



GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

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WINDHOEK - 27 September 2013

No. 5298

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General Notice

SOCIAL SECURITY COMMISSION

No. 389

2013

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

The Social Security Commission, under section 79 of the Employees' Compensation Act, 1941 (Act No. 30 of 1941), and after consultation with the Medical and Dental Council of Namibia established by section 3 of the Medical and Dental Act, 2004 (Act No. 10 of 2004), has –

- (a) prescribed the tariff of fees for medical aid, as set out in the Schedule;
- (b) repealed General Notice No. 76 of 5 April 2012; and
- (c) effective date, 1 March 2013.

B.R.R. KUKURI
CHAIRPERSON
SOCIAL SECURITY COMMISSION

Windhoek, 22 August 2013

GENERAL INFORMATION**a) Notes in respect of the Employees' Compensation Act, 1941 (Act No. 30 of 1941)****(i) The Employee and the Medical Practitioner**

The injured employee is permitted to choose freely his or her own doctor, and no interference with this privilege is permitted as long as it is exercised reasonably and without prejudice to the employee himself/herself or the Compensation Fund. The only exceptions to this rule are those cases where employers, with the Commission's approval, provide their own medical aid facilities in to, i.e. including hospital, nursing and other services in terms of section 81 of the Act.

In terms of section 60 either the Commission or an employer may send the injured employee to another doctor chosen by him/her (Commission or employer) for a special examination and report. Special fees are payable for this service.

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

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

- (ii) Except where otherwise stated the fees charged for services of a general practitioner shall be two-thirds of the fees of a specialist for the same service

b) Explanation and General Comments

- (i) In compiling this tariff the Commission has used the anatomical system established by the S.A. Medical Association, in which units have been allocated to each procedure, operation, consultation, etc. In order to calculate the fee for each service the number of units attached to the particular item is multiplied by the respective monetary value of the unit.

- (ii) The monetary value of units for the various groups and sections is as follows:

1)	Anaesthesiology	N\$ 61.61
2)	Anatomical Pathology, Cytology, Histology	N\$ 15.11 N\$ 14.30
3)	Clinical Pathology	N\$ 12.76

4)	Clinical Procedures	N\$ 14.30
5)	Computed Tomography	N\$ 12.46
6)	Consultative Services	N\$ 15.43
	General Practitioner (0101)	N\$ 18.25
	General Practitioner (0108)	N\$ 18.38
7)	Magnetic Resonance Imaging	N\$ 11.87
8)	Radiation Oncology	N\$ 13.53
9)	Radiology	N\$ 15.58
10)	Ultrasound	N\$ 10.68

LEGEND

10	Anaesthetics	22	Psychiatry	38	Radiology
12	Dermatology	23	Medical Oncology	40	Radiation Oncology
14	General Practitioner	24	Neurosurgery	42	Surgery
16	Gynaecology	25	Nuclear Medicine	44	Thoracic Surgery
17	Pulmonology	26	Ophthalmology	46	Urology
18	Physicians	28	Orthopaedics	52	Clinical Pathology
19	Gastroenterology	30	Otorhinolaryngology	53	Anatomical Pathology
29	Neurology	34	Physical Medicine		
21	Cardiology	36	Plastic and Reconstructive Surgery		

NOTES

- ii Clinical units
- iii Per service (specify)
- iv Per service
- v Per consultation
- vi if required
- vii By arrangement between medical practitioner and Commission
- ix Consultative units
- xi Consultation fee only.

CONSULTATION	Anaesthetic	Dermatology	General Practitioner	Physicians	Neurologists	Psychiatry	Neuro-Surgeon	Ophthalmology	Orthopedics	Otorhinolaryngology	Physical Medicine	Plastic Surgery	Radiology	Radiotherapy	Surgery	Thoracic Surgery	Urology	Pathology: Anatomical	Pathology: Clinical
0106 Emergency attendance at facilities offering 24 hour services (all hours) – See General Rule B	Units N\$	23.00 329.60	20.00 286.60	35.00 501.60	35.00 501.60	35.00 501.60	35.00 501.60	24.00 343.90	24.00 343.90	23.00 329.60	35.00 501.60	23.00 329.60	24.00 343.90	24.00 343.90	24.00 343.90	34.00 487.20	24.00 343.90		
SUSEQUENT VISITS: (within four months for the same condition – See Rule 0108 At rooms:	Units N\$	12.00 172.00	12.00 220.59	18.00 257.90	18.00 257.90	18.00 257.90	18.00 257.90	12.00 172.00	12.00 185.09	12.00 172.00	18.00 257.90	12.00 172.00	12.00 172.00	12.00 172.00	12.00 185.09	17.00 243.60	12.00 172.00	12.00 172.00	12.00 172.00
0109 At hospital or nursing home (all hours) :	Units N\$	10.00 132.40	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30	10.00 143.30
0112 At patients' residence (all hours)	Units N\$	17.00 243.00	15.00 233.40	22.50 297.90	22.50 297.90	22.50 297.90	22.50 297.90	17.00 243.00	17.00 243.00	16.50 236.50	22.50 297.90	16.50 236.50	16.50 236.50	17.00 243.00	17.00 243.00	22.00 315.30	17.00 243.00	17.00 243.00	16.50 236.50
0114 Weekly maximum for 0112 for the first two weeks.	Units N\$	119.00 1705.30	105.00 1633.46	157.50 2257.00	157.50 2257.00	157.50 2257.00	157.50 2257.00	119.00 1705.30	119.00 1705.30	115.50 1655.10	157.50 2257.00	115.50 1655.10	112.00 1482.90	119.00 1705.30	119.00 1705.30	154.00 2206.80	119.00 1705.30	119.00 1705.30	119.00 1705.30
0115 Weekly maximum for 0112 after the first two weeks.	Units N\$	68.00 974.40	60.00 859.80	90.00 1289.70	90.00 1289.70	90.00 1289.70	90.00 1289.70	68.00 974.40	68.00 974.40	66.00 945.80	90.00 1289.70	66.00 945.80	64.00 912.12	68.00 974.40	68.00 974.40	88.00 1261.00	68.00 974.40	68.00 974.40	68.00 974.40

Code	PROCEDURE	SPECIALISTS		OTHER SPECIALISTS GENERAL PRACTITIONER		ANAESTHETIC		
		UNITS	N\$	UNITS	N\$	UNITS		N\$
	CONSULTATIONS continued							
0130	Telephone consultation (all hours)	18.00	238.30	12.00	158.90			
0132	Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (need not to be face to face contact)	5.00	66.20	5.00	66.20			
0136	Special medical examination requested by the Commission (section 60 of the Act)	67	960.10					
	Note: The use of items 01410144 is limited to specialists only. General Practitioners: Refer to items 0181-0189							
0141	Consultation/visit for new patient with problem focused history, clinical examination and straightforward decision making for minor problem: Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes	22.00	291.30					
0142	Consultation/visit for new patient with detailed history, clinical examination and straightforward decision making and counselling: Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes	22.00	291.30					
0143	Consultation/visit for new patient with detailed history, complete clinical examination and moderately complex decision making and counselling: Typically occupies the doctor face-to-face with the patient for between 30 and 40 minutes	22.00	291.30					
0144	Consultation/visit for new patient with comprehensive history and clinical examination for complex problem requiring complex decision making and counseling: Typically occupies the doctor face-to-face with the patient for between 45 and 60 minutes	22.00	291.30					
0145	For consultation away from doctor's home or rooms: Add to any of items 0141-0144 (specialists) or items 01810189 (GP) as appropriate. Please note, that item 0145 is not applicable for preanaesthetic assessments and may not be added to any of items 0151-0153	6.00	79.40	6.00	79.40			

0146	For emergency consultation/visit, all hours – see Rule B. (Not applicable to facilities offering 24-hour services). Add to any of items 0141-0144 (specialists: items 0150-0153 or items 0181-0189 (GP) as appropriate	8.00		105.90				
0147	For emergency or unscheduled consultation/visit away from the doctor's home or rooms, all hours: See Rule B. Add to any of items 0141-0144 (specialists: items 150-0153 or items 0181-0189 (GP) as appropriate	14.00	185.40	14.00	185.40			
0150	Pre-anaesthetic assessment of patient (all hours). Problem focused history and clinical examination and straightforward decision making for minor problem. Typically occupies the doctor face-to-face with the patient for up to 10 minutes			16.00	211.80	16.00	ii	845.90
0151	Pre-anaesthetic assessment of patient (all hours). Problem focused history and clinical examination and straightforward decision making for minor problem. Typically occupies the doctor face-to-face with the patient for 10 to 20 minutes			16.00	211.80	16.00	ii	845.90
0152	Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision making and counseling. Typically occupies the doctor face-to-face with the patient for 20 to 35 minutes			16.00	211.80	16.00	ii	845.90
0153	Pre-anaesthetic assessment of patient or other consultative services. Consultation with detailed history, complete examination and moderate complex decision making and counseling. Typically occupies the doctor face-to-face with the patient for 30 to 45 minutes. Note: Item 0153 will be used for the evaluation of patients at chronic pain clinic. Only one of the items 0145, 0146 and 0147 may be charged and not a combination thereof.			16.00	211.80	16.00	ii	845.90
0181	Visit for a new problem/new patient with problem focused history, examination and management during which the doctor spend approx. up to 10 minutes with the patient			15.00	198.60			
0182	Visit for a new problem/new patient with expanded problem focused history, examination and management during which the doctor spends 10-20 minutes with the patient			15.00	198.60			

0183	Visit for a new problem/new patient with detailed history, examination and management during which the doctor spends 20-30 minutes with the patient			15.00	198.60			
0184	Visit for a new problem/new patient with comprehensive history, examination and management during which the doctor spends more than 30 minutes with the patient			15.00	198.60			
0186	Follow-up visit for the evaluation and management of a patient that may not require the presence of a general medical practitioner for up to 10 minutes with the patient			12.00	158.90			
0187	Follow-up visit for the evaluation and management of a patient during which the GP spends 10-20 minutes with the patient			12.00	158.90			
0188	Follow-up visit for the evaluation and management of a patient during which the GP spends longer than 20 minutes with the patient			12.00	158.90			

II COST OF SUPPLIES, MATERIALS, SPECIAL MEDICINE and OWN EQUIPMENT USED IN TREATMENT

0200 Cost of prostheses and/or internal fixation apparatus: Cost price (VAT included, where applicable) plus 20% with a maximum mark-up of N\$ 4489.10

0201 Cost of material and medicines used in treatment: This item provides for a charge for material and special medicine used in treatment. Material to be charged for at cost price plus 35% with a maximum mark up of N\$ 4489.10 (VAT included, unless the service provider is not a registered VAT vendor).

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 25% 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) 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 10.00 clinical procedure units may be charged (N\$ 107.30) 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.

0212 Cost of chemotherapy drugs: This item provides for a charge at cost price (VAT included) plus 10% for chemotherapy drugs used in chemotherapy. Where a

condition necessitates the administration of a drug by any route of administration on a routine/continuous/schedules basis, the price of such drug must be calculated and billed per course/cycle of treatment for a given condition, and not per individual unit (tablet/capsule/ampoule/vial) of such drug.

OWN EQUIPMENT USED IN TREATMENT

Code	PROCEDURE	SPECIALISTS		OTHER SPECIALISTS GENERAL PRACTITIONER		ANAESTHETIC		
		UNITS	N\$	UNITS	N\$	UNITS		N\$
	LASER EQUIPMENT							
a.	Ophthalmic laser equipment: See section 16.14: General (item 3201)							
b.	Surgical laser equipment:							
5930	Surgical laser apparatus: Hire fee for own equipment	109	1169.60	109	1169.60			
5932	Candella laser apparatus: Rates by arrangement with the Commission							

III. PROCEDURES

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
1.	INJECTIONS, INFUSIONS AND INHALATION SEDATION TREATMENT											
	INHALATION SEDATION											
0203	Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	6.00	64.40	6.00	64.40							
0204	Per additional quarter-hour or part thereof	3.00	32.20	3.00	32.20							
	INTRAVENOUS TREATMENT (See Note: How to charge for intravenous infusions)											
0206	Intravenous infusions (push-in): Insertion of cannula - chargeable once per 24 hours	6.00	64.40	6.00	69.91						6.00	69.91
0207	Intravenous infusions (cutdown): Cutdown and insertion of cannula - chargeable once per 24 hours	8.00	85.80	8.00	93.14							
	VENESECTION											
0208	Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	6.00	64.40	6.00	64.40							
0211	Exchange transfusion: First and subsequent (including after-care)	80.00	858.40	53.00	617.37							

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0213	Chemotherapy: Intra-muscular or subcutaneous: per injection.	5.00	53.70	5.00	53.70							
0214	Chemotherapy: Intravenous bolus technique: per injection.	9.00	96.60	9.00	96.60							
0215	Chemotherapy: Intravenous infusion technique: per injection.	14.00	150.20	14.00	150.20							
2.	INTEGUMENTARY SYSTEM											
2.1	Allergy											
	PATCH TESTS											
0217	First patch	4.00	42.90	4.00	42.90							
0219	Each additional patch	2.00	21.50	2.00	21.50							
	Fees for reading of test as per subsequent consultation											
	SKIN PRICK TESTS											
0218	Skin-prick testing: Insect venom, latex and drugs	2.80	30.00	2.80	30.00							
0220	Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergens	1.90	20.40	1.90	20.40							
0221	Delayed hypersensitivity testing (Type IV reaction): per antigen	2.80	30.00	2.80	30.00							
2.2	Skin (general)											
	BIOPSY WITHOUT SUTURING											
0233	First lesion	6.00	64.40	6.00	69.91	3.00	T	170.80				
0234	Subsequent lesions, each	3.00	32.20	3.00	32.20	3.00	T	170.80				
0235	Maximum for multiple additional lesions.	18.00	193.10	18.00	209.62	3.00	T	170.80				
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing.	12.00	128.80	12.00	139.82	3.00	T	170.80			12.00	139.82
	REMOVAL OF MALIGNANT LESIONS by cutting under local or general anaesthesia followed by electro-cautery											
0251	First Lesion.	30.00	321.90	30.00	349.45	3.00	T	184.87			30.00	349.45
0252	Subsequent lesions, each.	15.00	161.00	15.00	161.00	3.00	T	170.80			15.00	174.78
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail.	20.00	214.60	20.00	232.96	3.00	T	184.87	20.00	232.96	20.00	232.96

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0257	Drainage of major hand or foot infection: drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement, complete excision of pilonidal cyst or sinus	87.00	933.50	60.00	698.89	3.00	T	184.87	87.00	1,013.38	87.00	1,013.38
0259	Removal of foreign body superficial to deep fascia (except hands).	20.00	214.60	20.00	232.96	3.00	T	184.87	20.00	232.96		
0261	Removal of foreign body deep to deep fascia (except hands).	31.00	332.60	31.00	361.06	3.00	T	170.80	31.00	361.06	31.00	361.06
	Note: See items 0922 and 0923 for removal of foreign bodies in hands											
2.3	Major plastic repair											
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts.	234.00	2,510.80	156.00	1,673.90	4.00	T	246.46	234.00	2,725.66	234.00	2,725.66
0290	Reconstructive procedures (including all stages) and skin graft by myocutaneous or fasciocutaneous flap	410.00	4,399.30	273.00	2,929.30	4.00	T	246.46				
0291	Reconstructive procedures (including all stages) grafting by microvascular reanastomosis.	800.00	8,584.00	533.00	5,719.10	4.00	T	246.46				
0292	Distant flaps: First stage.	206.00	2,210.40	137.00	1,470.00	4.00	T	227.70				
0293	Contour grafts (excluding cost of material)	206.00	2,210.40	137.00	1,470.00	4.00	T	227.70				
0294	Vascularised bone graft with or without soft tissue with one or more sets microvascular anastomoses	1,200.00	12,876.00	800.00	8,584.00	6.00	T	341.50				
0295	Local skin flaps (large, complicated).	206.00	2,210.40	137.00	1,470.00	4.00	-	227.70			206.00	2,399.55
0296	Other procedures of major technical nature.	206.00	2,210.40	137.00	1,470.00	4.00	T	246.46				
0297	Subsequent major procedures for repair of same lesion.	104.00	1,115.90	69.00	740.40	4.00	T	246.46				
2.4	Lacerations, scars, tumours, cysts and other skin lesions											
	STITCHING OF SOFT-TISSUE INJURIES											
0300	Stitching of wound (with or without local anaesthesia): Including normal after-care	14.00	150.20	14.00	163.05	3.00	T	184.87	14.00	163.05	14.00	163.05

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0301	Additional wounds stitched at same session (each)	7.00	75.10	7.00	81.53	3.00	T	184.87			7.00	81.53
0302	Deep laceration involving limited muscle damage	64.00	686.70	60.00	698.89	4.00	T	227.70	64.00	745.46	64.00	745.46
0303	Deep laceration involving extensive muscle damage	128.00	1,373.40	85.00	990.15	4.00	T	246.46	128.00	1,490.93	128.00	1,490.93
0304	Major debridement of wound, sloughectomy or secondary suture	50.00	536.50	50.00	582.41	3.00	T	184.87	50.00	582.41	50.00	582.41
0305	Needle biopsy - soft tissue	25.00	268.30	16.00	171.70	3.00	T	184.87				
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	27.00	289.70	27.00	314.49	3.00	T	184.87	27.00	314.49	27.00	314.49
0308	Each additional small procedure done at the same time	14.00	150.20	14.00	163.05	3.00	T	170.80			14.00	163.05
0310	Radical excision of nail bed	38.00	407.70	38.00	442.59	3.00	T	184.87	38.00	442.59	38.00	442.59
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	104.00	1,115.90	69.00	803.76	4.00	T	246.46	104.00	1,211.39	104.00	1,211.39
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	55.00	590.20	55.00	590.20	3.00	T	184.87			55.00	640.71
2.6	Burns											
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours).	276.00	2,961.50	184.00	1,974.30	5.00	T	284.60			276.00	3,214.92
0353	Tangential excision and grafting: Small.	100.00	1,073.00	67.00	780.42	5.00	T	284.60			100.00	1,164.82
0354	Tangential excision and grafting: Large.	200.00	2,146.00	133.00	1,427.10	5.00	T	284.60			200.00	2,329.64
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	75.00	804.80	60.00	643.80	4.00	T	227.70				
0357	Small skin graft in acute hand injury.	45.00	482.90	45.00	482.90	3.00	T	170.80				
0359	Release of extensive skin contracture and or excision of scar tissue with major skin graft resurfacing	192.00	2,060.20	128.00	1,373.40	3.00	T	170.80	192.00	2,236.50		
0361	Z-plasty.	64.00	686.70	60.00	643.80	3.00	T	170.80				
0363	Local flap and skin graft.	150.00	1,609.50	100.00	1,073.00	3.00	T	170.80				
0365	Cross finger flap (all stages).	192.00	2,060.20	128.00	1,373.40	3.00	T	170.80	192.00	2,236.50		
0367	Palmar flap (all stages).	192.00	2,060.20	128.00	1,373.40	3.00	T	170.80				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0369	Distant flap: First stage.	158.00	1,695.30	105.00	1,126.70	3.00	T	170.80				
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	77.00	826.20	60.00	643.80	3.00	T	170.80				
0373	Transfer neurovascular island flap.	192.00	2,060.20	128.00	1,373.40	3.00	T	170.80	192.00	2,236.50		
0374	Syndactyly: Separation of, including skin graft for one web.	206.00	2,210.40	137.00	1,470.00	3.00	T	184.87	206.00	2,399.55		
2.8	Acupuncture											
	Please note: General Rule M not applicable to section 2.8 of the tariff											
0377	Standard acupuncture.	10.00	107.30	10.00	107.30							
0380	Scalp acupuncture	10.00	107.30	10.00	107.30							
0381	Micro acupuncture	10.00	107.30	10.00	107.30							
3.	MUSCULO-SKELETAL SYSTEM											
3.1	Bones											
3.1.1	Fractures (reduction under general anaesthetic)											
0383	Scapula.	iii		iii		3.00	T+M	170.80				
0387	Clavicle.	iii		iii		3.00	T+M	184.87				
0389	Humerus.	77.00	826.20	60.00	698.89	3.00	T+M	184.87	77.00	896.90		
0391	Radius and/or Ulna.	77.00	826.20	60.00	698.89	3.00	T+M	184.87	77.00	896.90		
0392	Open reduction of both radius and ulna. (Modifier 0051 not applicable)	210.00	2,253.30	140.00	1,502.20	3.00	T+M	184.87	210.00	2,446.12		
0402	Carpal bone.	64.00	686.70	60.00	698.89	3.00	T+M	184.87				
0403	Bennett's fracture/dislocation	51.00	547.20	51.00	594.03	3.00	T+M	170.80	51.00	594.03		
0405	Metacarpal: Simple.	40.00	429.20	40.00	465.93	3.00	T+M	184.87	40.00	465.93		
	FINGER PHALANX: DISTAL											
0409	Simple.	iv		iv		3.00	T+M	184.87				
0411	Compound.	52.00	558.00	52.00	558.00	3.00	T+M	184.87				
	PROXIMAL OR MIDDLE				0.00							
0413	Simple.	48.00	515.00	48.00	515.00	3.00	T	184.87	48.00	559.07		
0415	Compound.	102.00	1,094.50	68.00	792.03	3.00	T+M	170.80	102.00	1,188.16		
	PELVIS											
0417	Closed.	iv		iii		3.00	T	170.80				
0419	Operative reduction and fixation.	320.00	3,433.60	213.00	2,481.08	3.00	T+M	184.87	320.00	3,727.42		
0421	Femur: Neck or Shaft.	192.00	2,060.20	128.00	1,490.93	3.00	T+M	184.87	192.00	2,236.50		
0425	Patella.	51.00	547.20	51.00	594.03	3.00	T+M	170.80	51.00	594.03		
0429	Tibia with or without fibula.	128.00	1,373.40	85.00	990.15	3.00	T+M	184.87	128.00	1,490.93		
0433	Fibula shaft.	iii		iii		3.00	T+M	170.80				
0435	Malleolus of ankle.	58.00	622.30	58.00	675.55	3.00	T+M	184.87	58.00	675.55		
0437	Fracture/dislocation of ankle.	128.00	1,373.40	85.00	990.15	3.00	T+M	184.87	128.00	1,490.93		
0438	Open reduction Talus fracture (Modifier 0051 not applicable)	141.00	1,512.90	111.00	1,191.00	3.00		170.80	141.00	1,642.36		

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0440	Calcaneus reduction (Modifier 0051 not applicable)	141.00	1,512.90	111.00	1,191.00	3.00		170.80	141.00	1642.36		
	TOE PHALANX											
0443	Distal: Simple.	iii		iii		3.00	T	184.87				
0443	Compound	32.00	343.40	32.00	343.40	3.00	T+M	170.80				
	OTHER		0.00		0.00							
0447	Simple	26.00	279.00	26.00	279.00	3.00	T	170.80				
0449	Compound	52.00	558.00	52.00	558.00	3.00	T+M	170.80				
	STERNUM and (or) RIBS											
0451	Closed	iii		iii		3.00	T	170.80				
0452	Open reduction and fixation of multiple fractured ribs for flail chest	230.00	2,467.90	153.00	1,641.70	3.00	T+M	184.87				
	SPINE: WITH OR WITHOUT PARALYSIS											
0455	Cervical	iii		iii		3.00	T+M	170.80				
0456	Rest	iii		iii		3.00	T+M	170.80				
	COMPRESSION FRACTURE											
0461	Cervical	iii		iv		3.00	T+M	170.80				
0462	Rest	iv		iv		3.00	T+M	170.80				
	SPINOUS OR TRANSVERSE PROCESSES											
0463	Cervical	iv		iv		3.00	T+M	170.80				
0464	Rest	iv		iv		3.00	T+M	170.80				
3.1.1.1	Operations for fractures											
0465	Fractures involving large joints (includes the item for the relative bone). This item may not be used as a modifier.	288.00	3,090.20	192.00	2,236.50	3.00	M	184.87	288.00	3,354.64		
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Stein-mann pins (no after-care). Modifier 0005 not applicable	32.00	343.40	32.00	372.79	3.00	T	184.87	32.00	372.79		
	BONEGRAFTING OR INTERNAL FIXATION FOR MAL- OR NON-UNION											
0475	Femur, Tibia, Humerus, Radius and Ulna.	282.00	3,025.90	188.00	2,189.82	3.00	T+M	184.87	282.00	3,284.84		
0479	Other bones.	154.00	1,652.40	103.00	1,199.78	3.00	T+M	184.87	154.00	1,793.80		
3.1.2	Bony operations											
3.1.2.1	Bone grafting											
0497	Resection of bone or tumour with or without grafting.	282.00	3,025.90	188.00	2,189.82	3.00	T+M	184.87	282.00	3,284.84		
0499	Large bones.	192.00	2,060.20	128.00	1,373.40	3.00	T+M	170.80	192.00	2,236.50		
0501	Small bones.	128.00	1,373.40	85.00	912.10	3.00	T+M	170.80				
0503	Cartilage graft.	206.00	2,210.40	137.00	1,595.79	3.00	T+M	184.87	206.00	2,399.55		
0505	Inter-metacarpal bone graft	147.00	1,577.30	98.00	1,051.50	3.00	T+M	170.80				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	50.00	536.50	50.00	536.50	3.00	T+M	170.80	50.00	582.41		
3.1.2.2	Acute or chronic osteomyelitis											
0509	Conservative treatment.	iii		iii								
0511	Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care											
0512	Sternum sequestrectomy and drainage, including six weeks after-care	128.00	1,373.40	85.00	912.10	3.00	T+M	170.80				
3.1.2.3	Osteotomy											
0514	Sternum: Repair of pectus excavatum.	330.00	3,540.90	220.00	2,360.60	3.00	T+M	184.87				
0515	Sternum: Repair of pectus carinatum.	330.00	3,540.90	220.00	2,360.60	3.00	T+M	170.80				
0516	Pelvic.	320.00	3,433.60	213.00	2,285.50	3.00	T+M	184.87	320.00	3,727.42		
0521	Femoral: Proximal.	320.00	3,433.60	213.00	2,285.50	3.00	T+M	184.87	320.00	3,727.42		
0527	Knee region: one leg	320.00	3,433.60	213.00	2,285.50	3.00	T+M	184.87	320.00	3,727.42		
0528	Os Calcis (Dwyer operation).	115.00	1,234.00	77.00	826.20	3.00	T+M	184.87	115.00	1,339.60		
0530	Metacarpal and phalanx: Corrective for mal-union or rotation	120.00	1,287.60	80.00	858.40	3.00	T+M	184.87	120.00	1,397.78		
0532	Rotation osteotomies of the Radius, Ulna or Humerus	160.00	1,716.80	107.00	1,148.10	3.00	T+M	184.87	160.00	1,863.71		
0533	Osteotomy, single metatarsal	60.00	643.80	60.00	643.80	3.00	T+M	184.87				
0534	Multiple metatarsal osteotomies.	150.00	1,609.50	100.00	1,073.00	3.00	T+M	170.80	150.00	1,747.23		
3.1.2.4	Exostosis											
0535	Excision: Readily accessible sites.	60.00	643.80	60.00	698.89	3.00	T+M	170.80	60.00	698.89		
0537	Excision: Less accessible sites.	96.00	1,030.10	64.00	745.46	3.00	T+M	184.87	96.00	1,118.25		
3.1.2.5	Biopsy											
0539	Needle Biopsy: Spine (no after-care). Modifier 0005 not applicable.	50.00	536.50	50.00	536.50	4.00	T	227.70				
0541	Needle Biopsy: Other sites (no after-care). Modifier 0005 not applicable.	32.00	343.40	32.00	343.40	4.00	T	227.70				
	OPEN (Modifier 0005 not applicable)											
0543	Readily accessible site.	64.00	686.70	60.00	643.80		Per bone		64.00	745.46		
0545	Less accessible site.	96.00	1,030.10	64.00	686.70		Per bone		96.00	1,118.25		
3.2	Joints											
3.2.1	Dislocations											
0547	Clavicle: either end.	38.00	407.70	38.00	407.70	3.00	T+M	170.80	38.00	442.59		
0549	Shoulder.	51.00	547.20	51.00	594.03	3.00	T+M	170.80				
0551	Elbow.	51.00	547.20	51.00	594.03	3.00	T+M	184.87	51.00	594.03		

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		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0552	Wrist.	77.00	826.20	60.00	643.80	3.00	T+M	184.87	77.00	896.90		
0553	Perilunar trans-scaphoid fracture/dislocation	130.00	1,394.90	87.00	933.50	3.00	T+M	170.80				
0555	Lunate.	77.00	826.20	60.00	643.80	3.00	T+M	170.80	77.00	896.90		
0556	Carpo-metacarpal dislocation	51.00	547.20	51.00	547.20	3.00	T+M	170.80				
0557	Metacarpophalangeal or interphalangeal joints (hand)	26.00	279.00	26.00	279.00	3.00	T+M	170.80				
0559	Hip.	109.00	1,169.60	73.00	850.33	3.00	T+M	184.87	109.00	1,269.69		
0561	Knee.	96.00	1,030.10	64.00	686.70	3.00	T+M	170.80	96.00	1,118.25		
0563	Patella.	32.00	343.40	32.00	372.79	3.00	T+M	170.80				
0565	Ankle.	90.00	965.70	60.00	698.89	3.00	T+M	170.80				
0567	Sub-Talar dislocation.	90.00	965.70	60.00	643.80	3.00	T+M	184.87				
0569	Intertarsal or tarsometatarsal or midtarsal.	77.00	826.20	60.00	643.80	3.00	T+M	170.80	77.00	896.90		
0571	Metatarsophalangeal or interphalangeal joints (foot)	14.00	150.20	14.00	150.20	3.00	T+M	184.87				
0573	Spine with or without paralysis.	iii		iii								
3.2.2	Operations for dislocations											
0578	Recurrent dislocation of shoulder	200.00	2,146.00	133.00	1,549.22	3.00	T+M	184.87	200.00	2,329.64		
0579	Recurrent dislocation of all other joints.	161.00	1,727.50	107.00	1,148.10	3.00	T+M	184.87	161.00	1,875.33		
3.2.3	Capsular operations											
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks aftercare)	51.00	547.20	51.00	594.03	3.00	T+M	170.80	51.00	594.03		
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks aftercare).	96.00	1,030.10	64.00	745.46	3.00	T+M	184.87	96.00	1,118.25	96.00	1,118.25
0585	Capsulectomy digital joint.	64.00	686.70	60.00	643.80	3.00	T+M	170.80	64.00	745.46		
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints.	90.00	965.70	60.00	643.80	3.00	T+M	170.80				
0587	Release of digital joint contracture.	128.00	1,373.40	85.00	912.10	3.00	T+M	170.80				
3.2.4	Synovectomy											
0589	Digital joint.	77.00	826.20	60.00	643.80	3.00	T+M	170.80	77.00	896.90		
0592	Large joint.	160.00	1,716.80	107.00	1,246.35	3.00	T+M	184.87	160.00	1,863.71		
0593	Tendon synovectomy.	128.00	1,373.40	85.00	990.15	3.00	T+M	184.87	128.00	1,490.93		
3.2.5	Arthrodesis											
0597	Shoulder.	224.00	2,403.50	149.00	1,598.80	3.00	T+M	170.80				
0598	Elbow.	180.00	1,931.40	120.00	1,287.60	3.00	T+M	170.80				
0599	Wrist.	180.00	1,931.40	120.00	1,287.60	3.00	T+M	170.80	180.00	2,096.68		
0600	Digital joint.	128.00	1,373.40	85.00	990.15	3.00	T+M	184.87	128.00	1,490.93		
0601	Hip.	320.00	3,433.60	213.00	2,285.50	3.00	T+M	170.80				
0602	Knee.	180.00	1,931.40	120.00	1,287.60	3.00	T+M	170.80				
0603	Ankle.	180.00	1,931.40	120.00	1,287.60	3.00	T+M	170.80	180.00	2,096.68		
0604	Sub-talar.	130.00	1,394.90	87.00	933.50	3.00	T+M	184.87	130.00	1,514.27		

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		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0669	Manipulation large joint under general anaesthetic (not including after-care). Modifier 0005 not applicable:											
	Hip	14.00	150.20	14.00	163.05	4.00	T	246.46	14.00	163.05		
	Knee	14.00	150.20	14.00	150.20	3.00	T	170.80				
	Shoulder	14.00	150.20	14.00	150.20	3.00	T	170.80				
0670	The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic:											
	Hip	v		iii		4.00	T	227.70				
	Knee	v		v		3.00	T	170.80				
	Shoulder	v		v		3.00	T	170.80				
0673	Meniscectomy or operation for other internal de-rangement of knee.	109.00	1,169.60	73.00	850.33	3.00	T+M	184.87	109.00	1,269.69		
3.2.8	Joint ligament reconstruction or suture											
0675	Ankle: Collateral.	160.00	1,716.80	107.00	1,246.35	3.00	T+M	170.80	160.00	1,863.71		
0677	Knee: Collateral.	160.00	1,716.80	107.00	1,246.35	3.00	T+M	184.87	160.00	1,863.71		
0678	Knee: Cruciate.	160.00	1,716.80	107.00	1,246.35	3.00	T+M	184.87	160.00	1,863.71		
0679	Ligament augmentation procedure of knee.	280.00	3,004.40	187.00	2,006.50	3.00	T+M	184.87	280.00	3,261.50		
0680	Digital joint ligament.	140.00	1,502.20	93.00	997.90	3.00	T+M	170.80	140.00	1,630.75		
3.3	Amputations											
3.3.1	Specific Amputations											
0682	Forequarter amputation.	294.00	3,154.60	196.00	2,103.10	9.00	T+M	512.30				
0683	Through shoulder.	148.00	1,588.00	99.00	1,062.30	5.00	T+M	284.60				
0685	Upper arm or forearm.	116.00	1,244.70	77.00	826.20	3.00	T+M	170.80				
0687	Partial amputation of the hand: One ray.	102.00	1,094.50	68.00	729.60	3.00	T+M	170.80	102.00	1,188.16		
0691	Part of (or) whole of finger.	51.00	547.20	51.00	547.20	3.00	T+M	184.87	51.00	1,196.30		
0693	Hindquarter amputation.	420.00	4,506.60	280.00	3,004.40	6.00	T+M	341.50				
0695	Through hip joint region.	192.00	2,060.20	128.00	1,373.40	6.00	T+M	341.50				
0697	Through thigh	205.00	2,199.70	137.00	1,470.00	6.00	T+M	369.63	205.00	2,387.93	205.00	2,387.93
0699	Below knee, through knee or Syme.	194.00	2,081.60	129.00	1,384.20	6.00	T+M	369.63			194.00	2,259.73
0701	Trans metatarsal or trans tarsal.	142.00	1,523.70	95.00	1,019.40	3.00	T+M	170.80				
0703	Foot: One ray.	97.00	1,040.80	65.00	697.50	3.00	T+M	170.80	97.00	1,129.86		
0705	Toe (skin flap included).	66.00	708.20	44.00	512.50	3.00	T+M	184.87	66.00	768.80		
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	75.00	804.80	60.00	643.80	3.00	T+M	170.80	75.00	873.67		

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		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0707	Krukenberg reconstruction	206.00	2,210.40	137.00	1,470.00	3.00	T+M	170.80				
0709	Metacarpal transfer.	192.00	2,060.20	128.00	1,373.40	3.00	T+M	170.80				
0711	Pollicization of the finger (to include all stages). (Prior arrangement with Commission required)	282.00	3,025.90	188.00	2,017.20	3.00	T+M	170.80				
0712	Toe to thumb transfer. (Prior arrangement with Commission required)	800.00	8,584.00	533.00	5,719.10	3.00	T+M	170.80				
3.4	Muscles, tendons and fasciae:											
3.4.1	Investigations:											
0713	Electromyography.	75.00	804.80	50.00	536.50	3.00	T	170.80				
0714	Electromyographic neuromuscular junctional study, including edrophonium response.	57.00	611.60	38.00	407.70	3.00	T	170.80				
0715	Strength duration curve per session.	10.50	112.70	7.00	75.10	3.00	T	170.80				
0717	Electrical examination of single nerve or muscle.	9.00	96.60	6.00	64.40	3.00	T	170.80				
0723	Tonometry with edrophonium	8.00	85.80	5.00	53.70	3.00	T	170.80				
0725	Isometric tension studies with edrophonium.	10.00	107.30	7.00	75.10	3.00	T	170.80				
	CRANIAL REFLEX STUDY SUPRA OC-CULOFACIAL OR CORNEOFACIAL OR FLABELLOFACIAL (both early and late responses)											
0727	Unilateral.	8.00	85.80	5.00	53.70	3.00	T	170.80				
0728	Bilateral.	14.00	150.20	9.00	96.60	3.00	T	170.80				
0729	Tendon reflex time.	7.00	75.10	5.00	53.70	3.00	T	170.80				
0730	Limb/brain somatosensory studies: Per limb.	49.00	525.80	32.00	343.40							
0731	Visio and audio-sensory studies.	49.00	525.80	32.00	343.40							
0733	Motor nerve conduction studies (single nerve).	26.00	279.00	17.00	182.40							
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	31.00	332.60	21.00	225.30	3.00	T	170.80				
0737	Biopsy for motor nerve terminals and end plates.	20.00	214.60	20.00	214.60	3.00	T	170.80				
0739	Combined muscle biopsy with end plates and nerve terminal biopsy.	34.00	364.80	34.00	364.80	8.00	T	455.40				
0740	Muscle fatigue studies.	20.00	214.60	20.00	214.60	3.00	T	170.80				
0741	Muscle biopsy.	20.00	214.60	20.00	214.60	8.00	T	492.92			20.00	232.96

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0775	Free tendon graft.	160.00	1,716.80	107.00	1,148.10	3.00	T	184.87	160.00	1,863.71		
0776	Reconstruction of pulley for flexor tendon.	50.00	536.50	50.00	582.41	3.00	T	170.80	50.00	582.41		
	FINGER											
0777	Flexor.	192.00	2,060.20	128.00	1,373.40	3.00	T	170.80				
0779	Extensor.	122.00	1,309.10	81.00	869.10	3.00	T	170.80				
0780	Two stage flexor tendon graft using silastic rod.	240.00	2,575.20	160.00	1,716.80	3.00	T	170.80				
3.4.5	Tenolysis											
0781	Tendon freeing operation, except where specified elsewhere	64.00	686.70	60.00	698.89	3.00	T	184.87	64.00	745.46		
0782	Carpal tunnel syndrome.	64.00	686.70	60.00	698.89	3.00	T	184.87	64.00	745.46		
0783	De Quervain.	38.00	407.70	38.00	407.70	3.00	T	184.87	38.00	442.59		
0784	Trigger finger.	38.00	407.70	38.00	407.70	3.00	T	184.87	38.00	442.59		
0785	Flexor tendon freeing operation following free tendon graft or suture.	150.00	1,609.50	100.00	1,073.00	3.00	T	170.80	150.00	1,747.23		
0787	Extensor tendon freeing operation following graft or suture	115.00	1,234.00	77.00	826.20	3.00	T	170.80				
0788	Intrinsic tendon release per finger	64.00	686.70	60.00	643.80	3.00	T	170.80				
0789	Central tendon tenotomy for Boutonniere deformity	64.00	686.70	60.00	643.80	3.00	T	170.80				
3.4.6	Tenodesis											
0790	Digital joint.	90.00	965.70	60.00	643.80	3.00	T	170.80	90.00	1,048.34		
3.4.7	Muscle tendon and fascia transfer											
0791	Single tendon transfer.	96.00	1,030.10	64.00	686.70	3.00	T	170.80	96.00	1,118.25		
0792	Multiple tendon transfer.	128.00	1,373.40	85.00	912.10	3.00	T	184.87	128.00	1,490.93		
0793	Hamstring to quadriceps transfer.	141.00	1,512.90	94.00	1,008.60	3.00	T	170.80				
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	320.00	3,433.60	213.00	2,285.50	5.00	T	284.60				
0795	Tendon transfer at elbow	116.00	1,244.70	77.00	826.20	3.00	T	170.80				
0796	Iliopsoas at hip.	224.00	2,403.50	149.00	1,598.80	5.00	T	284.60				
0797	Knee (Eggers).	141.00	1,512.90	94.00	1,008.60	3.00	T	170.80				
	HAND TENDONS											
0803	Single tendon transfer (first)	96.00	1,030.10	64.00	686.70	3.00	T	170.80				
0809	Substitution for intrinsic paralysis of hand.	224.00	2,403.50	149.00	1,598.80	3.00	T	170.80				
0811	Opponens transfers.	128.00	1,373.40	85.00	912.10	3.00	T	170.80				
3.4.8	Muscle slide operations and tendon lengthening											
0812	Percutaneous Tenotomy: All sites.	38.00	407.70	38.00	407.70	3.00	T	170.80				
0813	Torticollis.	96.00	1,030.10	64.00	686.70	5.00	T	284.60				
0815	Scalenotomy.	132.00	1,416.40	88.00	944.20	5.00	T	284.60				
0817	Scalenotomy with excision of first rib.	190.00	2,038.70	127.00	1,362.70	3.00	T+M	170.80				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0823	Excision or slide for Volkmann's Contracture.	192.00	2,060.20	128.00	1,373.40	3.00	T	170.80	192.00	2,236.50		
0825	Hip: Open muscle release.	116.00	1,244.70	77.00	826.20	7.00	T	398.40	116.00	1,351.21		
0829	Knee: Quadriceps-plasty.	160.00	1,716.80	107.00	1,148.10	3.00	T	170.80				
0831	Knee: Open tenotomy.	141.00	1,512.90	94.00	1,008.60	3.00	T	170.80	141.00	1,642.36		
0835	Calf.	96.00	1,030.10	64.00	686.70	4.00	T	227.70				
0837	Open elongation tendon Achilles.	96.00	1,030.10	64.00	686.70	4.00	T	227.70				
0845	Foot: Plantar fasciotomy.	70.00	751.10	60.00	643.80	3.00	T	170.80	70.00	1,118.25		
3.5	Bursae and ganglia											
	EXCISION											
0847	Semi-membranosus.	90.00	965.70	60.00	698.89	4.00	T	227.70	90.00	1,048.43		
0849	Prepatellar.	45.00	482.90	45.00	482.90	3.00	T	170.80				
0851	Olecranon.	45.00	482.90	45.00	524.22	3.00	T	184.87	45.00	524.22		
0853	Small bursa or ganglion.	51.00	547.20	51.00	594.03	3.00	T	184.87	51.00	594.03		
0855	Compound palmar ganglion or synovectomy.	128.00	1,373.40	85.00	990.15	3.00	T	170.80	128.00	1,490.93	128.00	1490.93
0857	Aspiration or injection (no after-care). Modifier 0005 not applicable	9.00	96.60	9.00	96.60	3.00	T	170.80	9.00	104.87		
3.6	Miscellaneous											
3.6.1	Leg equalisation and feet											
0861	Leg lengthening.	416.00	4,463.70	277.00	2,972.20	3.00	T+M	184.87	416.00	4,845.67		
3.6.2	Removal of internal fixatives or prosthesis											
0883	Readily accessible.	32.00	343.40	32.00	372.69	6.00	T+M	371.69	32.00	372.69		
0884	Removal of internal fixatives or prosthesis: Less accessible	64.00	686.70	60.00	698.89	12.00	T+M	743.27	64.00	745.46		
0885	Removal of prosthesis for infection soon after operation	128.00	1,373.40	85.00	912.10	As per bone (specify)			128.00	1,490.93		
0886	Late removal of infected total joint replacement prosthesis (including six weeks after-care). Fee for total joint replacement of the specific joint: Plus	64.00	686.70	42.00	450.70	6.00	T+M	369.63		00.00		
3.7	Plasters (exclusive of after-care)											
	Note: The initial application of a plaster cast is included in the scheduled fee for the particular procedure, except for scoliosis											
0887	Limb cast (excluding after-care). Modifier 0005 not applicable.	13.00	139.50	13.00	139.50	3.00	T	170.80	13.00	151.44		
0889	Spica, plaster jacket or hinged cast brace (excluding after-care).	32.00	343.40	32.00	246.46	4.00	T	227.70	32.00	372.79		
0891	Turnbuckle cast (excluding aftercare).	51.00	547.20	51.00	547.20	5.00	T	284.60				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	207.00	2,221.10	138.00	1,480.70	3.00	T+M	170.80				
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	42.00	450.70	42.00	450.70	3.00	T+M	170.80				
0929	Manipulation of spine under general anaesthetic: (no aftercare), modifier 0005 not applicable.	14.00	150.20	14.00	163.05	5.00	T	308.04	14.00	163.05		
0930	Posterior osteotomy of spine: One vertebral segment	339.00	3,637.50	226.00	2,425.00	3.00	T+M	170.80	339.00	3,948.77		
0931	Posterior spinal fusion: One level.	385.00	4,131.10	257.00	2,757.60	3.00	T+M	184.87	385.00	4,484.61		
0932	Posterior osteotomy of spine: Each additional vertebral segment	103.00	1,105.20	69.00	803.76	3.00	T+M	170.80	103.00	1,199.78		
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	315.00	3,380.00	210.00	2,253.30	3.00	T+M	184.87	315.00	3,669.24		
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	103.00	1,105.20	69.00	740.40	3.00	T+M	170.80	103.00	1,199.78		
0938	Anterior fusion base of skull to C2	449.00	4,817.80	299.00	3,208.30	4.00	T+M	227.70				
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	160.00	1,716.80	107.00	1,148.10	3.00	T+M	170.80			160.00	1,863.71
0940	Trans-thoracic anterior exposure of the spine only if done by a second surgeon	160.00	1,716.80	107.00	1,148.10	3.00	T+M	170.80				
0941	Anterior interbody fusion: One level	360.00	3,862.80	240.00	2,575.20	3.00	T+M	184.87	360.00	4,193.35		
0942	Anterior interbody fusion: Each additional level	102.00	1,094.50	68.00	729.60	3.00	T+M	170.80	102.00	1,188.16		
0944	Posterior fusion: Occiput to C2	390.00	4,184.70	260.00	2,789.80	4.00	T+M	227.70				
0946	Posterior spinal fusion: Each additional level	111.00	1,191.00	74.00	794.00	3.00	T+M	184.87	111.00	1,292.92		
0948	Posterior interbody lumbar fusion: One level	364.00	3,905.70	243.00	2,607.40	3.00	T+M	184.87				
0950	Posterior interbody lumbar fusion: Each additional inter-space	95.00	1,019.40	63.00	676.00	3.00	T+M	170.80				
0959	Excision of coccyx.	96.00	1,030.10	64.00	686.70	3.00	T+M	184.87	96.00	1,118.25		
0961	Costo-transversectomy.	198.00	2,124.50	132.00	1,416.40	3.00	T+M	170.80				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
0963	Antero-lateral decom-pression of spinal cord or anterior debridement Modifier 0061 applies to this section of the Tariff	326.00	3,498.00	217.00	2,328.40	3.00	T+M	170.80				
3.8.7	All spinal problems											
0960	Posterior non-segmental instrumentation	167.00	1,791.90	111.00	1,191.00	5.00	T+M	284.60	167.00	1,945.24		
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	176.00	1,888.50	117.00	1,255.40	5.00	T+M	284.60				
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	201.00	2,156.70	134.00	1,437.80	5.00	T+M	308.04	201.00	2,341.26		
0966	Posterior segmental instrumentation: 13 or more vertebrae	245.00	2,628.90	163.00	1,749.00	5.00	T+M	284.60				
0968	Anterior instrumentation: 2 to 3 vertebrae	159.00	1,706.10	106.00	1,137.40	5.00	T+M	308.04	159.00	1,852.10		
0970	Anterior instrumentation: 4 to 7 vertebrae	185.00	1,985.10	123.00	1,319.80	5.00	T+M	308.04				
0972	Anterior instrumentation: 8 or more vertebrae	206.00	2,210.40	137.00	1,470.00	5.00	T+M	284.60				
0974	Additional pelvic fixation of instrumentation other than sacrum	108.00	1,158.80	72.00	772.60	5.00	T+M	284.60				
5750	Reinsertion of instrumentation	276.00	2,961.50	184.00	1,974.30	6.00	T+M	341.50				
5751	Removal of posterior nonsegmental instrumentation	173.00	1,856.30	115.00	1,234.00	6.00	T+M	369.63				
5752	Removal of posterior segmental instrumentation	175.00	1,877.80	117.00	1,255.40	6.00	T+M	369.63	175.00	2,038.49		
5753	Removal of anterior instrumentation	204.00	2,188.90	136.00	1,459.30	6.00	T+M	341.50	204.00	2,376.21		
5755	Laminectomy for spinal stenosis (exclude discectomy, foraminotomy and spondylolisthesis): One or two levels	295.00	3,165.40	197.00	2,113.80	3.00	T+M	184.87				
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	304.00	3,261.90	203.00	2,178.20	3.00	T+M	184.87				
5757	Laminectomy for decompression without foraminotomy or discectomy more than two levels	321.00	3,444.30	214.00	2,296.20	3.00	T+M	170.80				
0943	Laminectomy with decompression of nerve roots and disc removal: One level.	240.00	2,575.20	160.00	1,863.71	3.00	T+M	170.80				
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	63.00	676.00	60.00	643.80	3.00	T+M	184.87				
5759	Laminectomy for decompression discectomy etc., revision operation	352.00	3,777.00	235.00	2,521.60	4.00	T+M	246.46				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
	MANDIBLE: FRACTURED NOSE AND ZY- GOMA											
0997	Open reduction and fixation.	302.00	3,240.50	201.00	2,156.70	3.00	T+M	184.87				
0999	Closed reduction by intermaxillary fixation.	184.00	1,974.30	123.00	1,319.80	3.00	T+M	170.80				
1001	Temporo-man-dibular joint: Reconstruction for dysfunction	206.00	2,210.40	137.00	1,470.00	4.00	T+M	246.46				
1003	Manipulation: Immobilisation and follow-up of fractured nose.	35.00	375.60	35.00	375.60	3.00	T+M	184.87				
1005	Nasal fracture without manipulation.	iii		iii								
1007	Mandibulectomy.	320.00	3,433.60	213.00	2,481.08	5.00	T+M	284.60				
1009	Maxillectomy	336.00	3,605.30	224.00	2,403.50	4.00	T+M	227.70				
1011	Bone graft to mandible.	206.00	2,210.40	137.00	1,470.00	4.00	T+M	227.70				
1012	Adjustment of occlusion by ramisection.	227.00	2,435.70	151.00	1,620.20	4.00	T+M	246.46				
1013	Fracture of arch of zygoma without displacement.	v		iii								
1015	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures, recent fractures (within four weeks)	131.00	1,405.60	87.00	933.50	3.00	T+M	170.80				
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; (after four weeks)	262.00	2,811.30	175.00	1,877.80	3.00	T+M	170.80				
4.	RESPIRATORY SYSTEM											
4.1	Nose and sinuses											
1019	ENT endoscopy in rooms with rigid endoscope.	12.00	128.80									
1020	Septum perforation repair, by any method.	125.00	1,341.30	83.00	890.60	4.00	T	227.70				
1022	Functional reconstruction of nasal septum.	115.00	1,234.00	77.00	896.90	5.00	T	308.04				
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	30.00	321.90	30.00	321.90	4.00	T	227.70				
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side)	60.00	643.80	60.00	698.89	4.00	T	246.46				
1027	Dacryocystorhinostomy.	210.00	2,253.30	140.00	1,502.20	5.00	T	308.04				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
1029	Turbineotomy, uni- or bilateral	45.00	482.90	45.00	524.22	4.00	T	246.46				
1030	Endoscopic turbinectomy: laser or microdebrider	90.00	965.70	60.00	643.80	5.00	T	308.04				
1034	Autogenous nasal bone transplant: Bone removal included	100.00	1,073.00	67.00	718.90	4.00	T	227.70				
1035	Functional endoscopic sinus surgery: Unilateral	140.00	1,502.20	93.00	997.90	4.00	T	246.46				
1036	Bilateral functional endoscopic sinus surgery.	245.00	2,628.90	163.00	1,898.67	4.00	T	246.46				
	Modifiers governing nasal operations: 0069											
	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral											
1037	Under local anaesthetic	8.00	85.80	8.00	85.80							
1039	Under general anaesthetic	35.00	375.60	35.00	407.74	4.00	T	227.70				
	SEVERE EPISTAXIS, REQUIRING HOSPITALISATION											
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	40.00	429.20	40.00	465.93	4.00	T	369.63				
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior Plugging	60.00	643.80	60.00	698.89	6.00	T	369.63				
1045	Ligation anterior ethmoidal artery.	59.00	633.10	59.00	633.10	6.00	T	341.50				
1047	Caldwell-Luc operation (unilateral).	92.00	987.20	61.00	654.50	4.00	T	227.70				
1049	Ligation internal maxillary artery.	130.00	1,394.90	87.00	933.50	6.00	T	341.50				
1054	Antroscopy through the canine fossa (uni- or bilateral)	40.00	429.20									
1055	External frontal ethmoidectomy	194.00	2,081.60	129.00	1,384.20	4.00	T	227.70				
1057	External ethmoidectomy and/or sphenoidectomy	164.00	1,759.70	109.00	1,169.60	4.00	T	227.70				
1059	Frontal osteomyelitis.	194.00	2,081.60	129.00	1,384.20	4.00	T	227.70				
1061	Lateral rhinotomy.	164.00	1,759.70	109.00	1,169.60	4.00	T	227.70				
1063	Removal of foreign bodies from nose at rooms.	10.00	107.30	10.00	116.48							
1065	Removal of foreign body from nose under general anaesthetic	35.00	375.60	35.00	407.74	4.00	T	227.70				
1067	Proof puncture at rooms (unilateral).	10.00	107.30	10.00	107.30	4.00	T	227.70				
1069	Proof puncture, uni- or bilateral under general anaesthetic	35.00	375.60	35.00	407.74	4.00	T	246.46				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy											
1132	Diagnostic bronchoscopy	65.00	697.50	43.00	461.40	6.00	T	369.63				
1133	With removal of foreign body.	80.00	858.40	53.00	568.70	8.00	T	492.92				
1134	Bronchoscopy with use of laser.	75.00	804.80			8.00	T	455.40				
1135	With bronchography.	80.00	858.40	53.00	568.70	8.00	T	455.40				
1136	Nebulisation (in rooms)	12.00	128.80	12.00	139.82	12.00	"	683.00				
1137	Bronchial lavage.					8.00	T	492.92				
1138	Thoracotomy: for bronchopleural fistula (including ruptured bronchus, any cause)	350.00	3,755.50	233.00	2,500.10	12.00	T	683.00				
4.5	Pleura											
1139	Pleural needle biopsy: (no after-care), modifier 0005 not applicable	50.00	536.50	50.00	536.50	3.00	T	170.80				
1141	Insertion of intercostal catheter (under water drainage)	50.00	536.50	50.00	582.41	6.00	T	369.63			50.00	582.41
1143	Paracentesis chest: Diagnostic.	8.00	85.80	8.00	85.80	3.00	T	170.80				
1145	Paracentesis chest: Therapeutic.	13.00	139.50	13.00	151.44	3.00	T	170.80				
1147	Pneumothorax: Induction (diagnostic).	25.00	268.30	25.00	268.30							
1149	Pleurectomy.	250.00	2,682.50	167.00	1,791.90	11.00	T	677.68				
1151	Decortication of lung.	350.00	3,755.50	233.00	2,500.10	11.00	T	626.10				
1153	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc)	55.00	590.20	55.00	590.20	3.00	T	170.80				
4.6	Pulmonary procedures											
4.6.1.	Surgical											
1155	Needle biopsy lung: (no aftercare) modifier 0005 not applicable	32.00	343.40	32.00	343.40	5.00	T	284.60				
1157	Pneumonectomy.	350.00	3,755.50	233.00	2,500.10	11.00	T	626.10				
1159	Pulmonary lobectomy.	350.00	3,755.50	233.00	2,500.10	11.00		626.10				
1161	Segmental lobectomy.	365.00	3,916.50	243.00	2,607.40	11.00	T	626.10				
	EXCISION TRACHEAL STENOSIS											
1163	Cervical.	375.00	4,023.80	250.00	2,682.50	8.00	T	455.40				
1164	Intra thoracic.	350.00	3,755.50	233.00	2,500.10	12.00	T	683.00				
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks.	215.00	2,307.00	143.00	1,534.40	12.00	T	683.00				
1168	Thoracoplasty: Complete.	250.00	2,682.50	167.00	1,791.90	11.00	T	626.10				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) – 50.00 clinical procedure units (N\$536.50) per half hour or part thereof for the first hour per practitioner, thereafter 25.00 clinical procedure units (N\$ 268.30) per half hour up to a maximum of 150.00 clinical procedure (N\$ 1609.50) units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc.			00.00	00.00							
	VENTILATION											
1212	First day.	75.00	804.80	50.00	582.41	75.00	ii	871.10			75.00	873.67
1213	Subsequent days, per day.	50.00	536.50	50.00	536.50	50.00	ii	580.70			50.00	582.41
1214	After two weeks, per day.	25.00	268.30	25.00	268.30	25.00	ii	1,423.00				
1215	Insertion of arterial pressure cannula.	25.00	268.30	25.00	268.30	25.00	ii	290.40				
1216	Insertion of Swan Ganz catheter for haemodynamic monitoring.	50.00	536.50	50.00	536.50	50.00	ii	2,846.00				
1217	Insertion of central venous line via peripheral vein.	10.00	107.30	10.00	107.30	10.00	ii	569.20				
1218	Insertion of central venous line via sub-clavian or jugular veins.	25.00	268.30	25.00	268.30	25.00	ii	290.40			25.00	291.26
1219	Hyperalimentation (daily tariff).	15.00	161.00	15.00	161.00	15.00	ii	853.80			15.00	174.78
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient).	30.00	321.90	30.00	321.90	30.00	ii	348.42				
1221	Professional fee for managing a patient-controlled analgesic pump: Once off charge per patient.	30.00	321.90	30.00	349.45	30.00	ii	348.42				
4.8	Hyperbaric Oxygen Therapy Internationally recognized scientific indications for Hyperbaric Oxygen Therapy: a. Arterial gas embolism (traumatic or iatrogenic). b. Decompression sickness ('the bends') c. Carbon monoxide poisoning d. Gas gangrene e. Crush injuries, compartment syndromes or acute traumatic ischaemias. f. Problem wounds (selected diabetic wounds, complicated pressure sores, arterial and refractory venous stasis ulcers and non-union) g. Necrotising soft tissue infections (e.g. necrotising fasciitis) h. Refractory osteomyelitis i. Bone and soft tissue radiation necrosis. j. Compromised skin grafts and flaps. k. Acute thermal burns. l. Acute blood loss anaemia (transfusion is contraindicated - e.g. Jehovah's Witnesses or haemolytic anaemia). m. Cerebral abscesses											

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
4800	Pre-hyperbaric assessment of a patient away from the hyperbaric unit (all hours) (includes interpretation of ECG and/or lung function test)	16.00	171.70	16.00	171.70							
4801	Pre-hyperbaric assessment of a patient in the hyperbaric unit (all hours) (includes interpretation of ECG and/or lung function test)	10.00	107.30	10.00	107.30							
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment and consultation regarding the indication for hyperbaric treatment provided in the hyperbaric unit): Low pressure table (1,5-1,8 ATA x 45-60 min)	45.00	482.90	30.00	321.90							
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment and consultation regarding the indication for hyperbaric treatment provided in the hyperbaric unit): Routine HBO table (2-2,5 ATA x 90-120 min)	90.00	965.70	60.00	643.80							
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre hyperbaric assessment and consultation regarding the indication for hyperbaric treatment provided in the hyperbaric unit): Emergency HBO table (2,5-3 ATA x 90-120 min)	120.00	1,287.60	80.00	858.40							
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre hyperbaric assessment and consultation regarding the indication for hyperbaric treatment provided in the hyperbaric unit): USN TT5 (2,8 ATA x 135 min)	135.00	1,448.60	90.00	965.70							

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre hyperbaric assessment and consultation regarding the indication for hyperbaric treatment provided in the hyperbaric unit): USN TT6 (2,8 ATA x 285 min)	285.00	3,058.10	190.00	2,038.70							
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre hyperbaric assessment and consultation regarding the indication for hyperbaric treatment provided in the hyperbaric unit): USN TT6ext/6A or Cx 30 (2,8-6 ATA x 305-490 min)	490.00	5,257.70	327.00	3,508.70							
4815	Prolonged attendance inside a hyperbaric chamber: 50.00 clinical units (N\$ 536.50) per half hour or part thereof for the first hour, thereafter 25.00 clinical procedure units (N\$ 268.30) per half hour; minimum 50.00 clinical procedure units (N\$ 536.50); maximum 400,00 clinical procedure units (N\$ 4292.00)											
5.	MEDIASTINAL PROCEDURES											
1223	Mediastinoscopy.	95.00	1,019.40	63.00	676.00	5.00	T	308.04				
6.	CARDIOVASCULAR SYSTEM Modifier 0100 applies to this section of the Tariff											
6.1.	General											
	General practitioner's fee for the taking of an ECG only:											
	Where ECG is done by a general practitioner but interpreted by a physician, the general practitioner is entitled to a consultation fee, plus half of fee determined for ECG											
1228	Without effort: 50% of item 1232.			4.50	48.30							
1229	Without and with effort: 50% of item 1233.			6.50	69.70							

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added											
	Physician's fee for interpreting an ECG:											
	A specialist physician is entitled to the following fees for interpretation of an ECG tracing referred for interpretation.											
1230	Without effort.	6.00	64.40									
1231	Without and with effort.	10.00	107.30									
	ELECTROCARDIOGRAM											
1232	Without effort.	9.00	96.60	9.00	96.60							
1233	Without and with effort.	13.00	139.50	13.00	139.50							
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	40.00	429.20	40.00	429.20							
1235	Multi-stage treadmill test.	60.00	643.80	60.00	643.80							
1240	Signal averaged ECG	80.00	858.40	53.00	568.70							
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing											
1241	X-ray Screening: Chest.	4.00	42.90	4.00	42.90							
1245	Angiography cerebral: First two series.	34.30	368.00	34.30	368.00	4.00	T	227.70				
1246	Angiography peripheral: Per limb.	25.00	268.30	25.00	268.30	4.00	T	246.46			25.00	291.26
1248	Paracentesis of pericardium.	50.00	536.50	50.00	536.50	9.00	T	554.50				
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour.	20.00	214.60									
6.4	Peripheral vascular system											
6.4.3	Arteries:											
6.4.3.1	Aorta-iliac and major branches											
1373	Ruptured	600.00	6,438.00	400.00	4,292.00	15.00	T	853.80				
6.4.3.2	Iliac artery											
1379	Prosthetic grafting and/or Thromboendarterectomy	300.00	3,219.00	200.00	2,146.00	13.00	T	740.00			300.00	3,494.46
6.4.3.3	Peripheral											
1385	Prosthetic grafting.	255.00	2,736.20	170.00	1,824.10	5.00	T	308.04			255.00	2,970.34

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessel are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure.)	264.00	2,832.70	176.00	1,888.50	15.00	T	924.13			264.00	2,708.18
	GRAFTING VEIN											
1387	Vein grafting proximal to knee joint.	300.00	3,219.00	200.00	2,146.00	5.00	T	284.60				
1388	Distal to knee joint	444.00	4,764.10	296.00	3,176.10	5.00	T	284.60				
1389	Endarterectomy when not part of another specified procedure	264.00	2,832.70	176.00	1,888.50	5.00	T	284.60				
1390	Carotid endarterectomy.	321.00	3,444.30	214.00	2,296.20	15.00	T	853.80				
	EMBOLECTOMY											
1393	Peripheral embolectomy transfemoral.	168.00	1,802.60	112.00	1,201.80	5.00	T	284.60				
	MISCELLANEOUS ARTERIAL PROCEDURES											
1395	Arterial suture: trauma.	125.00	1,341.30	83.00	890.60	5.00	T	284.60				
1397	Profundoplasty.	210.00	2,253.30	140.00	1,502.20	5.00	T	284.60			210.00	2,446.12
1399	Distal tibial (Ankle region).	456.00	4,892.90	304.00	3,261.90	5.00	T	284.60			456.00	5,311.60
1401	Femoro-femoral.	254.00	2,725.40	169.00	1,813.40	5.00	T	284.60				
1402	Carotid-subclavian.	288.00	3,090.20	192.00	2,060.20	8.00	T	455.40				
1403	Axillo-femoral: (Bifemoral plus 50 %).	288.00	3,090.20	192.00	2,060.20	8.00	T	455.40				
6.4.4	Veins											
1407	Ligation of saphenous vein.	50.00	536.50	50.00	536.50	3.00	T	170.80			50.00	582.41
1408	Placement of Hickman catheter or similar.	91.00	976.40	61.00	654.50	4.00	T	246.46			91.00	1,059.95
	LIGATION OF INFERIOR VENA CAVA:											
1410	Abdominal.	180.00	1,931.40	120.00	1,287.60	8.00	T	455.40				
	"UMBRELLA" OPERATION ON INFERIOR VENA CAVA											
1412	Abdominal.	100.00	1,073.00	67.00	718.90	8.00	T	455.40				
	COMBINED PROCEDURE FOR VARICOSE VEINS: LIGATION OF SAPHENOUS VEIN, STRIPPING, MULTIPLE LIGATION INCLUDING OF PERFORATING VEINS:											
1413	Unilateral	141.00	1,512.90	94.00	1,094.91	3.00	T	184.87			141.00	1,642.36
1415	Bilateral	247.00	2,650.30	165.00	1,922.01	3.00	T	184.87			247.00	2,877.09

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
1563	With anti-reflux procedure.	300.00	3,219.00	200.00	2,146.00	11.00	T	626.10				
1565	With Collis Nissen oesophageal lengthening procedure	350.00	3,755.50	233.00	2,500.10	11.00	T	626.10				
8.6	Stomach											
1587	Upper gastro-intestinal fibre-optic endoscopy: Own equipment	65.00	697.50	60.00	643.80	4.00	T	227.70				
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictors and/or schleroses (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653): Add	15.00	161.00	15.00	161.00	6.00	T	341.50				
1591	Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach)	90.00	965.70	60.00	643.80	4.00	T	227.70				
1597	Gastrostomy or Gastrotomy	116.00	1,244.70	77.00	826.20	6.00	T	341.50				
	VAGOTOMY											
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	200.00	2,146.00	133.00	1,427.10	7.00	T	398.40				
1617	Partial gastrectomy.	300.00	3,219.00	200.00	2,146.00	7.00	T	398.40				
1619	Total gastrectomy	375.00	4,023.80	250.00	2,682.50	7.00	T	398.40				
8.7	Duodenum											
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy or arrest of haemorrhage (enteroscopy)	120.00	1,287.60	80.00	858.40	6.00	T	341.50				
1627	Duodenal intubation (under X-ray screening)	8.00	85.80									
8.8	Intestines											
1634	Enterotomy or Enterostomy.	116.00	1,244.70	77.00	826.20	6.00	T	341.50				
1637	Operation for relief of intestinal obstruction	230.00	2,467.90	153.00	1,641.70	7.00	T	431,22			230.00	2,679.09
1639	Resection of small bowel with enterostomy or anastomosis	230.00	2,467.90	153.00	1,641.70	6.00	T	369.63				2,679.09
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	116.00	1,244.70	77.00	896.90	6.00	T	369.63			116.00	1,899.86
1647	Closure of intestinal fistula	258.00	2,768.30	172.00	1,845.60	6.00	T	341.50			258.00	3,005.19
	TOTAL FIBRE-OPTIC COLONOSCOPY											
1657	Right or left hemicolectomy or segmental colectomy.	325.00	3,487.30	217.00	2,527.65	6.00	T	369.63			325.00	3,785.72
1661	Colotomy: Including removal of tumour or foreign body.	135.00	1,448.60	90.00	965.70	6.00	T	341.50			135.00	2,110.68

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
1663	Total colectomy.	390.00	4,184.70	260.00	2,789.80	6.00	T	369.63			390.00	4,542.80
1665	Colostomy or ileostomy isolated procedure.	196.00	2,103.10	131.00	1,525.88	6.00	T	369.63				
1667	Colostomy Closure	150.00	1,609.50	100.00	1,164.82	5.00	T	308.04			150.00	1,838.09
1668	Revision of ileostomy pouch	375.00	4,023.80	250.00	2,682.50	6.00	T	341.50				
8.10	RECTUM AND ANUS											
1677	Sigmoidoscopy: First Aid and subsequent, with or without biopsy.	13.00	139.50	13.00	151.44	3.00	T	184.87			13.00	151.44
	REPAIR OF PRO-LAPSED RECTUM: ABDOMINAL											
1705	Incision and drainage of peri-anal abscess.	40.00	429.20	40.00	465.93	3.00	T	184.87			40.00	465.93
1707	Drainage of submucous abscess.	40.00	429.20	40.00	465.93	3.00	T	170.80				
1735	Anal sphincteroplasty for incontinence.	120.00	1,287.60	80.00	931.86	3.00	T	170.80				
1737	Dilation of ano-rectal stricture.	12.50	134.10	12.50	145.58	3.00	T	184.87			12.50	145.58
8.11	Liver											
1743	Needle biopsy of liver.	25.00	268.30	25.00	268.30	3.00	T	170.80				
1745	Biopsy of liver by laparotomy.	90.00	965.70	60.00	643.80	4.00	T	227.70			90.00	1,281.30
1747	Drainage of liver abscess or cyst.	141.00	1,512.90	94.00	1,008.60	7.00	T	398.40			141.00	1,838.09
1748	Body composition measured by bio-electrical impedance	x		ii			ii					
	HEMI-HEPATECTOMY											
1749	Right.	440.00	4,721.20	293.00	3,143.90	9.00	T	512.30				
1751	Left.	300.00	3,219.00	200.00	2,146.00	9.00	T	512.30				
1753	Partial or segmental hepatectomy.	350.00	3,755.50	233.00	2,500.10	9.00	T	512.30			350.00	4,076.87
1757	Suture of liver wound or injury.	180.00	1,931.40	120.00	1,287.60	9.00	T	512.30			180.00	2,198.07
8.12	Biliary tract											
1763	Cholecystectomy with exploration of common bile duct.	275.00	2,950.80	183.00	1,963.60	6.00	T	369.63				
1765	Exploration of common bile duct: Secondary operation	291.00	3,122.40	194.00	2,259.73	6.00	T	341.50				
1767	Reconstruction of common bile duct.	400.00	4,292.00	267.00	2,864.90	6.00	T	341.50				
8.13	Pancreas											
1778	Pancreas: ERCP: Endoscopy and catheterisation of pancreas duct or chole-dochus.	97.00	1,040.80	65.00	757.19	4.00	T	246.46			97.00	1,129.86
1779	Endoscopic exploration of the common bile duct performed following endoscopic retrograde choangiography to be added to ERCP (item 1778)	10.00	107.30	10.00	107.30	4.00	T	180.00			10.00	116.48
1783	Drainage of pancreatic abscess	180.00	1,931.40	120.00	1,287.60	6.00	T	341.50				
1791	Local, partial or subtotal pancreatectomy.	250.00	2,682.50	167.00	1,791.90	8.00	T	455.40				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
1793	Distal pancreatectomy with internal drainage.	300.00	3,219.00	200.00	2,146.00	8.00	T	455.40				
8.14	Peritoneal cavity											
	PNEUMO-PERITONEUM											
1797	First.	13.00	139.50	13.00	139.50	4.00	T	227.70			13.00	151.44
1799	Repeat.	6.00	64.40	6.00	64.40	4.00	T	227.70				
1800	Peritoneal lavage.	20.00	214.60	20.00	214.60						20.00	232.96
1801	Diagnostic paracentesis: Abdomen.	8.00	85.80	8.00	85.80						8.00	93.14
1803	Therapeutic paracentesis: Abdomen.	13.00	139.50	13.00	139.50							
1807	Add to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027).	45.00	482.90	45.00	524.22	5.00	T	308.04			45.00	524.22
1809	Laparotomy.	170.00	1,824.10	113.00	1,316.26	4.00	T	246.46			170.00	2,010.48
1811	Suture of burst abdomen	100.00	1,073.00	67.00	718.90	7.00	T	431.22			100.00	1,932.43
1812	Laparotomy for control of surgical haemorrhage.	105.00	1,126.70	70.00	815.37	9.00	T	554.50			105.00	1,223.12
1813	Drainage of subphrenic abscess.	180.00	1,931.40	120.00	1,287.60	7.00	T	398.40			180.00	2,096.68
	DRAINAGE OF OTHER INTRA-PERITONEAL ABSCESS											
1815	Drainage of other intra-peritoneal abscess (excluding appendix abscess): Transabdominal	180.00	1,931.40	120.00	1,287.60	5.00	T	308.04			180.00	2,548.60
1817	Transrectal drainage of pelvic abscess.	75.00	804.80	60.00	643.80	4.00	T	227.70				
9.	HERNIAE											
	INGUINAL OR FEMORAL HERNIA:											
1819	Inguinal or femoral hernia	125.00	1,341.30	83.00	966.81	4.00	T	246.46			125.00	1,456.08
1825	Recurrent inguinal or femoral hernia.	155.00	1,663.20	103.00	1,105.20	4.00	T	246.46			155.00	1,805.53
1827	Strangulated hernia requiring resection of bowel.	238.00	2,553.70	159.00	1,706.10	7.00	T	398.40				
	UMBILICAL HERNIA											
1831	Umbilical hernia.	140.00	1,502.20	93.00	1,083.29	4.00	T	246.46			140.00	1,630.75
1835	Incisional hernia.	160.00	1,716.80	107.00	1,246.35	4.00	T	246.46			160.00	1,863.71
10.	URINARY SYSTEM											
	Rules governing this section of the Tariff: Rule FF											
10.1	Kidney											
1839	Renal biopsy, per kidney, open.	71.00	761.80	60.00	643.80	5.00	T	284.60				
1841	Renal biopsy (needle).	30.00	321.90	30.00	321.90	3.00	T	170.80				
	PERITONEAL DIALYSIS											
1843	First day.	33.00	354.10	33.00	354.10							
1845	Every subsequent day.	33.00	354.10	33.00	354.10							

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
	HAEMODIALYSIS :											
1847	Per hour or part thereof.	21.00	225.30	21.00	225.30							
1849	Maximum: Eight hours.	168.00	1,802.60	112.00	1,201.80							
1851	Thereafter per week.	55.00	590.20	55.00	590.20							
1852	Continuous haemodiafiltration per day in intensive or high care unit	33.00	354.10	33.00	354.10							
	NEPHRECTOMY:											
1853	Primary nephrectomy.	225.00	2,414.30	150.00	1,609.50	5.00	T	308.04				
1855	Secondary nephrectomy.	267.00	2,864.90	178.00	1,909.90	5.00	T	284.60				
1863	Nephro-ureterectomy.	305.00	3,272.70	203.00	2,178.20	5.00	T	284.60				
1865	Nephrotomy with drainage nephrostomy.	189.00	2,028.00	126.00	1,352.00	6.00	T	341.50				
1873	Suture renal laceration (renorrhaphy).	193.00	2,070.90	129.00	1,384.20	6.00	T	341.50				
1879	Closure renal fistula.	189.00	2,028.00	126.00	1,352.00	5.00	T	284.60				
1881	Pyeloplasty.	252.00	2,704.00	168.00	1,956.85	5.00	T	284.60				
1885	Pyelolithotomy	189.00	2,028.00	126.00	1,352.00	5.00	T	284.60				
10.2	Ureter											
1897	Ureterorrhaphy: Suture of ureter	147.00	1,577.30	98.00	1,051.50	5.00	T	284.60				
1898	Lumbar approach.	189.00	2,028.00	126.00	1,352.00	5.00	T	284.60				
1899	Ureteroplasty.	181.00	1,942.10	121.00	1,298.30	5.00	T	308.04				
1903	Ureterectomy only.	137.00	1,470.00	91.00	976.40	5.00	T	284.60				
	URETERO-ENTEROSTOMY											
1919	Closure of ureteric fistula.	147.00	1,577.30	98.00	1,051.50	5.00	T	284.60				
1921	Immediate deligation of ureter.	147.00	1,577.30	98.00	1,051.50	5.00	T	284.60				
10.3	Bladder											
1945	Instillation of radio-opaque material for cystography or urethrocytography.	5.00	53.70	5.00	53.70	3.00	T	170.80				
1949	Cystoscopy using hospital equipment.	44.00	472.10	44.00	512.50	3.00	T	184.87			44.00	512.50
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	10.00	107.30	10.00	116.48	3.00	T	184.87				
1952	J J Stent catheter.	44.00	472.10	44.00	512.50	3.00	T	184.87				
1954	Urethroscopy.	35.00	375.60			3.00	T	170.80				
1959	With manipulation of ureteral calculus.	20.00	214.60	20.00	232.96	3.00	T	184.87				
1961	With removal of foreign body or calculus from urethra or bladder.	20.00	214.60	20.00	232.96	3.00	T	170.80				
1964	And control of haemorrhage and blood clot evacuation	15.00	161.00	15.00	161.00	3.00	T	170.80				
1976	Optic urethrotomy.	80.00	858.40	60.00	698.89	3.00	T	170.80				
	INTERNAL URETHROTOMY											
1979	Female.	50.00	536.50	50.00	536.50	3.00	T	170.80				
1981	Male.	50.00	536.50	50.00	582.41	3.00	T	170.80				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
	TRANSURETHRAL RE-SECTION OF BLADDER-NECK:											
1985	Female.	105.00	1,126.70	70.00	751.10	5.00	T	284.60				
1986	Male.	125.00	1,341.30	83.00	890.60	5.00	T	284.60				
1987	Litholapaxy.	80.00	858.40	60.00	643.80	5.00	T	284.60				
1989	Cystometrogram.	25.00	268.30	25.00	268.30	3.00	T	170.80				
1991	Flowmetric bladder, studies with videocystograph	40.00	429.20	40.00	429.20	3.00	T	170.80				
1992	Without videocystograph.	25.00	268.30	25.00	268.30	3.00	T	170.80				
1993	Voiding cysto-urethrogram.	21.00	225.30	21.00	225.30	3.00	T	170.80				
1995	Percutaneous aspiration of bladder.	10.00	107.30	10.00	107.30	3.00	T	170.80				
1996	Bladder catheterisation - male (not at operation)	6.00	64.40	6.00	69.91	3.00	T	170.80				
1997	Bladder catheterisation - female (not at operation)	3.00	32.20	3.00	34.96							
1999	Percutaneous cystostomy.	24.00	257.50	24.00	257.50	3.00	T	170.80				
	TOTAL CYSTECTOMY:											
2013	Diverticulectomy (independent procedure): Multiple or single.	137.00	1,470.00	91.00	976.40	5.00	T	284.60				
2015	Suprapubic cystostomy.	67.00	718.90	60.00	643.80	5.00	T	308.04				
	RECONSTRUCTION OF ECTOPIC BLADDER EXCLUSIVE OF ORTHOPAEDIC OPERATION (IF REQUIRED)											
2035	Cutaneous vesicostomy.	118.00	1,266.10	79.00	847.70	5.00	T	284.60				
2039	Operation for ruptured bladder.	137.00	1,470.00	91.00	976.40	6.00	T	369.63				
2047	Drainage of perivesical or prevesical abscess	64.00	686.70	60.00	643.80	5.00	T	308.04				
	EVACUATION OF CLOTS FROM BLADDER:											
2049	Other than post-operative.	40.00	429.20	40.00	429.20	3.00	T	170.80				
2051	Simple bladder lavage: including catheterisation.	12.00	128.80	12.00	139.82	3.00	T	170.80				
10.4	Urethra											
	DILATATION OF URETHRAL STRICTURE: BY PASSAGE SOUND:											
2063	Initial (male).	20.00	214.60	20.00	214.60	3.00	T	184.87			20.00	232.96
2065	Subsequent (male).	10.00	107.30	10.00	107.30	3.00	T	170.80				
2067	By passage of filiform and follower (male).	20.00	214.60	20.00	214.60	3.00	T	170.80				
2071	Urethrorraphy: Suture of urethral wound or injury	139.00	1,491.50	93.00	997.90	4.00	T	227.70				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
2900	Extra-dural orbital decompression or excision of orbital tumour.	700.00	7,511.00	467.00	5,010.90	11.00	T	626.10				
2903	Abscess, Glioma.	450.00	4,828.50	300.00	3,219.00	11.00	T	626.10				
2904	Haematoma, foreign body: Cerebral or cerebellar.	450.00	4,828.50	300.00	3,219.00	11.00	T	626.10				
2905	Focal epilepsy: Excision of cortical scar.	450.00	4,828.50	300.00	3,219.00	11.00	T	626.10				
2906	With anterior fossa meningocele and repair of bony skull defect.	375.00	4,023.80	250.00	2,682.50	11.00	T	626.10				
2907	Temporal lobectomy.	450.00	4,828.50	300.00	3,219.00	11.00	T	626.10				
2909	CSF-leaks.	450.00	4,828.50	300.00	3,219.00	11.00	T	626.10				
14.8.1	Stereo-tactic cerebral and spinal cord procedures:											
2918	Non-operative supervision of paraplegics for all disciplines except urologists	iii		ii								
14.9	Spinal operations:											
	LAMINECTOMY:											
	See section 3.8.7 for laminectomy procedures.											
	CHORDOTOMY:											
2923	Unilateral	178.00	1,909.90	119.00	1,276.90	3.00	T+M	170.80				
2925	Open	350.00	3,755.50	233.00	2,500.10	3.00	T+M	170.80				
	RHIZOTOMY:											
2927	Extradural, but intraspinal	320.00	3,433.60	213.00	2,481.08	3.00	T+M	184.87	320.00	3,727.42		
2928	Intradural:	350.00	3,755.50	233.00	2,500.10	3.00	T+M	170.80	350.00	4,076.87		
	EXTRAMEDULLARY, BUT INTRADURAL:											
2940	Lumbar osteophyte removal	187.00	2,006.50	125.00	1,341.30	3.00	T+M	170.80	187.00	2,178.20		
2941	Cervical or thoracic osteophyte removal	285.00	3,058.10	190.00	2,038.70	3.00	T+M	170.80	285.00	3,319.79		
14.10	Arterial ligations:											
	CAROTIS:											
2951	Trauma	120.00	1,287.60	80.00	858.40	8.00	T	455.40				
14.11	Medical psychotherapy Note: Prior arrangement with the Commission is required											
2957	Individual psychotherapy (specific type): Per short session (20 minutes)	24.00	257.50	16.00	171.70							
2974	Individual psychotherapy (specific type): Per intermediate session (40 minutes)	48.00	515.00	32.00	343.40							
2975	Individual psychotherapy (specific type). Per extended session (60 minutes or longer)	72.00	772.60	48.00	515.00							
2958	Psychoanalytic therapy: Per 60-minute session	72.00	772.60	48.00	515.00							

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session.	24.00	257.50	16.00	171.70							
2963	Pairs, marriage or sex therapy: Per 20-minute session	24.00	257.50	16.00	171.70							
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session.	48.00	515.00	32.00	343.40							
2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session	72.00	772.60	48.00	515.00							
	Rules governing this section of the Tariff: Rules Va and Vb											
	Modifiers governing this section of the Tariff: 0079											
14.12	Physical treatment methods											
2970	Electro-convulsive treatment (ECT): Each time	25.00	268.30	79.04	848.10	3.00	T	170.80				
2971	Intravenous anti-depressive medication through infusion: Per push-in (Maximum: 1 push-in per 24 hours)	6.00	64.40	18.60	199.60							
14.13	Psychiatric examination methods:											
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per session	24.00	257.50	74.39	798.20							
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)	24.00	257.50	74.39	798.20							
15.	Endocrine system											
15.5	General:											
3001	Implantation of pellets, excluding cost of material and after-care.	3.00	32.20	13.95	149.70							
16.	Eye											
16.1	Procedures performed in rooms:											
	(a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions											
	(b) Material used is excluded											
	(c) The tariff for photography is not related to the number of photographs taken											
3002	Gonioscopy.	7.00	75.10	7.00	75.10							

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
3009	Basic capital equipment used in own rooms by Ophthalmologists: Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations.				0.00							
3013	Ocular motility assessment comprehensive examination	12.00	128.80	12.00	128.80							
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	7.00	75.10	7.00	75.10							
3015	Charting of visual field with manual perimeter.	28.00	300.40	28.00	300.40							
3016	Retinal threshold test without storage facilities	30.00	321.90	30.00	321.90							
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs.	74.00	794.00	60.00	643.80							
3018	Retinal threshold trend evaluation (additional to item 3017)	16.00	171.70	16.00	171.70							
	SPECIAL EYE INVESTIGATIONS:											
3020	Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery.	46.00	493.60	46.00	493.60							
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	9.00	96.60	9.00	96.60							
3022	Digital fluorescein video angiography	68.00	729.60	60.00	643.80	9.00	T	512.30				
3023	Digital indocyanine video angiography	110.00	1,180.30	73.00	783.30	9.00	T	512.30				
3025	Electronic tonography.	19.00	203.90	19.00	203.90							
3027	Fundus photography.	21.00	225.30	21.00	225.30							
3029	Anterior segment microphotography.	21.00	225.30	21.00	225.30							
3031	Fluorescein angiography, for one or both eyes in one sitting (excluding colour photography).	45.00	482.90	45.00	482.90							
3032	Eyelid and orbit photography.	9.00	96.60	9.00	96.60							
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinician	16.00	171.70	16.00	171.70							
3034	Determination of lens implants power per eye.	15.00	161.00	15.00	161.00							

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
3035	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged.	22.00	236.10	22.00	236.10							
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)	36.00	386.30	36.00	386.30							
16.2	Retina:											
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy.	280.00	3,004.40	187.00	2,006.50	6.00	T	341.50				
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	105.00	1,126.70	70.00	751.10	6.00	T	369.63				
3041	Pan retinal photocoagulation (per eye): done in one sitting.	150.00	1,609.50	100.00	1,073.00	6.00	T	369.63				
3044	Removal of encircling band and/ or buckling material	105.00	1,126.70	70.00	751.10	6.00	T	341.50				
16.3	Cataract:											
3045	Intra-capsular.	210.00	2,253.30	140.00	1,630.75	7.00	T	431.22				
3047	Extra-capsular (including capsulotomy).	210.00	2,253.30	140.00	1,630.75	7.00	T	431.22				
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	57.00	611.60	57.00	663.94	7.00	T	431.22				
3050	Repositioning of intra ocular lens											
3051	Needling or capsulotomy.	130.00	1,394.90	87.00	933.50	4.00	T	227.70				
3052	Laser capsulotomy.	105.00	1,126.70	70.00	751.10	4.00	T	227.70				
3057	Removal of lenticulus.	210.00	2,253.30	140.00	1,502.20	7.00	T	398.40				
3058	Exchange of intra ocular lens							2,740.91				
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded).	210.00	2,253.30	140.00	1,502.20	7.00	T	398.40				
3060	Use of own surgical microscope for surgery or examination (not for slitlamp microscope) (for use by ophthalmologists only)	4.00	42.90									
16.4	Glaucoma:											
3061	Drainage operation.	210.00	2,253.30	140.00	1,630.75	6.00	T	369.63				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
3062	Implantation of aqueous shunt device/set on in glaucoma, e.g. Ahmed or Molteno valve or Collagen implants. Additional to item 3061	64.00	686.70	60.00	643.80	6.00	T	369.63				
3063	Cyclotherapy or cyclodiathermy.	105.00	1,126.70	70.00	751.10	6.00	T	341.50				
3064	Laser trabeculoplasty.	105.00	1,126.70	70.00	751.10	6.00	T	341.50				
3065	Removal of blood from anterior chamber.	105.00	1,126.70	70.00	751.10	4.00	T	227.70				
3067	Goniotomy.	210.00	2,253.30	140.00	1,502.20	7.00	T	398.40				
16.5	Intra-ocular foreign body:											
3071	Anterior to Iris.	127.00	1,362.70	85.00	912.10	4.00	T	227.70				
3073	Posterior to Iris (including prophylactic thermal treatment to retina)	210.00	2,253.30	140.00	1,502.20	6.00	T	369.63				
16.6	Strabismus:											
	(whether operation performed on one eye or both)											
3075	Operation on one or two muscles.	160.00	1,716.80	107.00	1,246.35	5.00	T	308.04				
3076	Operation on three or four muscles.	200.00	2,146.00	133.00	1,427.10	5.00	T	284.60				
3077	Subsequent operation one or two muscles.	120.00	1,287.60	80.00	858.40	5.00	T	284.60				
3078	Subsequent operation on three or four muscles	150.00	1,609.50	100.00	1,073.00	5.00	T	284.60				
16.7	Globe:											
3080	Examination of eyes under general anaesthetic where no surgery is done	80.00	858.40	60.00	643.80	4.00	T	246.46				
3081	Treatment of minor perforating injury	102.00	1,094.50	68.00	729.60	6.00	T	341.50				
3083	Treatment of major perforating injury	226.00	2,425.00	151.00	1,758.85	6.00	T	341.50				
3085	Enucleation or Evisceration	105.00	1,126.70	70.00	751.10	5.00	T	284.60				
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	160.00	1,716.80	107.00	1,148.10	5.00	T	284.60				
3088	Hydroxyapatite insertion (additional to item 3087):	40.00	429.20	40.00	429.20	5.00	T	284.60				
3089	Subconjunctival injection if not done at time of operation	10.00	107.30	10.00	107.30	5.00	T	284.60				
3091	Retrolbulbar injection (if not done at time of operation)	16.00	171.70	16.00	171.70	4.00	T	227.70				
3092	External laser treatment for superficial lesions	53.00	568.70	53.00	568.70							
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy	130.00	1,394.90	87.00	933.50	7.00	T	398.40				
3097	Anterior vitrectomy	280.00	3,004.40	187.00	2,006.50	6.00	T	341.50				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	419.00	4,495.90	279.00	3,249.88	6.00	T	369.63				
3100	Lensectomy done at time of posterior vitrectomy	30.00	321.90	30.00	349.45	7.00	T	398.40				
16.8	Orbit:											
3101	Drainage of orbital abscess	105.00	1,126.70	70.00	751.10	5.00	T	284.60				
3105	Exenteration	275.00	2,950.80	183.00	1,963.60	5.00	T	284.60				
3107	Orbitotomy requiring bone flap	240.00	2,575.20	160.00	1,716.80	5.00	T	284.60				
3108	Eye socket reconstruction	206.00	2,210.40	137.00	1,470.00	5.00	T	308.04				
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously	300.00	3,219.00	200.00	2,146.00	5.00	T	284.60				
3110	Second stage hydroxyapatite implantation	110.00	1,180.30	73.00	783.30	5.00	T	284.60				
16.9	Cornea:											
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	v		ii								
3113	Fitting of contact lenses and instructions to patient Includes eye: examination, first fitting of the contact lenses and further post-fitting visits for 1 year	200.00	2,146.00	133.00	1,427.10							
3115	Fitting of only one contact lens and instructions to the patient: eye examination, first fitting of the contact lens and further postfitting visits for one year included	166.00	1,781.20	111.00	1,191.00							
3117	Removal of foreign body: On the basis of fee per consultation	ii		ii		4.00	T	227.70				
3118	Curettage of cornea after removal of foreign body	10.00	107.30	10.00	107.30							
3119	Tattooing.	26.00	279.00	26.00	279.00	4.00	T	227.70				
3121	Graft (Lamellar of full thickness)	289.00	3,101.00	193.00	2,070.90	6.00	T	369.63				
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery.	254.00	2,725.40	169.00	1,813.40	6.00	T	341.50				
3125	Keratectomy or conjunctival flap.	127.00	1,362.70	85.00	990.15	6.00	T	369.63				
3127	Cauterization of cornea (by chemical, thermal or cryo-therapy methods).	10.00	107.30	10.00	107.30	4.00	T	227.70				
3130	Pterygium or conjunctival cyst or conjunctival tumour	53.00	568.70	53.00	617.37	4.00	T	246.46				
3131	Paracentesis	53.00	568.70	53.00	568.70	4.00	T	227.70				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
16.10	Ducts:											
3133	Probing and/or syringing, per duct	10.00	107.30	10.00	107.30	4.00	T	246.46				
3135	Insertion of polythene tubes (additional): Unilateral	13.00	139.50	13.00	151.44	4.00	T	227.70				
3137	Excision of lacrimal sac: Unilateral	132.00	1,416.40	88.00	944.20	4.00	T	227.70				
3139	Dacryocystorhinostomy (Single) with or without polythene tube	210.00	2,253.30	140.00	1,502.20	5.00	T	284.60				
3141	Sealing of punctum.	20.00	214.60	20.00	214.60	4.00	T	227.70				
3143	Three-snip operation.	10.00	107.30	10.00	107.30	4.00	T	227.70				
	REPAIR OF CANALICULUS:											
3145	Primary procedure.	132.00	1,416.40	88.00	944.20	4.00	T	227.70				
3147	Secondary procedure.	175.00	1,877.80	117.00	1,255.40	4.00	T	227.70				
16.11	Iris:											
3149	Iridectomy or iridotomy by open operation as isolated procedure.	132.00	1,416.40	88.00	944.20	4.00	T	227.70				
3153	Iridectomy or iridotomy by laser or photo-coagulation as isolated procedure (maximum one procedure)	105.00	1,126.70	70.00	751.10	4.00	T	227.70				
3157	Division of anterior synechiae as isolated procedure	132.00	1,416.40	88.00	944.20	4.00	T	227.70				
16.12	Lids:											
3161	Tarsorrhaphy.	47.00	504.30	47.00	547.45	4.00	T	227.70				
3165	Repair of skin lacerations of the lid.	47.00	504.30	47.00	547.45	4.00	T	227.70				
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material.	187.00	2,006.50	125.00	1,341.30	4.00	T	227.70				
16.12.1	Entropion or ectropion:											
3177	Cautery.	10.00	107.30	10.00	116.48	4.00	T	227.70				
3179	Suture.	47.00	504.30	47.00	547.45	4.00	T	227.70				
3181	Open operation.	105.00	1,126.70	70.00	751.10	4.00	T	227.70				
3183	Free skin, mucosal grafting or flap	206.00	2,210.40	137.00	1,470.00	4.00	T	227.70				
16.12.2	Reconstruction of eyelid:											
	STAGED PROCEDURES FOR PARTIAL OR TOTAL LOSS OF EYE LID											
3185	First stage.	206.00	2,210.40	137.00	1,470.00	4.00	T	227.70				
3187	Subsequent stage.	206.00	2,210.40	137.00	1,470.00	4.00	T	227.70				
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	132.00	1,416.40	88.00	944.20	4.00	T	227.70				
3191	Blepharoplasty: upper lid for improvement in function	132.00	1,416.40	88.00	1,025.00	4.00	T	246.46				
16.12.3	Ptosis:											
3193	Repair by superior rectus, levator or frontalis muscle operation	190.00	2,038.70	127.00	1,362.70	4.00	T	246.46				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
17.5.1	Audiometry:											
3273	Pure tone audiometry (air conduction)	6.50	69.70	4.30	46.10							
3274	Pure tone audiometry (bone conduction with masking).	6.50	69.70	4.30	46.10							
3275	Impedance audiometry (tympanometry).	6.50	69.70	4.30	46.10							
3277	Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score).	10.00	107.30	6.70	71.90							
2693	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels	60.00	643.80									
2696	Bilateral.	53.00	568.70									
2697	Mid- and long latency auditory evoked potentials: unilateral.	30.00	321.90									
2698	Bilateral.	53.00	568.70									
2699	Electro-cochleography: unilateral	50.00	536.50									
2700	Bilateral	88.00	944.20									
2702	Total fee for audiological evaluation including bilateral A.E.P. and bilateral electrocochleography	140.00	1,502.20			4.00		227.70				
3250	Otoacoustic emission (high risk patients only)	66.48	713.30	66.48	713.30							
17.5.2	Balance tests:											
3251	Minimal caloric test (excluding consultation fee).	10.00	107.30	10.00	107.30							
3252	Bithermal Halpike caloric test (excluding consultation fee)	20.00	214.60	20.00	214.60							
3253	Electro-nystagmography for spontaneous and positional nystagmus.	25.00	268.30	25.00	268.30							
3255	Caloric test done with electronystagmography	70.00	751.10	60.00	643.80							
3254	Video nystagmoscopy (monocular).	25.00	268.30	25.00	268.30							
3256	Video nystagmoscopy (binocular)	50.00	536.50	50.00	536.50							
3258	Otolith repositioning manoeuvre	14.00	150.20	14.00	150.20	4.00	T	227.70				
17.5.3	Inner ear surgery:											
3233	Labyrinthectomy via the middle ear or mastoid.	277.00	2,972.20	185.00	1,985.10	5.00	T	284.60				
3240	Endolymphatic sac surgery	277.00	2,972.20	185.00	1,985.10	4.00	T	227.70				
3246	Cochlear implant surgery	277.00	2,972.20	185.00	1,985.10	5.00	T	284.60				
3244	Fenestration and occlusion of the posterior semicircular canal (F.O.S.) for benign paroxysmal positioning vertigo (BPPV)	310.00	3,326.30	207.00	2,221.10	5.00	T	284.60				

Code	PROCEDURE	SPECIALISTS		GENERAL PRACTITIONER		ANAESTHETIC			ORTHOPAEDIC SURGEON		GENERAL SURGEON	
		UNITS	N\$	UNITS	N\$	UNITS		N\$	UNITS	N\$	UNITS	N\$
3293	Aspiration or injection of bursa or ganglion	9.00	96.60									
3294	Paracervical nerve block.	20.00	214.60									
3295	Paravertebral root block - unilateral.	20.00	214.60									
3296	Paravertebral root block - bilateral.	30.00	321.90									
3297	Manipulation of spine performed by a specialist in Physical Medicine.	14.00	150.20									
3298	Spinal traction.	6.00	64.40									
3299	Manipulation of large joints under general anaesthesia: Hip	14.00	150.20			4.00	T	227.70				
3300	Manipulation of large joints without anaesthetic	xi		ix								
3301	Muscle fatigue studies	20.00	214.60									
3302	Strength duration curve per session	10.50	112.70									
3303	Electromyography	75.00	804.80									
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 General Rule L and M)	10.00	107.30	10.00	107.30							