



**GOVERNMENT GAZETTE**  
OF THE  
**REPUBLIC OF NAMIBIA**

R13,60

WINDHOEK — 23 July 1993

No. 667

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**GOVERNMENT NOTICE**

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**Government Notice**

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**MINISTRY OF LABOUR AND  
MANPOWER DEVELOPMENT**

No. 66

1993

**WORKMEN'S COMPENSATION ACT, 1941:  
TARIFF OF FEES FOR MEDICAL AID**

Under section 79 of the Workmen's Compensation Act, 1941 (Act 30 of 1941) I hereby with effect from 23 July 1993 -

- (a) prescribe the Tariff of Fees for Medical Aid and the general rules and general modifiers applicable thereto, as set out in the Schedule; and
- (b) repeal Government Notice 28 of 1991.

The fees as set out in the Schedule are applicable in respect of payments authorized irrespective of the date of the accident in respect of which payments are made.

W.F. GROBLER  
WORKMEN'S COMPENSATION  
COMMISSIONER

Windhoek, 8 July 1993.

## SCHEDULE

### TARIFF OF FEES FOR MEDICAL AID

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## Notes

## THE WORKMAN AND THE DOCTOR

- (i) The workman 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 workman himself or herself or the Accident Fund. The only exceptions to this rule are those cases where employers, with the Commissioner's approval, provide their own medical aid facilities *in toto*, i.e including hospital, nursing and other services - section 81 of the Workmen's Compensation Act (Act 30 of 1941).

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

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

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

- (iii) Monetary values have been rounded off to the nearest 10 cents on the basis that monetary values ending with a 1 to 4 cents value must be rounded off to the lower zero, and that 5 to 9 cents must be rounded off to the upper zero.
- (iv) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and no fees may be levied. Where no procedure or operation was carried out fees may be charged for hospital visits according to item 0110 for the first two weeks. Subsequent to the first two weeks of hospitalisation fees may be charged according to item 0111 for every week thereafter. Item 0109 should be used for a hospitalisation period of less than one week.

#### GENERAL RULES GOVERNING THE TARIFF

##### A. Consultation: Definitions

- (i) First consultation: Refers to a situation where a medical practitioner personally takes down a patient's medical history, performs an appropriate clinical examination and, if indicated, prescribes or administers treatment.
- (ii) Subsequent consultation: Refers to a voluntarily scheduled consultation performed for the same condition within four months after the first consultation (although the symptoms or complaints may differ from those presented during the first consultation). It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling.
- (iii) Prolonged consultation: Refers to a consultation with a duration longer than 30 minutes due to an emergency situation.

##### B. Normal hours versus after-hours: Normal working hours refer to the period 08h00 to 17h00 on Mondays to Fridays; the period 08h00 to 13h00 on Saturdays; as well as all other periods voluntarily scheduled (even when for the convenience of the patient) by a medical practitioner for the rendering of services. All other periods are regarded as after-hours. Public holidays are not regarded as normal working days and involuntarily scheduled work performed on such days is regarded as after-hours work. Services are scheduled involuntarily for a specific time, if for medical reasons the doctor should not render the service at an earlier or later opportunity.

- C. The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees shall be based on the fee in respect of a comparable service.
- D. Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee shall be payable by the workman. In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall however, be considered on merit and, if circumstances warrant, no fee shall be charged.
- E. The appropriate fee may be charged for all pre-operative consultations with the exception of a routine pre-operative visit at the hospital.
- F. Where applicable fees for administering injections and/or infusions may only be charged when done by the practitioner himself or herself.
- G. Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding four months. Where the surgeon does not himself or herself complete the after-care, it shall be his or her responsibility to arrange for this to be done without extra charge: Provided that in the case of post-operative treatment of a prolonged or specialised nature, such fee as may be agreed upon between the surgeon and the Commissioner, may be charged. Where a workman met with an accident and received medical treatment away from home and afterwards have to be transferred to his or her hometown treatment may be taken over by another doctor who will be entitled to further payment.
- H. Items involving removal of lesions include follow-up treatment for four months.
- I. Fees for all pathological investigations performed by members of other disciplines (where permissible): See section for Pathology. (Refer to M0097).
- J. In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged.
- K. Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending general

practitioner. Medical practitioners referring cases to other medical practitioners shall, if known to them, indicate in the reference that the patient was injured in an accident and this shall also apply in respect of specimens sent to pathologists.

- L. If a procedure is performed at the time of an initial or subsequent consultation, the fee for the consultation plus the fee for the procedure is charged.
- M. ~~If such a procedure, planned at an initial or subsequent consultation, is performed at another time, the fee for the procedure only is charged.~~
- N. (i) No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation performed at the time the condition is brought to the doctor's attention.
- (ii) Where a fee for any service is prescribed herein, the medical practitioner shall not be entitled to payment calculated on a basis of visits or examinations made where such calculation would result in the prescribed fee being exceeded.
- (iii) The number of consultations must be in direct relation to the seriousness of the injury and should more than 20 consultations be necessary, the Commissioner must be furnished with a detailed motivation.
- (iv) A single fee for a consultation/visit shall be paid to a medical practitioner who gives a single treatment to an injured workman who thereafter passes to the permanent care of another medical practitioner, not being a partner or assistant of the first. The responsibility for furnishing the first medical report in such a case ordinarily rests with the second practitioner.
- O. (i) A workman should be hospitalised only if and for such a period that his or her condition justifies full-time medical aid.
- (ii) Occupational therapy/Physiotherapy. The same principles set out in modifier 0077 will apply when a workman is referred to a therapist.
- (iii) In the case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain in writing from the Commissioner for what amount the Commissioner will accept responsibility in respect of such treatment.
- P. **Travelling fees**

- (i) Where, in cases of emergency, a practitioner was called out from his or her residence or rooms to a patient's home or the hospital, travelling fees can be charged according to Section IV if he or she had to travel more than 16 kilometres in total.
- (ii) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided *pro rata* between the relevant patients.
- (iii) A practitioner is not entitled to charge for any travelling expenses or travelling time to his or her rooms.
- (iv) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled).
- (v) Where a practitioner conducts an itinerant practice, he or she is not entitled to charge fees for travelling expenses except in cases of emergency (services not voluntarily scheduled).
- (vi) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect.

#### INTENSIVE CARE

#### RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

- Q. Items 1204 to 1210 exclude the following:
- (i) Anaesthetic and/or surgical fees for any condition or procedure.
  - (ii) Cost of any drugs and/or materials.
  - (iii) Any other cost which may be incurred before, during or after the consultation and/or the therapy.
  - (iv) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen.
  - (v) Procedural items 1212 to 1219.
- R. Units for items 1208, 1209 and 1210 include resuscitation (i.e item 1211).

- S. Units for items 1212, 1213 and 1214 include the following:
- (i) Measurement of minute volume, vital capacity, time and vital capacity studies.
  - (ii) Testing and connecting the machine.
  - (iii) Putting patient on machine: setting machine, synchronising patient with machine.
  - (iv) Instruction to nursing staff.
  - (v) All subsequent visits within 24 hours.
- T. Ventilation (items 1212 to 1214) does not form a part of normal post-operative care.

GENERAL MODIFIERS GOVERNING THE TARIFF

- 0001 An additional premium of 50% of the fee for the particular service shall apply to after-hours pathology services. For after-hours radiological services the additional premium shall be 50% of the fee for the particular service (paragraph 19.12 excluded) with a maximum premium of:
- |                      |         |
|----------------------|---------|
| Radiology:           | R380,00 |
| Radiotherapy:        | R410,00 |
| Ultrasound:          | R350,00 |
| Computed Tomography: | R350,00 |
- 0002 Item 38/0101 is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him or her.
- 0003 The fee in respect of more than one abdominal operation or procedure performed through the same incision shall be 100% of the fee in respect of the major operation or procedure plus 50% of the fee for the second operation or procedure, plus 25% of the fee for the third operation or procedure, with a maximum of two such additional operations or procedures.
- 0005 The fee in respect of more than one operation or procedure performed under the same anaesthetic, but not through the same incision, shall be the fee in respect of the major operation or procedure plus half the fee in respect of each additional operation or procedure with a maximum of four additional operations or procedures. This rule shall not apply where four or more entirely unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee for his or her

operation.

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

- 0006 A 25% reduction in the fee for a subsequent operation for the same condition within one month shall be applicable if the operations are performed by the same surgeon (an operation subsequent to a diagnostic procedure is excluded). After a period of one month the full fee is applicable.
- 0007 Use of any type of own equipment ONLY when appropriate equipment is not provided by hospital - R54,00, irrespective of the number of items of equipment provided.
- 0009 The fee for an assistant practitioner is 15% of the fee for the specialist surgeon, with a minimum of R86,40. Where a procedure requires a specialist assistant, the fee is  $33\frac{1}{3}\%$  of the fee for the specialist surgeon.
- 0010 A fee for a local anaesthetic administered by the operator may only be charged for an operation or a procedure having a value greater than R108,00. The fee shall be calculated according to the basic anaesthetic fees for the specific operations. Anaesthetic time may not be charged for, but the minimum fee as per modifier 0036 shall be applicable in such a case. Not applicable to radiological procedures (such as angiography and myelography). No fee may be levied for topical application of local anaesthetic.
- 0011 The additional fee to all members of the surgical team for after-hour emergency surgery shall be R43,20 for each half hour or part thereof of the operation time. Normal hour fees are to be charged in respect of patients on scheduled lists.
- 0013 When an endoscopic examination is done before or after an operation by the operating surgeon or the attending anaesthetist, only 50% of the fee for the endoscopic examination may be charged.
- If a third person is called to do an endoscopic examination, the full fee may be charged.
- 0014 Where an operation is performed which has been previously performed by another surgeon, e.g a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under General Rule J, except where already specified in the tariff.

## INJECTIONS AND INFUSIONS

## MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

- 0015 Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after an operation, no extra fees will be charged as this is included in the global operative fees. Should the practitioner doing the operation prefer to ask another practitioner to perform post-operative intravenous infusions, then the practitioner himself or herself (and not the patient) is responsible for remunerating such practitioner for the infusions.
- 0017 In the case of intravenous, intramuscular or subcutaneous injections given by the doctor himself or herself in respect of patients who attend the consulting rooms, administering a first injection forms part of the consultation and all subsequent injections for the same condition should be charged at 50% of the appropriate consultation fee in accordance with the general practice schedule.
- 0018 In the case of a course of desensitization injections, a full consultation may be charged for administering each injection in accordance with the general practice schedule.

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

- 0021 Anaesthetic fees are determined by obtaining the sum of the BASIC ANAESTHETIC UNITS AND THE TIME UNITS. IN CASES OF OPERATIVE PROCEDURES ON THE MUSCULO-SKELETAL SYSTEM, OPEN FRACTURES AND OPEN REDUCTION OF FRACTURES OR DISLOCATIONS ADD FEES AS LAID DOWN BY MODIFIERS 5441 TO 5448.
- 0023 The basic unit value is laid down in the Tariff. This basic unit value is a reflection of the additional anaesthetic risk, the technical skill required of the anaesthetist and the scope of the surgical procedure, but excludes the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic unit value in all cases on the following basis:

Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic at R26,00 per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one hour the fee shall, after one

- hour be R51,90 per 15 minute period or part thereof.
- 0024 If a pre-operative assessment of a patient by the anaesthetist, is not followed by an operation it will be regarded as consultation at hospital or nursing home.
- 0025 Anaesthetic time is calculated from the time the anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthetist is no longer required to give his or her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for anaesthetic time. The anaesthetist must show in his or her account the exact anaesthetic time and the supervision time spent with the patient.
- 0027 Where more than one operation is performed under the same anaesthetic, the basic value will be that of the major operation with the highest unit value.
- 0029 When rendered necessary by the scope of the anaesthetic, an assistant anaesthetist may be employed. The remuneration of the assistant anaesthetist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic.
- 0031 Treatment with intravenous drips and transfusions (i.e re-identification of delivered and certified compatible blood with the patient and actual administering of blood) is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered during actual theatre or operating time. (For these services at other times see items 0206 and 0207).
- 0032 Anaesthesia administered to patients in the prone position shall have a minimum basic anaesthetic fee of R69,20.
- 0033 When an anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated on full anaesthetic rate, subject to the provisions of modifier 0035.
- 0034 All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall



have a minimum basic anaesthetic fee of R69,20.

- 0035 The minimum fee for any anaesthetic procedure administered by a specialist anaesthetist shall be R121,10.
- 0036 Fees for an anaesthetic administered by a general practitioner shall be two thirds of the units applicable to the specialist anaesthetist provided that no anaesthetic shall have a total value of less than R103,80. The monetary value of the unit is the same for both a specialist anaesthetist and a general practitioner anaesthetist.

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

- 0037 Utilisation of total body hypothermia: Add R51,90.
- 0038 For procedures performed by Lithotripsy: Add R34,60.
- 0039 Deliberate control of the blood pressure: All cases up to one hour add R51,90, thereafter add R17,30 per  $\frac{1}{4}$  hour or part thereof.
- 0041 Utilisation of hyperbaric pressurisation: Add R51,90.
- 0042 Utilisation of extracorporeal circulation: Add R51,90.

Modifiers 5441 to 5448. General practitioners refer to M0036.

Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items).

- 5441 In all cases of open fractures, open reduction of fractures and dislocations: Add R17,30 except where the procedure refers to the bones named in Modifiers 5442 to 5448.
- 5442 Shoulder, scapula, clavicle, humerus, elbow joint, upper  $\frac{1}{3}$  tibia, knee joint, patella, mandible and temporo-madibular joint: Add R34,60.
- 5443 Maxillary and orbital bones: Add R51,90.
- 5444 Shaft of femur: Add R69,20

- 5445 Spine (except coccyx), pelvis, hip, neck of femur:  
Add R86,50.
- 5448 Sternum and/or ribs and procedures which involve an  
intra-thoracic approach: Add R138,40.

## POST-OPERATIVE ALLEVIATION OF PAIN

- 0045 An anaesthetist may charge for post-operative pain relief according to item 0109, provided it is indicated or specific management of pain by specialised techniques. A routine post-operative visit is included in the anaesthetic fee. Where the anaesthetic is administered by another anaesthetist, post-operative alleviation of pain shall be charged according to the procedure for instituting the therapy.

## MUSCULOSKELETAL SYSTEM

## MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

- 0046 Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. After one month, a full fee as for the initial treatment, is applicable.
- 0047 A fracture NOT requiring reduction shall be charged on a fee for service basis PROVIDED that the cumulative amount does NOT exceed the charges for a reduction.
- 0048 Where in the treatment of a fracture or dislocation an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be R97,20 (including after-care).
- 0049 Except where otherwise specified, in cases of compound fractures, R277,20 (specialists) and R183,60 (general practitioners) are to be added to the fees for the fractures, including debridement.
- 0050 In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires and excluding fractures of hands and feet), the full amount according to either modifier 0049 or 0051 may be added to the fee for the procedure involved, plus half of the amount

according to the second modifier (either 0049 or 0051 as applicable).

- 0051 Except where otherwise specified in cases of fractures requiring open reduction, internal fixation, external skeletal fixation or bone grafting: Add R277,20 (specialists) and R183,60 (general practitioners).
- 0053 Fractures requiring percutaneous internal fixation: (Insertion and removal of fixatives (wires) in respect of fingers and toes included): Add R115,20 (specialists) and R75,60 (general practitioners).
- 0055 Dislocation requiring open reduction: Fee for the specific joint plus R277,20 (specialists) and R183,60 (general practitioners).
- 0057 In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005. Calculate fees for the second foot in the same way, reduce the total to 50% and add to the total for the first foot.
- 0058 Revision operation for total joint replacement and immediate resubstitution (infected or non-infected): Per fee for total joint replacement + 100%.

#### MODIFIER GOVERNING COMBINED PROCEDURES ON THE SPINE

- 0061 In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed.

#### MODIFIER GOVERNING THE SUBSECTION REPLANTATION OPERATION

- 0063 Where two specialists work together on a replantation procedure, each shall be entitled to two thirds of the fee for the procedure.
- 0064 Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts.

#### MODIFIER GOVERNING THE SECTION LARYNX

- 0067 Micro-surgery of the larynx: Add 25% to the fee of the operation performed. For other operations requiring the use of an operation microscope, the fee shall include the use of the microscope, except where otherwise specified elsewhere in the Tariff.
- 0068 Fees for multiple intra-nasal procedures should be charged for separately subject to modifier 0005 with a maximum of three procedures. Applicable to the

following items: 1020, 1022, 1024, 1025, 1029, 1035, 1039, 1041, 1043, 1067, 1069, 1073 and 1079.

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

MODIFIER GOVERNING THE SUBSECTION INTENSIVE  
RESPIRATORY THERAPY

- 0070 A reduction of  $33\frac{1}{3}\%$  of the fee will apply to the pulmonary function tests as indicated in paragraph 4.6.2 where hospital equipment is used.
- 0071 Where work is initiated after hours, over a weekend or on public holidays, a further R43,20 may be charged.

MODIFIER GOVERNING GASTROENTEROLOGY PROCEDURES

- 0074 A reduction of  $33\frac{1}{3}$  (one third) of the fee will apply to all fibre optic procedures performed by means of hospital equipment, except in cases where a doctor hires equipment from a hospital.

MODIFIER GOVERNING FEES FOR FIBRE OPTIC PROCEDURES

- 0075 The fee plus R75,60 will apply where fibre optic procedures are performed in rooms with own equipment.

MODIFIER GOVERNING THE SECTION OPEN HART SURGERY

- 0076 The fee for the first specialist assistant is  $33\frac{1}{3}\%$  and that for the second specialist assistant 15% of the operation fee (excluding fee for additional services, e.g by physicians, radiologists, physiotherapists, technicians, etc).

SPECIFIC MODIFIER: SECTION ON PHYSICAL TREATMENT

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

MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY

- 0079 When a first consultation proceeds into, or is immediately followed by a medical psychotherapeutic

procedure, fees for the procedure are calculated at R43,20 per 20 minutes.

MODIFIERS GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY

- 0080 Multiple examinations: Full fee.
- 0081 Repeat examinations: No reduction.
- 0082 Means that this item is complementary to a preceding item and is therefore not subject to reduction.
- 0083 When a Radiologist makes use of hospital equipment, only 66  $\frac{2}{3}$ % of the fee for the examination is chargeable.
- 0084 In the case of radiological items where films are used practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit.

SPECIFIC MODIFIER GOVERNING VASCULAR STUDIES

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

SPECIFIC MODIFIER GOVERNING FILM SERIES

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

MODIFIER GOVERNING CORONARY CINE ANGIOGRAPHY

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

MODIFIER GOVERNING COMPUTER TOMOGRAPHY

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

MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS

See modifiers 0152-0160 under paragraph 19.11.

## MODIFIERS GOVERNING THE SECTION RADIOTHERAPY

- 0093 The fees for radiotherapy shall apply only where a specialist in radiotherapy uses his or her own apparatus.
- 0094 Where a specialist in radiotherapy uses hospital equipment, only  $66\frac{2}{3}\%$  of the fee for the therapeutic procedure is chargeable.

## MODIFIERS GOVERNING THE SECTION PATHOLOGY

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

MODIFIERS GOVERNING FEES FOR AN ANAESTHETIC OPERATION  
INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM)

- 0100 Where an anaesthetist would be responsible for operating an intra-aortic balloon pump, a fee of R270,00 is applicable.



## COST OF MATERIAL

0201 (a) Cost of material: This item provides for a charge for material and special medicine used in treatment. Material to be charged for at cost price plus 35%. Charges for medicine used in treatment not to exceed the retail Ethical Price List.

Hoffmann Apparatus: An amount equivalent to 20% of the purchase price of the apparatus may be charged for each patient where such apparatus is used.

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

(c) **Note:** Medicine, bandages and other essential material for home-use by the patient must be obtained from a chemist on prescription or, if a chemist is not readily available, the practitioner may supply it from his or her own stock provided a relevant prescription is attached to his or her account. Charges for medicine used in treatment not to exceed the retail Ethical Price List.

0202 Setting of sterile tray: A fee of R36,00 may be charged for the setting of a sterile tray - cost of stitching material if applicable, to be charged for additionally under 0201.

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1. INJECTIONS AND INFUSIONS			
1.1 Intravenous treatment			
0206 Intravenous infusions (push-in) insertion of cannula			



	Specialist	General Practitioner	Anaesthetic
	R	R	R
- chargeable once per 24 hours .....	21,60	21,60	-
0207 Intravenous infusions (cutdown) Cutdown and insertion of cannula - chargeable once per 24 hours .....	28,80	28,80	-
0208 Central venous pressure monitoring and/or therapy, if done as a separate procedure. Not when done as part of an anaesthetic .....	64,80	64,80	-
<p><b>Note:</b> How to charge for Intravenous infusions:</p> <p>Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations.</p>			
<p><b>2. INTEGUMENTARY SYSTEM</b></p> <p><b>2.1 Allergy</b></p>			
0217 First patch .....	14,40	14,40	-

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0219 Each additional patch .....	7,20	7,20	-
0221 With a maximum of fees for reading of test as per subsequent consultation or visit (cost of material excluded)	86,40	86,40	-
<b>2.2 Skin (general)</b>			
0255 Drainage of subcutaneous abscess, onychia, paronychia pulp space or avulsion of nail .....	72,00	72,00	51,90+T
0257 Drainage of major hand or foot infection: drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of pilonidal cyst or sinus .....	230,40	180,00	51,90+T
0259 Removal of foreign body superficial to deep fascia (except hands) .....	72,00	72,00	51,90+T
0261 Removal of foreign body deep to deep fascia (except hands) .....	111,60	111,60	51,90+T
<b>2.3 Major Plastic repair</b>			
<b>Note:</b> The tariff does not cover elective or cosmetic operations, since these procedures may not			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
have the effect of reducing the percentage of permanent disablement as laid down in the First Schedule to the Act. It is incumbent upon the treating doctor to obtain the prior consent of the Commissioner before embarking upon such treatment.			
0289 Large skin graft, composite skin graft, large full thickness free skin graft .....	741,60	493,20	69,20+T
0290 Reconstructive procedures (including all stages) and skin graft by myocutaneous flap .....	1 476,00	982,80	69,20+T
0291 Reconstructive procedures (including all stages) grafting by microvascular reanastomosis .....	2 880,00	1 918,80	69,20+T
0292 Distant flaps: First stage .....	741,60	493,20	69,20+T
0293 Contour grafts (excluding cost of material) .....	741,60	493,20	69,20+T
0294 Vascularised bone graft with or without soft tissue with one or more sets microvascular anastomoses .....	4 320,00	2 880,00	103,80+T
0295 Local skin flaps (large, complicated)	741,60	493,20	69,20+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0297 Other procedures of major technical nature .....	741,60	493,20	69,20+T
0299 Subsequent major procedures for repair of same lesion (M 0006 not applicable) .....	374,40	248,40	69,20+T
<b>2.4 Lacerations, scars, cysts and other skin lesions</b>			
0301 Suture of wound (with or without local anaesthesia): Subject to rule G	50,40	50,40	51,90+T
0302 Additional wound sutured at same sitting (each) ....	25,20	25,20	51,90+T
0303 Major debridement of wound or secondary suture	180,00	180,00	51,90+T
0304 Needle biopsy - soft tissue .....	90,00	57,60	51,90+T
0305 Deep laceration involving limited muscle damage .....	230,40	180,00	69,20+T
0306 Deep laceration involving extensive muscle damage (not applicable on fingers, toes and scalp) .....	460,80	306,00	69,20+T
0307 Excision and repair by direct suture;			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
excision nail fold or other minor procedure of similar magnitude .....	97,20	97,20	51,90+T
0308 Each additional small procedure done at the same time ..	50,40	50,40	51,90+T
0309 Maximum multiple additional minor procedures .....	374,40	248,40	51,90+T
0310 Radical excision of nailbed .....	136,80	136,80	51,90+T
0314 Requiring repair by large skin graft or large local flap or other procedures of similar magnitude (Not applicable on fingers and toes)	374,40	248,40	69,20+T
0315 Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	198,00	180,00	51,90+T
<b>2.6 Burns</b>			
0345 Minor burns	*	*	51,90+T
0347 Moderate burns	*	*	69,20+T
0351 Major burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	993,60	662,40	86,50+T
0353 Tangential excision and grafting: Small	360,00	241,20	86,50+T

\* Per service (specify)

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0354 Tangential excision and grafting: Large	720,00	478,80	86,50+T
2.7 Hands (skin)			
0355 Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler .....	270,00	180,00	69,20+T
0357 Small skin graft in acute hand injury	162,00	162,00	51,90+T
0359 Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing .....	691,20	460,80	51,90+T
0361 Z-plasty	230,40	180,00	51,90+T
0363 Local flap and skin graft .....	540,00	360,00	51,90+T
0365 Cross finger flap (all stages) .....	691,20	460,80	51,90+T
0367 Palmar flap (all stages) .....	691,20	460,80	51,90+T
0369 Distant flap: First stage .....	540,00	360,00	51,90+T
0371 Distant flap: Subsequent stage (not subject to General Modifier 0006) ....	277,20	183,60	51,90+T
0373 Transfer neurovascular island flap	691,20	460,80	51,90+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0374 Syndactyly: Separation of, including skin graft for one web .....	741,60	493,20	51,90+T
<i>Depuytren's contracture</i>			
0375 Fasciotomy	183,60	180,00	51,90+T
0376 Fasciectomy	741,60	493,20	51,90+T

### 3. MUSCULOSKELETAL SYSTEM

#### Modifiers

- M0046 Where in the treatment of a fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting, the fee for the initial treatment of the fracture or dislocation shall be reduced by 50%. The full fee for the open reduction, internal fixation, external skeletal fixation or bone grafting may be charged. After one month, a full fee as for the initial treatment, is applicable.
- M0047 A fracture NOT requiring reduction shall be charged on a fee for service basis PROVIDED that the cumulative amount does NOT exceed the charges for a reduction.
- M0048 Where in the treatment of a fracture or dislocation an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be R97,20.
- M0049 **Except where otherwise specified**, in cases of compound fractures, R277,20 (specialists) and R183,60 (general practitioners) are to be added to the fees for the fractures, including debridement.
- M0050 In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires and excluding fractures of

hands and feet) the full amount according to either modifier 0049 or 0051 may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either 0049 or 0051 as applicable).

- M0051 **Except where otherwise specified**, in cases of fractures requiring open reduction, internal fixation, external skeletal fixation or bone grafting: Add R277,20 (specialists) and R183,60 (general practitioners).
- M0053 Fractures requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Add R115,20 (specialists) and R75,60 (general practitioners).
- M0055 Dislocation requiring open reduction: fee for the specific joint plus R277,20 (specialists) and R183,60 (general practitioners).
- M0057 In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005. Calculate fees for the second foot in the same way, reduce the total to 50% and add to the total for the first foot.
- M0058 Revision operation for total joint replacement and immediate resubstitution (infected or non-infected): per fee for total joint replacement plus 100%.

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<b>3.1 Bones</b>			
<b>3.1.1 Fractures</b>			
0383 Scapula .....	*	*	51,90+T+M
0387 Clavicle .....	*	*	51,90+T+M
0389 Humerus .....	277,20	183,60	51,90+T+M
0391 Radius and/or Ulna	277,20	183,60	51,90+T+M
0392 Open reduction of both radius ulna (Modifier 0051 not applicable) .....	756,00	504,00	51,90+T+M

\*Per service (specify)



	Specialist	General Practitioner	Anaesthetic
	R	R	R
0402 Carpal bone .....	230,40	180,00	51,90+T+M
0403 Bennett's fracture-dislocation .....	183,60	180,00	51,90+T+M
0405 Metacarpal: Simple <i>Finger Phalanx</i> <i>Distal</i>	144,00	144,00	51,90+T+M
0409 Simple .....	*	*	51,90+T
0411 Compound .....	187,20	180,00	51,90+T+M
<i>Proximal or middle</i>			
0413 Simple .....	172,80	172,80	51,90+T
0415 Compound .....	367,20	244,80	51,90+T+M
<i>Pelvis</i>			
0417 Closed .....	*	*	51,90+T
0419 Operative reduction and fixation .....	1 152,00	766,80	51,90+T+M
0421 Femur: Neck or Shaft	691,20	460,80	51,90+T+M
0425 Patella .....	183,60	180,00	51,90+T+M
0429 Tibia with or without Fibula .....	460,80	306,00	51,90+T+M
0433 Fibula shaft .....	*	*	51,90+T
0435 Malleolus of ankle	208,80	180,00	51,90+T+M
0437 Fracture-dislocation of ankle .....	460,80	306,00	51,90+T+M
0439 Tarsal bones and Os calcis .....	230,40	180,00	51,90+T+M
0441 Metatarsal .....	68,40	68,40	51,90+T+M

\*Per service (specify)

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<i>Toe Phalanx</i>			
0443 Distal: Simple ...	*	*	51,90+T
0445 Compound .....	115,20	115,20	51,90+T+M
<i>Other</i>			
0447 Simple .....	93,60	93,60	51,90+T
0449 Compound .....	187,20	180,00	51,90+T+M
<i>Sternum and/ or ribs</i>			
0451 Closed .....	*	*	51,90+T
0452 Open reduction and fixation of multiple fractured ribs for flail chest .....	828,00	550,80	51,90+T+M
<i>Spine with or without paralysis</i>			
0455 Cervical .....	*	*	51,90+T+M
0456 Rest .....	*	*	51,90+T+M
0459 Open reduction and internal fixation for fracture and/or dislocation of spine	1 152,00	766,80	51,90+T+M
<i>Compression fracture</i>			
0461 Cervical .....	*	*	51,90+T+M
0462 Rest .....	*	*	51,90+T+M
<i>Spinous or transverse processes</i>			
0463 Cervical .....	*	*	51,90+T+M
0464 Rest .....	*	*	51,90+T+M

\*Per service (specify)

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<b>3.1.1.1 Operations for fractures</b>			
0465 Fractures involving large joints .....	691,20	460,80	51,90+T+M
0473 Percutaneous insertion plus subsequent removal of Kirchner wires or Steinmann pin (not subject to rule G) (M0005 not applicable) .....	115,20	115,20	51,90+T
<i>Bonegrafting or internal fixation for mal-or non-union</i>			
0475 Femur, Tibia, Humerus, Radius and Ulna	1 015,20	676,80	51,90+T+M
0479 Other bones (not applicable to fingers and toes)	554,40	370,80	51,90+T+M
<b>3.1.2 Bony operations</b>			
<b>3.1.2.1 Bone grafting</b>			
0497 Resection of bone with or without grafting .....	1 015,20	676,80	51,90+T+M
0499 Large bones .....	691,20	460,80	51,90+T+M
0501 Small bones .....	460,80	306,00	51,90+T+M
0503 Cartilage graft ...	741,60	493,20	51,90+T+M
0505 Inter-metacarpal bone graft .....	529,20	352,80	51,90+T+M

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0507 Removal of autogenous bone for grafting (not subject to modifier 0005) ....	180,00	180,00	51,90+T+M
3.1.2.2 Acute or chronic osteomyelitis			
0509 Conservative treatment .....	*	*	-
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 aftercare .....	460,80	306,00	51,90+T+M
3.1.2.3 Osteotomy			
0514 Sternum: Repair of pectus-excavatum ..	1 188,00	792,00	51,90+T+M
0515 Sternum: Repair of pectus carinatum ..	1 188,00	792,00	51,90+T+M
0516 Pelvic .....	1 152,00	766,80	51,90+T+M
0521 Femoral: Proximal	1 152,00	766,80	51,90+T+M
0527 One leg/knee region	1 152,00	766,80	51,90+T+M
0528 Os Calcis (Dwyer operation) .....	414,00	277,20	51,90+T+M
0530 Metacarpal and phalanx: Corrective for mal-union or -rotation .....	432,00	288,00	51,90+T+M

\*Per service (specify)

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0532 Rotation osteotomies of the Radius, Ulna or Humerus .....	576,00	385,20	51,90+T+M
0533 Osteotomy single metatarsal .....	216,00	180,00	51,90+T+M
0534 Multiple metatarsal osteotomies	540,00	360,00	51,90+T+M
<b>3.1.2.4 Exostosis</b>			
<i>Excision</i>			
0535 Readily accessible sites .....	216,00	180,00	51,90+T+M
0537 Less accessible sites .....	345,60	230,40	51,90+T+M
<b>3.1.2.5 Biopsy</b>			
0539 Needle Biopsy: Spine (no aftercare), Modifier 0005 not applicable .....	180,00	180,00	69,20+T
0541 Needle Biopsy: Other sites (no aftercare) Modifier 0005 not applicable .....	115,20	115,20	69,20+T
OPEN (MODIFIER 0005 NOT APPLICABLE)			
0543 Readily accessible site	230,40	180,00	Per bone
0545 Less accessible site	345,60	230,40	Per bone
<b>3.2 Joints</b>			
<b>3.2.1 Dislocations</b>			
0547 Clavicle: either end .....	136,80	136,80	51,90+T+M

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0549 Shoulder .....	183,60	180,00	51,90+T+M
0551 Elbow .....	183,60	180,00	51,90+T+M
0552 Wrist .....	277,20	183,60	51,90+T+M
0553 Perilunar transscap- hoid fracture dis- location .....	468,00	313,20	51,90+T+M
0555 Lunate .....	277,20	183,60	51,90+T+M
0556 Carpo-metacarpo dis- location .....	183,60	180,00	51,90+T+M
0557 Metacarpo-phalangeal and inter-phalangeal (hand) .....	93,60	93,60	51,90+T+M
0559 Hip .....	392,40	262,80	51,90+T+M
0561 Knee .....	345,60	230,40	51,90+T+M
0563 Patella .....	115,20	115,20	51,90+T+M
0565 Ankle .....	324,00	216,00	51,90+T+M
0567 Sub-Talar disloca- tion .....	324,00	216,00	51,90+T+M
0569 Intertarsal or tar- sometatarsal or Mid- tarsal .....	277,20	183,60	51,90+T+M
0571 Metatarsophalangeal and interphalangeal joints (foot) .....	50,40	50,40	51,90+T+M
0573 Spine with or with- out paralysis .....	*	*	-
0577 Operative treatment (see 0459) .....	*	*	-

\*Per service (specify)

	Specialist	General Practitioner	Anaesthetic	
	R	R	R	
<b>3.2.2 Operations for dislocations</b>				
0578	Recurrent dislocation of shoulder ..	720,00	478,80	51,90+T+M
0579	Recurrent dislocation of large joints	579,60	385,20	51,90+T+M
<b>3.2.3 Capsular operations</b>				
<i>Capsulotomy or arthrotomy or biopsy or drainage of joint</i>				
0582	Small joint (including three weeks after-care) .....	183,60	180,00	51,90+T+M
0583	Large joint (including three weeks after-care) .....	345,60	230,40	51,90+T+M
0585	Capsulectomy digital joint .....	230,40	180,00	51,90+T+M
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints ....	324,00	216,00	51,90+T+M
0587	Release of digital joint contracture	460,80	306,00	51,90+T+M
<b>3.2.4 Synovectomy</b>				
0589	Digital joint .....	277,20	183,60	51,90+T+M
0592	Large joint .....	576,00	385,20	51,90+T+M
0593	Tendon synovectomy	460,80	306,00	51,90+T+M
<b>3.2.5 Arthrodesis</b>				

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0597 Shoulder .....	806,40	536,40	51,90+T+M
0598 Elbow .....	648,00	432,00	51,90+T+M
0599 Wrist .....	648,00	432,00	51,90+T+M
0600 Digital joint .....	460,80	306,00	51,90+T+M
0601 Hip .....	1 152,00	766,80	51,90+T+M
0602 Knee .....	648,00	432,00	51,90+T+M
0603 Ankle .....	648,00	432,00	51,90+T+M
0604 Subtalar .....	468,00	313,20	51,90+T+M
0605 Stabilization of foot (triple-arthrodeses) .....	648,00	432,00	51,90+T+M
0607 Mid-tarsal wedge resection .....	648,00	432,00	51,90+T+M
<b>3.2.6 Arthroplasty</b>			
0614 Debridement large joints .....	576,00	385,20	51,90+T+M
0615 Excision medial or lateral end of clavicle .....	417,60	277,20	51,90+T+M
0617 Shoulder: Acromioplasty .....	691,20	460,80	51,90+T+M
0619 Shoulder: Partial replacement .....	997,20	666,00	86,50+T+M
0620 Shoulder: Total replacement .....	1 497,60	997,20	86,50+T+M
0621 Elbow: Excision head of radius .....	345,60	230,40	51,90+T+M
0622 Elbow: Excision ...	691,20	460,80	51,90+T+M



	Specialist	General Practitioner	Anaesthetic
	R	R	R
0623 Elbow: Partial replacement .....	676,80	450,00	51,90+T+M
0624 Elbow: Total replacement .....	1015,20	676,80	51,90+T+M
0625 Wrist: Excision distal end of ulna	345,60	230,40	51,90+T+M
0626 Wrist: Excision single bone .....	396,00	262,80	51,90+T+M
0627 Wrist: Excision proximal row .....	597,60	399,60	51,90+T+M
0631 Wrist: Total replacement .....	896,40	597,60	51,90+T+M
0635 Digital joint: Total replacement .....	691,20	460,80	51,90+T+M
0637 Hip: Total replacement .....	1 497,60	997,20	51,90+T+M
0639 Hip: Cup .....	1 497,60	997,20	51,90+T+M
0641 Hip: Prosthetic replacement of femoral head .....	1 036,80	691,20	51,90+T+M
0643 Hip: Girdlestone ..	1 152,00	766,80	51,90+T+M
0645 Knee: Partial replacement .....	997,20	666,00	51,90+T+M
0646 Knee: Total replacement .....	1 497,60	997,20	51,90+T+M
0649 Ankle: Total replacement .....	896,40	597,60	51,90+T+M
0650 Ankle: Astragalectomy .....	554,40	370,80	51,90+T+M

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<b>3.2.7 Miscellaneous (Joints)</b>			
0661 Aspiration of joint or intra-articular injection (not subject to rule G) M0005 not applicable	32,40	32,40	51,90+T
0667 Arthroscopy (excluding aftercare), modifiers 0005 and 0013 not applicable	216,00	180,00	51,90+T
0669 Manipulation large joint under general anaesthetic (not subject to rule G) M0005 not applicable .....	50,40	50,40	Hip: 69,20+T  Knee: 51,90+T  Shoulder: 51,90+T
0670 The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic ...	*	*	Hip: 69,20+T  Knee: 51,90+T  Shoulder: 51,90+T

\*Per service (specify)

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0673 Menisectomy or operation for other internal derangement of knee	392,40	262,80	51,90+T+M
3.2.8 Joint ligament re-construction or suture			
0675 Ankle: Collateral	576,00	385,20	51,90+T+M
0677 Knee: Collateral	576,00	385,20	51,90+T+M
0678 Knee: Cruciate ...	576,00	385,20	51,90+T+M
0679 Ligament augmentation procedure of knee .....	1 008,00	673,20	51,90+T+M
0680 Digital joint ligament .....	504,00	334,80	51,90+T+M
3.3 Amputations			
3.3.1 Specific amputation			
0682 Fore-quarter amputation	1 058,40	705,60	155,70+T+M
0683 Through shoulder	532,80	356,40	86,50+T+M
0685 Upper arm or forearm	417,60	277,20	51,90+T+M
0687 Partial amputation of the hand: One ray	367,20	244,80	51,90+T+M
0691 Part of/or whole of finger (skin flap included)	183,60	180,00	51,90+T+M
0693 Hindquarter amputation	1 512,00	1 008,00	103,80+T+M

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0695 Through hip joint region .....	691,20	460,80	103,80+T+M
0697 Through thigh .....	460,80	306,00	103,80+T+M
0699 Below knee, through knee or Syme .....	532,80	356,40	86,50+T+M
0701 Trans metatarsal or transtarsal .....	324,00	216,00	51,90+T+M
0703 Foot: One ray ....	230,40	180,00	51,90+T+M
0705 Toe (skin flap included) .....	136,80	136,80	51,90+T+M
3.3.2 <b>Post-amputation reconstruction</b>			
0706 Skin flap taken from a site remote from the injured finger or in cases of advanced flap e.g Cutler .....	270,00	180,00	51,90+T+M
<b>Note:</b> If not performed on thumb or index finger it must be motivated .....			
0707 Krukenberg reconstruction .....	741,60	493,20	51,90+T+M
0709 Metacarpal transfer	691,20	460,80	51,90+T+M
0711 Pollicization of the finger (This procedure shall not apply to I.O.D cases) ...	-	-	-
0712 Toe to thumb transfer (This procedure shall not apply to I.O.D cases) .....	-	-	-

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<b>3.4 Muscles, tendons and fasciae</b>			
<b>3.4.1 Investigations</b>			
0713 Electromyography	270,00	180,00	51,90+T
0714 Electromyographic neuromuscular junctional study, including edrophonium response .....	205,20	136,80	51,90+T
0715 Strength duration curve per session	37,80	25,20	51,90+T
0717 Electrical examination of single nerve or muscle .....	32,40	21,60	51,90+T
0721 Voltage integration during isometric contraction .....	43,20	28,80	51,90+T
0723 Tonometry with edrophonium .....	28,80	18,00	51,90+T
0725 Isometric tension studies with edrophonium .....	36,00	25,20	51,90+T
<i>Cranial reflex study (both early and late responses) supra oculofacial or corneofacial or flabellofacial</i>			
0727 Unilateral .....	28,80	18,00	51,90+T
0728 Bilateral .....	50,40	32,40	51,90+T
0729 Tendon reflex time	25,20	18,00	51,90+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0730 Limb-brain somato-sensory studies (per limb) .....	176,40	115,20	-
0731 Visio and audiosensory studies .....	176,40	115,20	-
0733 Motor nerve conduction studies (single nerve) .....	93,60	61,20	51,90+T
0735 Examinations of sensory nerve conduction by sweep averages (single nerve)	111,60	72,00	51,90+T
0737 Biopsy for motor nerve terminals and end plates .....	72,00	72,00	51,90+T
0739 Combined muscle biopsy with end plates and nerve terminal biopsy ...	122,40	122,40	138,40+T
0740 Muscle fatigue studies .....	72,00	72,00	138,40+T
0741 Muscle biopsy .....	72,00	72,00	138,40+T
0742 Global fee for all muscle studies, including histochemical studies .....	943,20	-	-
<i>Biochemical estimations on muscle biopsy specimens</i>			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
4701 Creatine kinase ...	72,90	-	-
4703 Adenylate kinase ..	119,90	-	-
4705 Pyruvate kinase ...	20,50	-	-
4707 Lactate dehydrogenase .....	5,80	-	-
4709 Adenylate deaminase	35,60	-	-
4711 Phosphoglycerate kinase .....	49,30	-	-
4713 Phosphoglycerate mutase .....	93,20	-	-
4715 Enolase .....	117,70	-	-
4717 Phosphofructokinase	135,70	-	-
4719 Aldolase .....	56,70	-	-
4721 Glyceraldehyde 3 Phosphate Dehydrogenase .....	39,80	-	-
4723 Phosphorylase .....	124,90	-	-
4725 Phosphoglucomutase	145,10	-	-
4727 Phosphohexose Isomerase .....	103,70	-	-
<b>3.4.2 Decompression operations</b>			
0743 Major Compartmental Decompression .....	475,20	316,80	51,90+T
0744 Fasciotomy only ...	216,00	180,00	51,90+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<b>3.4.3 Muscle and tendon repair</b>			
0745 Biceps humeri .....	392,40	262,80	51,90+T
<i>Supra-spinatus</i>			
0746 Removal of calcification in Rotator cuff .....	345,60	230,40	51,90+T+M
0747 Rotator cuff .....	482,40	320,40	69,20+T
0755 Infrapatellar or quadriceps tendon	460,80	306,00	51,90+T
0757 Achilles tendon ...	460,80	306,00	69,20+T
0759 Other single tendon	277,20	183,60	51,90+T
0763 Tendon or ligament injection .....	32,40	32,40	51,90+T
<i>Hand</i>			
<i>Flexor tendon suture</i>			
0767 Primary .....	460,80	306,00	51,90+T
0769 Secondary .....	576,00	385,20	51,90+T
<i>Extensor tendon suture</i>			
0771 Primary .....	230,40	180,00	51,90+T
0773 Secondary .....	288,00	190,80	51,90+T
0774 Repair of Boutonnière deformity or Mallet Finger .....	439,20	291,60	51,90+T
<b>3.4.4 Tendon graft</b>			
0775 Free tendon graft	576,00	385,20	51,90+T



	Specialist	General Practitioner	Anaesthetic
	R	R	R
0776 Reconstruction of pulley for flexor tendon .....	180,00	180,00	51,90+T
<i>Finger</i>			
0777 Flexor .....	691,20	460,80	51,90+T
0779 Extensor .....	439,20	291,60	51,90+T
0780 Two stage flexor tendon graft using silastic rod .....	864,00	576,00	51,90+T
<b>3.4.5 Tenolysis</b>			
0781 Tendon freeing operation, except where specified elsewhere	230,40	180,00	51,90+T
0782 Carpal tunnel syndrome .....	230,40	180,00	51,90+T
0783 De Quervain .....	136,80	136,80	51,90+T
0784 Trigger finger ....	136,80	136,80	51,90+T
0785 Flexor tendon freeing operation following free tendon graft or suture ...	540,00	360,00	51,90+T
0787 Extensor tendon freeing operation following graft or suture .....	414,00	277,20	51,90+T
0788 Intrinsic tendon release per finger...	230,40	180,00	51,90+T
0789 Central tendon tenotomy for Boutonnière deformity .....	230,40	180,00	51,90+T

	Specialist	General Practitioner	Anaesthetic	
	R	R	R	
<b>3.4.6 Tenodesis</b>				
0790	Digital joint .....	324,00	216,00	51,90+T
<b>3.4.7 Muscle, tendon and fascia transfer</b>				
0791	Single tendon transfer .....	345,60	230,40	51,90+T
0792	Multiple tendon transfer .....	460,80	306,00	51,90+T
0793	Hamstring to quadriceps transfer .....	507,60	338,40	51,90+T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon .....	1 152,00	766,80	86,50+T
0795	Tendon transfer at elbow .....	417,60	277,20	51,90+T
0796	Iliopsoas at hip ..	806,40	536,40	86,50+T
0797	Knee (Eggers) .....	507,60	338,40	51,90+T
<i>Hand tendons</i>				
0803	Single tendon transfer .....	345,60	230,40	51,90+T
0809	Substitution for intrinsic paralysis of hand .....	806,40	536,40	51,90+T
0811	Opponens transfers	460,80	306,00	51,90+T
<b>3.4.8 Muscle slide operations and tendon lengthening</b>				

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0812 Percutaneous Tenotomy: All sites ...	136,80	136,80	51,90+T
0813 Torticollis .....	345,60	230,40	86,50+T
0815 Scaleneotomy .....	475,20	316,80	86,50+T
0817 Scaleneotomy with excision of first rib .....	684,00	457,20	51,90+T+M
0823 Excision or slide for Volkmann's Contracture .....	691,20	460,80	51,90+T
0825 Hip: Open muscle release .....	417,60	277,20	121,10+T
0829 Knee: Quadriceps-plasty .....	576,00	385,20	51,90+T
0831 Knee: Open tenotomy	507,60	338,40	51,90+T
0835 Calf .....	345,60	230,40	69,20+T
0837 Open Elongation Tendon Achilles ...	345,60	230,40	69,20+T
0845 Foot: Plantar fasciotomy .....	252,00	180,00	51,90+T
3.5 <b>Bursea and ganglia</b>			
<i>Excision</i>			
0847 Semimembranosus ...	324,00	216,00	69,20+T
0849 Prepatellar .....	162,00	162,00	51,90+T
0851 Olecranon .....	162,00	162,00	51,90+T
0853 Small bursa or ganglion .....	183,60	180,00	51,90+T

\*Per service (specify)

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0855 Compound palmar ganglion or synovectomy .....	460,80	306,00	51,90+T
0857 Aspiration or injection (not subject to rule G) (M0005 not applicable) .....	32,40	32,40	51,90+T
3.6 <b>Miscellaneous</b>			
0861 Leg lengthening ...	1 497,60	997,20	51,90+T+M
3.6.2 <b>Removal of internal fixatives or prosthesis</b>			
0883 Readily accessible	115,20	115,20	As per bone+M
0884 Less accessible ..	230,40	180,00	As per bone+M
0885 Removal of prosthesis for infection soon after operation	460,80	306,00	As per bone+M
0886 *Late removal of infected total joint replacement prosthesis (including six weeks after-care). Fee for total joint replacement of the specific joint plus R230,40 (general practitioner R151,20			103,80+T+M
3.7 <b>Plasters (not subject to Rule G)</b>			
<b>Note:</b> The initial application of a plaster cast is included in the scheduled fee.			

\* Per service (specify)

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<p><b>Note:</b> The Commissioner will only consider payment i.r.o splinting material (Scotchcast, Dynacast, etc.) in the following cases (not applicable when Plaster of Paris is used):</p> <p>Where extremity splints are applied for at least 5 weeks:</p> <p>A maximum of one application for an upper extremity injury.</p> <p>A maximum of two applications for a lower extremity injury.</p> <p><i>Extremity</i></p>			
0887 Long (M0005 not applicable) .....	46,80	46,80	51,90+T
0888 Short (M0005 not applicable) .....	25,20	25,20	51,90+T
0889 Spica, plaster jacket or hinged cast brace .....	115,20	115,20	69,20+T
<p><b>3.8 Specific areas</b></p> <p><b>3.8.1 Toes</b></p> <p><i>Multiple claw toes Radical operation</i></p>			
0897 One foot .....	504,00	334,80	51,90+T+M
0901 Tenotomy extensor tendons .....	136,80	136,80	51,90+T+M

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0903 Hammertoe or overlapping toe .....	183,60	180,00	51,90+T+M
0905 Filleting toe or syndactyly .....	183,60	180,00	51,90+T+M
<b>3.8.2 Big toe</b>			
0906 Arthrodesis Hallux	277,20	183,60	51,90+T+M
0909 Excision arthroplasty .....	277,20	183,60	51,90+T+M
0910 Prosthetic replacement big toe .....	288,00	190,80	51,90+T+M
0911 Osteotomy of McBride with or without bunionectomy .....	367,20	244,80	51,90+T+M
<b>3.8.3 Reimplantations</b>			
0912 Replantation operation proximal to the wrist .....	1 080,00	720,00	51,90+T+M
0913 Replantation of a single digit .....	900,00	597,60	51,90+T+M
0915 Replantation operation through the palm .....	1 440,00	957,60	51,90+T+M
<b>3.8.4 Hands</b>			
<i>(Note: Skin: See Integumentary System)</i>			
0919 Enclulsion cysts ...	126,00	126,00	51,90+T+M
0920 Ganglion or fibroma	183,60	180,00	51,90+T+M
<i>Removal of foreign bodies requiring incision</i>			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0922 Under local anaesthetic .....	68,40	68,40	51,90+T+M
0923 Under general or regional anaesthetic	115,20	115,20	51,90+T+M
<i>Crushed hand injuries</i>			
0924 Initial extensive soft tissue toilet under general anaesthetic (sliding scale) .....	133,20 396,00	133,20 262,80	51,90+T+M
0925 Subsequent dressing changes under general anaesthetic ...	57,60	57,60	51,90+T+M
0926 Initial treatment of fractures, tendons, nerves, loss of skin and blood vessels, including removal of dead tissue under general anaesthesia and six weeks after-care .....	968,40	644,40	51,90+T+M
<b>3.8.5 Spine</b>			
0929 Manipulation of spine with anaesthetic (not including after-care), Modifier 0005 not applicable .....	50,40	50,40	86,50+T+M
0931 Spinal fusion: One level .....	1 152,00	766,80	51,90+T+M
0934 Spinal fusion: Multiple levels .....	1 267,20	846,00	51,90+T+M
0935 Occipito-cervical fusion .....	1 152,00	766,80	51,90+T+M

	Specialist	General Practitioner	Anaesthetic
	R	R	R
0937 Sacro-iliac fusion	806,40	536,40	51,90+T+M
0939 Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	576,00	385,20	51,90+T+M
0940 Transthoracic anterior exposure of the spine if done by a second surgeon ....	576,00	385,20	51,90+T+M
0943 Lumbar discectomy	864,00	576,00	51,90+T+M
0945 Lumbar descectomy: Multiple levels or both sides .....	986,40	658,80	51,90+T+M
0947 Surgical removal cervical or thoracic disc: One level ..	950,40	633,60	51,90+T+M
0949 Surgical removal cervical or thoracic disc: Multiple levels .....	1 080,00	720,00	51,90+T+M
0951 Removal disc plus spinal fusion: One level .....	1 274,40	849,60	51,90+T+M
0953 Removal disc plus spinal fusion: Multiple levels ...	1 389,60	925,20	51,90+T+M
0959 Excision of coccyx	345,60	230,40	51,90+T+M
0961 Costo-transversectomy .....	712,80	475,20	51,90+T+M
0963 Anterolateral decompression of spinal cord or anterior debridement .....	1 173,60	781,20	51,90+T+M



	Specialist	General Practitioner	Anaesthetic
	R	R	R
0969 Skull or skull-femoral traction including two weeks after-care .....	230,40	180,00	-
0975 Internal mechanical fixation and spinal fusion (removal of osteophyte and/or neurolysis included)	1 584,00	1 054,80	69,20+T+M
0976 Internal mechanical fixation by using Harrington/Zielke/or similar procedure and spinal fusion with laminal wires	1 368,00	910,80	86,50+T+M
0977 Cotrel-Dubboiset/or similar procedure (8 to 10 hooks) and spinal fusion .....	1 980,00	1 321,20	69,20+T+M
0979 Revision of fusion and repair of pseudoarthrosis at one or more levels: Posterior approach	1 080,00	720,00	51,90+T+M
0985 Removal of internal mechanical fixation	252,00	180,00	103,80+T+M
0986 Removal of internal mechanical fixation: Multiple levels ...	360,00	241,20	103,80+T+M
<b>3.9 Facial bone procedures</b>			
0987 Repair of orbital floor (blowout fracture) .....	655,20	435,60	69,20+T+M
0988 Genioplasty .....	946,80	630,00	69,20+T+M

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<i>Central mid-third facial fracture with displacement</i>			
0989 Le Fort I .....	662,40	442,80	69,20+T+M
0990 Le Fort II .....	1 087,20	723,60	69,20+T+M
0991 Le Fort III .....	1 558,80	1 040,40	69,20+T+M
0992 Le Fort I Osteotomy	3 492,00	2 329,20	69,20+T+M
0993 Palatal Osteotomy	1 087,20	723,60	69,20+T+M
0994 Le Fort II Osteotomy (team fee) .....	3 970,80	2 646,00	69,20+T+M
0995 Le Fort III Osteotomy (team fee) .....	5 954,40	3 970,80	69,20+T+M
0996 Fracture of maxilla without displacement .....	*	*	-
<i>Mandible: fractured nose and zygoma</i>			
0997 Open reduction and fixation .....	1 087,20	723,60	51,90+T+M
0999 Closed reduction with inter-maxillary fixation .....	662,40	442,80	51,90+T+M
1001 Temporo-mandibular joint: Reconstruction for dysfunction	741,60	493,20	69,20+T+M
1003 Manipulation: Immobilisation and follow-up of fractured nose .....	126,00	126,00	51,90+T+M
1005 Nasal fracture without manipulation ..	*	*	-

\*Per service (specify)

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1007 Mandibulectomy ....	738,00	493,20	86,50+T+M
1009 Maxillectomy .....	1 209,60	806,40	69,20+T+M
1011 Bone graft to mandible .....	741,60	493,20	69,20+T+M
1012 Adjustment of occlusion by ramisection	817,20	543,60	69,20+T+M
1013 Fracture of arch of zygoma without displacement .....	*	*	-
1015 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; recent fractures (within four weeks) .....	471,60	313,20	51,90+T+M
1017 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; delayed fractures (after four weeks) .....	943,20	630,00	51,90+T+M
<b>4. RESPIRATORY SYSTEM</b>			
<b>4.1 Nose and sinuses</b>			
1019 Nasal endoscopy in rooms (may only be charged for together with a first consultation) .....	43,20	-	-

\*Per service (specify)

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1020 Septum perforation repair by any method .....	450,00	298,80	69,20+T
1022 Septum plasty with or without caudal deflection .....	396,00	262,80	69,20+T
1024 Insertion of silastic obturator into nasal septum perforation (excluding material) .....	98,30	98,30	69,20+T
1025 Intranasal antrostomy, uni- or bilateral .....	216,00	180,00	69,20+T
1027 Dacrocystorhinostomy	756,00	504,00	86,50+T
1029 Turbinectomy, uni- or bilateral .....	162,00	162,00	69,20+T
1034 Autogenous nasal bone transplant: Bone removal included .....	360,00	241,20	69,20+T
1035 Unilateral intranasal ethmoidectomy with or without removal of polyps and/or intranasal frontal operation and/or intranasal sphenoid operation .....	406,80	270,00	69,20+T
1036 Bilateral intranasal ethmoidectomy with or without removal of polyps and/or intranasal frontal operation and/or intranasal sphenoid operation .....	712,80	475,20	69,20+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<i>Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral</i>			
1037 Under local anaesthetic .....	28,80	28,80	-
1039 Under general anaesthetic .....	75,60	75,60	69,20+T
<i>Severe epistaxis, requiring hospitalisation</i>			
1041 Anterior plugging (including after-care) .....	144,00	144,00	103,80+T
1043 Anterior and posterior plugging .....	216,00	180,00	103,80+T
1045 Ligation anterior Ethmoidal artery	212,40	180,00	103,80+T
1047 Cladwell-Luc operation (unilateral)	331,20	219,60	69,20+T
1049 Ligation internal maxillary artery	468,00	309,60	103,80+T
1054 Antroscopy through the canine fossa (uni- or bilateral)	144,00	-	-
1055 External frontal ethmoidectomy .....	698,40	464,40	69,20+T
1057 External ethmoidectomy and/or sphenoidectomy .....	590,40	392,40	69,20+T
1059 Frontal osteomyelitis .....	698,40	464,40	69,20+T
1061 Lateral rhinotomy	590,40	392,40	69,20+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1063 Removal of foreign bodies from nose at rooms .....	36,00	36,00	-
1065 Removal of foreign body from nose under general anaesthetic	75,60	75,60	69,20+T
1067 Proof puncture, unilateral at rooms	36,00	36,00	-
1069 Proof puncture, uni- or bilateral under general anaesthetic	75,60	75,60	69,20+T
1073 Steroid infiltration of turbinates, uni- or bilateral .....	14,40	14,40	-
1075 Multiple intranasal procedures: Not to exceed (see Modifier 0068) .....	698,40	464,40	69,20+T
1077 Septum abscess, at room, including after-care .....	28,80	28,80	-
1079 Septum abscess, under general anaesthetic .....	75,60	75,60	69,20+T
1081 Oro-antral fistula (without Caldwell-Luc) .....	309,60	205,20	69,20+T
1083 Choanal atresia: Intranasal approach	406,80	270,00	86,50+T
1084 Choanal atresia: Transpalatal approach .....	698,40	464,40	121,10+T
1085 Total reconstruction of the nose: Including reconstruction			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
of nasal septum (septumplasty) nasal pyramid (osteotomies) and nasal tip	1 260,00	838,80	86,50+T
1087 Subtotal reconstruction consisting of any two of the following: Septumplasty, osteotomies, nasal tip reconstruction .....	756,00	504,00	86,50+T
1088 If only one of the procedures in 1085 is done .....	342,00	226,80	86,50+T
<i>Forehead rhinoplasty (all stages)</i>			
1089 Total .....	1 987,20	1 324,80	86,50+T
1091 Partial .....	1 490,40	993,60	86,50+T
<b>4.3 Larynx</b>			
<i>Specific modifier governing this section of the tariff</i>			
0067 Micro-surgery of the larynx; to the fee of the operation performed add 25%			
1117 Laryngeal intubation	36,00	36,00	-
<i>Laryngectomy</i>			
1119 Without block dissection of the neck	1 260,00	838,80	121,10+T
1127 Tracheostomy .....	288,00	190,80	155,70+T
1129 External laryngeal operation, e.g la-			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
ryngeal stenosis, laryngocele, abductor, paralysis, laryngofissure .....	709,20	471,60	138,40+T
<i>Direct laryngoscopy</i>			
1130 Diagnostic laryngoscopy including biopsy (to be applied when a flexible fibre-optic laryngoscope was used) .....	108,00	108,00	103,80+T
1131 Plus foreign body removal .....	165,60	165,60	103,80+T
<b>4.4 Bronchial procedure</b>			
<i>Bronchoscopy</i>			
1132 Diagnostic bronchoscopy without removal of foreign object	234,00	154,80	103,80+T
1133 With removal of foreign body .....	288,00	190,80	138,40+T
1134 Bronchoscopy with use of laser .....	270,00	-	138,40+T
1135 With bronchograph	288,00	190,80	138,40+T
1137 Bronchial lavage	-	-	138,40+T
1138 Thoracotomy: for bronchopleural fistula (including ruptured bronchus, any cause) .....	1 260,00	838,80	207,60+T
<b>4.5 Pleura</b>			



	Specialist	General Practitioner	Anaesthetic
	R	R	R
1139 Pleural needle biopsy .....	75,60	75,60	51,90+T
1141 Insertion of intercostal catheter (under water drainage) .....	180,00	180,00	103,80+T
1143 Paracentesis chest: Diagnostic .....	28,80	28,80	51,90+T
1145 Paracentesis chest: Therapeutic .....	46,80	46,80	51,90+T
1147 Pneumothorax: Induction (diagnostic)	90,00	90,00	-
1149 Pleurectomy .....	900,00	601,20	190,30+T
1151 Decortication of lung .....	1 260,00	838,80	190,30+T
1153 Pleurodesis without thoracotomy (e.g installation of silver nitrate) .....	198,00	180,00	51,90+T
<b>4.6 Pulmonary procedures</b>			
<b>4.6.1 Surgical</b>			
1155 Needle biopsy: Lung	90,00	90,00	86,50+T
1157 Pneumonectomy .....	1 260,00	838,80	190,30+T
1159 Pulmonary lobectomy	1 260,00	838,80	190,30+T
1161 Segmental lobectomy	1 314,00	874,80	190,30+T
<i>Excision tracheal stenosis:</i>			
1163 Cervical .....	1 350,00	900,00	138,40+T
1164 Intra thoracic .....	1 260,00	838,80	207,60+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1165 Complete .....	1 260,00	838,80	207,60+T
1171 Drainage empyema (including six weeks after-treatment) ..	612,00	406,80	190,30+T
1173 Drainage of lung abscess (including six weeks after-treatment) .....	612,00	406,80	190,30+T
<i>Thoracotomy</i>			
1175 Limited: For lung or pleural biopsy ....	414,00	277,20	190,30+T
1177 Major: Diagnostic	774,00	514,80	190,30+T
1179 Thoracoscopy Diagnostic .....	208,80	144,00	190,30+T
<b>4.6.2 Pulmonary function tests</b>			
<i>See modifier 0069</i>			
1186 Pulmonary function test with vitalometer .....	72,00	72,00	72,00
1189 Forced expiratory volumes (F.E.V. <sub>0,5</sub> /F.E.V. <sub>1,0</sub> etc.) ...	14,40	14,40	14,40
1191 Gas distribution: Closed circuit method (lung clearance method or single breath nitrogen curve) .....	36,00	36,00	36,00
1193 Lung volumes: Closed circuit method or body plethysmograph	86,40	86,40	86,40

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1195 Air-way resistance and conductance using body plethysmograph .....	86,40	86,40	86,40
1197 Compliance and resistance using oesophageal balloon ...	86,40	86,40	86,40
1198 Histamine/methacholine inhalation test .....	144,00	144,00	144,00
1199 Exercise testing with a combination of a reading: Pulse, oxygen uptake, ventilation, respiratory quotient blood gases, compliance and resistance ....	86,40	86,40	86,40
1201 For complete pulmonary function battery including the above .....	309,60	205,20	309,60
1203 Diffusion test or equivalent .....	86,40	86,40	86,40

#### 4.7 Respiratory therapy, cardiac, general

MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

0071 Where work is initiated after hours, over a weekend or on public holidays, a further R43,20 may be charged.

RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

Q. Items 1204 to 1210 exclude the following:

- (i) Anaesthetic and/or surgical fees for any condition or procedure.

- (ii) Cost of any drugs and/or materials.
- (iii) Any other cost which may be incurred before, during or after the consultation and/or the therapy.
- (iv) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen.
- (v) Procedural items 1212 to 1219.
- R. Items 1208, 1209 and 1210 include resuscitation (i.e item 1211).
- S. Items 1212, 1213, and 1214 include the following:
  - (i) Measurement or minute volume, vital capacity, time- and vital capacity studies.
  - (ii) Testing and connecting the machine.
  - (iii) Putting patient on machine: setting machine, synchronising patient with machine.
  - (iv) Instruction to nursing staff.
  - (v) All subsequent visits within 24 hours.
- T. Ventilation (items 1212 to 1214) does not form a part of normal post-operative care.

4.7.1 **Tariff items for intensive care**

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

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1204 Per day .....	108,00	108,00	-

Category 2 Cases requiring active system support. (Where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flial chest, etc.)

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1205 First day .....	360,00	241,20	-
1206 Subsequent days, per day .....	180,00	180,00	-
1207 After two weeks, per day .....	90,00	90,00	-

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

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1208 First day (principal practitioner) .....	450,00	298,80	-
1209 First day (per involved practitioner)	180,00	180,00	-
1210 Subsequent days (per involved practitioner) .....	180,00	180,00	-

#### 4.7.2 Procedures

- 1211 Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) - R180,00 per half hour or part thereof for the first hour per practitioner, thereafter R90,00 per half hour up to a maximum of R540,00 per practitioner. Resuscitation fee includes all necessary additional procedures e.g. Infusion, intubation, etc.

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<i>Ventilation</i>			
1212 First day .....	270,00	180,00	-
1213 Subsequent days ...	180,00	180,00	-
1214 After two weeks, per day .....	90,00	90,00	-
1215 Insertion of arterial pressure cannula .....	90,00	90,00	-
1216 Insertion of Swan Ganz catheter for haemodynamic monitoring .....	180,00	180,00	-
1217 Insertion of central venous line via peripheral vein ...	36,00	36,00	-
1218 Insertion of central venous line via subclavian or jugular veins .....	90,00	90,00	-
1219 Hyperalimentation (daily fee) .....	54,00	54,00	-
<b>5. MEDIASTINAL PROCEDURES</b>			
1221 Mediastinoscopy	342,00	226,80	86,50+T
<b>6. CARDIOVASCULAR SYSTEM</b>			
<i>Modifier governing fees for an anaesthetist operating in-aortic balloon pump (cardiovascular system)</i>			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<p>0100 Where an anaesthetist would be responsible for operating an intra-aortic balloon pump, a fee of R270,00 is applicable.</p> <p>6.1 General</p> <p><i>General practitioner's fee for the taking of an ECG only</i></p> <p>Where an ECG is done by a general practitioner and interpreted by a physician, the general practitioner is entitled to his full consultation fee, plus half of fee determined for ECG.</p>			
<p>1228 Without effort: 1/2 (1232) .....</p>	-	16,20	-
<p>1229 Without and with effort: 1/2 (1233)</p>		23,40	
<p><b>Note:</b> Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added.</p> <p><i>Physician's fee for interpreting an ECG</i></p> <p>A specialist physician is entitled to the following fees for interpretation</p>			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
of an ECG tracing referred to him or her by a general practitioner .....			
1230 Without effort ....	21,60	-	-
1231 Without and with effort .....	36,00	-	-
<i>Electrocardiogram</i>			
1232 Without effort ....	32,40	32,40	-
1233 Without and with effort .....	46,80	46,80	-
1234 Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	144,00	144,00	-
1235 Multi-stage treadmill test .....	216,00	180,00	-
1241 X-ray screening (Chest) .....	14,40	14,40	-
1245 Angiography cerebral: First two series .....	123,50	123,50	69,20+T
1246 Angiography peripheral: Per limb ..	90,00	90,00	69,20+T
1248 Paracentesis of pericardium .....	180,00	180,00	155,70+T
<b>6.3 Cardiac surgery</b>			
1311 Pericardial drainage	504,00	334,80	224,90+T
<b>6.3.1 Open heart surgery</b>			



	Specialist	General Practitioner	Anaesthetic
	R	R	R
1322 Attendance at other operations or monitoring at bedside, by physician e.g. heart block, etc.: Per hour .....	72,00	-	-
6.4 <b>Peripheral vas-system</b>			
6.4.2 <b>Arterio-venous abnormalities</b>			
1369 Fistula or aneurysm (as for grafting of various arteries)	-	-	-
6.4.3 <b>Arteries</b>			
6.4.3.1 <b>Aorta-iliac and major branches</b>			
<i>Abdominal aorta and iliac artery</i>			
1373 Ruptured	2 160,00	1 440,00	259,50+T
6.4.3.2 <b>Iliac artery</b>			
1379 Prosthetic grafting and/or Thrombo-endarteriectomy .....	1 080,00	720,00	224,90+T
6.4.3.3 <b>Peripheral</b>			
1385 Prosthetic grafting <i>Grafting vein</i>	918,00	612,00	86,50+T
1387 Proximal to knee joint .....	1 080,00	720,00	86,50+T
1388 Distal to knee joint	1 598,40	1 065,60	86,50+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1389 Endarterectomy when not part of another specified procedure	950,40	633,60	86,50+T
1390 Carotid endarterectomy .....	1 080,00	720,00	173,00+T
<i>Embolectomy</i>			
1393 Peripheral embolectomy transfemoral	604,80	403,20	86,50+T
<i>Miscellaneous arterial procedures</i>			
1395 Arterial suture: trauma .....	450,00	298,80	86,50+T
1397 Profundoplasty ....	756,00	504,00	86,50+T
1399 Distal tibial (ankle region) .....	1 641,60	1 094,40	86,50+T
1401 Femoro-femoral ....	914,40	612,00	86,50+T
1402 Carotid-subclavian	1 036,80	691,20	138,40+T
1403 Axillo-femoral (Bifemoral +50%)	1 036,80	691,20	138,40+T
<b>6.4.4 Veins</b>			
1407 Ligation of saphenous vein .....	180,00	180,00	51,90+T
<i>Ligation of inferior vena cava</i>			
1410 Abdominal .....	648,00	432,00	138,40+T
<i>"Umbrella" operation on inferior vena cava</i>			
1412 Abdominal .....	360,00	241,20	138,40+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<i>Combined procedure for varicose veins: ligation of saphenous vein stripping, multiple ligation including ligation of perforating veins as indicated</i>			
1413 Unilateral .....	507,60	338,40	51,90+T
1415 Bilateral .....	889,20	594,00	51,90+T
1417 Extensive sub-fascial ligation of perforating veins	450,00	298,80	51,90+T
1419 Lesser varicose vein procedures .....	111,60	111,60	51,90+T
<i>Compression sclerotherapy of varicose veins</i>			
1421 Per injection .....	32,40	32,40	-
1423 Maximum per leg (excluding cost of material) .....	288,00	190,80	-
<i>Thrombectomy</i>			
1425 Inferior vena cava (Trans abdominal)	864,00	576,00	190,30+T
1427 Ilio-femoral	630,00	421,20	103,80+T
<b>7. LYMPHO RETICULAR SYSTEM</b>			
<b>7.1 Spleen</b>			
1435 Splenectomy (trauma)	630,00	421,20	155,70+T
<i>Bone marrow biopsy</i>			
1457 By trephine .....	46,80	46,80	51,90+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1458 Simple aspiration of marrow by means of trocar or cannula ..	28,80	28,80	-
<b>8. DIGESTIVE SYSTEM</b>			
<b>8.1 Oral cavity</b>			
1467 Drainage intra-oral abscess .....	111,60	111,60	69,20+T
1483 Closure of oro-antral fistula with Caldwell-Luc .....	496,80	331,20	69,20+T
<b>8.2 Lips</b>			
1485 Local excision of benign lesion of lip	97,20	97,20	69,20+T
1499 Lip reconstruction following an injury: Direct repair .....	327,60	219,60	69,20+T
<i>Lip reconstruction following an injury</i>			
1501 Flap repair .....	741,60	493,20	69,20+T
1503 Total reconstruction (first stage) .....	741,60	493,20	69,20+T
1504 Subsequent stages (see item 0299) ...	374,40	248,40	69,20+T
<b>8.3 Tongue</b>			
1505 Partial glossectomy	507,60	338,40	103,80+T
1507 Local excision of lesion of tongue ..	97,20	97,20	69,20+T
<b>8.4 Palate, uvula and salivary glands</b>			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1531 Drainage of parotid abscess .....	90,00	90,00	69,20+T
<b>8.5 Oesophagus</b>			
1545 Oesophagoscopy with rigid instrument: First and subsequent	169,20	169,20	69,20+T
1550 With removal of foreign body .....	252,00	180,00	69,20+T
<i>Hiatus hernia and diaphragmatic hernia repair</i>			
1563 With anti-reflux procedure .....	1 080,00	720,00	190,30+T
1565 With Collis Nissen oesophageal lengthening procedure ....	1 260,00	838,80	190,30+T
<b>8.6 Stomach</b>			
1587 Upper gastro-intestinal fibre-optic endoscopy: Own equipment .....	234,00	180,00	69,20+T
1591 Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach) ..	324,00	216,00	69,20+T
1597 Gastrostomy or Gastrotomy .....	417,60	277,20	103,80+T
<i>Vagotomy</i>			
1615 Suture of perforated gastric or duodenal ulcer or wound or injury .....	468,00	313,20	121,10+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1617 Partial gastrectomy	1 080,00	720,00	121,10+T
1619 Total gastrectomy	1 350,00	900,00	121,10+T
<b>8.7 Duodenum</b>			
1627 Duodenal intubation (under X-ray screening) .....	28,80	-	-
<b>8.8 Intestines</b>			
1634 Enterotomy or Enterostomy .....	417,60	277,20	103,80+T
1637 Operation for relief of intestinal obstruction .....	507,60	338,40	121,10+T
1639 Resection of small bowel with enterostomy or anastomosis	630,00	421,20	103,80+T
1645 Suture of intestine (small or large): Wound or injury ...	417,60	277,20	103,80+T
1647 Closure of intestinal fistula .....	928,80	619,20	103,80+T
1657 Right or left hemicolectomy or segmental colectomy ..	1 170,00	781,20	103,80+T
1661 Colotomy: Including removal of foreign body .....	486,00	324,00	103,80+T
1663 Total colectomy ...	1 404,00	936,00	103,80+T
1665 Colostomy or ileostomy isolated procedure .....	324,00	216,00	103,80+T
1667 Colostomy: Closure	324,00	216,00	86,50+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1668 Revision of ileostomy pouch .....	1 350,00	900,00	103,80+T
<b>8.10 Rectum and Anus</b>			
1677 Sigmoidoscopy: First and subsequent, with or without biopsy	46,80	46,80	51,90+T
<i>Repair of prolapsed rectum: abdominal</i>			
1705 Incision and drainage of submucous abscess .....	144,00	144,00	51,90+T
1707 Drainage of submucous abscess .....	144,00	144,00	51,90+T
1737 Dilatation of anorectal stricture ..	45,00	45,00	51,90+T
<b>8.11 Liver</b>			
1743 Needle biopsy of liver .....	90,00	90,00	51,90+T
1745 Biopsy of liver by laparotomy .....	324,00	216,00	69,20+T
1747 Drainage of liver abscess .....	507,60	338,40	121,10+T
<i>Hemi-hepatectomy</i>			
1749 Right .....	1 584,00	1 054,80	155,70+T
1751 Left .....	1 080,00	720,00	155,70+T
1753 Partial or segmental hepatectomy .....	540,00	360,00	155,70+T
1757 Suture of liver wound or injury ...	648,00	432,00	155,70+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<b>8.12 Biliary tract</b>			
1763 With exploration of common bile duct ..	990,00	658,80	103,80+T
1765 Exploration of common bile duct: Secondary operation	1 047,60	698,40	103,80+T
1767 Reconstruction of common bile duct ...	1 440,00	961,20	103,80+T
<b>8.13 Pancreas</b>			
1778 Pancreas: ERCP: Endoscopy + catheterisation of pancreas duct or choledochus	349,20	230,40	-
<i>Pancreatic functions tests</i>			
1783 Drainage of pancreatic abscess .....	648,00	432,00	103,80+T
1791 Local, partial or subtotal pancreatectomy .....	900,00	601,20	138,40+T
1793 Distal pancreatectomy with internal drainage .....	1 080,00	720,00	138,40+T
<b>8.14 Peritoneal cavity</b>			
<i>Pneumo-peritoneum</i>			
1797 First .....	46,80	46,80	69,20+T
1799 Repeat .....	21,60	21,60	69,20+T
1800 Peritoneal lavage	72,00	72,00	-
1801 Diagnostic paracentesis: Abdomen ...	28,80	28,80	-



	Specialist	General Practitioner	Anaesthetic
	R	R	R
1803 Therapeutic paracentesis: Abdomen ...	46,80	46,80	-
1807 Laparoscopy .....	216,00	180,00	86,50+T
1809 Laparotomy .....	378,00	252,00	69,20+T
1811 Suture of burst abdomen .....	360,00	241,20	121,10+T
1812 Laparotomy for control of surgical haemorrhage .....	-	-	155,70+T
1813 Drainage of subphrenic abscess .....	648,00	432,00	121,10+T
<i>Drainage of other intraperitoneal abscess (excluding appendix abscess)</i>			
1815 Per abdomen .....	648,00	432,00	86,50+T
1817 Transrectal drainage of pelvic abscess	180,00	180,00	69,20+T
<b>9. HERNIAE</b>			
1819 Inguinal or femoral hernia .....	450,00	298,80	69,20+T
1825 Recurrent inguinal or femoral hernia	558,00	370,80	69,20+T
1827 Strangulated hernia requiring resection of bowel .....	856,80	572,40	121,10+T
1831 Umbilical hernia ...	504,00	334,80	69,20+T
1835 Incisional .....	576,00	385,20	69,20+T
<b>10. URINARY SYSTEM</b>			
<b>10.1 Kidney</b>			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1839 Renal biopsy, per kidney, open .....	255,60	180,00	86,50+T
1841 Renal biopsy (needle) .....	108,00	108,00	51,90+T
<i>Peritoneal dialysis</i>			
1843 First day .....	118,80	118,80	-
1845 Every subsequent day	118,80	118,80	-
<i>Haemodialysis</i>			
1847 Per hour or part			
1849 Maximum: Eight hours	604,80	403,20	-
1851 Thereafter per week	198,00	180,00	-
<i>Nephrectomy</i>			
1853 Primary nephrectomy	680,40	453,60	86,50+T
1855 Secondary nephrectomy .....	831,60	554,40	86,50+T
1863 Nephro-ureterectomy	968,40	644,40	86,50+T
1865 Nephrotomy with drainage nephrostomy	680,40	453,60	103,80+T
1873 Suture renal laceration (renorrhaphy)	694,80	464,40	103,80+T
1879 Closure renal fistula .....	680,40	453,60	86,50+T
1881 Pyeloplasty .....	907,20	604,80	86,50+T
1885 Pyelolithotomy ....	680,40	453,60	86,50+T
1891 Perinephric abscess or renal abscess: Drainage .....	406,80	270,00	121,10+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<b>10.2 Ureter</b>			
1897 Ureterorrhaphy: Suture of ureter .....	529,20	352,80	86,50+T
1898 Lumbar approach ...	680,40	453,60	86,50+T
1899 Ureteroplasty .....	651,60	435,60	86,50+T
1903 Ureterectomy only	493,20	327,60	86,50+T
1919 Closure of ureteric fistula .....	529,20	352,80	86,50+T
1921 Immediate deligation of ureter .....	529,20	352,80	86,50+T

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

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

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1945 Instillation of radio-opaque material for cystography or urethrocytography	18,00	18,00	51,90+T
1949 Cystoscopy .....	126,00	126,00	51,90+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1951 Retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	36,00	36,00	51,90+T
1952 J J Stent catheter	+158,40	+158,40	51,90+T
1954 Ureteroscopy .....	+126,00	-	51,90+T
1959 With manipulation of ureteral calculus	72,00	72,00	51,90+T
1961 With removal of foreign body or calculus from urethra or bladder .....	72,00	72,00	51,90+T
1964 Control of haemorrhage and blood clot evacuation .....	+54,00	+54,00	51,90+T
1976 Optic urethrotomy <i>Internal urethrotomy</i>	288,00	190,80	51,90+T
1979 Female .....	180,00	180,00	51,90+T
1981 Male .....	180,00	180,00	51,90+T
<i>Transurethral resection of bladder-neck</i>			
1985 Female .....	378,00	252,00	86,50+T
1986 Male .....	450,00	298,80	86,50+T
1987 Litholapaxy .....	288,00	190,80	86,50+T
1989 Cystometrogram ....	90,00	90,00	51,90+T
1991 Flometric bladder, studies with videocystography .....	144,00	144,00	51,90+T
1992 Without videocystography .....	90,00	90,00	51,90+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
1993 Voiding cystro-urethrogram .....	75,60	75,60	51,90+T
1995 Percutaneous aspiration of bladder ...	36,00	36,00	51,90+T
1996 Bladder catheterisation - male (not at operation) .....	21,60	21,60	51,90+T
1997 Bladder catheterisation - female (not at operation) .....	10,80	10,80	-
1999 Percutaneous cystostomy .....	86,40	86,40	51,90+T
<i>Total cystectomy</i>			
2013 Diverticulectomy (Independant procedure): Multiple or single .....	493,20	327,60	86,50+T
2015 Suprapubic cystostomy .....	241,20	180,00	86,50+T
<i>Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required)</i>			
2035 Cutaneous vesicostomy .....	424,80	284,40	86,50+T
2039 Operation for ruptured bladder .....	493,20	327,60	103,80+T
2047 Drainage of perivesical or prevesical abscess .....	230,40	180,00	86,50+T
<i>Evacuation of clots from bladder</i>			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
2049 Other than post-operative .....	144,00	144,00	51,90+T
2050 Post-operative ....	-	-	69,20+T
2051 Simple bladder lavage: Including catheterisation ...	43,20	43,20	51,90+T
2058 Non-surgical supervision of paraplegic patients. All urodynamic studies excluded and charged for separately under items 1979, 1981, 1991 and 1992 of the Tariff .....	421,20	280,80	-
<b>10.4 Urethra</b>			
<i>Dilatation of urethral stricture: by passage of sound</i>			
2063 Initial (male) ....	72,00	72,00	51,90+T
2065 Subsequent (male)	36,00	36,00	51,90+T
2067 By passage of filiform and follower (male) .....	72,00	72,00	51,90+T
2071 Urethrorraphy: Suture of urethral wound or injury ...	500,40	334,80	69,20+T
<i>Urethraplasty</i>			
<i>Pendulous urethra</i>			
2075 First stage .....	255,60	180,00	69,20+T
2077 Second stage .....	522,00	349,20	69,20+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
2081 Reconstruction or repair of male anterior urethra (one stage) .....	576,00	385,20	69,20+T
<i>Reconstruction or repair of prostatic or membranous urethra</i>			
2083 First stage .....	604,80	403,20	103,80+T
2085 Second stage .....	604,80	403,20	103,80+T
2086 If done in one stage	1 058,40	705,60	103,80+T
<i>Total urethrectomy</i>			
2095 Drainage of simple localised perineal urinary extravasation .....	151,20	151,20	86,50+T
2097 Drainage of extensive perineal urinary extravasation	493,20	327,60	86,50+T
2103 Simple urethral meatotomy .....	54,00	54,00	51,90+T
<i>Incision of deep peri-urethral abscess</i>			
2105 Female .....	151,20	151,20	51,90+T
2107 Male .....	90,00	90,00	51,90+T
2109 Badenoch pull-through for intractable stricture or incontinence .....	651,60	435,60	86,50+T
2111 External sphincterotomy .....	388,80	259,20	86,50+T
2115 Operation for correction of male			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
urinary incontinence with or without introduction of prosthesis (excluding cost of prosthesis)	604,80	403,20	86,50+T
2116 Urethral meatoplasty	158,40	158,40	51,90+T
2117 Closure of urethrotomy or urethrocutaneous fistula (independent procedure)	104,40	104,40	51,90+T
<b>11. MALE GENITAL SYSTEM</b>			
11.1 Penis			
2141 Plastic operation for insertion of prosthesis .....	363,60	241,20	51,90+T
2147 Plastic operation for injury: Including fracture of penis and skin graft if required .....	604,80	403,20	51,90+T
11.2 Testis and Epididymis			
<i>Orchidectomy (total or subcapsular)</i>			
2191 Unilateral .....	136,80	136,80	51,90+T
2193 Bilateral .....	241,20	180,00	51,90+T
2213 Suture or repair of testicular injury	122,40	122,40	69,20+T
2215 Incision and drainage of testis or epididymis e.g. abscess or haematoma	122,40	122,40	69,20+T
2227 Incision and drain-			



	Specialist	General Practitioner	Anaesthetic
	R	R	R
age of scrotal wall abscess .....	61,20	61,20	51,90+T
11.3 Prostate			
2245 Trans-urethral resection of prostate	907,20	604,80	103,80+T
14. NERVOUS SYSTEM			
14.1 Diagnostic procedures			
2709 Full spinogram including bilateral median and posterior tibial studies	504,00	-	-
2711 Electro-encephalography .....	93,60	93,60	-
2712 Electro-encephalography-interpretation .....	43,20	43,20	-
2713 Lumbar puncture and/or intrathecal injections .....	54,00	54,00	-
2714 Cisternal puncture and/or intrathecal injections .....	54,00	54,00	-
<i>Electromyography</i>			
2717 First .....	270,00	180,00	-
2718 Subsequent .....	270,00	180,00	-
<i>Angiography carotis</i>			
2725 Unilateral .....	90,00	90,00	69,20+T
2726 Bilateral .....	158,40	158,40	69,20+T
2727 Vertebral artery: Direct needling ...	180,00	180,00	69,20+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
2729 Vertebral catheterisation .....	180,00	180,00	69,20+T
<i>Air encephalography and posterior fossa tomography</i>			
2731 Injection of air (independent procedure) .....	52,20	-	69,20+T
2733 Attendance at radiology by clinician	73,80	*	
2735 Posterior fossa tomography attendance by clinician .....	113,40	*	-
2737 Visual field charting on Bierrum Screen .....	25,20	25,20	-
<i>Ventricular needling without burring</i>			
2739 Tapping only .....	57,60	57,60	69,20+T
2741 Plus introduction of air and/or contrast dye for ventriculography ..	154,80	154,80	69,20+T
<i>Subdural tapping</i>			
2743 First sitting .....	54,00	54,00	69,20+T
2745 Subsequent .....	36,00	36,00	69,20+T
14.2 Introduction of burr holes for			

\* Per service (specify)

	Specialist	General Practitioner	Anaesthetic
	R	R	R
2747 Ventriculography	540,00	360,00	138,40+T
2749 Catheterisation for ventriculography and /or drainage .....	540,00	360,00	138,40+T
2753 Subdural haematoma	540,00	360,00	138,40+T
2755 Subdural empyema ..	540,00	360,00	138,40+T
2757 Brain abscess .....	540,00	360,00	138,40+T
<b>14.3 Nerve procedures</b>			
2765 Nerve conduction studies (see items 0733 and 3295) ....	93,60	61,20	69,20+T
<b>14.3.1 Nerve repair or suture</b>			
2767 Suture Brachial Plexus (see also items 2837 and 2839)	1 080,00	720,00	103,80+T
<i>Suture</i>			
<i>Large nerve</i>			
2769 Primary .....	482,40	320,40	86,50+T
2771 Secondary .....	727,20	486,00	86,50+T
<i>Digital nerve</i>			
2773 Primary .....	234,00	180,00	51,90+T
2775 Secondary .....	345,60	230,40	51,90+T
<i>Nerve graft</i>			
2777 Simple .....	727,20	486,00	69,20+T
<i>Fascicular</i>			
2779 First fasciculus ..	727,20	486,00	69,20+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
2781 Each additional fasciculus .....	180,00	180,00	69,20+T
2783 Nerve flap: To include all stages ..	806,40	536,40	69,20+T
2787 Grafting of facial nerve .....	774,00	514,80	86,50+T
<b>14.3.2 Neurectomy</b>			
2799 Intrathecal injections for pain ....	129,60	129,60	69,20+T
2800 Plexus nerve block	129,60	129,60	129,60*
2801 Epidural injection for pain .....	129,60	129,60	-
2802 Peripheral nerve block .....	90,00	90,00	90,00*
<i>Alcohol injection in peripheral nerves for pain</i>			
2803 Unilateral .....	72,00	72,00	51,90+T
2805 Bilateral .....	126,00	126,00	51,90+T
2809 Peripheral nerve section for pain ..	162,00	162,00	51,90+T
2815 Interdigital .....	183,60	180,00	51,90+T
2825 Excision: Neuroma: Peripheral .....	230,40	180,00	51,90+T
<b>14.3.3 Other nerve procedures</b>			
2827 Transposition of ulnar nerve .....	360,00	241,20	51,90+T
<i>Neurolysis</i>			

\*Per hospital visit

	Specialist	General Practitioner	Anaesthetic
	R	R	R
2829 Minor .....	183,60	180,00	51,90+T
2831 Major .....	475,20	316,80	51,90+T
2833 Digital .....	345,60	230,40	51,90+T
2835 Scalenotomy .....	475,20	316,80	103,80+T
2837 Brachial plexus, suture or neurolysis (item 2767) .....	1 080,00	720,00	103,80+T
2839 Total Brachial ple- xus exposure with graft neurolysis and transplantation ...	1 620,00	1 080,00	103,80+T
2841 Carpal Tunnel .....	230,40	180,00	51,90+T
<i>Lumbar sympathectomy</i>			
2843 Unilateral .....	550,80	367,20	69,20+T
2845 Bilateral .....	964,80	644,40	103,80+T
<i>Sympathetic block:</i>			
<i>Other levels:</i>			
2849 Unilateral .....	72,00	72,00	51,90+T
2851 Bilateral .....	126,00	126,00	51,90+T
<b>14.4 Skull proce- dures</b>			
<i>Repair of depressed fracture of skull</i>			
<i>Without brain lace- ration</i>			
2859 Major .....	720,00	478,80	138,40+T
2860 Small .....	612,00	406,80	138,40+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<i>With brain lacerations</i>			
2861 Small .....	720,00	478,80	138,40+T
2862 Major .....	1 350,00	900,00	138,40+T
2863 Cranioplasty .....	1 008,00	673,20	138,40+T
2875 Theco-peritoneal C.S.F. shunt .....	1 008,00	673,20	138,40+T
<b>14.6 Aneurysm repair</b>			
2876 Repair of aneurysm or anterior-venous anomalies (Intra cranial) .....	2 520,00	1 677,60	259,50+T
<b>14.7 Posterior fossa surgery</b>			
<i>Neurectomy</i>			
2879 Glosso-pharyngeal nerve .....	1 728,00	1 152,00	103,80+T
<i>Eight nerve</i>			
2881 Intracranial .....	1 728,00	1 152,00	138,40+T
2887 Vestibular nerve ..	1 728,00	1 152,00	155,70+T
<b>14.7.1 Supratentorial procedures</b>			
2899 Craniectomy for extra-dural haematoma or empyema .....	1 350,00	900,00	190,30+T
<b>14.8 Craniotomy for</b>			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
2900 Extra-dural orbital decompression .....	2 520,00	1 677,60	190,30+T
2903 Abscess .....	1 620,00	1 080,00	190,30+T
2904 Haematoma, foreign body: Cerebral or cerebellar .....	1 620,00	1 080,00	190,30+T
2905 Focal epilepsy: Excision of cortical scar .....	1 620,00	1 080,00	190,30+T
2906 With anterior fossa meningocele and repair of bony skull defect .....	1 350,00	900,00	190,30+T
2909 CSF-leaks .....	1 620,00	1 080,00	190,30+T
14.8.1 Stereo-tactic cerebral and spinal cord procedures			
2918 Non-operative supervision of paraplegics for all disciplines except urologists .....	878,40	586,80	-
14.9 Spinal operations			
2919 Laminectomy for spinal stenosis at multiple levels .....	1 389,60	925,20	51,90+T+M
Laminectomy			
2921 One level .....	806,40	536,40	51,90+T+M
2922 Multiple levels ...	921,60	615,60	51,90+T+M

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<i>Chordotomy</i>			
2923 Unilateral .....	640,80	428,40	51,90+T+M
2925 Open .....	1 260,00	838,80	51,90+T+M
<i>Rhizotomy</i>			
2927 Extradural, but intraspinal .....	1 152,00	766,80	51,90+T+M
2928 Intradural .....	1 260,00	838,80	51,90+T+M
<i>Extramedullary, but intradural</i>			
2940 Lumbar osteophyte removal .....	673,20	450,00	51,90+T+M
2941 Cervical or thoracic osteophyte removal	1 026,00	684,00	51,90+T+M
14.10 <b>Arterial ligations</b>			
<i>Carotis</i>			
2951 Trauma .....	432,00	288,00	138,40+T

14.11 **Medical psychotherapy****Note**

**Rule:** Prior approval must be obtained from the Commissioner before any treatment under this section is carried out. Where approval has been obtained, treatments must be limited to 12 sessions only after which the patient must be referred back to the referring doctor for an evaluation and report to the Commissioner.

## GENERAL RULE GOVERNING THIS SECTION OF THE TARIFF

Va. Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be



charged for besides fees for the procedure.

Vb. Duration of a medical psychotherapeutic session is set at 20 minutes except where otherwise indicated. This set duration is also applicable for psychiatric examination methods.

MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY

0079 When a first consultation proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated at R43,20 per 20 minutes.

	Specialist	General Practitioner	Anaesthetic
	R	R	R
2957 Individual psychotherapy (specify type) - per session	86,40	57,60	-
2958 Psycho-analytic therapy - per 60 minute session .....	259,20	172,80	-
2959 Hypnotherapy - per session .....	86,40	57,60	-
2960 Behaviour therapy (specify) - per session .....	86,40	57,60	-
<b>14.12 Physical treatment methods</b>			
2970 Electro-convulsive treatment (ECT) - each time .....	43,20	28,80	51,90+T
2971 Intravenous anti-depressive medication through infusion - per push in (maximum 1 push in per 24 hours) .....	21,60	14,40	-
<b>14.13 Phychiatric examination methods</b>			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
2972 Narco-analysis (maximum of 3 sessions per treatment) - per session .....	86,40	57,60	-
2973 Psychometry (by psychiatrist - specify examination) (maximum of 3 sessions per examination) - per session .....	86,40	57,60	-
<b>15. GENERAL</b>			
3001 Implantation of pellets (excluding cost of material) .....	10,80	10,80	-
<b>16. EYE</b>			
<b>16.1 Procedures performed in rooms</b>			
Eye investigation and photography refer to one or both eyes except where otherwise indicated.			
<i>Material used is excluded</i>			
The tariff for photography is not related to the number of photographs taken			
3002 Gonioscopy .....	25,20	25,20	-
3013 Ocular mobility assessment comprehensive examination ..	43,20	43,20	-

	Specialist	General Practitioner	Anaesthetic
	R	R	R
3014 Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes) .....	25,20	25,20	-
3015 Charting of visual field with manual perimeter .....	100,80	100,80	-
<i>Special eye investigations</i>			
3016 Retinal threshold test without storage facilities .....	108,00	108,00	-
3017 Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs ..	266,40	180,00	-
3018 Retinal threshold trend evaluation (additional to 3017)	57,60	57,60	-
3020 Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery ...	165,60	165,60	-
3021 Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations .....	32,40	32,40	-
3025 Electronic tonography .....	68,40	68,40	-
3027 Fundus photography	75,60	75,60	-

	Specialist	General Practitioner	Anaesthetic
	R	R	R
3029 Anterior segment microphotography ....	75,60	75,60	-
3031 Fluorescein angiography (excluding colour photography)	162,00	162,00	-
3032 Eyelid and orbit photograph .....	32,40	32,40	-
3033 Interpretation of 3031 referred by other clinician ...	57,60	57,60	-
3034 Determination of lens implant power per eye .....	54,00	54,00	-
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 .....	79,20	79,20	As per procedure
3036 Photokeratoscopy: For pathological corneas only. Excluding cases for R.K assessment. Only on special motivation	129,60	129,60	-
<b>16.2 Retina</b>			
3037 Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy .....	1 008,00	673,20	103,80+T
3039 Prophylaxis and treatment of retina			

	Specialist	General Practitioner	Anaesthetic
	R	R	R
and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye .....	378,00	252,00	103,80+T
3041 Pan retinal photocoagulation (per eye): Done in one sitting	540,00	360,00	103,80+T
(Subsequent sittings: Modifier 0005) .....			
3044 Removal of encircling band and/or buckling material	378,00	252,00	103,80+T
16.3 Lens			
3045 Intra-capsular extraction .....	756,00	504,00	121,10+T
3047 Extra-capsular (including capsulotomy)	756,00	504,00	121,10+T
3049 Insertion of lenticulus in addition to 3045 or 3047 (cost of lens excluded). Modifier 0005 not applicable .....	205,20	180,00	121,10+T
3051 Needling or capsulotomy .....	468,00	313,20	69,20+T
3052 Laser capsulotomy	378,00	252,00	69,20+T
3057 Removal of lenticulus .....	756,00	504,00	121,10+T
3059 Insertion of lenticulus when 3045 or 3047 was not executed (cost of lens excluded) .....	756,00	504,00	121,10+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
3060 Use of own surgical microscope for surgery or examination (not for slit-lamp microscope) (for use by ophthalmologists only) ...	14,40	-	-
<b>16.4 Glaucoma</b>			
3061 Drainage operation	756,00	504,00	103,80+T
3063 Cyclocryotherapy or cyclo-diathermy	378,00	252,00	103,80+T
3064 Laser trabeculoplasty .....	378,00	252,00	103,80+T
3065 Removal of blood from anterior chamber .....	378,00	252,00	69,20+T
3067 Goniotomy .....	756,00	504,00	121,10+T
<b>16.5 Intra-ocular foreign body</b>			
3071 Anterior to Iris	457,20	306,00	69,20+T
3073 Posterior to Iris (including prophylactic thermal .... treatment to retina)	756,00	504,00	103,80+T
<b>16.6 Strabismus</b>			
<i>(Whether operation performed on one eye or both)</i>			
3075 Operation on one or two muscles .....	576,00	385,20	86,50+T
3076 Operation on three or four muscles ...	720,00	478,80	86,50+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
3077 Subsequent operation on one or two muscles	432,00	288,00	86,50+T
3078 Subsequent operation on three or four muscles .....	540,00	360,00	86,50+T
16.7 <b>Globe</b>			
3081 Treatment of minor perforating injury	367,20	244,80	103,80+T
3083 Treatment of major perforating injury	813,60	543,60	103,80+T
3085 Enucleation or Evisceration .....	378,00	252,00	86,50+T
3087 Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis .....	576,00	385,20	86,50+T
3089 Subconjunctival injection if not done at time of operation	36,00	36,00	86,50+T
3091 Retrobulbar injection (if not done at time of operation)	57,60	57,60	69,20+T
3092 External laser treatment for superficial lesions ....	190,80	180,00	-
3096 Adding of air or gas in vitreous as a post-operative procedure .....	468,00	313,20	121,10+T
3097 Anterior vitrectomy	1 008,00	673,20	103,80+T
3098 Removal of silicon from globe .....	1 008,00	673,20	103,80+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
3099 Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement .....	1 508,40	1 004,40	103,80+T
3100 Lensectomy done at time of posterior vitrectomy .....	108,00	108,00	121,10+T
16.8 Orbit			
3101 Drainage of orbital abscess .....	378,00	252,00	86,50+T
3105 Exenteration .....	990,00	658,80	86,50+T
3107 Orbitotomy requiring bone flap .....	864,00	576,00	86,50+T
3109 Eye socket reconstruction .....	741,60	493,20	86,50+T
16.9 Cornea			
3111 Contact lenses: Assessment involving preliminary fittings and tolerance visits	*	*	-
3113 Fitting of contact lenses and instructions to patient: Includes eye examination, first fittings of the contact lenses and further post-fitting visits for one year .....	720,00	478,80	-
3115 Fitting of only one contact lens and instructions to the patient: Eye exa-			

\*Per service (specify)



	Specialist	General Practitioner	Anaesthetic
	R	R	R
mination, first fitting of the contact lens and further post-fitting visits for one year included .....	597,60	399,60	-
*3117 Removal of foreign body: On the basis of fee per consultation .....	*	*	69,20+T
3118 Curettage of cornea after removal of foreign body .....	36,00	36,00	-
3119 Tattooing .....	93,60	93,60	69,20+T
3121 Graft (Lamellar of full thickness) ...	1 040,40	694,80	103,80+T
3123 Insertion of intra-corneal prosthesis	914,40	608,40	103,80+T
3125 Keratectomy or conjunctival flap ....	457,20	306,00	103,80+T
3127 Cauterization of cornea (by chemical, thermal or cryotherapy methods) .....	36,00	36,00	69,20+T
3130 Pterygium .....	190,80	180,00	69,20+T
3131 Paracentesis	190,80	180,00	69,20+T
<b>16.10 Ducts</b>			
3133 Probing and/or syringing, per duct	36,00	36,00	69,20+T
3135 Insertion of polythene tubes (additional): Unilateral	46,80	46,80	69,20+T
3137 Excision of lacrimal sac: Unilateral	475,20	316,80	69,20+T

\* Per service (specify)

		Specialist	General Practitioner	Anaesthetic
		R	R	R
3139	Dacryocystorhinostomy (single) with or without polythene sac .....	756,00	504,00	86,50+T
3141	Sealing of puncture	72,00	72,00	69,20+T
3143	Three-snip operation <i>Repair of canaliculus</i>	36,00	36,00	69,20+T
3145	Primary procedure	475,20	316,80	69,20+T
3147	Secondary procedure	630,00	421,20	69,20+T
16.11 Iris				
3149	Iridectomy or iridectomy by open operation as isolated procedure .....	475,20	316,80	69,20+T
3153	Iridectomy or iridectomy by laser or photocoagulation isolated procedure (maximum one procedure) .....	378,00	252,00	69,20+T
3157	Division of anterior synechiae as isolated procedure .....	475,20	316,80	69,20+T

	Specialist	General Practitioner	Anaesthetic
	R	R	R
<b>16.12 Lids</b>			
3161 Tarsorrhaphy.....	169,20	169,20	69,20+T
3165 Repair of skin laceration of the lid.....	169,20	169,20	69,20+T
3176 Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material.....	673,20	450,00	69,20+T
<b>16.12.1 Entropion or ectropion by</b>			
3177 Catery.....	36,00	36,00	69,20+T
3179 Suture.....	169,20	169,20	69,20+T
3181 Open operation.....	378,00	252,00	69,20+T
3183 Free skin, mucosal grafting or flap.....	741,60	493,20	69,20+T
<b>16.12.2 Reconstruction of eyelid</b>			
<i>Staged procedures for partial or total loss of eyelid</i>			
3185 First stage.....	741,60	493,20	69,20+T
3187 Subsequent stage.....	741,60	493,20	69,20+T
3189 Full thickness eyelid laceration for injury: Direct repair.....	475,20	316,80	69,20+T
3191 Blepharoplasty: Upper lids for improvement in function...	475,20	316,80	69,20+T
<b>16.12.3 Ptosis</b>			
3193 Repair by superior rectus, levator or frontalis muscle operation.....	684,00	457,20	69,20+T

	Specialist	General practitioner	Anaesthetic
	R	R	R
<i>Ptosis: By lesser procedure e.g. sling operation</i>			
3195 Unilateral.....	342,00	226,80	69,20+T
3197 Bilateral.....	597,60	399,60	69,20+T
<b>16.13 Conjunctiva</b>			
3199 Repair of conjunctiva by grafting.....	475,20	316,80	69,20+T
3200 Repair of lacerated conjunctiva.....	169,20	169,20	69,20+T
<b>16.14 General</b>			
3201 Laser apparatus (hire fee)...	392,40	-	-
3202 PHAKO emulsification apparatus (hire fee).....	392,40	-	-
3203 Vitrectomy apparatus: Hire fee.....	432,00	-	-
<b>17. EAR</b>			
3204 Removal of foreign body at rooms.....	*	*	-
3205 Removal of foreign body under general anaesthetic	75,60	75,60	69,20+T
3207 Unilateral myringotomy.....	100,80	100,80	69,20+T
3209 Bilateral myringotomy.....	122,40	122,40	69,20+T
3211 Unilateral myringotomy with insertion of ventilation tube	122,40	122,40	69,20+T
3212 Bilateral myringotomy with insertion of unilateral ventilation tube.....	151,20	151,20	69,20+T
3213 Bilateral myringotomy with insertion of bilateral ventilation tubes.....	180,00	180,00	69,20+T
<i>Meatus atresia</i>			
3215 Traumatic.....	590,40	392,40	69,20+T
3219 Removal of osteoma from meatus: Solitary.....	277,20	183,60	69,20+T

\* Per service (specify)

	Specialist	General practitioner	Anaesthetic
	R	R	R
3221 Removal of osteoma from meatus: Multiple.....	774,00	514,80	69,20+T
3225 Internal auditory meatus surgery (Transtemporal or middle fossa approach): Total fee including fee for neurosurgeon.....	1 386,00	925,20	190,30+T
<i>Exploration of facial nerve</i>			
3227 Tympano mastoid segment.....	997,20	666,00	86,50+T
3229 Labyrinthine segment.....	1 386,00	925,20	86,50+T
3231 Labyrinthotomy.....	550,80	367,20	86,50+T
3233 Aseptic destruction of the labyrinth for Meniere's Disease.....	550,80	367,20	86,50+T
3237 Exploratory tympanotomy.....	212,40	180,00	86,50+T
3239 Removal of acoustic neuroma trans-labyrinthine approach..	1 224,00	817,20	86,50+T
3243 Myringoplasty .....	496,80	331,20	86,50+T
3245 Tympanoplasty with or without muscle grafting.....	997,20	666,00	86,50+T
3251 Labyrinthine tests (excluding consultation fee).....	36,00	36,00	-
3253 Electro-nystagmography for spontaneous and positional nystagmus.....	90,00	90,00	-
3255 Caloric test done with electro-nystagmography.....	252,00	180,00	-
3257 Cortical mastoidectomy.....	468,00	309,60	86,50+T
3259 Radical mastoidectomy (excluding minor procedures)....	702,00	468,00	86,50+T
3265 Reconstruction of posterior canal wall, following radical mastoidectomy.....	1 152,00	766,80	86,50+T
<i>Major reconstruction of external ear</i>			
3271 Partial or total reconstruction for traumatic absence of external ear.....	*	-	-

\* By arrangement.

#### 17.1 Audiometry

#### RULES GOVERNING THIS SUBSECTION OF THE TARIFF

W. If any other audiometric test than the following is carried out, the

fee may be established as an equivalent to the following items.

All post-operative audiograms may be charged for.

	Specialist	General practitioner	Anaesthetic
	R	R	R
3273 Pure tone audiometry (air conduction).....	23,40	15,50	-
3274 Pure tone audiometry (bone conduction with masking).....	23,40	15,50	-
3277 Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score).....	36,00	23,80	-

#### 18. PHYSICAL TREATMENT

##### SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT

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

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
3279 Domiciliary or nursing home treatment (only applicable where a patient is physically		Confined to specialist in Physical Medicine.	

	Specialist	General practitioner	Anaesthetic
	R	R	R
incapable of attending the rooms, and the equipment has to be transported to the patient).....	+2,70	-	-
3280 Consultation units for specialists in physical medicine when treatment is given (per treatment).....	48,60	-	-
3281 Ultrasonic therapy.....	36,00	-	-
3282 Shortwave diathermy.....	36,00	-	-
3284 Sensory nerve conduction studies.....	111,60	-	-
3285 Motor nerve conduction studies.....	93,60	-	-
3287 Spinal joint and ligament injection.....	72,00	46,80	-
3288 Epidural injection.....	129,60	-	-
3289 Multiple injections - First joint.....	27,00	-	-
3290 Each additional joint.....	16,20	-	-
3291 Tendon or ligament injection	32,40	-	-
3292 Aspiration of joint or inter-articular injection.....	32,40	-	-
3293 Aspiration or injection of bursa or ganglion.....	32,40	-	-
3294 Paracervical nerve block.....	72,00	-	-
3295 Paravertebral root block - unilateral.....	72,00	-	-
3296 Paravertebral root block - bilateral.....	108,00	-	-
3297 Manipulation of spine.....	50,40	-	-
3298 Spinal traction.....	21,60	-	-
3299 Manipulation of large joints under general anaesthesia....	50,40	-	Hip 69,20+T+M Knee 51,90+T+M Shoulder 51,90+T+M
3300 Manipulation of large joints without anaesthetic.....	*	-	-
3301 Muscle fatigue studies.....	72,00	-	-
3302 Strength duration curve per session.....	37,80	-	-
3303 Electromyography.....	270,00	-	-
3304 All other physical treatments carried out: Complete physical treatment.....	36,00	-	-

\* Per service (specify)

## 19. RADIOLOGY

*Diagnostic procedures*

## MODIFIERS GOVERNING THIS SECTION OF THE TARIFF

- M 0001 For after-hours radiological services the additional premium shall be 50% of the fee for the particular service (section 19.12 excluded) with a maximum premium of:
- |                      |         |
|----------------------|---------|
| Radiology:           | R380,00 |
| Radiotherapy:        | R410,00 |
| Ultrasound:          | R350,00 |
| Computed Tomography: | R350,00 |
- M 0002 Item 38/0101 is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him or her.
- M 0080 Multiple examinations: Full fees.
- M 0081 Repeat examinations: No reduction.
- M 0082 "+" Means that this item is complementary to a preceding item and is therefore not subject to reduction.
- M 0083 When a radiologist makes use of hospital equipment, only 66,67% (%) of the fee for the examination is chargeable.

*Notes* in respect of fees payable when X-rays are taken by general practitioners:

(If the services of a radiologist are normally available, it is expected that they should be utilised. Should circumstances be unfavourable for obtaining such services at the time of the first consultation, the general practitioner may take the initial X-ray himself or herself provided, he or she submits a certificate to the effect that it was in the best interest of the workman for him or her to have taken the plates. Subsequent X-ray plates of the same injury, however, must be taken by a radiologist who has to submit the relevant reports in the normal manner.)

1. When a general practitioner takes X-ray plates with his or her own equipment, if the services of a specialist radiologist are not available, he or she may claim at the prescribed fee.
2. (i) If a general practitioner orders an X-ray examination at a state hospital where the service of a specialist radiologist is available, it is expected that the radiologist shall read the photos for which he or she may claim at one-third of the prescribed fee.
- (ii) If the radiographer of the hospital is not available and the general practitioner has to take the X-ray plates himself or herself, he or she may claim at 50% of the prescribed fee for that service. In that case, however, he or she should get confirmation of his or her X-ray findings in a report from the radiologist as soon as



possible. The radiologist may then claim at one-third of the prescribed fee for such service.

3. If a general practitioner orders an X-ray examination at a state hospital where there are no specialist radiological services available, he or she should not be paid for reading the plates as such a service is considered as an integral part of routine diagnosis, but if he or she is requested by the Commissioner to submit a written report on the case, he or she may claim at two-thirds of the prescribed fee in respect thereof.
4. If a general practitioner has to take and read X-ray plates at a state hospital where the services of a radiographer and a specialist radiologist are not available he or she may claim 50% of the prescribed fee for such service.

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
<b>19.1 Skeleton</b>			
<b>19.1.1 Limbs</b>			
3305 Finger, toe.....	36,10	23,90	-
3307 Limb per region e.g. shoulder, elbow, knee, foot, hand, wrist, or ankle (an adjacent part which does not require an additional set of views should not be added e.g. wrist or hand) .....	44,10	29,30	-
3309 Smith-Petersen or equivalent control, in theatre.....	220,40	147,10	-
3311 Stress studies, e.g. joint..	44,10	29,30	-
3313 Length studies per right and left pair of long bones	44,10	29,30	-
3317 Skeletal survey.....	159,60	106,40	-
3319 Arthrography per joint.....	87,80	58,50	-
3320 Introduction of contrast medium or air: Add.....	+78,70	+52,40	-
<b>19.1.2 Spinal column</b>			
3321 Per region, e.g. cervical, sacral, coccygeal, one region thoracic.....	63,10	41,80	-

	Specialist	General practitioner	Anaesthetic
	R	R	R
3323 Lumbar spine and pelvis.....	104,50	69,50	-
3325 Stress studies.....	63,10	41,80	-
3327 Whole spine and pelvis.....	188,90	125,80	-
3331 Pelvis (Sacro-iliac or hip joints to be added where an extra set of views is required).....	63,10	41,80	-
<i>Myelography</i>			
3333 Lumbar.....	164,50	109,80	69,20+T
3334 Thoracic.....	126,50	84,40	69,20+T
3335 Cervical.....	202,50	134,90	69,20+T
3336 Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium).....	-	-	69,20+T
<i>Internal auditory meatus demonstration by positive contrast cisternography</i>			
3341 Unilateral.....	146,30	97,70	-
3343 Bilateral.....	256,10	171,00	-
3344 Introduction of contrast medium: Add.....	+106,80	+71,10	-
3345 Discography.....	197,20	131,50	69,20+T
3347 Introduction of contrast medium: Add.....	+160,70	+107,20	-
<b>19.1.3 Skull</b>			
3349 Skull studies.....	89,30	59,30	-
3351 Paranasal sinuses.....	62,70	41,80	-
3352 Skull and sinuses.....	152,00	102,60	-
3353 Facial bones and/or orbits.....	71,80	47,90	-
3355 Mandible.....	53,60	35,70	-
3357 Nasal bone.....	44,50	29,60	-
3359 Mastoid: Bilateral.....	102,60	68,40	-
<i>Teeth</i>			
3361 One quadrant.....	20,90	14,10	-
3363 Two quadrants.....	36,10	23,90	-
3365 Full mouth.....	62,70	41,80	-
3366 Rotation tomography of the teeth and jaws.....	76,00	50,50	-
3367 Temporo-mandibular joints...	62,70	41,80	-
3369 Tomography: Total fee.....	155,40	103,70	-

	Specialist	General practitioner	Anaesthetic
	R	R	R
3371 Localisation of foreign body in the eye.....	89,30	59,30	-
3373 Orbitography with contrast medium or air.....	65,70	43,70	69,20+T
3375 Plus introduction of contrast medium or air: Add....	+188,90	+125,40	-
3377 Encephalography.....	177,10	118,20	69,20+T
3379 For introduction of air add.....	+134,90	90,10	-
3381 Ventriculography.....	155,40	103,70	69,20+T
3383 Positive-contrast ventriculography.....	155,40	103,70	69,20+T
3385 Post-nasal studies.....	36,10	23,90	-
3387 Maxillo-facial cephalometry.....	50,20	33,40	-
3389 Dacrocystography.....	62,90	41,80	69,20+T
3391 For introduction of contrast medium add.....	+62,90	+41,80	-
<b>19.2 Alimentary tract</b>			
3393 Bowel washout: Add.....	+27,40	+18,20	-
3395 Sialography (plus 80% for each additional gland).....	72,20	48,30	69,20+T
3397 Introduction of contrast medium (plus 80% for each additional gland-add).....	+63,10	+41,80	-
3399 Pharynx and oesophagus.....	72,20	48,30	-
3403 Oesophagus, stomach and duodenum (control film of abdomen included).....	102,60	68,40	-
3405 Double contrast: Add.....	+41,80	+28,10	-
3406 Small bowel meal (control film of abdomen included except when part of item 3408).....	102,60	68,40	-
3408 Gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon).....	164,50	109,80	-
3409 Barium enema (control film of abdomen included).....	104,50	69,50	-
3411 Air contrast study (add)....	+110,20	+73,30	-
3417 Gastric-/oesophageal/duodenal intubation control	33,40	22,40	-
3419 Gastric-/oesophageal intubation insertion of tube (add).....	+31,90	+21,30	-
3421 Duodenal intubation: Insertion of tube (add).....	+62,70	+41,80	-

	Specialist	General practitioner	Anaesthetic
	R	R	R
3423 Hypotonic duodenography (3403 and 3405 included) (add).....	+167,20	+111,30	-
<b>19.3 Biliary tract</b>			
<i>Cholangiography</i>			
3427 Intravenous.....	125,40	83,60	-
3429 Intravenous drip technique: Add item 0205.....	125,40	83,60	-
3431 Operative: First series: Add items 3607 only when the Radiologist attends personally in the theatre...	120,10	79,80	-
3432 Subsequent series.....	60,00	39,90	-
3433 Post operative.....	95,00	63,50	-
3435 Introduction of contrast medium (add).....	+31,90	+21,30	-
3437 Trans hepatic, percutaneous.	104,50	69,50	-
3439 Introduction of contrast medium (add).....	+188,90	+125,80	-
3441 Tomography of biliary tract (add).....	+53,60	+35,70	-
<b>19.4 Chest</b>			
3443 Larynx (Tomography included)	71,40	47,90	-
3445 Chest (item 3601 included)..	53,60	35,70	-
3447 Chest and cardiac studies (item 3601 included).....	71,80	47,90	-
3449 Ribs.....	70,30	46,70	-
3450 Chest plus ribs.....	89,30	59,30	-
3451 Sternum of sternoclavicular joints.....	71,80	47,90	-
<i>Bronchography</i>			
3453 Unilateral.....	71,80	47,90	138,40+T
3455 Bilateral.....	125,80	84,00	138,40+T
3457 Introduction of contrast medium included.....	203,70	135,70	-
3461 Pleurography.....	71,80	47,90	51,90+T
3463 For introduction of contrast medium: Add.....	+16,00	+10,60	-
3465 Laryngography.....	62,70	41,80	-
3467 For introduction of contrast medium: Add.....	+57,00	+38,00	-
3468 Thoracic Inlet.....	36,10	23,90	-
<b>19.5 Abdomen</b>			

	Specialist	General practitioner	Anaesthetic
	R	R	R
3477 Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)...	53,60	35,70	-
3479 Acute abdomen or equivalent studies.....	89,30	59,30	-
3483 Pneumoperitoneography.....	92,70	56,20	-
3485 Introduction of gas: Add...	+62,70	+41,80	-
<b>19.6 Urinary tract</b>			
<i>Intravenous pyelogram</i>			
3487 Control film included and bladder views before and after micturition.....	120,10	79,80	-
3489 Drip technique (add item 0205).....	120,10	79,80	-
3491 Intravenous pyelogram time sequence (for hypertension study only) (add).....	+38,00	+25,50	-
3493 Waterload test: Add.....	+69,50	+46,40	-
3497 Cystography only or urethrography only (retrograde)....	110,20	73,30	-
<i>Cysto-urethrography</i>			
3499 Retrograde.....	181,60	121,20	-
3503 Introduction of contrast medium: Add.....	+20,90	+14,10	-
3505 Retrograde-prograde pyelography.....	104,50	69,50	51,90+T
<i>Pre-sacral pneumography</i>			
3507 With tomography.....	167,60	111,70	-
3509 Including introduction of air or gas.....	331,00	220,80	-
3511 Renal cyst/pelvic puncture: Add.....	+85,50	+57,00	-
3513 Tomography of renal tract: Add.....	+53,60	+35,70	-
3514 Intra-operative sterile examination of the kidney: Add.....	+17,10	+11,40	-

**19.8 Vascular studies**

## MODIFIER GOVERNING VASCULAR STUDIES

M 0086 Vascular groups: "Film series" and "Introduction of Contrast

Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080.

19.8.1 *Film Series*

MODIFIER GOVERNING FILM SERIES

M 0087 Per additional series of Item 3531 to Item 3547: 50% of the fees,  
In the case of an aortogram for peripheral vascular disease the lower limbs are not added as well.

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
<i>Cerebral angiography</i>			
3527 First two series.....	143,30	95,80	69,20+T
3529 Additional series: Each....	53,60	35,70	-
3531 Peripheral angiography: per limb: First series.....	104,50	69,50	69,20+T
3533 Other arteriography: per field: First series.....	149,30	99,60	-
3534 Digital vascular subtraction	646,00	429,40	69,20+T
3535 Aortography: First series..	149,30	99,60	69,20+T
3537 Cine cardiac angiography: Per series for first 6 series	209,00	139,50	155,70+T
3543 Vena cavography: First series	131,50	87,80	-
3545 Venography: Per field or limb.....	104,50	69,50	-
3547 Splenoportography.....	149,30	99,60	69,20+T
<b>19.8.2 Introduction of contrast medium</b>			
3553 Femoral artery: Direct injection.....	85,50	57,00	-
3555 Other artery or aorta: Direct injection.....	126,20	84,00	-
3557 Catheterisation of artery or aorta (including percutaneous catheterisation of the axillary artery): Add	+188,90	+125,80	-
3559 Selective catheterisation of artery or ascending aorta (manipulation of a catheter from a large vessel, usually the aorta into a smaller branch under fluoroscopy).....	251,90	168,00	69,20+T

## MODIFIER GOVERNING CORONARY CINE ANGIOGRAPHY

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
3561 Selective catheterisation of vena-renal and vena-cava for renin determination....	251,90	168,00	69,20+T
3563 Direct intravenous for limb: Add.....	+42,20	+28,10	-
3571 Splenoportography: Direct injection or catheter: Add	+120,10	+79,80	-
3573 Splenoportography: With pressure studies: Add.....	+62,90	+41,80	-
3575 "Cut-downs" for venography: Add.....	+62,90	+41,80	-
<b>19.9 Tomography and cinematography</b>			
3577 Tomography (conventional except where otherwise specified): Add 100% provided that if it is more than one a dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations.			
3579 Tomography (multi-dimensional in motion): Add 150%.			
3581 Cinematography: For first series: Add 100%.			
3583 Cinematography: For each series after the first: Add 80% of the primary fee.			

**19.9.1 Computed Tomography**

## MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
3585 Head, single examination, full series.....	560,00	-	86,50+T
3587 Head, repeat examination at the same visit, after contrast, full series.	192,50	-	86,50+T
3589 Chest.....	647,50	-	86,50+T
3591 Abdomen (including base of chest and/or pelvis).....	752,50	-	86,50+T
3593 Multiple examinations: For an additional part the lesser fee shall be reduced to.....	175,00	-	86,50+T
3595 Limbs and other limited examinations.....	175,00	-	86,50+T
3597 Contrast media: General Rule Y applies.....			

## 19.10 Miscellaneous

## GENERAL RULES: Y AND Z

- Y. Except where otherwise indicated, radiologists are entitled to claim for contrast material used.
- Z. No fee to be subject to more than one reduction.

	Specialist	General practitioner	Anaesthetic
	R	R	R
3601 Fluoroscopy: Per half hour: Add (Items 3445 and 3447 include fluoroscopy).....	+44,10	+29,60	-
3602 Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add.....	+60,80	+40,70	-
3603 Sinography: Includes fee for injection.....	105,30	69,90	-
3607 Attendance at operation in theatre or a radiological procedure performed by a surgeon or physician in X-ray department except 3309: Per half hour: Plus fee for examination performed.....	31,90	20,90	-



	Specialist	General practitioner	Anaesthetic
	R	R	R
3609 Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done.....	-	-	-
3611 Foreign body localisation: Introduction of sterile needle markers: Add.....	+62,70	+41,80	-
3613 Setting of sterile trays....	12,50	12,50	-

19.11 Ultrasonic investigations

MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS

M 0152	B-Mode Static Greyscale examinations.....	10% of the fee.
M 0154	Linear Array Greyscale Realtime.....	40% of the fee.
M 0155	Linear Array Phased Focus Greyscale	40% of the fee.
M 0156	Mechanical Realtime Sector Scan (Greyscale).....	100% of the fee.
M 0157	Phased Array Electronic Sector Scan.	100% of the fee.
M 0158	When B-Mode Static Greyscale examination (0152) or Linear Array Greyscale Realtime examination (0154) are performed additional to any one of 0155 to 0157, then the appropriate percentage must be added to the fee for the examination performed.	
M 0160	Aspiration of biopsy procedure performed under direct ultrasonic control by an ultrasonic aspiration biopsy transducer (Static Realtime). Fee for part examined plus.....	30% of the fee.

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
3619 Pelvic organs (abdominal probe).....	175,00	115,50	-
3621 Cardiac examination (M. Mode).....	87,50	59,50	-
3622 Cardiac examination: 2 Dimensional.....	175,00	115,50	-
3623 Cardiac examination + effort: Add.....	+35,00	+23,50	-
3624 Cardiac examination + contrast: Add.....	+35,00	+23,50	-
3625 Cardiac examinations + doppler: Add.....	+175,00	+115,50	-
3626 Cardiac examinations + phonocardiography: Add.....	+35,00	+23,50	-
3627 Examination of the whole abdomen (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area)..	175,00	115,50	-
3628 Renal tract.....	175,00	115,50	-
3630 Examination of a mass (extra abdominal).....	175,00	115,50	-
3631 Ophthalmic examination.....	175,00	115,50	-
3632 Axial length measurement and calculation of intra-ocular lens power.....	175,00	115,50	-
3634 Peripheral vascular scan....	136,50	91,00	-
3635 + Doppler.....	136,50	91,00	-
3637 Duplex scan.....	273,00	182,00	-
<b>19.12 Portable unit examinations</b>			
3638 Where X-ray unit has to be transported: Add.....	+98,80	+66,10	-
3639 Where portable X-ray unit is kept and used in the hospital: Add.....	+38,00	+26,60	-
3640 Theatre investigations (with portable unit or fixed installation).....	+17,10	+11,40	-

Note: In regard to multiple examinations see modifier 0080.

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

## RULE GOVERNING THIS SUBSECTION OF THE TARIFF

## AA Procedures to exclude cost of Isotope

	Specialist	General practitioner	Anaesthetic
	R	R	R
3641 Tracer test.....	126,20	84,00	-
3642 Repeat of further tracer tests for same investigation	61,20	40,70	-
3643 If both tracer and therapeutic procedures are done, half the fee of tracer test to be charged plus therapeutic fee.			
3645 Other organ scanning with use of relevant radio isotopes.....	312,40	208,20	-

## 19.14 Interventional radiological procedures

## MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES

- M 0090 Radiologist's fee for participation in a team: R95,00 per ¼ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasoundscanning or X-ray procedures.

	Specialist	General practitioner	Anaesthetic
	R	R	R
5022 Embolisation of extracranial arteries for bleeding.....	285,00	-	155,70 +T
5028 Antegrade pyelography with insertion of the drainage catheter into the renal pelvis or ureter.....	190,00	-	103,80 +T
5034 Fine needle aspiration or biopsy.....	95,00	-	103,80 +T
5036 Insertion of drainage catheter into abdominal abscess under ultrasound or CT control.....	95,00	-	103,80 +T

## 19.15 Magnetic Resonance Imaging

## Note:

In cases where a second Magnetic Resonance Imaging of the spine is

deemed necessary, or a Magnetic Resonance Imaging of another anatomical region is requested, proper motivation must be submitted upon which the Commissioner will consider approval.

	Specialist	General practitioner	Anaesthetic
	R	R	R
3649 Magnetic resonance imaging of a specific single anatomical region performed with the applicable radio frequency coil including T1 and T2 weighted images.....	1 900,00	1 265,40	-
Specific anatomical regions set for MR-investigations: Head, including brain, cranio cervical junction and pituitary fossa; cervical spine; thoracic spine; lumbar spine; abdomen; pelvis; orbit; joints, including temporo-mandibular joints; ear; limbs; larynx; testicles; neck, including thoracic inlet....			

When a MRI with contrast is done, the second MRI will be subjected to modifier 0005 - i.e. 50% of the tariff.

**20. RADIOTHERAPY**

MODIFIERS GOVERNING THIS SECTION OF THE TARIFF

- M 0092 If both tracer test and therapeutic procedures are conducted, half of the fee for the tracer test plus the fee for the therapeutic procedure shall be charged.
- M 0093 The fees for radiotherapy shall apply only where a specialist in radiotherapy uses his or her own apparatus.
- M 0094 Where a specialist in radiotherapy uses hospital equipment, only 66,67% (2/3) of the fee for the therapeutic procedure is chargeable.

**20.1 Superficial therapy**

RULE GOVERNING THIS SECTION OF THE TARIFF

**BB.** The fees in this section do NOT include the cost of radium or isotopes.

	Specialist	General practitioner	Anaesthetic
	R	R	R
<i>Lesions per treatment:</i>			
3657 One field or lesion.....	45,10	-	-
3659 Additional fields for the same lesions each.....	22,60	-	-
<i>Multiple lesions:</i>			
3661 Full fee for first lesion...	55,40	-	-
3663 50% of full fee for second lesion.....	27,70	-	-
3665 25% of full fee for each additional lesion.....	13,90	-	-

**21. PATHOLOGY**

MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

- M 0097** Where items under Pathology and Anatomical Pathology fall within the province of other Specialists or General Practitioners, then the fee is to be charged at two-thirds of the pathologist's fee.
- M 0099** For tests performed on a stat basis, an additional premium of 50% of the fee for the particular pathology service shall apply, with the following provisos:
- \* Stat test requesting may only be done by the referring practitioner and not by the pathologist.
  - \* Specimens must be collected on a stat basis where applicable.
  - \* Test must be performed on a stat basis.
  - \* Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained.
  - \* This modifier will only apply during normal working hours and will never be used in combination with item 4547.
- \* **Notes:** For fees for Histology and Cytology refer to items 4561-4593 under Section 22: Anatomical Pathology.

	Pathologists	Other specialists and general practitioner
	R	R
<b>21.1 Haematology</b>		
3701 ACTH or adrenalin-eosinophil response.....	25,20	16,80
3703 Autohaemolysis: Quantitative.....	20,50	13,70
3704 Antithrombin III.....	25,20	16,80
3705 Alkali resistant haemoglobin.....	15,80	10,50
3706 Coombs' consumption.....	25,20	16,80
3708 Drug induced Coombs' test.....	25,20	16,80

	Pathologists	Other specialists and general practitioner
	R	R
3709 Antiglobulin test (Coombs' or trypsinized red cells).....	12,80	8,60
3710 Antibody titration.....	25,20	16,80
3711 Arneth count.....	7,90	5,30
3712 Antibody identification.....	29,60	19,80
3713 Bleeding time (does not include the cost of the simplate device).....	7,90	5,30
3715 Buffy layer examination.....	69,70	46,50
3717 Bone marrow cytological examination only..	69,70	46,50
3719 Bone marrow: Aspiration.....	29,40	19,60
3720 Bone marrow trephine biopsy (excluding aspiration and histological examination)..	47,80	31,90
3721 Capillary fragility: Hess.....	4,70	3,20
3723 Circulating anticoagulants.....	20,50	13,70
3724 Coagulation factor inhibitor assay.....	33,10	22,10
3725 Clot retraction.....	6,30	4,20
3727 Coagulation time.....	7,90	5,30
3729 Cold agglutinins.....	12,60	8,40
3731 Compatibility for blood transfusion.....	12,60	8,40
3735 Donath-Landsteiner (qualitative).....	12,60	8,40
3739 Erythrocyte count.....	7,90	5,30
3741 Coagulation factor assay: functional.....	33,10	22,10
3743 Erythrocyte sedimentation rate.....	8,80	5,90
3744 Fibrin stabilizing factor (urea test).....	15,80	10,50
3745 Fibrinolysin.....	15,80	10,50
3746 Fibrin monomers.....	9,50	6,30
3747 Folic acid clearance test.....	56,70	37,80
3749 Folic acid absorption test.....	56,70	37,80
3751 Osmotic fragility (screen).....	7,90	5,30
3753 Osmotic fragility (before and after incubation).....	63,00	42,00
3755 Full blood count (including items 3739, 3762, 3783, 3785, 3791).....	36,80	24,50
3756 Full cross match.....	25,20	16,80
3757 Coagulation factors (quantitative).....	70,90	47,30
3759 Coagulation factor correction study.....	33,10	22,10
3760 Coagulation studies, maximum.....	380,50	253,80
3762 Haemoglobin estimation.....	6,30	4,20
3763 Contact activated product essay.....	56,70	37,80
3764 Grouping: A-, B- and O-antigens.....	12,60	8,40
3765 Grouping: Rh antigens.....	12,60	8,40
3767 Euglobulin lysis time.....	25,20	16,80
3768 Haemoglobin A (column chromatography).....	52,50	35,00
3769 Haemoglobin electrophoresis.....	33,10	22,10
3770 Haemoglobin-S (solubility test).....	12,60	8,40
3773 Ham's acidified serum test.....	28,00	18,60
3775 Heinz bodies.....	7,90	5,30
3777 Heparin estimation.....	33,10	22,10
3779 Heparin-protamine titration.....	25,20	16,80

	Pathologists	Other specialists and general practitioner
	R	R
3781 Heparin tolerance.....	25,20	16,80
3783 Leucocyte differential count.....	21,70	14,50
3785 Leucocytes: total count.....	6,30	4,20
3789 Neutrophil alkaline phosphatase.....	98,00	65,50
3791 Packed cell volume: Haematocrit.....	6,30	4,20
3793 Plasma haemoglobin.....	23,60	15,80
3795 Platelet aggregation per aggregant.....	20,50	13,70
3796 Platelet antibodies: agglutination.....	18,90	12,60
3797 Platelet count.....	7,90	5,30
3798 Platelet antibodies: Coombs' consumption.	25,20	16,80
3799 Platelet adhesiveness.....	15,80	10,50
3801 Prothrombin consumption.....	20,50	13,70
3803 Prothrombin determination (two stages)...	20,50	13,70
3805 Prothrombin index.....	18,20	12,20
3807 Reclassification time.....	7,90	5,30
3809 Reticulocyte count.....	10,50	7,00
3814 Sucrose lysis test for PNH.....	12,60	8,40
3815 Strypven or reptilase time: each.....	7,90	5,30
3816 T and B-cells EAC markers (per marker)...	70,90	47,30
3817 Thromboplastin generation.....	45,70	30,50
3819 Thromboplastin Inhibition.....	56,70	37,80
3821 Viscosity: whole blood or plasma.....	12,60	8,40
3825 Fibrinogen titre.....	12,60	8,40
3827 Fibrindex test.....	12,60	8,40
3830 Glucose 6-phosphate-dehydrogenase: quantitative.....	56,00	37,50
3831 Red cell pyruvate kinase: qualitative.....	28,00	18,70
3833 Glutathione: red cells.....	28,40	18,90
3835 Haemoglobin F in blood smear.....	20,50	13,70
3837 Partial thromboplastin time.....	20,50	13,70
3839 Plasminogen assay.....	44,10	29,40
3841 Thrombin time (screen).....	7,90	5,30
3843 Thrombin time (serial).....	26,80	17,90
3845 Thromboplastin generation (screen).....	28,40	18,90
3847 Haemoglobin H.....	7,90	5,30
3849 Fibrinolysin: diffusion plate.....	20,50	13,70
3851 Fibrin degeneration products (diffusion plate).....	36,20	24,20
3853 Fibrin degeneration products (latex slide)	15,80	10,50
3855 Hemagglutination inhibition.....	34,70	23,10
3861 Nitro blue tetrazolium leucocyte function.	33,10	22,10
<b>21.2 Microscopic examinations</b>		
3865 Parasites in blood smear.....	19,60	13,10
3866 Bilharzia: hatch test.....	10,50	7,00

	Pathologists	Other specialists and general practitioner
	R	R
3867 Miscellaneous (body fluids, urine, exudate, fungi, pus, scrapings, sputum, wounds, etc.)	14,70	9,80
3868 Fungus identification.....	29,10	19,30
3869 Faeces (including parasites).....	17,20	11,50
3871 Addis count.....	20,50	13,70
3873 Transmission electron microscopy.....	297,50	199,50
3874 Scanning electron microscopy.....	350,00	234,50
3875 Inclusion bodies.....	15,80	10,50
3876 QBC malaria concentration and fluorescent staining.....	87,50	58,40
3878 Crystal identification polarized light microscopy.....	15,80	10,50
3880 Antigen detection with polyclonal antibodies.....	15,80	10,50
3881 Mycobacteria.....	10,50	7,00
3882 Antigen detection with monoclonal antibodies.....	37,80	25,20
3883 Concentration techniques for parasites....	10,50	7,00
3884 Dark field, phase - or interference contrast microscopy, Nomarski or Fontana..	22,10	14,70
3885 Cytochemical stain.....	19,10	12,80
<b>21.3 Bacteriology (culture and biological examination)</b>		
3886 Autogenous vaccine.....	44,10	29,40
3887 Antibiotic susceptibility: MIC, MBC, + % kill.....	39,20	26,30
3888 Antibiotic susceptibility test (Kirby-Bauer, Stokes).....	13,30	8,90
3889 Rapid semiquantitative antibiogram.....	19,30	13,00
3890 Antibiotic assay of tissues and fluids....	48,70	32,40
3891 Blood culture: aerobic.....	20,50	13,70
3892 Blood culture: anaerobic.....	20,50	13,70
3893 Bacteriological culture: miscellaneous...	22,10	14,70
3894 Radiometric blood culture.....	37,80	25,20
3895 Bacteriological culture: fastidious organisms.....	34,70	23,10
3896 In vivo culture: bacteria.....	56,00	37,30
3897 In vivo culture: virus.....	56,00	37,30
3898 Bacterial exotoxin production (in vitro assay).....	15,80	10,50
3899 Bacterial exotoxin production (in vivo assay).....	72,50	48,30
3901 Fungal culture.....	15,80	10,50
3903 Antibiotic level: biological fluids.....	41,00	27,30
3904 Antibiotic sensitivity assay multiple strains (plate method).....	41,70	27,80
3905 Identification of virus rickettsia.....	72,50	48,30



	Pathologists	Other specialists and general practitioner
	R	R
3906 Identification: chlamydia.....	56,00	37,30
3907 Culture for staphylococcus aureus.....	7,90	5,30
3908 Anaerobic culture: comprehensive.....	34,70	23,10
3909 Anaerobic culture: limited procedure.....	15,80	10,50
3910 Biological fluid assay: Bact. Stat + % kill.....	39,40	26,30
3912 Bacteriophage typing.....	15,80	10,50
3915 Mycobacterium culture.....	15,80	10,50
3917 Mycoplasma culture: limited.....	7,90	5,30
3918 Mycoplasma culture: comprehensive.....	34,70	23,10
3919 Identification of mycobacterium.....	34,70	23,10
3920 Mycobacterium: antibiotic sensitivity....	34,70	23,10
3921 Antibiotic synergistic study.....	72,50	48,30
3922 Viable cell count.....	4,70	3,20
3923 Biochemical identification of bacterium: abridged.	11,00	7,40
3924 Biochemical identification of bacterium: extended	43,80	29,20
3925 Serological identification of bacterium: abridged.	11,00	7,40
3926 Serological identification of bacterium: extended	35,70	23,80
3927 Grouping of streptococci.....	25,60	17,00
3929 Radiometric mycobacterium identification..	49,00	32,60
3930 Radiometric mycobacterium antibiotic sensitivity.....	87,50	58,50
<b>21.4 Serology</b>		
3933 IgE: Total; EMIT or ELISA.....	41,00	27,30
3934 Auto antibodies by labelled antibodies....	56,00	37,30
3938 Precipitation test per antigen.....	15,80	10,50
3939 Agglutination test per antigen.....	19,30	12,90
3940 Hemagglutination test: per antigen.....	34,70	23,10
3941 Modified Coombs' test for brucellosis....	15,80	10,50
3943 Antibody titer to bacterial exotoxin.....	12,60	8,40
3944 IgE: Specific antibody titer: ELISA/EMIT: per Ag.....	43,40	29,00
3945 Complement fixation test.....	20,50	13,70
3946 IgM: Specific antibody titer: ELISA or EMIT: per Ag.....	49,20	32,80
3947 C-reactive protein.....	12,60	8,40
3948 IgG: Specific antibody titer: ELISA/EMIT: per Ag.....	45,30	30,20
3949 Qualitative Kahn, VDRL or other flocculation.....	7,90	5,30
3950 Neutrophil phagocytosis.....	88,20	58,80

	Pathologists	Other specialists and general practitioner
	R	R
3952 Neutrophil chemotaxis.....	237,80	158,60
3953 Tube agglutination test.....	14,50	9,70
3954 Neutrophil killing ability.....	126,00	84,00
3955 Paul Bunnell: presumptive.....	7,90	5,30
3956 Infectious Mononucleous latex slide test (Monospot or equivalent).....	29,80	19,90
3957 Paul Bunnell: absorption.....	15,80	10,50
4601 Panel typing: Antibody detection: Class I	126,00	84,00
4602 Panel typing: Antibody detection: Class II	154,00	102,60
4603 HLA test for specific locus/antigen.....	94,50	63,00
4604 HLA typing: Class I.....	182,00	121,50
4605 HLA typing: Class II.....	182,00	121,50
4606 HLA typing: Class I & II.....	315,00	210,00
4607 Crossmatching T-cells (per tray).....	63,00	42,00
4608 Crossmatching B-cells.....	133,00	88,60
4609 Crossmatching T- & B-cells.....	168,00	112,00
3959 Rose Waaler agglutination test.....	15,80	10,50
3961 Slide agglutination test.....	9,20	6,10
3962 Rebeck skin window.....	18,90	12,60
3963 Serum complement level: each component..	11,00	7,40
3964 Stimulated NBT test.....	22,10	14,70
3967 Auto-antibody: sensitized erythrocytes...	15,80	10,50
3969 Western blot technique.....	259,00	171,50
3970 Epstein-Barr virus antibody titer.....	23,60	15,80
3971 Immuno-diffusion test: per antigen.....	11,00	7,40
3973 Immuno electrophoresis: per immune serum.	33,10	22,10
3974 Polymerase chain reaction.....	262,50	175,00
3975 Indirect immuno-fluorescence test (Bacterial, viral, parasitic).....	20,50	13,70
3976 LIF or MIF production: per stimulant.....	275,50	183,80
3977 Counter immuno-electrophoresis.....	23,60	15,80
3978 Lymphocyte transformation.....	181,00	120,80
<b>21.5 Skin tests</b>		
3979 Miscellaneous antigens: each.....	7,90	5,30
3981 Bacteria.....	15,80	10,50
3983 Bee venom.....	9,50	6,30
3985 Foods: 15 antigens.....	33,10	22,10
3987 Inhalants: 10 antigens.....	18,90	12,60
3989 Additional antigens: each.....	2,10	1,40
<b>21.6 Biochemical tests: Blood</b>		
3991 Abnormal pigments: qualitative.....	15,80	10,50
3993 Abnormal pigments: quantitative.....	31,50	21,00
3995 Acid phosphatase.....	18,10	12,10
3997 Acid phosphatase fractionation.....	6,30	4,20

	Pathologists	Other specialists and general practitioner
	R	R
3999 Albumin.....	10,90	7,30
4000 Alcohol.....	23,60	15,80
4001 Alkaline phosphatase.....	18,10	12,10
4002 Alkaline phosphatase-iso-enzymes.....	41,00	27,30
4003 Ammonia: enzymatic.....	27,00	18,00
4004 Ammonia: monitor.....	15,80	10,50
4005 Alpha-antitrypsin.....	25,20	16,80
4006 Amylase.....	18,10	12,10
4009 Bilirubin: total.....	16,70	11,10
4010 Bilirubin: conjugated.....	12,70	8,40
4014 Cadmium: atomic absorb.....	22,10	14,70
4017 Calcium: spectrophotometric.....	12,70	8,40
4018 Calcium: atomic absorption.....	25,40	16,90
4019 Carotene.....	7,90	5,30
4023 Chloride.....	9,10	6,10
4025 Cholesterol: total, free and esters.....	33,10	22,10
4027 Cholesterol total.....	12,70	8,40
4028 HDL cholesterol.....	18,10	12,10
4029 Cholinesterase: serum or erythrocyte: each.....	26,20	17,50
4031 Total CO <sub>2</sub> .....	18,10	12,10
4032 Creatinine.....	12,70	8,40
4042 D-Xylose absorption test: two hours.....	46,00	30,60
4045 Fibrinogen: quantitative.....	12,60	8,40
4047 Hollander test.....	86,60	57,80
4049 Glucose tolerance test (2 specimens).....	31,40	20,90
4050 Glucose strip-test with photometric reading.....	6,30	4,20
4051 Galactose.....	39,40	26,30
4052 Glucose tolerance test (3 specimens).....	46,10	30,70
4053 Glucose tolerance test (4 specimens).....	60,80	40,50
4057 Glucose.....	12,70	8,40
4061 Glucose tolerance test (5 specimens).....	75,50	50,30
4064 Glycated haemoglobin: chromatography....	25,20	16,80
4065 Glucose tolerance: intravenous.....	54,40	36,20
4067 Lithium: flame ionization.....	18,10	12,10
4068 Lithium: atomic absorption.....	26,20	17,50
4069 Ionized calcium.....	23,60	15,80
4071 Iron.....	23,60	15,80
4073 Iron-binding capacity.....	26,80	17,90
4077 Astrup: pH, pCO <sub>2</sub> , stand, bicarb + base excess.....	47,30	31,50
4079 Ketones in plasma: qualitative.....	7,90	5,30
4081 Drug level-biological fluid: quantitative	37,80	25,20
4085 Lipase.....	18,10	12,10
4089 Lipid study, maximum.....	79,50	53,00
4091 Lipoprotein electrophoresis.....	31,50	21,00
4093 Osmolality: serum or urine.....	23,60	15,80

	Pathologists	Other specialists and general practitioner
	R	R
4094 Magnesium: spectrophotometric.....	12,70	8,40
4095 Magnesium: atomic absorption.....	25,40	16,90
4096 Mercury: atomic absorption.....	25,40	16,90
4097 Copper: spectrophotometric.....	12,70	8,40
4098 Copper: atomic absorption.....	25,40	16,90
4100 Para-aminohippuric acid.....	31,50	21,00
4105 Protein electrophoresis.....	31,50	21,00
4106 IgG sub-class 1,2,3 or 4: Per sub-class..	70,00	46,20
4109 Phosphate.....	12,70	8,40
4111 Phospholipids.....	11,00	7,40
4113 Potassium.....	12,70	8,40
4114 Sodium.....	12,70	8,40
4117 Protein: total.....	10,90	7,30
4121 pH, pCO <sub>2</sub> or pO <sub>2</sub> : each.....	23,60	15,80
4123 Pyruvic acid.....	15,80	10,50
4125 Salicylates.....	15,80	10,50
4126 Secretin-pancreozymin responds.....	91,40	60,90
4127 Caeruloplasmin.....	15,80	10,50
4128 Phenylalanine: quantitative.....	39,40	26,30
4129 Glutamate dehydrogenase (GDH).....	18,90	12,60
4130 Aspartate aminotransferase (AST).....	18,90	12,60
4131 Alanine aminotransferase (ALT).....	18,90	12,60
4132 Creatine kinase (CK).....	18,90	12,60
4133 Lactate dehydrogenase (LD).....	18,90	12,60
4134 Gamma glutamyl transferase (GGT).....	18,90	12,60
4135 Aldolase.....	18,90	12,60
4136 Angiotensin convertine enzyme (ACE).....	31,50	21,00
4137 Lactate dehydrogenase isoenzyme.....	37,80	25,20
4138 Creatine kinase isoenzyme.....	37,80	25,20
4139 Adenosine deaminase.....	18,90	12,60
4141 Tolbutamide test: intravenous.....	47,30	31,50
4142 Redcell enzymes: each.....	27,30	18,20
4143 Serum/plasma enzymes: each.....	18,90	12,60
4144 Transferrin.....	41,00	27,30
4145 Lead: spectrophotometric.....	15,80	10,50
4146 Lead: atomic absorption.....	105,00	77,00
4147 Triglyceride.....	21,70	14,50
4151 Urea.....	12,70	8,40
4155 Uric acid.....	13,20	8,80
4157 Vitamin A-saturation test.....	53,60	35,70
4158 Vitamin E (tocopherol).....	12,60	8,40
4159 Vitamin A.....	22,10	14,70
4160 Vitamin C (ascorbic acid).....	7,90	5,30
4171 Sodium + potassium + chloride + CO <sub>2</sub> + Urea	55,40	37,00
4172 ELIZA or EMIT technique (drug assay).....	43,50	29,00
4181 Quant. protein estimation: Mancini method	27,20	18,10
4182 Quant. protein estimation: nephelometer..	29,00	19,30

	Pathologists	Other specialists and general practitioner
	R	R
4183 Quant. protein estimation: labelled antibody.....	43,50	29,00
4185 Lactose.....	37,80	25,20
4187 Zinc: atomic absorption.....	22,10	14,70
<b>21.7 Biochemical tests: Urine</b>		
4189 Abnormal pigments.....	15,80	10,50
4191 Haemosidering in urinary sediment.....	7,90	5,30
4193 Alkapton test: homogentisic acid.....	15,80	10,50
4195 Amino laevulinic acid.....	63,00	42,00
4197 Amylase.....	18,10	12,10
4199 Ascorbic acid.....	7,90	5,30
4201 Bence-Jones protein.....	9,50	6,30
4202 Bence-Jones protein: Bradshaw's test.....	7,90	5,30
4203 Phenol.....	12,60	8,40
4204 Calcium: atomic absorption.....	25,40	16,90
4205 Calcium: spectrophotometric.....	12,70	8,40
4206 Calcium: absorption and excretion studies	87,50	58,50
4207 Catecholamines fluorometric screen test..	39,40	26,30
4208 Lead: spectrophotometric.....	15,80	10,50
4209 Lead: atomic absorption.....	175,00	116,70
4211 Bile pigments: qualitative.....	7,90	5,30
4212 Qualitative glucose and protein (dipstick method).....	3,50	2,40
4213 Protein: quantitative.....	7,90	5,30
4214 Mercury.....	25,40	16,90
4216 Mucopolysaccharides: qualitative.....	12,60	8,40
4217 Oxalates.....	15,80	10,50
4218 Glucose: quantitative.....	7,90	5,30
4219 Steroids: chromatography (each).....	25,20	16,80
4221 Creatinine.....	12,70	8,40
4223 Creatinine clearance.....	26,80	17,90
4225 Xylose.....	11,00	7,40
4227 Electrophoresis: qualitative.....	15,80	10,50
4229 Uric acid clearance.....	26,80	17,90
4237 5-Hydroxy-indole-acetic acid: screen.....	9,50	6,30
4239 5-Hydroxy-indole-acetic acid: quantitative	23,60	15,80
4241 Indican or indole: qualitative.....	11,00	7,40
4245 Vitamin A-screen test.....	18,90	12,60
4247 Ketones: excluding dip-stick method.....	7,90	5,30
4248 Reducing substances.....	6,30	4,20
4249 Melanogen (melanin).....	15,80	10,50
4251 Metanephrines: column chromatography.....	77,20	51,50
4253 Aromatic amines (gaschromatography/ mass spectrophotometry).....	94,50	63,00
4254 Nitrosonaphtol test for tyrosine.....	7,90	5,30

	Pathologists	Other specialists and general practitioner
	R	R
4263 pH: Excluding dip-stick method.....	3,20	2,10
4265 Thin layer chromatography: one way.....	23,60	15,80
4266 Thin layer chromatography: two way.....	39,40	26,30
4269 Phenylpyruvic acid: ferric chloride.....	7,90	5,30
4271 Phosphate excretion index.....	77,20	51,50
4282 Qualitative test for metabolic disorders	42,00	28,00
4283 Magnesium: spectrophotometric.....	12,70	8,40
4284 Magnesium: atomic absorption.....	25,40	16,90
4285 Identification of carbohydrate.....	26,80	17,90
4287 Identification of drug: qualitative.....	15,80	10,50
4288 Identification of drug: quantitative....	37,80	25,20
4293 Urea clearance.....	18,90	12,60
4297 Copper: spectrophotometric.....	12,70	8,40
4298 Copper: atomic absorption.....	25,40	16,90
4299 Indoles: quantitative.....	23,60	15,80
4301 Chloride.....	9,10	6,10
4307 Ammonium chloride loading test.....	77,20	51,50
4309 Urobilinogen: quantitative.....	23,60	15,80
4313 Phosphate.....	12,70	8,40
4315 Potassium.....	12,70	8,40
4316 Sodium.....	12,70	8,40
4319 Urea.....	12,70	8,40
4321 Uric acid.....	12,70	8,40
4322 Fluoride.....	18,10	12,10
4323 Total protein and protein electrophoresis	39,40	26,30
4325 VMA: quantitative.....	39,40	26,30
4335 Cystine: quantitative.....	44,10	29,40
4336 Dinitrophenol hydrazine test: ketoacids..	7,90	5,30
4337 Hydroxyproline: quantitative.....	66,20	44,10
4338 Hydroxyproline: qualitative.....	23,60	15,80
<b>21.8 Biochemical tests: Faeces</b>		
4339 Chloride.....	9,10	6,10
4343 Fat: qualitative.....	11,00	7,40
4345 Fat: quantitative.....	77,20	51,50
4347 pH.....	3,20	2,10
4351 Occult blood: chemical test.....	7,90	5,30
4357 Potassium.....	12,70	8,40
4358 Sodium.....	12,70	8,40
4361 Stercobilin.....	7,90	5,30
4363 Stercobilinogen: quantitative.....	23,60	15,80
4365 Tryptic activity.....	7,90	5,30
<b>21.9 Biochemical tests: Miscellaneous</b>		
4371 Amylase in exudate.....	18,10	12,10
4375 Calcium in fluid: spectrophotometric....	12,70	8,40

	Pathologists	Other specialists and general practitioner
	R	R
4376 Calcium in fluid: atomic absorption.....	25,40	16,90
4381 Gastric contents: per specimen.....	7,90	5,30
4388 Gastric contents: maximal stimulation...	94,50	63,00
4389 Gastric fluid: total acid.....	7,90	5,30
4391 Renal calculus: chemistry.....	18,90	12,60
4392 Renal calculus: crystallography.....	56,90	37,80
4393 Saliva: potassium.....	12,70	8,40
4394 Saliva: sodium.....	12,70	8,40
4395 Sweat: sodium.....	12,70	8,40
4396 Sweat: potassium.....	12,70	8,40
4397 Sweat: chloride.....	9,10	6,10
4398 Sweat imprint: screening test.....	15,80	10,50
4399 Sweat collection by iontophoresis.....	15,80	10,50
4400 Triptophane loading test.....	77,20	51,50
<b>21.10 Cerebrospinal fluid</b>		
4401 Cell count.....	12,10	8,10
4407 Cell count, protein, glucose and chloride	26,80	17,90
4409 Chloride.....	9,10	6,10
4415 Potassium.....	12,70	8,40
4416 Sodium.....	12,70	8,40
4417 Protein: qualitative.....	3,20	2,10
4419 Protein: quantitative.....	10,90	7,30
4421 Glucose.....	12,70	8,40
4423 Urea.....	12,70	8,40
4425 Protein electrophoresis.....	44,10	29,40
<b>21.11 Miscellaneous tests</b>		
4426 Specimen handling fee.....	7,90	-
4427 Collection material (per patient).....	4,20	-
4429 Attendance in theatre.....	94,50	-
4430 Recombinant DNA technique.....	87,50	58,30
4432 Entomological examination.....	36,20	24,20
<b>21.12 Isotopes</b>		
4528 Ferritin.....	43,50	29,00
<b>21.13 After hour service and travelling fees (applicable to pathologists only</b>		
4541 Attendance fee outside the laboratory within 6 kilometre radius including travelling.....	11,00	

	Pathologists	Other specialists and general practitioner
	R	R
Travelling fee outside 6 kilometre radius from laboratory or house (whichever is the nearest) per kilometre, one way (see item 5003).....		
4547 After hour service: (Monday to Friday) 17:00 to 07:00, Saturday 13:00 to Monday 07:00 and public holidays.....		Tariff+50%
4548 Minimum fee during normal hours.....	10,50	-
4549 Minimum fee for after hour service.....	22,10	-
4551 Fees not detailed above will be based on the fee for a comparable service in the Tariff of fees.....	-	-
4553 The maximum fee for the first complete investigation of liver functions of a patient will be.....	181,10	120,80
<b>22. ANATOMICAL PATHOLOGY</b>		
<b>Note:</b> Histological examinations entailing more than five blocks should receive special consideration.		
<b>Exfoliative cytology</b>		
<i>Sputum and all body fluids</i>		
4561 First unit.....	50,90	33,80
4563 Each additional unit.....	14,80	9,90
4567 Histology, per unit or sample.....	76,00	49,40
4569 Histology, two blocks.....	95,00	64,60
4571 Histology (more than two units), per additional block.....	9,50	6,10
4572 Karyotyping: Blood of relative (1 culture)	285,00	190,00
4575 Histology and frozen section in laboratory.....	86,30	57,40
4577 Histology and tissue examination in theatre.....	155,40	103,70
4579 Attendance in theatre - no examination..	99,90	66,50
4582 Serial step section (including 4567)...	88,50	59,30
4587 Histology consultation.....	38,40	25,50
4589 Special stains.....	25,50	17,10
4591 Immuno-fluorescence/ Immuno-proxidase studies.....	78,70	52,40
4593 Electron microscopy examination.....	357,20	239,40

**IV. TRAVELLING EXPENSES**

## REFER TO GENERAL RULE P

When a doctor has to travel more than 16 kilometres in total to visit a patient, the fees shall be calculated as follows:



Consultation, visit or surgical fee: Plus

- 5001 Cost of public transport and travelling time or costs referred to in item 5003.
- 5003 R0,90 per km for each kilometre in excess of 16 kilometres in total travelled in own car: 19 km in total = 3xR0,90 cent = R2,70 (no travelling time).  
Traveling time is only applicable when public transport is used.
- 5005 Specialist R64,80 per hour or part thereof.
- 5007 General Practitioner: R43,20 per hour or part thereof.
- 5009 After hours: Specialist: R97,20 per hour or part thereof.
- 5011 After hours: General Practitioners: R64,80 per hour or part thereof.
- 5013 Travelling fees are not payable to medical practitioners when they travel from a distance to assist at an operation on cases referred to surgeons by them.
- 5015 Travelling expenses may be charged from the medical practitioner's residence for calls received at night or during weekends in cases where travelling fees are allowed. (For distances of 8 kilometres or more from starting point.)