part thereof for the first hour per practitioner, thereafter N\$115.20 per half hour up to a maximum of N\$691.20 per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc. Kardio-respirators resussitasje.

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
VENTILATION				
1212	First day	345.60	230.40	Fees as for specialists
1213	Subsequent days	230.40	230.40	Fees as for specialists
1214	After two weeks, per day	115.20	115.20	Fees as for specialists
1215	Insertion of arterial pressure cannula	115.20	115.20	Fees as for specialists
1216	Insertion of Swan Granz catheter for haemodynamic monitoring . .	230.40	230.40	Fees as for specialists
1217	Insertion of central venous line via peripheral vein	46.00	46.00	Fees as for specialists
1218	Insertion of central venous line via subclavian or jugular veins. .	115.20	115.20	Fees as for specialists

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1219	Hyperalimentation (daily fee) . .	69.10	69.10	Fees as for specialists
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Caseate to be charged for according to item 0201 per patient)	138.20	138.20	Fees as per specialists
1221	Professional fee for managing a patient-controlled analgesic pump: Once off charge per patient	138.20	138.20	Fees as per specialists
5. MEDIASTINAL PROCEDURES				
1223	Mediastinoscopy	437.80	290.30	110.70 +T
6. CARDIOVASCULAR SYSTEM				
MODIFIER GOVERNING FEES FROM AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM)				
0100	Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of N\$345.60 applicable.			
6.1 General				
General practitioner's fee for the taking of an ECG only.				
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.				
1228	Without effort: ½ (1232)	-	20.80	-
1229	Without and with effort: ½ (1233)	-	30.00	-
Note:	Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added.			

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
	Physician's fee for interpreting and ECG.			
	A specialist physician is entitled to the following fee for interpretation of an ECG tracing referred to him by a general practitioner.			
1230	Without effort	27.60	-	-
1231	Without and with effort	46.00	-	-
	Electrocardiogram			
1232	Without effort	41.50	41.50	-
1233	Without and with effort	59.90	59.90	-
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus.	184.30	184.30	-
1235	Multi-stage treadmill	276.50	230.40	-
1241	X-ray screening (Chest)	18.40	18.40	-
1245	Angiography cerebral: First two series	158.00	158.00	88.60 +T
1246	Angiography peripheral: Per limb	115.20	115.20	88.60 +T
1248	Paracentesis of pericardium	230.40	230.40	199.30 +T
6.3	Cardiac surgery			
1311	Pericardial drainage	645.10	428.50	287.90 +T
6.3.1	Open heart surgery			
1322	Attendance at other operations for monitoring at bedside, by physician e.g. heart block, etc.	92.20	-	-

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
6.4	Peripheral vascular system			
6.4.2	Arterio-venous-abnormalities			
1369	Fistula or aneurysm (as for grafting of various arteries)	-	-	-
6.4.3	Arteries			
6.4.3.1	Aorta-iliac and major branches			
	Abdominal aorta and iliac artery			
1373	Ruptured	2 764.80	1 843.20	332.20 +T
6.4.3.2	Iliac artery			
1379	Prospethic grafting and/or Thrombo-end-arteriectomy	1 382.40	921.60	287.90 +T
6.4.3.3	Peripheral			
1385	Prosthetic grafting	1 175.00	783.40	110.70 +T
	Grafting vein			
1387	Proximal to knee joint	1 382.40	921.60	110.70 +T
1388	Distal to knee joint	2 045.90	1 364.00	110.70 +T
1389	Endarterectomy when not part of another specified procedure	1 216.50	811.00	110.70 +T
1390	Carotid endarterectomy	1 382.40	921.60	221.40 +T
	Embolectomy			
1393	Peripheral embolectomy transfemoral	774.10	516.10	110.70 +T
	<i>Miscellaneous arterial procedures</i>			
1395	Arterial suture: Trauma	576.00	382.50	110.70 +T
1397	Profundoplasty	967.70	645.10	110.70 +T
1399	Distal tibial (ankle region)	2 101.20	1 400.80	110.70 +T
1401	Femoro-femoral	1 170.40	783.40	110.70 +T
1402	Carotid-subclavian	1 327.10	884.70	177.10 +T
1403	Axillo-femoral (Bifemoral + 50%)	1 327.10	884.70	177.10 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
6.4.4	Veins			
1407	Ligation of saphenous vein	230.40	230.40	66.40 +T
1408	Placement of Hickman catheter or similar	419.10	281.00	88.60 +T
	<i>Ligation of inferior vena cava</i>			
1410	Abdominal	829.40	553.00	177.10 +T
	<i>"Umbrella" operation on inferior vena cava</i>			
1412	Abdominal	460.80	308.70	177.10 +T
	<i>Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including ligation of perforating veins as indicated.</i>			
1413	Unilateral	649.70	433.10	66.40 +T
1415	Bilateral	1 138.20	760.30	66.40 +T
1417	Extensive sub-fascial ligation of perforating veins	576.00	382.50	66.40 +T
1419	Lesser varicose vein procedures	142.80	142.80	66.40 +T
	<i>Compression sclerotherapy of varicose veins</i>			
1421	Per injection	41.50	41.50	-
1423	Maximum per leg (excluding cost of material)	368.60	244.20	-
	<i>Thrombectomy</i>			
1425	Inferior vena cava (Trans abdominal)	1 105.90	737.30	243.60 +T
1427	Ilio-femoral	806.40	539.10	132.90 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
7.	LYMPH RETICULAR SYSTEM			
7.1	Spleen			
1435	Splenectomy (trauma)	806.40	539.10	199.30 +T
	<i>Bone marrow biopsy</i>			
1457	By trephine	59.90	59.90	66.40 +T
1458	Simple aspiration of marrow by means of trocar or cannula	36.90	36.90	-
8.	DIGESTIVE SYSTEM			
8.1	Oral cavity			
1467	Drainage of intra-oral abscess . .	142.80	142.80	88.60 +T
1483	Closure of oro-antral fistula with Caldwell-Luc	635.90	423.90	88.60 +T
8.2	Lips			
1485	Local excision of benign lesion of lip	124.40	124.40	88.60 +T
1499	Lip reconstruction following an injury: Direct repair	419.30	281.00	88.60 +T
	<i>Lip reconstruction following an injury</i>			
1501	Flap repair	949.20	631.30	88.60 +T
1503	Total reconstruction (first stage) .	949.20	631.30	88.60 +T
1504	Subsequent stages (see item 0299)	479.20	317.90	88.60 +T
8.3	Tongue			
1505	Partial glossectomy	649.70	433.10	132.90 +T
1507	Local excision of lesion of tongue	124.40	124.40	88.60 +T
8.4	Palate, uvula and salivary glands			
1531	Drainage of parotid abscess	115.20	115.20	88.60 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
8.5	Oesophagus			
1545	Oesophagoscopy with rigid instrument: First and sub-sequent	216.60	216.60	88.60 +T
1550	With removal of foreign body . .	322.60	230.40	88.60 +T
	<i>Hiatus hernia and diaphragmatic hernia repair</i>			
1563	With anti-reflux procedure	1 382.40	921.60	243.60 +T
1565	With Collins Nissen oesophageal lengthening procedure	1 612.80	1 073.70	243.60 +T
8.6	Stomach			
1587	Upper gastro-intestinal fibre-optic endoscopy			
	Own equipment	299.50	230.40	88.60 +T
1591	Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach)	414.70	276.50	132.90 +T
1597	Gastrostomy or Gastrotomy	534.50	354.80	132.90 +T
	<i>Vagotomy</i>			
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	599.00	400.90	155.00 +T
1617	Partial gastrectomy	1 382.40	921.60	155.00 +T
1619	Total gastrectomy	1 728.00	1 152.00	155.00 +T
8.7	Duodenum			
1627	Duodenal intubation (under X-ray screening)	36.90	-	-
8.8	Intestines			
1634	Enterotomy or Enterostomy	534.50	354.80	132.90 +T
1637	Operation for relief of intestinal obstruction	649.70	433.10	155.00 +T
1639	Resection of small bowel with enterostomy or anastomosis	806.40	539.10	132.90 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1645	Suture of intestine (small or large) injury	534.50	534.80	132.90 +T
1647	Closure of intestinal fistula	1 188.90	792.60	132.90 +T
1657	Right or left hemicolectomy or segmental colectomy	1 497.60	999.90	132.90 +T
1661	Colotomy: Including removal of foreign body	622.00	414.70	132.90 +T
1663	Total colectomy	1 797.10	1 198.00	132.90 +T
1665	Colostomy or ileostomy isolated procedure	414.70	276.50	132.90 +T
1667	Colostomy: Closure	414.70	276.50	110.70 +T
1668	Revision of ileostomy pouch . . .	1 728.00	1 152.00	132.90 +T
8.10	Rectum and anus			
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	59.90	59.90	66.40 +T
	<i>Repair of prolapsed rectum:</i>			
	<i>Abdominal</i>			
1705	Incision and drainage of submucous abscess	184.30	184.30	66.40 +T
1707	Drainage of submucous abscess	184.30	184.30	66.40 +T
1737	Dilatation of ano-rectal structure	57.60	57.60	66.40 +T
8.11	Liver			
1743	Needle biopsy of liver	115.20	115.20	66.40 +T
1745	Biopsy of liver by laparotomy	414.70	276.50	88.60 +T
1747	Drainage of liver abscess	649.70	433.10	155.00 +T
1748	Body composition measured by bio-electrical impedance	13.90	13.90	-
	<i>Hemi-hepatectomy</i>			
1749	Right	2 027.50	1 350.10	199.30 +T
1751	Left	1 382.40	921.60	199.30 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1753	Partial or segmental hepatectomy	691.20	460.80	199.30 +T
1757	Suture of liver wound or injury .	829.40	553.00	199.30 +T
8.12	Biliary tract			
1763	With exploration of common bile duct	1 267.20	843.30	132.90 +T
1765	Exploration of common bile duct: Secondary operation	1 340.90	893.90	132.90 +T
1767	Reconstruction of common bile duct	1 843.20	1 230.30	132.90 +T
8.13	Pancreas			
1778	Pancreas: ERCP: Endoscopy + Catheterisation of pancreas duct or choledochus	447.00	294.90	88.60 +T
	<i>Pancreatic function tests</i>			
1783	Drainage of pancreatic abscess .	829.40	553.00	132.90 +T
1791	Local, partial or subtotal pancreatectomy	1 1520	769.50	177.10 +T
1793	Distal pancreatectomy with internal drainage	1 382.40	921.60	177.10 +T
8.14	Peritoneal cavity			
	<i>Pneumo-peritoneum</i>			
1797	First	59.50	59.50	88.60 +T
1799	Repeat	27.60	27.60	88.60 +T
1800	Peritoneal lavage	92.10	92.10	-
1801	Diagnostic paracentesis: Abdomen	36.90	36.90	-
1803	Therapeutic paracentesis: Abdomen	59.90	59.90	-
1807	Add to open procedure where procedure was performed through a laparoscope	276.50	230.40	110.70 +T
1809	Laparotomy	483.80	322.60	88.60 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1811	Suture of burst abdomen	460.80	308.70	155.00 +T
1812	Laparotomy for control of surgical haemorrhage	-	-	199.30 +T
1813	Drainage of subphrenic abscess	829.40	553.00	155.00 +T
	<i>Drainage of other intraperitoneal abscess (excluding appendix abscess)</i>			
1815	Per abdomen	829.40	553.00	110.70 +T
1817	Transrectal drainage of pelvic abscess	230.40	230.40	88.60 +T
9.	HERNIAE			
1819	Inguinal or femoral hernia	576.00	382.50	88.60 +T
1825	Recurrent inguinal or femoral hernia	714.20	474.60	88.60 +T
1827	Strangulated hernia requiring resection of bowel	1 096.70	732.70	155.00 +T
1831	Umbilical hernia	645.10	428.50	88.60 +T
1835	Incisional	737.30	493.10	88.60 +T
10.	URINARY SYSTEM			
10.1	Kidney			
1839	Renal biopsy, per kidney, open	327.20	230.40	110.70 +T
1841	Renal biopsy, (needle)	138.20	138.20	66.40 +T
	<i>Peritoneal dialysis</i>			
1843	First day	152.10	152.10	-
1845	Every subsequent day	152.10	152.10	-
	<i>Haemodialysis</i>			
1847	Per hour or part thereof	96.80	96.80	-
1849	Maximum: Eight hours	774.10	516.10	-
1851	Thereafter per week	253.40	230.40	-

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1852	Continuous hermodiafiltration per day in intensive or high care unit	152.00	152.00	-
	<i>Nephrectomy</i>			
1853	Primary nephrectomy	870.90	580.60	110.70 +T
1855	Secondary nephrectomy	1 064.40	709.60	110.70 +T
1863	Nephron-ureterectomy	1 239.50	824.80	110.70 +T
1865	Nephrotomy with drainage nephrostomy	870.90	580.60	132.90 +T
1873	Suture renal laceration (renorrhaphy)	889.30	594.40	132.90 +T
1879	Closure renal fistula	870.90	580.60	110.70 +T
1881	Pyeloplasty	1 161.90	774.10	110.70 +T
1885	Pyelolithotomy	870.90	580.60	110.70 +T
1891	Perinephric abscess or renal abscess: Drainage	520.70	345.60	155.00 +T
10.2	Ureter			
1897	Ureterorrhaphy: Suture of ureter .	677.40	451.60	110.70 +T
1898	Lumbar approach	870.90	580.60	110.70 +T
1899	Ureteroplasty	834.00	557.60	110.70 +T
1903	Ureterectomy only	631.30	419.30	110.70 +T
1919	Closure of ureteric fistula	677.40	451.60	110.70 +T
1921	Immediate delegation of ureter .	677.40	451.60	110.70 +T

10.3 Bladder**RULES GOVERNING THE SECTION URINARY SYSTEM**

- FF (i) When a cystoscopy proceeds a related operation, modifier 0013 applies, e.g. cystoscopy followed by T U R prostatectomy.
- (ii) When a cystoscopy proceeds an unrelated operation, modifier 0005 applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair.
- (iii) No modifier applies to item 1949 when performed together with any of items 1951 to 1973.

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1945	Installation of radio-opaque material for cystography or urethrocytography	23.00	23.00	66.40 +T
1949	Cystocopy	161.30	161.30	66.40 +T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	46.00	46.00	66.40 +T
1952	JJ Stent catheter	202.80	202.80	66.40 +T
1954	Urethroscopy	161.30	-	66.40 +T
1959	With manipulation of ureteral calculus	92.10	92.10	66.40 +T
1961	With removal of foreign body or calculus from urethra or bladder	92.10	92.10	66.40 +T
1964	And control of haemorrhage and blood clot evacuation	69.10	69.10	66.40 +T
1976	Optic urethrotomy	368.60	244.20	66.40 +T
	<i>Internal urethrotomy</i>			
1979	Female	230.40	230.40	66.40 +T
1981	Male	230.40	230.40	66.40 +T
	Transurethral resection of bladderneck			
1985	Female	483.80	322.60	110.70 +T
1986	Male	576.00	382.50	110.70 +T
1987	Litholapxy	368.60	244.20	110.70 +T
1989	Cystometrogram	115.20	115.20	66.40 +T
1191	Flometric bladder studies with videocystography	184.30	184.30	66.40 +T
1992	Without videocystography	115.20	115.20	66.40 +T
1993	Voiding cystro-urethrogram	96.80	96.80	66.40 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
1995	Percutaneous aspiration of bladder	46.00	46.00	66.40 +T
1996	Bladder catheterisation - male (not at operation)	27.60	27.00	66.40 +T
1997	Bladder catheterisation - female (not at operation)	13.80	13,80	66.40 +T
1999	Percutaneous cystostomy	110.60	110.60	66.40 +T
	<i>Total cystectomy</i>			
2013	Diverticulectomy (independent procedure): Multiple or single . .	631.30	419.30	110.70 +T
2015	Suprapubic cystostomy	308.70	230.40	110.70 +T
	<i>Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required)</i>			
2035	Cutaneous vesicostomy	543.70	364.00	110.70 +T
2039	Operation for ruptured bladder . .	631.30	419.30	132.90 +T
2047	Drainage of perivesical or prevesical abscess	294.90	230.40	110.70 +T
	<i>Evacuation of clots from bladder</i>			
2049	Other than post-operative	184.30	184.30	66.40 +T
2050	Post-operative	-	-	88.60 +T
2051	Simple bladder lavage: Including catheterisation	55.30	55.30	66.40 +T
2058	Non-surgical supervision of paraplegic patients. All urodynamic studies excluded and charged for separately under items 1979, 1981, 1991 and 1992 of the Tariff.	539.10	359.40	-
10.4	Urethra			
	<i>Dilatation of urethral stricture: By passage of sound</i>			
2063	Initial (male)	92.20	92.20	66.40 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
2065	Subsequent (male)	46.00	46.00	66.40 +T
2067	By passage of filiform and follower (male)	92.20	92.20	66.40 +T
2071	Urethrorraphy: Suture of urethral wound or injury	640.50	428.50	88.60 +T
	<i>Urethraplasty</i>			
	<i>Pendulous urethra</i>			
2075	First stage	327.20	230.40	88.60 +T
2077	Second stage	668.20	447.00	88.60 +T
2081	Reconstruction or repair of male anterior urethra (one stage)	737.30	493.10	88.60 +T
	<i>Reconstruction or repair of prostatic or membranous urethra</i>			
2083	First stage	774.10	516.10	132.90 +T
2085	Second stage	774.10	516.10	132.90 +T
2086	If done in one stage	1 354.80	903.20	132.90 +T
	<i>Total Urethrectomy</i>			
2095	Drainage of simple localised perineal urinary extravasation. . .	193.50	193.50	110.70 +T
2097	Drainage of extensive perineal urinary extravasation	631.30	419.30	110.70 +T
2103	Simple urethral meatotomy	69.10	69.10	66.40 +T
	<i>Incision of deep peri-urethral abscess</i>			
2105	Female	193.50	193.50	66.40 +T
2107	Male	115.20	115.20	66.40 +T
2109	Badenoch pull-through for intractable structure of incontinence	834.10	557.60	110.70 +T
2111	External sphincterotomy	497.70	331.80	110.70 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
2115	Operation for correction of male urinary incontinence with or without introduction of prosthesis (excluding cost of prosthesis) . . .	774.10	516.10	110.70 +T
2116	Urethral meatoplasty	202.80	202.80	66.40 +T
2117	Closure of urethrostomy or urethrocutaneous fistula (independent procedure)	133.60	133.60	66.40 +T
11.	MALE GENITAL SYSTEM			
11.1	Penis			
2141	Plastic operation for insertion of prosthesis	465.40	308.70	66.40 +T
2147	Plastic operation for injury: Including fracture of penis and skin graft if required	774.10	516.10	66.40 +T
11.2	Testis and epididymis			
	<i>Orchidectomy (total or subcapsular)</i>			
2191	Unilateral	175.10	175.10	66.40 +T
2193	Bilateral	308.70	230.40	66.40 +T
2213	Suture or repair of testicular injury	156.70	156.70	88.60 +T
2215	Incision and Drainage of testis or epididymis e.g. abscess or haematoma	156.70	156.70	88.60 +T
2227	Incision and drainage of scrotal wall abscess	78.30	78.30	66.40 +T
11.3	Prostate			
2245	Trans-urethral resection of prostate	1 161.20	774.10	132.90 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
14.	NERVOUS SYSTEM			
14.1	Diagnostic procedures			
2709	Full spinogram including bilateral median and posteriortibial studies	652.10	-	-
2711	Electro-encephalography	119.80	119.80	-
2712	Electro-encephalography - interpretation	55.30	55.30	-
2713	Lumbar puncture and/or intrathecal injections	69.10	69.10	-
2714	Cisternal puncture and/or intrathecal injections	69.10	69.10	-
	<i>Electromyography</i>			
2717	First	345.60	230.40	-
2718	Subsequent	345.60	230.40	-
	<i>Angiography Carotis</i>			
2725	Unilateral	115.20	115.20	88.60 +T
2726	Bilateral	202.80	202.80	88.60 +T
2727	Vertebral artery: Direct needling	230.40	230.40	88.60 +T
2729	Vertebral catheterisation	230.40	230.40	88.60 +T
	<i>Air encephalography and Posterior fossa tomography</i>			
2731	Injection of air (independent procedure)	66.80	-	88.60 +T
2733	Attendance at radiology by clinician	94.50	-	-
2735	Posterior fossa tomography attendance by clinician	145.10	-	-
2737	Visual field charting on Bjerrum Screen	32.30	32.30	-
	<i>Ventricular needling without burring</i>			

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
2739	Tapping only	73.70	73.30	88.60 +T
2741	Plus introduction of air and/or contrast dye for ventriculography <i>Subdural tapping</i>	198.10	198.10	88.60 +T
2743	First sitting	69.10	69.10	88.60 +T
2745	Subsequent	46.00	46.00	88.60 +T
14.2	Introduction of burr holes			
2747	Ventriculography	691.20	460.80	177.10 +T
2749	Catheterisation for ventriculography and/or drainage age	691.20	460.80	177.10 +T
2753	Subdural haematoma	691.20	460.80	177.10 +T
2755	Subdural empyema	691.20	460.80	177.10 +T
2757	Brain abscess	691.20	460.80	177.10 +T
14.3	Nerve procedures			
2765	Nerve conduction studies (see items 0733 and 3285)	119.80	78.30	88.60 +T
14.3.1	Nerve repair of suture			
2767	Suture Brachial Plexus (see also items 2837 and 2839)	1 382.40	921.60	132.90 +T
	<i>Suture</i>			
	<i>Large nerve</i>			
2769	Primary	617.50	410.10	110.70 +T
2771	Secondary	930.80	622.00	110.70 +T
	<i>Digital nerve</i>			
2773	Primary	299.50	230.40	66.40 +T
2775	Secondary	424.40	294.90	66.40 +T
	<i>Nerve graft</i>			
2777	Simple	930.80	622.00	88.60 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
<i>Fascicular</i>				
2779	First fasciculus	930.80	622.00	88.60 +T
2781	Each additional fasciculus	230.40	230.40	88.60 +T
2783	Nerve flap: To include all stages	1 032.20	686.60	88.60 +T
2787	Grafting of facial nerve	990.70	658.90	110.70 +T
14.3.2 Neurectomy				
2799	Intrathecal injections for pain . . .	165.90	165.90	88.60 +T
2800	Plexus nerve block	165.90	165.90	As for specialists
2801	Epidural injection for pain	165.90	165.90	-
2802	Peripheral nerve block	115.20	115.20	As for specialists
<i>Alcohol injection in peripheral nerves for pain</i>				
2803	Unilateral	92.20	92.20	66.40 +T
2805	Bilateral	161.30	161.30	66.40 +T
2809	Peripheral nerve section for pain	207.40	207.40	66.40 +T
2815	Interdigital	235.00	230.40	66.40 +T
2825	Excision: Neuroma: Peripheral . .	294.90	230.40	66.40 +T
14.3.3 Other nerve procedures				
2827	Transposition of ulnar nerve . . .	460.80	308.70	66.40 +T
<i>Neurolysis</i>				
2829	Minor	235.00	230.40	66.40 +T
2831	Major	608.30	405.50	66.40 +T
2833	Digital	442.40	294.90	66.40 +T
2835	Scalenotomy	608.30	405.50	132.90 +T
2837	Brachial plexus, suture or neurolysis (item 2767)	1 382.40	921.60	132.90 +T
2839	Total Brachial plexus exposure with graft neurolysis and transplantation	2 073.60	1 382.40	132.90 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
2841	Carpal Tunnel	294.90	294.90	66.40 +T
	<i>Lumbar sympathectomy</i>			
2843	Unilateral	705.00	470.00	88.60 +T
2845	Bilateral	1 234.90	824.80	132.90 +T
	<i>Sympathetic block</i>			
	<i>Other levels</i>			
2849	Unilateral	92.20	92.20	66.40 +T
2851	Bilateral	161.30	161.30	66.40 +T
14.4	Skull procedures			
	<i>Repair of depressed fracture of skull</i>			
	<i>Without brain laceration</i>			
2859	Major	921.60	612.90	177.10 +T
2860	Small	783.40	520.70	177.10 +T
	<i>With brain lacerations</i>			
2861	Small	921.60	612.90	177.10 +T
2862	Major	1 728.00	1 152.00	177.10 +T
2863	Cranioplasty	1 290.20	861.70	177.10 +T
2875	Theco-peritoneal C.S.F. shunt . .	1 290.20	861.70	177.10 +T
14.6	Aneurysm repair			
2876	Repair of aneurysm or arterio-venous anomalies (intracranial) .	3 225.60	2 147.30	332.20 +T
14.7	Posterior fossa surgery			
	<i>Neurectomy</i>			
2879	Glosso-pharyngeal nerve	2 211.80	1 474.60	132.90 +T
	<i>Eighth nerve</i>			
2881	Intracranial	2 211.80	1 474.60	177.10 +T
2887	Vestibular nerve	2 211.80	1 474.60	199.30 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
14.7.1	Supratentorial procedures			
2899	Craniectomy for extra-dural haematoma or empyema	1 728.00	1 152.00	243.60 +T
14.8	Craniotomy			
2900	Extra-dural orbital decompression	3 225.60	2 147.30	243.60 +T
2903	Abscess	2 073.60	1 382.40	243.60 +T
2904	Haematoma, foreign body: Cerebral or cerebellar	2 073.60	1 382.40	243.60 +T
2905	Focal epilepsy: Excision of cortical scar	2 073.60	1 382.40	243.60 +T
2906	With anterior fossa meningocele and repair of bony skull defect .	1 728.00	1 152.00	243.60 +T
2909	CSF-leaks	2 073.60	1 382.40	243.60 +T
14.81.	Stereo-tactic cerebral and spinal cord procedures			
2918	Non-operative supervision of paraplegics for all disciplines except urologists	1 124.30	751.10	-
14.9	Spinal operations			
2919	Laminectomy for spinal stenosis at multiple levels	1 778.70	1 184.30	66.40 +T+M
	<i>Laminectomy</i>			
2921	One level	1 032.20	686.60	66.40 +T+M
2922	Multiple level	1 179.60	788.00	66.40 +T+M
	<i>Chordotomy</i>			
2923	Unilateral	820.20	548.30	66.40 +T+M
2925	Open	1 612.80	1 073.70	66.40 +T+M
	<i>Rhizotomy</i>			
2927	Extradural, but intraspinal	1 474.60	981.50	66.40 +T+M
2928	Intradural	1 612.80	1 073.70	66.40 +T+M

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
<i>Extramedullary, but intradural</i>				
2940	Lumbar osteophyte removal . . .	861.70	576.00	66.40 +T+M
2941	Cervical or thoracic osteophyte removal	1 313.30	875.50	66.40 +T+M
14.10	Arterial ligations			
<i>Carotis</i>				
2951	Trauma	553.00	368.60	177.10 +T

14.11 Medical psychotherapy**Note:**

Rule: Prior approval must be obtained from the Commission before any treatment under this section is carried out. Where approval has been obtained, treatments 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 Commission.

GENERAL RULE GOVERNING THIS SECTION OF THE TARIFF

- Va.** Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for besides fees for the procedure.
- Vb.** Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods.

MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY

- 0097** If a first consultation proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure shall be calculated at N\$55.30 per 20 minute session or part thereof, provided that such a part comprises 50% or more of the time of a session.

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
2957	Individual psychotherapy (specify type) - per session	110.60	73.70	-
2958	Psychoanalytic therapy - per 60 minute session	331.80	221.20	-
2959	Hypnotherapy - per session	110.60	73.70	-
2960	Behaviour therapy (specify) - per session	110.60	73.70	-
14.12	Physical treatment methods			
2970	Electro-convulsive treatment (ECT) - each time	55.30	36.90	66.40 +T
2971	Intravenous anti-depressive medication through infusion per push in (maximum 1 plus in per 24 hours)	27.60	18.40	-
14.13	Psychiatric examination methods			
2972	Narco-analysis (maximum of 3 sessions per treatment) per session	110.60	73.70	-
2973	Psychometry (by psychiatrist - specify examination) (maximum of 3 sessions per examination) - per session	110.60	73.70	-
15.	GENERAL			
3001	Implantation of pellets (excluding cost of material)	13.80	13.80	-
16.	EYE			
16.1	Procedures performed in rooms			
	Eye investigations and photography refer to one or both eyes except where otherwise indicated			
	Material used is excluded			

	Specialist	General practitioner	Anaesthetic
	N\$	N\$	N\$
The tariff for photography is not related to the number of photographs taken			
3002 Gonioscopy	32.30	32.30	-
3003 Fundus contract lens or 90D lens examination	32.30	32.30	-
3004 Peripheral fundus examination with indirect ophthalmoscope	32.30	32.30	-
3013 Ocular motility assessment: Comprehensive examination	55.30	55.30	-
3014 Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	32.30	32.30	-
3015 Charting of visual field with manual perimeter	126.00	126.00	-
<i>Special eye investigations</i>			
3016 Retinal threshold test without storage facilities	138.20	138.20	-
3017 Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs	341.00	230.00	-
3018 Retinal threshold trend evaluation (additinal to 3017)	73.70	73.70	-
3020 Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	212.00	212.00	-
3021 Retinal function assessment including refraction after ocular surgery (within four monhts), maximum two examinations	41.50	41.50	-
3025 Electronic tomography	87.50	87.50	-
3027 Fundus photography	96.80	96.80	-
3029 Anterior segment microphotography	96.80	96.80	-

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3031	Fluorescein angiography (excluding colour photography)	207.30	207.30	-
3032	Eyelid and orbit photography	41.50	41.50	-
3033	Interpretation of 3031 referred by other clinician	73.70	73.70	-
3034	Determination of lens implant power per eye	69.10	69.10	-
3035	Where a minor procedure usually done in the consulting rooms <i>requires</i> a general anaesthetic or use of an operating theatre, an additional fee may be charged . . .	101.40	101.40	As per procedure
3036	Photokeratoscopy: For pathological corneas only. Excluding cases for R.K. assessment. Only on special motivation	165.90	165.90	-
16.2	Retina			
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	1 290.20	861.70	132.90 +T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	483.80	322.60	132.90 +T
3041	Pan retinal photocoagulation (per eye): Done in one sitting (Subsequent sittings: Modifier 005)	691.20	460.80	132.90 +T
3044	Removal of encircling band and/or buckling material	483.80	322.60	132.90 +T
16.3	Cataract			
3045	Intra-capsular extraction	967.70	645.10	151.00 +T
3047	Extra-capsular (including capsulotomy)	967.70	645.10	151.00 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3049	Insertion of lenticulus in addition to 3045 or 3047 (cost of lens excluded). Modifier 0005 not applicable	262.70	230.40	151.00 +T
3051	Needling or capsulotomy	599.00	400.90	88.60 +T
3052	Laser capsulotomy	483.80	322.60	88.60 +T
3057	Removal of lenticulus	967.70	645.10	151.00 +T
3059	Insertion of lenticulus when 3045 or 3047 was not executed (cost of lens excluded)	967.70	645.10	151.00 +T
3060	Use of worn surgical microscope for surgery or examination (not for slitlamp microscope) (for use by ophthalmologists only).	18.40	-	-
16.4	Glaucoma			
3061	Drainage operation	967.70	645.10	132.90 +T
3063	Cyclorotherapy or cyclodiathermy	483.80	322.60	132.90 +T
3064	Laser trabeculoplasty	483.80	322.60	132.90 +T
3065	Removal of blood anterior chamber	483.80	322.60	88.60 +T
3067	Goniotomy	967.70	645.10	151.00 +T
16.5	Intra-ocular foreign body			
3071	Anterior to Iris	585.20	391.70	88.60 +T
3073	Posterior to Iris (including prophylactic thermal treatment to retina)	967.70	645.10	132.90 +T
16.6	Strabismus			
	<i>(Whether operation performed on one eye or both)</i>			
3075	Operation on one or two muscles .	737.20	493.10	110.70 +T
3076	Operation on three or four muscles	921.60	612.90	110.70 +T
3077	Subsequent operation one or two muscles	553.00	368.60	110.70 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3078	Subsequent operation on three of four muscles	691.20	460.80	110.70 +T
16.7	Globe			
3080	Examination of eyes under general anaesthetic where no surgery is done	368.50	276.40	86.40 +T
3081	Treatment of <i>minor</i> perforating injury	470.00	313.30	132.90 +T
3083	Treatment of <i>major</i> perforating injury	1 041.40	695.80	132.90 +T
3085	Enucleation or Evisceration	483.80	322.60	110.70 +T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	737.30	493.10	110.70 +T
3088	Hydroxyapatite insertion (Additional to item 3087)	184.20	184.20	110.70 +T
3089	Subconjunctival injection if not done at time of operation	46.10	46.10	110.70 +T
3091	Retrobulbar injection (if not done at time of operation)	73.70	73.70	88.60 +T
3092	External laser treatment for superficial lesions	244.20	230.40	-
3096	Adding of air or gas in vitreous as a post-operative procedure	599.00	400.90	155.00 +T
3097	Anterior vitrectomy	1 290.20	861.70	132.90 +T
3098	Removal of silicon from globe	1 290.20	861.70	132.90 +T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	1 930.70	1 285.60	132.90 +T
3100	Lensectomy done at time of posterior vitrectomy	138.20	138.20	155.00 +T
16.8	Orbit			
3101	Drainage of orbital abscess	483.80	322.60	110.70 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3105	Exenteration	1 267.20	843.30	110.70 +T
3107	Orbitotomy requiring bone flap . .	1 105.90	737.30	110.70 +T
3108	Eye socket reconstruction	948.80	631.00	110.70 +T
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously .	949.20	631.30	110.70 +T
3110	Second stage hydroxyapatite implantation	506.70	336.20	110.70 +T
16.9	Cornea			
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits	*	*	-
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.	921.60	612.90	-
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	764.90	511.50	-
*3117	Removal of foreign body: On the basis of fee per consultation	*	*	88.60 +T
3118	Curettage of cornea afer removal of foreign body	46.10	46.10	-
3119	Tattooing	119.80	119.80	88.60 +T
3121	Graft (Lamellar of full thickness) .	1 331.70	889.30	132.90 +T
3123	Insertion of intra-corneal prosthesis	1 170.40	778.70	132.90 +T
3125	Keratotomy or conjunctival flap .	585.20	391.70	132.90 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3127	Cauterization of Cornea (by chemical, thermal or cryotherapy methods)	46.10	46.10	88.60 +T
3130	Pterygium	244.20	230.40	88.60 +T
3131	Paracentesis	244.20	230.40	88.60 +T
16.10	Ducts			
3133	Probing and/or syringing, per duct	46.10	46.10	88.10 +T
3135	Insertion of polythene tubes (additional): Unilateral	59.90	59.90	88.10 +T
3137	Excision of lacrimal sac: Unilateral	608.30	405.50	88.10 +T
3139	Dacryocystorhinostomy (single) with or without polythene sac . . .	967.70	645.10	110.70 +T
3141	Sealing of puncture	92.20	92.20	88.10 +T
3143	Three-snip operation	46.10	46.10	88.10 +T
	<i>Repair of canaliculus</i>			
3145	Primary procedure	608.30	405.50	88.10 +T
3147	Secondary procedure	806.40	539.10	88.10 +T
16.11	Iris			
3149	Iridectomy or iridotomy by open operation as isolated procedure . .	608.30	405.50	88.10 +T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	483.80	322.60	88.10 +T
3157	Division of anterior synechiae as isolated procedure	608.30	405.50	88.10 +T
16.12	Lids			
3161	Tarsorrhapy	216.60	216.60	88.10 +T
3165	Repair of skin laceration of the lid	216.60	216.60	88.10 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	861.70	576.00	88.10 +T
16.12.1 Entropion or ectropion				
3177	Cautery	46.10	46.10	88.10 +T
3179	Suture	216.60	216.60	88.10 +T
3181	Open operation	483.80	322.60	88.10 +T
3183	Free skin, mucosal grafting or flap	949.20	631.30	88.10 +T
16.12.2 Reconstruction of eyelid				
Staged procedures for partial or total loss of eyelid				
3185	First stage	949.20	631.30	88.10 +T
3187	Subsequent stage	949.20	631.30	88.10 +T
3189	Full thickness eyelid laceration for injury: Direct repair	608.30	405.50	88.10 +T
3191	Blepharoplasty: Upper lids for improvement in function	608.30	405.50	88.10 +T
16.12.3 Ptosis				
3193	Repair by superior rectus, levator or frontalis muscle operation	875.50	585.20	88.10 +T
<i>Ptosis: By lesser procedure e.g. sling operation</i>				
3195	Unilateral	437.80	290.30	88.10 +T
3197	Bilateral	764.90	511.50	88.10 +T
16.13 Conjunctiva				
3199	Repair of conjunctiva by grafting .	608.30	405.50	88.10 +T
3200	Repair of lacerated conjunctiva . .	216.60	216.60	88.10 +T
16.14 General				
3201	Laser apparatus (hire fee)	502.30	-	-

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3202	PHAKO emulcification apparatus (hire fee)	502.30	-	-
3203	Vicrectomy apparatus (hire fee) . .	553.00	-	-
17.	EAR			
3204	Removal of foreign body at rooms	*	*	-
3205	Removal of foreign body under general anaesthetic	96.80	96.80	88.10 +T
3207	Unilateral myringotomy	129.00	129.00	88.10 +T
3209	Bilateral myringotomy	156.70	156.70	88.10 +T
3211	Unilateral myringotomy with insertion of ventilation tube	156.70	156.70	88.10 +T
3212	Bilaterale myringotomy with insertion of unilateral ventilation tube	193.50	193.50	88.10 +T
3213	Bilateral myringotomy with insertion of bilateral ventilation tubes	230.40	230.40	88.10 +T
	<i>Meatus atresia</i>			
3215	Tramatic	755.70	502.30	88.10 +T
3219	Removal of osteoma from meatus: Solitary	354.80	235.00	88.10 +T
3221	Removal of osteoma from meatus: Multiple	990.70	658.90	88.10 +T
3225	Internal auditory meatus surgery (Transtemporal or middle fossa approach): Total fee including fee for neurosurgeon	1 774.10	1 184.30	243.60 +T
	<i>Exploration of facial nerve</i>			
3227	Tympano mastoid segment	1 276.40	852.50	110.70 +T
3229	Labyrinthine segment	1 774.10	1 184.30	110.70 +T
3231	Labyrinthotomy	705.00	470.80	110.70 +T

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3233	Aseptic destruction of the labyrinth for Menière's Disease	705.00	470.80	110.70 +T
3237	Exploratory tympanotomy	271.90	230.40	110.70 +T
3239	Removal of acoustic neuroma trans-labyrinthine	1 566.70	1 046.00	110.70 +T
3243	Myringoplasty	635.90	423.90	110.70 +T
3245	Tympanoplasty with or without muscle grafting	1 276.40	852.50	110.70 +T
3251	Labyrinthine tests (excluding consultation fee)	46.10	46.10	-
3253	Electro-nystagmography for spontaneous and positional nystagmus	115.20	115.20	-
3254	Video nystagmoscopy	115.20	115.20	-
3255	Caloric test done with electro-nystagmography	322.60	230.40	-
3257	Cortical mastoidectomy	599.00	396.30	110.70 +T
3259	Radical mastoidectomy (excluding minor procedures)	898.60	599.00	110.70 +T
3265	Reconstruction of posterior canal wall, following radical mastoidectomy	1 474.60	981.50	110.70 +T
	<i>Major reconstruction of external ear</i>			
3271	Partial or total reconstruction for traumatic absence of external ear .	*	-	-

* By arrangement

17.1 Audiometry

RULES GOVERNING THIS SUBSECTION OF THE TARIFF

W. If any other audiometric test than the following is carried out, the fee may be established as an equivalent to the following items.

All post-operative audiograms may be charged for.

	Specialist	General practitioner	Anaesthetic
	N\$	N\$	N\$
3273 Pure tone audiometry (air conduction)	29.90	19.80	-
3274 Pure tone audiometry (bone conduction with masking)	29.90	19.80	-
3277 Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score)	46.10	-	-

18. PHYSICAL TREATMENT

SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT

- M 0077 (a) When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged.
- (b) The number of treatments to a patient for which the Commission shall accept responsibility is limited to 20. If further treatments are necessary payment therefor must be arranged with the Commission.

Note: Payment for physiotherapy administered by a non-specialist medical practitioner who is already in charge of the general treatment of the workman concerned or by any partner, assistant or employee of such practitioner or any other practitioner or radiologist *shall be made only with the express approval of the Commission.* Applicable for approval to be made in advance if possible.

	Specialist	General practitioner	Anaesthetic
	N\$	N\$	N\$
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) . .	3.50	-	-
3280 Consultation units for specialists in physical medicine when treatment is given (per treatment)	62.20	-	-
3281 Ultrasonic therapy	46.10	-	-
3282 Shortwave diathermy	46.10	-	-
3284 Sensory nerve conduction studies	142.80	-	-
3285 Motor nerve conduction studies	119.80	-	-
3287 Spinal joint and ligament injection	92.20	59.90	-
3288 Epidural injection	165.90	-	-
3289 Multiple injections - first joint	34.60	-	-
3290 Each additional joint	20.70	-	-
3291 Tendon or ligament injection	41.50	-	-
3292 Aspiration of joint or interarticular injection	41.50	-	-
3293 Aspiration or injection of bursa or ganglion	41.50	-	-
3294 Paracervical nerve block . . .	92.20	-	-
3295 Paravertebral root block - unilateral	92.20	-	-
3296 Paravertebral root block - bilateral	138.20	-	-

	Specialist	General practitioner	Anaesthetic
	N\$	N\$	N\$
3297 Manipulation of spine	64.50	-	-
3298 Spinal traction	27.60	-	-
3299 Manipulation of large joints under general anaesthesia	64.50	-	Hip 88.60 +T+M Knee 66.40 +T+M Shoulder 66.40 +T+M
3300 Manipulation of large joints without anaesthetic	*	-	-
3301 Muscle fatigue studies	92.20	-	-
3302 Strength duration curve per session	48.40	-	-
3303 Elecromyography	345.60	-	-
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)	36.00	36.00	-

* Per service (specify)

19. RADIOLOGY

Diagnostic procedures

MODIFIERS GOVERNING THIS SECTION OF THE TARIFF

M 0001 For involuntarily scheduled after-hours emergency radiological services, the additional premium shall be 50% of the fee for the particular services (section 19.12 excluded). See general rule B.

For after-hours MR scans, a maximum levy of N\$486.40 is applicable.

M 0002 Item 30/0101 is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him.

M 0080 Multiple examinations: Full fees

M 0081 Repeat examinations: No reduction

M 0082 "+" means that this item is complementary to a preceding item and is therefore not subject to reduction.

M 0083 When a radiologist makes use of hospital equipment, only 66,67% of the fee for the examination is chargeable.

Note: in respect of fees payable when X-rays are taken by general practitioners.

(If the services of a radiologist are normally available, it is expected that they 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 himself provide he submits a certificate to the effect that it was in the best interest of the employee for him to have taken the plates. Subsequent X-ray plates 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-rays with his own equipment, if the services of a specialist radiologist are not available, he may claim at the prescribed fee.
2.
 - (i) If a general practitioner orders an X-ray examination at a provincial hospital where the service of a specialist radiologist are available, it is expected that the radiologist shall read the photos for which he may claim at one third of the prescribed fee.
 - (ii) If the radiographer of the hospital is not available and the general practitioner has to take the X-ray plates himself, he may claim at 50% of the prescribed fee for that service. In that case, however, he should get confirmation of his X-ray findings in a report from the radiologist as soon as possible. The radiologist may then claim at one third of the prescribed fee for service.
3. If a general practitioner orders an X-ray examination at an provincial hospital where there are no specialist radiological services available, he will not be paid for reading the plates as such a service is considered as an integral part of routine diagnosis, but if he is requested by the Commission to submit a *written* report on the case, he may claim at two thirds of the prescribed fee for such service.
4. If a general practitioner has to take and read X-ray plates 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.

M 0084 In the case of radiological items where films are used practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit.

		Specialist Radiologist	Other Specialists/ G.P.'s	Anaesthetic
		N\$	N\$	N\$
19.1	Skeleton			
19.1.1	Limbs			
3305	Finger, toe	46.20	30.60	-
3307	Limb for region eg. shoulder, elbow, knee, foot, hand, wrist or ankle (and adjacent part which does not require an additional set of views should not be added e.g. wrist or hand).	56.40	37.50	-
3309	Smith-Petersen or equivalent controle, in theatre	282.10	188.30	-
3311	Stress studies, e.g. joint	56.40	37.50	-
3313	Length studies per right and left pair of long bones	56.40	37.50	-
3317	Skeletal survey	204.30	136.20	-
3319	Arthrography per joint	112.40	74.90	-
3320	Introduction of contrast medium or air: Add	+ 100.70	67.10	-
19.1.2	Spinal column			
3321	Per region, e.g. cervical, sacral, coccygeal, one region	80.80	53.50	-
3323	Lumbar spine and pelvis	133.80	89.00	-
3325	Stress studies	80.80	53.50	-
3327	Whole spine and pelvis	241.80	161.00	-
3331	Pelvis (Sacro-iliac or hip joints to added where an extra set of views if required)	80.80	53.50	-

		Specialist Radiologist	Other Specialists/ G.P.'s	Anaesthetic
		N\$	N\$	N\$
<i>Myelography</i>				
3333	Lumbar	210.60	140.50	88.60 +T
3334	Thoracic	161.90	108.00	88.60 +T
3335	Cervical	259.20	172.70	88.60 +T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	-	-	88.60 +T
3344	Introduction of contrast medium . . .	+ 136.70	91.00	-
3345	Discography	252.40	168.30	88.60 +T
3347	Introduction of contrast medium per disc level: Add	+ 205.70	137.20	-
19.1.3 Skull				
3349	Skull studies	114.30	75.90	-
3351	Paranasal sinuses	80.30	53.50	-
3353	Facial bones and/or orbits	91.90	61.30	-
3355	Mandible	68.60	45.70	-
3357	Nasal bone	57.00	37.90	-
3359	Mastoid: Bilateral	131.30	87.50	-
<i>Teeth</i>				
3361	One quadrant	26.70	18.00	-
3363	Two quadrants	46.20	30.60	-
3365	Full mouth	80.30	53.50	-
3366	Rotation tomography of the teeth and jaws	97.30	64.60	-
3367	Temporo-mandibular joints: Per side	80.30	53.50	-
3369	Tomography: Per side	80.30	53.50	-
3371	Localisation of foreign body in the eye	114.30	75.90	-

	Specialist Radiologist	Other Specialists/ G.P.'s	Anaesthetic
	N\$	N\$	N\$
3381 Ventriculography	198.90	132.70	88.60 +T
3385 Post-nasal studies: Lateral neck	46.20	30.60	-
3387 Maxillo-facial cephalometry	64.30	42.70	-
3389 Dacrocystography	80.50	53.50	88.60 +T
3391 For introduction of contrast medium add	+ 80.50	53.50	-
19.2 Alimentary tract			
3393 Bowel washout: Add	+ 35.10	23.30	-
3395 Sialography (plus 80% for each additional gland)	92.40	61.80	88.60 +T
3397 Introduction of contrast medium (plus 80% for each additional gland - add)	+ 80.80	53.50	-
3399 Pharynx and oesophagus	93.10	61.80	-
3403 Oesophagus stomach and duodenum (control film of abdomen included) and limited follow through	131.30	87.50	-
3405 Double contrast: Add	+ 53.50	36.00	-
3406 Small bowel meal (control film of abdomen included except when part of item 3408)	131.30	87.50	-
3408 Barium meal and dedicated gastro- intestinal tract follow through (including control film of the abdomen, oesopagus, duodenum, small bowel and colon)	210.60	140.50	-
3409 Barium enema (control film of abdomen included)	133.80	89.00	-
3411 Air contrast study (add)	+ 141.10	93.80	-
3416 Pancreas: E.R.C.P. hospital equipment. Choledogram and/or pancreatography screening included .	111.70	74.30	88.60 +T

		Specialist Radiologist	Other Specialists/ G.P.'s	Anaesthetic
		N\$	N\$	N\$
Note: For items 3415 and 3416: Endoscopy (See item 1778)				
3417	Gastric/oesophageal/duodenal intubation control	42.70	28.70	-
3419	Gastric-/oesophageal intubation insertion of tube (add)	+ 40.80	27.30	-
3421	Duodenal intubation: Insertion of tube (add)	+ 80.30	53.50	-
3423	Hypotonic duodenography (3403 and 3405 included) (add)	+ 214.00	142.50	-
19.3	Biliary tract			
	<i>Cholangiography</i>			
3427	Intravenous	160.50	107.00	-
3431	Operative: First series; Add item 3607 only when the Radiologist attends personally in the theatre	153.70	102.10	-
3432	Subsequent series	76.80	51.10	-
3433	Post-operative: T-Tube	121.60	81.30	-
3435	Introduction of contrast medium (add)	+ 40.80	27.30	-
3437	Trans hepatic, percutaneous	133.80	89.00	-
3439	Introduction of contrast medium (add)	+ 241.80	161.00	-
3441	Tomography of biliary tract (add) . .	+ 68.60	45.70	-
19.4	Chest			
3443	Larynx (Tomography included)	91.40	61.30	-
3445	Chest (item 3601 included)	68.60	45.70	-
3447	Chest and cardiac studies (item 3601 included)	91.90	61.30	-
3449	Ribs	90.00	59.80	-

		Specialist Radiologist	Other Specialists/ G.P.'s	Anaesthetic
		N\$	N\$	N\$
3451	Sternum or sternoclavicular joints . . . <i>Bronchography</i>	91.90	61.30	-
3453	Unilateral	91.90	61.30	177.10 +T
3455	Bilateral	161.00	107.50	177.10 +T
3457	Introduction of contrast medium included	260.70	173.70	-
3461	Pleurography	91.90	61.30	66.40 +T
3463	For introduction of contrast medium: Add	+ 20.50	13.60	-
3465	Laryngography	80.30	53.50	-
3467	For introduction of contrast medium: Add	+ 73.00	48.60	-
3468	Thoracic Inlet	46.20	30.60	-
19.5	Abdomen			
3477	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	68.60	45.70	-
3479	Acute abdomen or equivalent studies	114.30	75.90	-
19.6	Urinary tract			
	EXCRETORY UROGRAM			
3487	Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)	153.70	102.10	-
3491	Intravenous pyelogram time sequence (for hypertension study only) (add)	+ 48.60	32.60	-
3493	Waterload test: Add	+ 89.00	59.40	-
3497	Cystography only or urethrography only (retro-grade) <i>Cysto-urethrography</i>	141.10	93.80	-

		Specialist Radiologist	Other Specialists/ G.P.'s	Anaesthetic
		N\$	N\$	N\$
3499	Retrograde	232.40	155.00	-
3503	Introduction of contrast medium: Add	+ 26.70	18.00	-
3505	Retrograde-prograde pyelography . . .	133.80	89.00	66.40 +T
3511	Aspiration renal cyst	109.40	73.00	-
3513	Tomography of renal tract: Add	+ 68.60	45.70	-

19.8 Vascular studies

MODIFIER GOVERNING VASCULAR STUDIES

M 0086 Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080.

19.8.1 Film Series

MODIFIER GOVERNING "FILM SERIES"

M 0087 Per additional series of item 3531 to item 3547: 50% of the fees.

In the case of an aortogram for peripheral vascular disease the lower limbs are not added as well.

In the case of selective catheterisation of a branch of the aorta, the catheterisation and examination of the aorta are not added.

		Specialist Radiologist	Other Specialists/ G.P.'s	Anaesthetic
		N\$	N\$	N\$
	Cerebral angiography			
3527	First two series	183.40	122.60	88.60 +T
3529	Additional series: Each	68.60	45.70	-

		Specialist Radiologist	Other Specialists/ G.P.'s	Anaesthetic
		N\$	N\$	N\$
3531	Peripheral angiography: per limb: First series	133.80	89.00	88.60 +T
3533	Other arteriography: per field: First series	191.10	127.50	-
3534	Digital vascular subtraction: Per series for first 6 series . . .	263.70	176.00	88.60 +T
FOR USE BY THE PRACTITIONER OWNING THE EQUIPMENT:				
RADIOLOGIST OR CARDIOLOGIST				
3535	Aortography: First series	191.10	127.50	88.60 +T
3537	Cine cariac angiography or cardiac digital imaging: Per series for first 6 series	267.50	178.60	199.30 +T
3543	Vena cavography: First series	168.30	112.40	-
3545	Venography: Per limb	133.80	89.00	-
3547	Splenoportography	191.10	127.50	88.60 +T
19.8.2 Introduction of contrast medium				
3553	Femoral artery: Direct injection	109.40	73.00	-
3555	Other artery or aorta. Direct injection	161.50	107.50	-
3557	Catheterisation of artery of aorta (including percutaneous catheterisation of the axillary artery: Add	+ 241.80	161.00	-
3559	Selective catherisation of artery or ascending aorta (manipulation of a catheter from a large vessel, usually the aorta into a smaller branch under fluoroscopy)	322.40	215.00	88.60 +T

MODIFIER GOVERNING CORONARY CINE ANGIOGRAPHY

M 0088 Multiple selective catheterisation: For each additional selective catheterisation after the first selective catheterisation, reduce the fee with 50%.

		Specialist Radiologist	Other specialists/ G.P.'S	Anaesthetic
		N\$	N\$	N\$
3561	Selective catheterisation of vena-renal and vena-cava for selective catheterisation of a vein.	322.40	215.00	88.60 +T
3563	Direct intravenous for limb: Add . . .	+ 54.00	36.00	-
3571	Splenoportography: Direct injection or catheter: Add	+ 153.70	102.10	-
3473	Splenoportography: With pressure studies: Add	+ 80.50	53.50	-
3575	"Cut-downs" for venography: Add . .	+ 80.50	53.50	-
19.9	Tomography and cinematography			
3577	Tomography (conventional except where otherwise specified): Add 100% provided that if it is more than one dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations.			
3579	Tomography (multi-dimensional in motion): Add 150%.			
3581	Cinematography: For first series: Add 100%			
3583	Cinematography: For each series after the first: Add 80% of the primary fee			

19.9.1 Computed Tomography

MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

M 0089 The number of section of each examination and the matrix number must be specified. A full series of sections would be eight or more for brain examinations, 12 or more for chest examinations and 16 or more for abdomen examinations: Fees for examination on a matrix number of less than 250 shall be reduced by 50%.

	Specialist Radiologist	Other specialists/ G.P.'S	Anaesthetic
	N\$	N\$	N\$
3585 Head, single examination, full series	716.80	-	110.70 +T
3587 Head, repeat examination at the same visit, after contrast, full series	246.40	-	110.70 +T
3589 Chest	828.80	-	110.70 +T
3591 Abdomen (including base of chest and/or pelvis)	963.20	-	110.70 +T
3593 Multiple examinations: For an additional part the lesser fee shall be reduced	224.00	-	110.70 +T
3595 Limbs and other limited examinations	224.00	-	110.70 +T
3597 Contrasts media: General Rule Y applies	-	-	-

19.10 Miscellaneous

GENERAL RULES

Y. Except where otherwise indicated, radiologists are entitled to claim for contrast material used.

Z. No fee to be subject to more than one reduction.

	Specialist Radiologist	Other specialists/ G.P.'s	Anaesthetic
	N\$	N\$	N\$
3601 Fluoroscopy: Per half hour: Add (items 3445 and 3447 include fluoroscopy) .	+ 56.40	37.90	-
3602 Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add	+ 77.80	52.10	-
3603 Sinography	134.80	89.50	-
3604 Bone densitometry	479.40	321.20	-
3607 Attendance at operation in theatre or a radiological procedure performed by a surgeon or physician in X-ray department except 3309: Per half hour: Plus fee for examination performed	40.80	26.70	-
3609 Foreign body localisation: Fee for part examined plus two thirds for every additional series plus fluoroscopy fee if this is done.	-	-	-
3611 Foreign body localisation: Introduction of sterile needle markers: Add	+ 80.30	53.50	-
3613 Setting of sterile trays	16.00	16.00	-

19.11 Ultrasonic investigations

MODIFIER GOVERNING ULTRASONIC INVESTIGATIONS

M/W 0160 Aspiration of biopsy procedure performed under direct ultrasonic control by an ultrasonic aspiration biopsy transducer (Static Realtime). Fee for part examined plus.

In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the employer.

		Specialist	General practitioner	Anaesthetic
		N\$	N\$	N\$
3621	Cardiac examination (M. Mode) . . .	112.00	76.20	-
3622	Cardiac examination: 2 Dimensional	224.00	147.80	-
3623	Cardiac examination + effort: Add . .	+ 44.80	30.10	-
3624	Cardiac examination + contrast: Add	+ 44.80	30.10	-
3625	Cardiac examination + doppler: Add	+ 224.00	147.80	-
3626	Cardiac examinations + phonocardiography: Add	+ 44.80	30.10	-
3627	Examination of the whole abdomen (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area), renal tract	224.00	147.80	-
3628	Renal tract	224.00	147.80	-
3630	Examination of mass (extra abdominal)	224.00	147.80	-
3631	Ophthalmic examination	224.00	147.80	-
3632	Axial length measurement and calculation of intra-ocular lens power .	224.00	147.80	-
3634	Peripheral vascular scan	174.70	116.50	-
3635	+ Doppler	174.70	116.50	-
3637	Duplex scan	349.40	233.00	-

19.12 Portable unit examinations

		Specialist Radiologist	Other Specialists/ G.P.'s	Anaesthetic
		N\$	N\$	N\$
3638	Where X-ray unit has to be transported: Add	+ 126.50	84.60	-
3639	Where X-ray unit is kept and used in the hospital: Add	+ 48.60	34.00	-
3640	Theatre investigations (with portable unit or fixed installation)	21.90	21.90	-

Note: In regard to multiple examinations see modifier 0080.

19.13 Diagnostic procedures requiring the use of radio-isotopes**RULE GOVERNING THIS SUB-SECTION OF THE TARIFF****AA Procedures to exclude cost Isotope.**

		Specialist Radiologist	Other specialists/ G.P.'s	Anaesthetic
		N\$	N\$	N\$
3641	Tracer test	161.50	107.50	-
3642	Repeat of further tracer tests for same investigation	78.30	52.10	-
3643	If both tracer and therapeutic procedures are done, half fee of tracer tests to be charged plus therapeutic fee.			
3645	Other organ scanning with use of relevant radio isotopes	399.90	266.50	-

19.14 Interventional radiological procedures**MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES**

M/W 0090 Radiologist's fee for participation in a team: N\$121.60 per half 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.

		Specialist Radiologist	Other specialists/ G.P.'s	Anaesthetic
		N\$	N\$	N\$
5022	Embolisation of extracranial arteries for bleeding	364.80	-	199.30 +T
5028	Antegrade pyelography with insertion of the drainage catheter into the renal pelvis or ureter	243.20	-	132.90 +T
5034	Fine needle aspiration or biopsy	121.60	-	132.90 +T
5036	Insertion of drainage catheter into abdominal abscesses under ultrasound or CT control	121.60	-	132.90 +T

19.15 Magnetic Resonance Imaging

Note: In cases where a second Magnetic Resonance Imaging of the spine (items 6210, 6211, 6212 and 6213 refers) is deemed necessary, or a Magnetic Resonance Imaging of another anatomical region is requested, proper motivation must be submitted upon which the Commission will consider approval.

MODIFIERS GOVERNING THIS SECTION OF THE TARIFF

- 6100** In order to charge the full fee (N\$2397.00) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes.
- 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 of the fee may be charged.
- 6102** All post-contrast studies (except bone tumour) to be charged at 50% of the fee.

		Specialist Radiologist	Other specialists/ G.P.'s	Anaesthetic
		N\$	N\$	N\$
Magnetic Resonance Imaging: Per anatomical Region				
Note: See modifier 6101 for limited examinations.				
6210	Cervical vertebrae	2 397.00	1 596.40	110.70 +T
6211	Thoracic vertebrae	2 397.00	1 596.40	110.70 +T
6212	Lumbar vertebrae	2 397.00	1 596.40	110.70 +T
6213	Sacrum	2 397.00	1 596.40	110.70 +T
CONTRAST MEDIUM				
6260	Current price according to the regular price list published by the Radiological Society of SA.			

20. RADIOTHERAPY

MODIFIERS GOVERNING THIS SECTION OF THE TARIFF

M 0093 The fees for radiotherapy shall apply only where a specialist in radiotherapy uses his own apparatus.

0094 Where a specialist in radiotherapy uses equipment which is not his own, only 33.33% (1/3) of the fee for the procedure is chargeable. The other 66.67% (2/3) is chargeable by the owner of the equipment.

20.1 Kilovolt therapy**RULE GOVERNING THIS SECTION OF THE TARIFF****BB** The fees in this section do NOT include the cost of radium or isotopes.

	Specialist Radiologist	Other specialists/ G.P.'s	Anaesthetic
	N\$	N\$	N\$
Lesions per treatment			
3675 First field	106.60	-	-
3659 Additional fields	35.50	-	-

21. PATHOLOGY**Please note:** Item 0201 may not be used together with any pathology item.**MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF****M 097** Where items under Pathology and Anatomical Pathology fall within the province of other Specialists or General Practitioners, then the fee is to be charged at two thirds of the pathologist's fee.**M 0099** For tests performed on a *stat* basis, an additional premium of 50% of the fee for the pathology service shall apply, with the following provisos:

- * *Stat* test requesting may only be done by the referrin gpractitioner and not by the pathologist.
- * Specimens must be collected on a *stat* basis where applicable.
- * Test must be performed on a *stat* basis.
- * Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained.
- * This modifier will only apply during normal working hours and will never be used in combination with item 4547.

Notes: For fees for Histology and Cytology refer to items 4561 - 4593 under section 22: Anatomical Pathology.

		Pathologists	Other specialists and general practitioners
		N\$	N\$
21.1	Haematology		
3701	ACTH or adrenalin-eosinophil response	32.30	21.50
3703	Autohaemolysis: Quantitative	26.20	17.50
3704	Antithrombin III	32.30	21.50
3705	Alkali resistant haemoglobin	20.22	13.40
3706	Coomb's consumption	32.30	21.50
3708	Drug induced Coomb's test	32.30	21.50
3709	Antiglobulin test (Coomb's or trypsinized red cells)	16.40	11.00
3710	Antibody titration	32.30	21.50
3711	Armeth count	10.10	6.80
3712	Antibody identification	37.90	25.30
3713	Bleeding time (does not include the cost of the simplate device)	10.10	6.80
3715	Buffy Layer examination	89.20	59.50
3717	Bone marrow cytological examination only	89.20	59.50
3719	Bone marrow: Aspiration	37.60	25.10
3720	Bone marrow trephine biopsy (excluding aspiration and histological examination)	61.20	40.80
3721	Bone marrow aspiration and trephine biopsy (excluding histological examination)	166.00	110.50
3722	Capillary fragility: Hess	6.00	4.10
3723	Circulating anticoagulants	26.20	17.50
3724	Coagulation factor inhibitor assay	42.40	28.30
3725	Clot retraction	6.00	4.10

		Pathologists	Other specialists and general practitioners
		N\$	N\$
3727	Coagulation time	10.10	6.80
3729	Cold agglutinins	16.10	10.70
3730	Protein S: Functional	169.20	112.80
3731	Compatability for blood transfusion	16.10	10.70
3733	Donath-Landsteiner (qualitative)	16.10	10.70
3739	Erythrocyte count	10.10	6.80
3741	Coagulation factor assay: Functional	42.40	28.30
3743	Erythrocyte sedimentation rate . .	11.30	7.50
3744	Fibrin stabilising factor (urea test)	20.20	13.40
3745	Fibrinolysin	20.20	13.40
3746	Fibrin monomers	12.20	8.10
3747	Folic acid clearance test	72.60	48.40
3749	Folic acid absorption test	72.60	48.40
3751	Osmotic fragility (screen)	10.10	6.80
3753	Osmotic fragility (before and after incubation)	80.60	53.80
3755	Full blood count (including items 3799, 3762, 3783, 3785, 3791) .	47.10	31.40
3756	Full cross match	32.30	21.50
3757	Coagulation factors (quantative) .	90.70	60.50
3759	Coagulation factor correction study	42.40	28.30
3760	Coagulation studies, maximum . .	487.00	324.90
3762	Haemoglobin estimation	8.10	5.40
3763	Contact activated product essay .	72.60	48.40
3764	Grouping: A-, B- and O-antigens	16.10	10.70

		Pathologists	Other specialists and general practitioners
		N\$	N\$
3765	Grouping: Rh antigens	16.10	10.70
3767	Euglobulin lysis time	32.30	21.50
3768	Haemoglobin A (column chromatography)	67.20	44.80
3769	Haemoglobin electrophoresis . . .	42.40	28.30
3770	Haemoglobin-S (solubility test) .	16.10	10.70
3773	Ham's acidified serum test	35.80	23.80
3775	Heinz bodies	10.10	6.80
3776	Haemosiderin in urinary sediment	10.10	6.80
3777	Heparin estimation	42.40	28.30
3779	Heparin-protamine titration	32.30	21.50
3781	Heparin tolerance	32.30	21.50
3783	Leucocyte differential count . . .	27.80	18.60
3785	Leucocytes: total count	8.10	5.40
3786	QBC malaria concentration and fluorescent staining	112.80	75.20
3789	Neutrophil alkaline phosphatase .	125.40	83.80
3791	Packed cell volume: Haematocrit	8.10	5.40
3793	Plasma haemoglobin	30.20	20.20
3795	Platelet aggregation per aggregant	26.20	17.50
3796	Platelet antibodies: agglutination	24.40	16.10
3797	Platelet count	10.10	6.80
3798	Platelet antibodies: Coomb's consumption	32.30	21.50
3799	Platelet adhesiveness	20.20	13.40
3801	Prothrombin consumption	26.20	17.50

	Pathologists	Other specialists and general practitioners
	N\$	N\$
3803 Prothrombin determination (two stages)	26.20	17.50
3805 Prothrombin index	23.30	15.60
3807 Reclassification time	10.10	6.80
3809 Reticulocyte count	13.40	9.00
3814 Sucrose lysis test for PNH	16.10	10.70
3815 Strypyen or reptilase time: each	10.10	6.80
3816 T and B-cells EAC markers (per marker)	90.70	60.50
3817 Thromboplastin generation	58.20	39.00
3819 Thromboplastin Inhibition	72.60	48.40
3821 Viscosity: whole blood or plasma	16.10	10.70
3825 Fibrinogen titre	16.10	10.70
3827 Fibrindex text	16.10	10.70
3830 Glucose 6-phosphate-dehydrogenase: quantitative	71.70	48.00
3831 Red cell pyruvate kinase: qualitative	35.80	23.90
3832 Red cell pyruvate kinase: quantitative	72.20	48.30
3833 Glutathione: red cells	36.30	24.20
3835 Haemoglobin F in blood smear	26.20	17.50
3837 Partial thromboplastin time	26.20	17.50
3839 Plasminogen assay	56.40	37.60
3841 Thrombin time (screen)	10.10	6.80
3843 Thrombin time (serial)	34.30	22.90
3845 Thromboplastin generation (screen)	36.30	24.20
3847 Haemoglobin H	10.10	6.80

		Pathologists	Other specialists and general practitioners
		N\$	N\$
3849	Fibrinolysin: diffusion plate	26.20	17.50
3851	Fibrin degeneration products (diffusions plate)	46.30	31.00
3853	Fibrin degeneration products (latex slide)	20.20	13.40
3855	Hemagglutination inhibition	44.40	29.60
3861	Nitro tetrazolium leucocyte function	42.40	28.30
21.2	Microscopic examinations		
3865	Parasites in blood smear	25.10	16.80
3866	Bilharzia: hatch test	13.40	9.00
3867	Miscellaneous (body fluids, urine, exudate, fungi, pus, scrapings, sputum, wounds, etc.)	18.80	12.50
3868	Fungus identification	37.20	24.70
3869	Faeces (including parasites)	22.00	14.70
3871	Addis count	26.20	17.50
3873	Transmission electron microscopy	380.80	255.40
3874	Scanning electron microscopy . .	448.00	300.20
3875	Inclusion bodies	20.20	13.40
3876	QBC malaria concentration and fluorescent staining	112.00	74.40
3878	Crystal identification polarised light microscopy	20.20	13.40
3880	Antigen detection within polyclonal antibodies	20.20	13.40
3881	Mycobacteria	13.40	9.00
3882	Antigen detection with monoclonal antibodies	48.40	32.30

		Pathologists	Other specialists and general practitioners
		N\$	N\$
3883	Concentration techniques for parasites	13.40	9.00
3884	Dark field, phase - or interference contrast microscopy, Nomarski or Fontana	28.30	18.30
3885	Cytochemical stain	24.40	16.40
21.3	Bacteriology (culture and biological examination)		
3886	Autogenous vaccine	56.40	37.60
3887	Antibiotic susceptibility test, per organism	27.60	23.90
3889	Clostridium difficile toxin: Monoclonal immunological	24.70	16.60
3890	Antibiotic assay of tissues and fluids	62.30	41.50
3891	Blood culture: aerobic	26.20	17.50
3892	Blood culture: miscellaneous	28.30	18.80
3894	Radiometric blood culture	48.40	32.30
3895	Bacteriological culture: fastidious organisms	44.40	29.60
3896	In vivo culture: bacteria	71.70	47.70
3897	In vivo culture: virus	71.70	47.70
3898	Bacterial exotoxin production (in vitro assay)	20.20	13.40
3899	Bacterial exotoxin production (in vivo assay)	92.80	61.80
3901	Fungal culture	20.20	13.40
3903	Antibiotic level: biological fluids	52.50	34.90
3905	Identification of virus reckettsia	92.80	61.80
3906	Identification: chlamydia	71.70	47.50

		Pathologists	Other specialists and general practitioners
		N\$	N\$
3907	Culture for staphylococcus aureus	10.10	6.80
3908	Anaerobic culture: comprehensive	44.40	29.60
3909	Anaerobic culture: limited procedure	20.20	13.40
3910	Biological fluid assay: Bact. Stat + % kill	50.40	33.70
3912	Bacteriophage typing	20.20	13.40
3915	Mycobacterium culture	20.20	13.40
3917	Mycoplasma culture: limited	10.10	6.80
3918	Mycoplasma culture: comprehensive	44.40	29.60
3919	Identification of mycobacterium	44.40	29.60
3920	Mycobacterium: antibiotic sensitivity	44.40	29.60
3921	Antibiotic synergistic study	92.80	61.80
3922	Viable cell count	6.00	4.10
3923	Biochemical identification of bacterium: abridged	14.10	9.50
3924	Biochemical identification of bacterium: extended	56.10	37.40
3925	Serological identification of bacterium: abridged	14.10	9.50
3926	Serological identification of bacterium: extended	45.70	30.50
3927	Grouping of streptococci	32.80	21.80
3928	Antimicrobial substance	17.10	11.30
3929	Radiometric mycobacterium identification	62.70	41.70

		Pathologists	Other specialists and general practitioners
		N\$	N\$
3930	Radiometric mycobacterium antibiotic sensitivity	112.00	74.90
21.4	Serology		
3933	IgE: Total; EMT ro ELISA	52.50	34.90
3934	Auto antibodies by labelled antibodies	71.70	47.70
3938	Precipitin test per antigen	20.20	13.40
3939	Agglutination test per antigen . .	24.70	16.50
3940	Haemagglutinationest: per antigen	44.40	29.60
3941	Modified Coomb's test for brucellosis	20.20	13.40
3943	Antibody titer to bacterial exotoxin	16.10	10.70
3944	IgE: Specific antibody titer: ELISA/EMIT: per Ag	55.50	37.10
3945	Complement fixation test	26.20	17.50
3946	IgM: Specific antibody titer: ELISA or EMIT: Per Ag	63.00	42.00
3947	C-reactive protein	16.10	10.70
3948	IgG: Specific antibody titer: ELISA/EMIT: per Ag	58.00	38.70
3949	Qualitative Kahn, VDRL or other flocculation	10.10	6.80
3950	Neutrophil phagocytosis	112.90	75.30
3952	Neutrophil chemotaxis	304.40	203.00
3953	Tube agglutination test	18.60	12.40
3954	Neutrophil killing ability	161.30	107.50
3955	Paul Bunnel: presumptive	10.10	13.40

	Pathologists	Other specialists and general practitioners
	N\$	N\$
3956 Infectious Mononucleous latex slide test (Monospot or equivalent)	38.10	25.50
3957 Paul Bunnel: Absorption	20.20	13.40
4601 Panel typing: Antiobody detection: Class I	161.30	107.50
4602 Panel typing: Antiobody detection: Class II	197.10	131.30
4603 HLA test for specific locus/antigen	121.00	80.60
4604 HLA typing: Class I	233.00	155.50
4605 HLA typing: Class II	233.00	155.50
4606 HLA typing: Class I & II	403.20	268.80
4607 Crossmatching T-cells (per tray)	80.60	53.80
4608 Crossmatching B-cells	170.20	113.40
4609 Crossmatching T-&B-cells	215.00	143.40
3959 Rose Waaler Agglutination test .	20.20	13.40
3961 Slide agglutination test	11.80	7.80
3962 Rebeck skin window	24.20	16.10
3963 Serum complement level: each component	14.10	9.50
3964 Stimulated NBT test	28.30	18.80
3967 Auto-antibody: Sensitised erythrocytes	20.20	13.40
3969 Western blot technique	331.50	219.50
3970 Epstein-Barr virus antibody titer	30.20	20.20
3971 Immuno-diffusion test: per antigen	14.10	9.50
3973 Immuno electrophoresis: per immune serum	42.40	28.30

		Pathologists	Other specialists and general practitioners
		N\$	N\$
3975	Indirect immuno-fluorescence test (Bacterial, viral, parasitic)	26.20	17.50
3976	LIF or MIF production: per stimulant	352.60	235.30
3977	Counter immuno-electrophoresis	30.20	20.20
3978	Lymphocyte transformation	231.70	154.60
21.5	Skin test		
3979	Miscellaneous antigens each	10.10	6.80
3981	Bacteria	20.20	13.40
3983	Bee venom	12.20	8.10
3985	Foods: 15 antigens	42.40	28.30
3987	Inhalants: 10 antigens	24.20	16.10
3989	Additional antigens: each	2.70	1.80
21.6	Biochemical test: Blood		
3991	Abnormal pigments: qualitative	20.20	13.40
3993	Abnormal pigments: quantitative	40.30	26.90
3995	Acid phosphatase	23.20	15.50
3997	Acid phosphatase fractionation	8.10	5.40
3998	Amino acids: Quantitative (Post derivatisation HPLC)	352.50	235.00
3999	Albumin	13.90	9.30
4000	Alcohol	30.20	20.20
4001	Alkaline phosphatase	23.20	15.50
4002	Alkaline phosphatase-iso- enzymes	52.50	34.90
4003	Ammonia: enzymatic	34.60	23.00
4004	Ammonia: monitor	20.20	13.40
4005	Alpha-antitrypsin	32.30	21.50
4006	Amylase	23.20	15.50

		Pathologists	Other specialists and general practitioners
		N\$	N\$
4009	Bilirubin: total	21.40	14.20
4010	Bilirubin: conjugated	16.30	10.70
4014	Cadmium: atomic absorp	28.30	18.80
4017	Calcium: spectrophotometric	16.30	10.70
4018	Calcium: atomic absorption	32.50	21.60
4019	Carotene	10.10	6.80
4023	Chloride	11.60	7.80
4025	Cholesterol: total, free and esters	42.40	28.30
4027	Cholesterol total	16.30	10.70
4028	HDL cholesterol	23.20	15.50
4029	Cholinesterase: serum or erythrocyte: each	33.50	22.40
4031	Total CO ₂	23.20	15.50
4032	Creatinine	16.30	10.70
4042	D-Xylose absorption test: two hours	58.90	39.20
4045	Fibrinogen: quantitative	16.10	10.70
4047	Hollander test	110.80	74.00
4049	Glucose tolerance test (2 specimens)	40.20	26.70
4050	Glucose stip-test with photometric reading	8.10	5.40
4051	Galactose	50.40	33.70
4052	Glucose tolerance test (3 specimens)	59.00	39.30
4053	Glucose tolerance test (4 specimens)	77.80	51.80
4057	Glucose Quantitative	16.30	10.70

	Pathologists	Other specialists and general practitioners
	N\$	N\$
4061 Glucose tolerance test (5 specimens)	96.60	64.40
4064 Glycated haemoglobin: chromatography	32.30	21.50
4067 Lithium: flame ionisation	23.20	15.50
4068 Lithium: atomic absorption	33.50	22.40
4069 Ionised calcium	30.20	20.20
4071 Iron	30.20	20.20
4073 Iron-binding capacity	34.30	22.90
4077 Astrup: pH, pCO ₂ , stand, bicarb + base excess	60.50	40.30
4078 Oximetry analysis: MetHbCOHbO ₂ HbR = HbSulfHb	30.20	20.20
4079 Ketones in plasma: qualitative	10.10	6.80
4081 DRug level-biological fluid: Quantitative	48.40	32.30
4085 Lipase	23.20	15.50
4091 Lipoprotein electrophoresis	40.30	26.90
4093 Osmolality: serum or urine	30.20	20.20
4094 Magnesium: spectrophotometric	16.30	10.70
4095 Magnesium: atomic absorption	32.50	21.60
4096 Mercury: atom absorption	32.50	21.60
4097 Copper: spectrophotometric	16.30	10.70
4098 Copper: atomic absorption	32.50	21.60
4100 Para-aminophippuric acid	40.30	26.90
4105 Para-aminohippuric acid	40.30	26.90
4106 IgG sub-class 1,2,3 or 4: Per sub-class	89.60	59.10
4109 Phosphate	16.30	10.70

		Pathologists	Other specialists and general practitioners
		N\$	N\$
4111	Phospholipids	14.10	9.50
4113	Potassium	16.30	10.70
4114	Sodium	16.30	10.70
4117	Protein: total	13.90	9.30
4121	pH, pCO ₂ or pO ₂ each	30.20	20.20
4123	Pyruvic acid	20.20	13.40
4125	Salicylates	20.20	13.40
4126	Secretin-pancreozymin responds .	117.00	77.90
4127	Caeruloplasmin	20.20	13.40
4128	Phenylalannine: Quantitative ...	50.40	33.70
4129	Glutamate dehydrogenase (GDH)	24.20	16.10
4130	Asparate aminotransferase (AST)	24.20	16.10
4131	Alanine aminotransferase (ALT)	24.20	16.10
4132	Cretine kinase (CK)	24.20	16.10
4133	Lactate dehidrogenase (LD)	24.20	16.10
4134	Gamma glutamyl transferase (GGT)	24.20	16.10
4135	Aldolase	24.20	16.10
4136	Angiotensin convertine enzyme (ACE)	40.30	26.90
4137	Lactate dehydrogenase isoenzyme	48.40	32.30
4139	Adenosine deaminase	24.20	16.10
4142	Redcell enzymes: each	34.90	23.30
4143	Serum/plasma enzymes: each ...	24.20	16.10
4144	Transferrin	52.50	34.90
4145	Lead: spectrophotometric	20.20	13.40
4146	Lead: atomic absorption	67.70	45.10

		Pathologists	Other specialists and general practitioners
		N\$	N\$
4147	Triglyceride	27.80	18.60
4151	Urea	16.30	10.70
4155	Uric acid	16.90	11.30
4157	Vitamin A-saturation test	68.60	45.70
4158	Vitamin E (tocopherol)	16.10	10.70
4159	Vitamin A	28.30	18.80
4160	Vitamin C (ascorbic acid)	10.10	6.80
4171	Sodium + potassium + chloride + CO ₂ + urea	70.90	47.40
4172	ELIZA or EMIT technique (drug assay)	55.70	37.10
4181	Quant. protein estimation: Macini method	34.80	23.20
4182	Quant. protein estimation: nephelometer	37.10	24.70
4183	Quant. protein estimation: labelled antibody	55.70	37.10
4185	Lactose	48.40	32.20
4187	Zinc: atomic absorption	28.30	18.80
21.7	Biochemical tests: Urine		
4189	Abnormal pigments	20.20	13.40
4193	Alkapton test: homogentisic acid	20.20	13.40
4194	Amino acids: quantitative (Post derivatisation PHLC)	352.50	235.00
4195	Amino laevulinic acid	80.60	53.80
4197	Amylase	23.20	15.50
4199	Ascorbic acid	10.10	6.80
4201	Bence-Jones protein	12.20	8.10
4202	Bence-Jones protein: Bradshaw's test	10.10	6.80

		Pathologists	Other specialists and general practitioners
		N\$	N\$
4203	Phenol	16.10	10.70
4204	Calcium: atomic absorption	32.50	21.60
4205	Calcium: spectrophotometric	16.30	10.70
4206	Calcium, absorption and excretion studies	112.00	74.90
4207	Catecholamines fluorimetric screen tests	50.40	33.70
4208	Lead: spectrophotometric	20.20	13.40
4209	Lead: atomic absorption	67.70	45.10
4211	Bile pigments: qualitative	10.10	6.80
4212	Urine dipstick (with 5 or fewer tests	4.50	3.10
4213	Protein: quantitative	10.10	6.80
4214	Mercury	32.50	21.60
4216	Mucopolysaccharides: qualitative	16.10	10.70
4217	Oxalate/Citrate: enzymatic each .	20.20	13.40
4218	Glucose: quantitative	10.10	6.80
4219	Steroids: chromatography (each)	32.30	21.50
4221	Creatinine	16.30	10.70
4223	Creatinine clearance	34.30	22.90
4225	Xylose	14.10	9.50
4227	Electrophoreses: qualitative	20.20	13.40
4229	Uric acid clearance	34.30	22.90
4237	5-Hydroxy-indole-acetic acid: screen	12.20	8.10
4239	5-Hydroxy-indole-acetic acid: quantitative	30.20	20.20
4241	Indican or indole: qualitative	14.10	9.50
4245	Vitamin A-screen test	24.20	16.10

		Pathologists	Other specialists and general practitioners
		N\$	N\$
4247	Ketones: excluding dip-stick method	10.10	6.80
4248	Reducing substances	8.10	5.40
4249	Melanogen (melanin)	20.20	13.40
4251	Metanephrines: column chromatography	98.80	65.90
4253	Aromatic amines (gaschromatography/mass spectrophotometry)	121.00	80.60
4254	Nitrosonaphtol test for tyrosine .	10.10	6.80
4563	pH: Excluding dip-stick method .	4.10	2.70
4265	Thin layer chromatography: one way	30.20	20.20
4266	Thin layer chromatography: two way	50.40	33.70
4267	Total organic matter screen: Infrared	141.00	94.00
4268	Organic acids: quantitative: GCMS	493.50	329.00
4269	Phenylpyruvic acid: ferric chloride	10.10	6.80
4271	Phosphate excretion index	98.80	65.90
4283	Magnesium: spectrophotometric .	16.30	10.70
4284	Magnesium: atomic absorption .	32.50	21.60
4285	Identification of carbohydrate . .	34.30	22.90
4287	Identification of drug: qualitative	20.20	13.40
4288	Identification of drug: quantitative	48.40	32.30
4293	Urea clearance	24.20	16.10
4297	Copper: spectrophotometric	16.30	10.70

		Pathologists	Other specialists and general practitioners
		N\$	N\$
4298	Copper: Atomic absorption	32.50	21.60
4299	Indoles: quantitative	30.20	20.20
4300	Indican or Indole: Qualitative . .	14.10	9.50
4301	Chloride	11.60	7.80
4307	Ammonium chloride loading test	98.80	65.90
4309	Urobilinogen: quantitative	30.20	20.20
4313	Phosphate	16.30	10.70
4315	Potassium	16.30	10.70
4316	Sodium	16.30	10.70
4319	Urea	16.30	10.70
4321	Uric acid	16.30	10.70
4322	Fluoride	23.20	15.50
4323	Total protein and protein electrophoreses	50.40	33.70
4325	VMA: quantitative	50.40	33.70
4327	Immunofixation: Total protein IgGlgA=IgMKappaLambda	211.50	141.00
4335	Cystine: quantitative	56.40	37.60
4336	Dinitrophenal hydrazine test: ketoacids	10.10	6.80
4337	Hydroxyproline: quantitative . . .	84.70	56.40
4338	Hydroxyproline: qualitative	30.20	20.20
21.8	Biochemical tests: Faeces		
4339	Chloride	11.60	7.80
4343	Fat: qualitative	14.10	9.50
4345	Fat: quantitative	98.80	65.90
4347	pH	4.10	2.70
4351	Occult blood: chemical test	10.10	6.80

		Pathologists	Other specialists and general practitioners
		N\$	N\$
4357	Occult blood (monoclonal antibodies)	45.10	30.10
4357	Potassium	16.30	10.70
4358	Sodium	16.30	10.70
4358	Stercobilin	10.10	6.80
4363	Stercobilinogen: quantitative ...	30.20	20.20
4365	Tryptic activity	10.10	6.80
21.9	Biochemical tests:		
	Miscellaneous		
4371	Amylase in exudate	23.02	15.50
4374	Trace metals in biological fluid: Atomic absorption	81.80	54.50
4375	Calcium in fluid: Spectrophotometric	16.30	10.70
4376	Calcium in fluid: Atomic absorption	32.50	21.60
4388	Gastric contents: Maximal stimulation	121.00	80.60
4389	Gastric fluid: Total acid	10.10	6.80
4391	Renal calculus: Chemistry	24.20	16.80
4392	Renal calculus: Crystallography .	72.80	48.40
4393	Saliva: Potassium	16.30	10.70
4394	Saliva: Sodium	16.30	10.70
4395	Sweat: Sodium	16.30	10.70
4396	Sweat: Potassium	16.30	10.70
4397	Sweat: Chloride	11.60	7.80
4399	Sweat collection by iontophoresis	20.20	13.40
4400	Tryptophane loading test	98,80	65.90

		Pathologists	Other specialists and general practitioners
		N\$	N\$
21.10	Cerebrospinal fluid		
4401	Cell count	15.50	10.40
4407	Cell count, protein, glucose and chloride	34.30	22.90
4409	Chloride	11.60	7.80
4415	Potassium	16.30	10.70
4416	Sodium	16.30	10.70
4417	Protein: Qualitative	4.10	2.70
4419	Protein: Quantitative	13.90	9.30
4421	Glucose	16.30	10.70
4423	Urea	16.30	10.70
4425	Protein electrophoresis	56.40	37.60
21.12	Isotopes		
4528	Ferritin	55.70	37.10
21.13	After hour service and travelling fees (applicable to pathologists only) + Miscellaneous		
4541	Venesection fee outside the laboratory (non-ambulatory patients: At home or hospitalised) within six (6) kilometre radius (including travelling expenses): May only be charged if the specimen is procured by pathologists or registered individuals in their employment	14.10	-
4542	Specimen handling fee	10.10	-
4543	Collection material: Per patient .	5.50	5.50
4544	Attendance in theatre	121.30	-

		Pathologists	Other specialists and general practitioners
		N\$	N\$
4547	After hour service: (Monday to Friday) 17:00 to 07:00 Saturday 13:00 to Monday 07:00 and public holidays	Tariff + 50%	Tariff + 50%
4548	Minimum fee during normal hours	13.40	-
4549	Minimum fee for after hour service	28.30	-
4551	Fees not detailed in the above Pathology Schedule (section 21) are obtainable from the National Pathology Group of the MASA, and will be based on the fee for a comparable service in the Tariff of fees	-	-
22.	ANATOMICAL PATHOLOGY		
	Note: Histological examinations entailing more than five blocks should receive special consideration		
	Exfoliative cytology		
	<i>Sputum and all body fluids</i>		
4561	First unit	65.10	43.30
4563	Each additional unit	37.40	24.90
4567	Histology, per unit or sample . . .	97.30	63.20
4569	Histology, two blocks	121.60	82.70
4571	Histology (more than two units) .	12.20	7.80
4575	Histology and frozen section in laboratory	110.50	73.50
4557	Histology and frozen section in theatra	198.90	132.70

		Pathologists	Other specialists and general practitioners
		N\$	N\$
4578	Examination of fine needle aspiration in theatre	198.90	132.70
4579	Attendance in theatre - no frozen section performed	127.90	85.10
4582	Serial step sections (including 4567)	113.30	75.90
4583	Serial step sections, two blocks (including 4569)	139.50	93.00
4584	Serial step sections (more than two units, per additional unit) . .	13.90	9.10
4587	Histology consultation	49.10	32.60
4589	Special stains	32.60	21.90
4591	Immuno-fluorescence	100.70	67.10
4593	Electron microscopy	457.20	306.40

IV. TRAVELLING EXPENSES

REFER TO GENERAL RULE P

When in cases of emergency (refer to general rule P), a doctor has to travel more than 16 kilometres in total to visit an employee, travelling costs can be charged and shall be calculated as follows:

Consultation, visit or surgical fee

5001 Cost of public transport and travelling time or item 5003.

5003 N\$0.94 per km for each kilometre in excess of 16 kilometres total travelled in *own* car 19 km total = 3 x N\$0.94 = N\$2.80 (no travelling time).

Travelling time. (Only applicable when public transport is used).

505 Specialist: N\$82.90 per hour or part thereof.

5007 General Practitioner: N\$55.30 per hour or part thereof.

5009 After hours: Specialist: N\$124.40 per hour or part thereof.

- 5011** After hours: General Practitioner: N\$82.90 per hour or part thereof.
- 5013** Travelling fees are not payable to medical practitioners when they travel from a distance to assist at an operation on cases referred to surgeons by them.
- 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. (For distances of 8 kilometres or more from starting point).