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PROVINCIAL NOTICE

The following Provincial Notice is published for general information.

DR HC MALILA,
DIRECTOR-GENERAL

Provincial Legislature Building,
Wale Street,
Cape Town.

PROVINSIALE KENNISGEWING

Die volgende Provinsiale Kennisgewing word vir algemene inligting gepubliseer.

DR HC MALILA,
DIREKTEUR-GENERAAL

Provinsiale Wetgewer-gebou,
Waalstraat,
Kaapstad.

ISAZISO SEPHONDO

Esi Saziso sePhondo silandelayo sipapashelwe ukunika ulwazi ngokubanzi.

GQIR HC MALILA,
MLAWULI-JIKELELE

ISakhiwo sePhondo,
Wale Street,
eKapa.

PROVINCIAL NOTICE

P.N. 114/2026 **31 March 2026**

UNIFORM PATIENT FEE SCHEDULE REGULATIONS FOR HEALTH CARE SERVICES RENDERED BY THE DEPARTMENT OF HEALTH AND WELLNESS, 2026

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

SCHEDULE

Definitions

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

"air ambulance" means a vehicle—

(a) appropriately equipped, designed or adapted for the sole purpose of providing emergency care and transportation to patients; and

(b) registered as an air ambulance in terms of the Civil Aviation Act, 2009 (Act 13 of 2009);

"air transportation tariff" means the tariff charged for the treatment or transportation of a patient in an air ambulance;

"allied health practitioner" means a person registered in terms of the—

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

(i) clinical psychologist;

(ii) physiotherapist;

(iii) occupational therapist;

(iv) speech therapist and audiologist;

(v) paramedic;

(vi) oral hygienist; or

(vii) dental therapist;

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

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

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

"ambulance transportation tariff" means the tariff charged for the treatment or transportation of a patient in an ambulance;

"ambulatory procedure tariff" means the tariff charged for a procedure performed by a health care professional in a procedure room, at a patient's bedside or in an ambulance, under local anaesthetic if required;

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

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

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

"confinement tariff" means the tariff charged for all modes of delivery of a baby from its mother, and includes the procedures listed in clause 1.2.2.1 of Annexure 1 to these regulations;

"consultation tariff" means the tariff charged for—

(a) the clinical examination of a patient;

(b) the interview and recording of a patient's clinical history;

(c) prescribing and administering treatment to a patient; or

(d) assisting a patient with advice,

irrespective of whether the patient is consulted in person or telephonically;

"cosmetic surgery (non-medical reasons) tariff" means the tariff charged for elective cosmetic surgery procedures performed by a health care professional;

"day patient tariff" means the tariff charged if a patient is admitted and discharged before 23:00 on the same day;

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

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

"emergency medical service" means a state-provided service that is solely dedicated, staffed and equipped to do any or all of the following:

(a) transport ill or injured persons;

(b) offer prehospital or interhospital medical treatment to patients;

(c) rescue a person from a medical rescue situation;

"emergency medical services tariff" means the tariff charged for providing emergency medical services;

"emergency standby service tariff" means the tariff charged for an ambulance and crew available or present on request during any event at a specific place;

"externally funded patient" means a patient—

(a) whose health services are funded or partly funded—

(i) in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993);

(ii) in terms of the Road Accident Fund Act, 1996 (Act 56 of 1996);

(iii) by a medical scheme registered in terms of the Medical Schemes Act, 1998 (Act 131 of 1998); or

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

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

"facility fee tariff" means the tariff reflecting the cost to the WCGHW for the provision of health care treatment services to patients;

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

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

"full-paying patient" means an externally funded patient, and includes a patient treated by his or her own private health care professional and certain categories of foreign-national patients;

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

"high care unit" means a specially equipped unit where specially trained nursing practitioners are available at all times, supported by a health care professional on standby;

"H0 patient" means the category of patient contemplated in Annexure 2 to these regulations;

"H1 patient" means the category of patient contemplated in Annexure 2 to these regulations;

"H2 patient" means the category of patient contemplated in Annexure 2 to these regulations;

"H3 patient" means the category of patient contemplated in Annexure 2 to these regulations;

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

"income threshold" means the financial assessment of a patient according to the means test;

"inpatient" means a patient who is admitted on the prescript of a health care professional to a WCGHW facility for treatment;

"inpatient tariff" means the tariff charged for services rendered while a patient occupies a bed in a WCGHW facility, and it is calculated from the admission to the discharge times and dates;

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

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

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

"level 3 hospital" means a hospital where all specialist services are continuously rendered, or those specialist services are rendered as determined by the Head of Department of the WCGHW;

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

"major theatre procedure tariff" means the tariff charged for procedures performed in an operating theatre;

"means test" means the financial assessment of a patient or a family to determine the categorisation of that patient or family for tariff purposes as contemplated in Annexure 2 to these regulations;

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

"medical rescue tariff" means the tariff charged to rescue a person from a medical rescue situation;

"medical response tariff" means the tariff charged for the medical response to a patient in a specialised vehicle with specialised equipment, other than an ambulance, dispatched to assist with the treatment of the patient;

"minor theatre procedure tariff" means the tariff charged for procedures performed in a minor theatre that require limited instrumentation and drapery;

"mortuary tariff" means the tariff charged for the storage of a deceased patient who died inside or outside of a WCGHW facility;

"nursing practitioner" means a person registered in terms of the Nursing Act, 2005 (Act 33 of 2005), as a—

(a) nurse; or

(b) midwife;

"nursing practitioner tariff" means the tariff charged for services rendered by a nursing practitioner to a patient in a WCGHW facility, in the course and scope of the nursing practitioner's employment by the WCGHW;

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

(a) dentist;

(b) oral hygienist;

(c) dental therapist;

(d) community dentistry specialist;

(e) maxillofacial and oral surgeon;

(f) prosthodontist;

(g) orthodontist;

(h) oral pathologist; or

(i) oral medicine and periodontist specialist;

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

"outpatient" means a patient who is treated in an outpatient section or on an outpatient basis in a WCGHW facility;

"planned patient transportation tariff" means the tariff charged for the transportation of a patient in a vehicle, other than an ambulance, that is used for transporting patients who do not require medical care during transportation;

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

"primary health care centre" means a community health centre or a community health clinic at which district health services are provided by the WCGHW;

"private practitioner patient" means a patient treated in or at a WCGHW facility by a private health care professional;

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

"prosthesis" means a surgically implanted artificial substitute for a diseased or missing part of the body;

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

(a) a care dependency grant;

(b) a child support grant;

(c) a disability grant;

(d) a foster child grant;

(e) an older person's grant;

(f) a war veteran's grant;

(g) a grant in aid; and

(h) social relief of distress;

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

"subsidised patient" means a patient whose level of subsidisation depends on the outcomes of the means test;

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

"the Act" means the Western Cape Health Services Fees Act, 2008 (Act 5 of 2008);

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

"UPFS" means the Uniform Patient Fee Schedule;

"WCGHW" means the Western Cape Government: Department of Health and Wellness;

"WCGHW facility" means an institution of the Western Cape Government: Department of Health and Wellness that provides access to treatment for patients of the Province.

Application

2. These regulations apply to—

(a) full-paying patients;

(b) patients whose gross income equals or exceeds the means test; and

(c) subsidised patients.

Payment of tariff

3. (1) A full-paying patient, listed and categorised in Annexure 2 to these regulations, who receives any medical treatment or any medical services from a WCGHW facility must pay the applicable tariff for the medical treatment or medical services received in accordance with the tariff of fees and charges set out in Annexures 4 and 5 to these regulations.

(2) A subsidised patient, listed and categorised in Annexure 2 to these regulations, who receives any medical treatment or any medical services from a WCGHW facility must pay the applicable tariff for the medical treatment or medical services received in accordance with the tariff of fees and charges set out in Annexures 4 and 5 to these regulations.

Patient categorisation

4. (1) All subsidised patients must be categorised by the WCGHW according to the prescripts contained in Annexure 2 to these regulations.

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

Repeal of regulations

5. The Uniform Patient Fee Schedule Regulations for Health Care Services Rendered by the Department of Health and Wellness, 2025, published under Provincial Notice 45/2025 in *Provincial Gazette* 9062 dated 30 April 2025, are repealed.

Short title and commencement

6. These regulations are called the Uniform Patient Fee Schedule Regulations for Health Care Services Rendered by the Department of Health and Wellness, 2026, and come into operation on 1 April 2026.

ANNEXURE 1

PRACTICE NOTES ON APPLICATION OF UPFS TARIFFS

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

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

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

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

1.2 TARIFFS

1.2.1 Anaesthesia Tariff

1.2.1.1 This tariff applies to the administration of a general or other anaesthetic (conscious sedation, spinal or epidural injections and anaesthetic blocks), administered by a health care professional other than the person doing the procedure.

1.2.1.2 This tariff is based on the type of procedure for which the anaesthetic is administered. The tariff is divided into four groups based on the complexity and average duration of the anaesthetic procedure.

1.2.1.3 The category of the anaesthetic is determined by applying the procedure codebook as set out in Annexure 3.2 to these regulations.

1.2.1.4 No additional charge is levied for supplies, drugs or gasses used during the anaesthesia except for high-cost drugs or gasses that will be itemised according to the pharmacy tariff.

1.2.1.5 There is no facility fee component for this tariff, since anaesthesia supplies are included in the facility component of the relevant procedure tariffs.

1.2.2 Confinement Tariff

1.2.2.1 This tariff applies to the following:

1.2.2.1.1 all models of delivery, including caesarean section;
1.2.2.1.2 inductions of labour;
1.2.2.1.3 intrapartum paracervical and pudendal blocks;
1.2.2.1.4 intrapartum amnioscopy;
1.2.2.1.5 foetal blood sampling;
1.2.2.1.6 application of scalp leads;
1.2.2.1.7 symphysiotomy;
1.2.2.1.8 manual removal of placenta;
1.2.2.1.9 repair of cervical tears;
1.2.2.1.10 correction of uterine intervention;
1.2.2.1.11 drainage of vulva haematoma;
1.2.2.1.12 repair of second-degree tear;
1.2.2.1.13 repair of third-degree tear;
1.2.2.1.14 repair of episiotomy;
1.2.2.1.15 resuscitation of newborn by an obstetrician; and
1.2.2.1.16 tracheal intubation of neonate.

1.2.2.2 The inpatient stay of the mother is charged in addition to the confinement tariff according to the inpatient tariff.

1.2.2.3 No inpatient tariff may be charged for the newborn baby, unless the baby is admitted into a high care unit or intensive care unit.

1.2.2.4 The category of the health care professional with overall responsibility for the confinement determines the tariff to be charged for the professional component of this tariff.

1.2.2.5 The anaesthesia tariff and imaging tariff must be charged additionally, where applicable.

1.2.2.6 False labour must be charged according to the inpatient tariff or outpatient visit (depending on whether the patient was admitted or evaluated as an outpatient) and services recorded accordingly.

1.2.3 Dialysis Tariff

1.2.3.1 This tariff must be charged per treatment session for peritoneal dialysis and includes the cost of the connection of a catheter, and all other consumables utilised, but excludes dialysate.

1.2.3.2 In the case of haemodialysis, the tariff to be charged is per treatment day and includes the preparation of the AV shunts, treatment, dialysate and all consumables.

1.2.3.3 A patient issued with dialysate or other related consumables for use at home must be charged on an itemised basis according to the pharmacy tariff.

1.2.3.4 If a patient requires continuous veno-venous haemodialysis (CVVHD), the haemodialysis tariff is charged per day and the consumables utilised are itemised.

1.2.3.5 In the case of plasmapheresis, the tariff to be charged is per day and this includes the preparation of the machine and lines. The insertion of the catheter (eg CVP) must be charged separately.

1.2.4 Medical Report Tariff

1.2.4.1 The tariff applies for the completion of a medical report for insurance or any other purpose.

1.2.4.2 If a consultation or procedure, above that required for the purpose of the report, is performed, the relevant consultation tariff or procedure tariff must also be charged.

1.2.4.3 The tariff for copies of reports and notes are payable strictly in advance.

1.2.5 Imaging Tariff

1.2.5.1 This tariff includes all radiological, gamma camera, ultrasound and nuclear imaging modalities.

1.2.5.2 The tariff includes all radiological, gamma camera, lithotripsy and ultrasound and is inclusive of all consumables, films and medication, but excludes contrast media used.

1.2.5.3 Imaging procedures are divided into categories, and the tariff to be charged depends on the category into which the procedure falls.

1.2.5.4 The codebook must be applied to determine the procedure and the category of the tariff as set out in Annexure 3.3 to these regulations.

1.2.5.5 If a radiologist or general practitioner reports (written or interpretation) on the image, the professional component of the tariff must be charged.

1.2.5.6 In the event of private practitioners (responsible for the treatment in his or her rooms) referring the patient for radiological procedures to a DOH facility, both the facility fee and professional fee apply.

1.2.6 Inpatient Tariff

1.2.6.1 The inpatient tariff applies when a patient is admitted either on prescription of a medical officer to a bed in a ward or where the patient requires inpatient treatment.

1.2.6.2 This tariff includes all medication consumables dispensed from ward stock to the patient for the duration of his or her stay.

1.2.6.3 The charge excludes theatre procedures, radiology and laboratory investigations, physiotherapy treatment, high-cost pharmaceuticals (buy-outs) and discharge medication (TTOs) as well as consumables not included in the facility fee and blood and blood products, etc.

1.2.6.4 The type of ward into which a patient is admitted, and the length of stay calculated as 12-hour units shall determine the tariff to be charged.

1.2.6.5 The inpatient boarder tariff applies to a person accompanying a patient and receiving accommodation and meals from the hospital.

1.2.6.6 The inpatient boarder tariff is charged on a daily rate and is required to be settled in advance, unless prior arrangements have been made with the DOH facility.

1.2.6.7 An inpatient who is admitted and discharged on the same day before 23:00 must be charged the day patient tariff.

1.2.6.8 If an inpatient is admitted as a day patient and is discharged after 23:00 on the same day, the day patient fee must be cancelled, and the applicable inpatient tariff must be charged.

1.2.6.9 If a patient is admitted before 12:00, and not discharged the same day, a tariff for the full day must be charged.

1.2.6.10 If a patient is admitted after 12:00, a tariff for the half-day must be charged.

1.2.6.11 If the patient is transferred between different ward types during the same 24-hour period, the higher of the applicable inpatient tariff must be charged during the relevant 12-hour period in which the patient is transferred.

1.2.6.12 If a patient is discharged before 12:00, a tariff for the half-day must be charged.

1.2.6.13 If a patient is discharged after 12:00, a tariff for the full day must be charged for the day of discharge.

1.2.6.14 The inpatient intensive care tariff is charged when the unit is specially equipped and set up for the intensive care of seriously ill patients and where health care professionals and specially trained professional nursing staff are available at all times.

1.2.6.15 The inpatient specialised intensive care tariff is charged on the prescription of the treating health care professional.

1.2.6.16 The inpatient high care tariff is charged for a specially equipped unit where specially trained professional nursing staff are available at all times, supported by health care professionals on a standby basis.

1.2.6.17 Medication taken home by a patient is charged according to the pharmacy tariff.

1.2.6.18 The professional fee depends on the level of the professional responsible for the ward to which the patient is admitted.

1.2.7 Mortuary Tariff

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

1.2.8 Pharmacy Tariff

1.2.8.1 This tariff applies when medicines are dispensed by a pharmacist or pharmacy to patients on the basis of a prescription. This entails the itemisation of medication dispensed to patients.

1.2.8.2 The itemised cost of such medication and the facility fee tariff must be charged per prescription.

1.2.8.3 The facility fee tariff is determined according to the level of the facility. Only one pharmacy facility fee per 24-hour period may be levied for prescriptions.

1.2.8.4 The purchase price including VAT plus 50% of the total amount must be charged per item dispensed to the patient.

1.2.9 Oral Health Tariff

1.2.9.1 This tariff applies to medical treatment rendered by an oral health care professional.

1.2.9.2 Oral health procedures are grouped into categories depending on the complexity and cost of the procedure.

1.2.9.3 The oral health codebook as set out in Annexure 3.1 to these regulations must be applied to determine the procedure category.

1.2.9.4 Dental prosthesis used must be charged in addition to the oral health tariff.

1.2.10 Consultation Tariff

1.2.10.1 The tariff for an outpatient consultation applies when the health care professional personally takes down a patient's clinical history, performs an appropriate clinical examination or prescribes or administers treatment or assists the patient with advice.

1.2.10.2 The same tariff applies for each follow-up consultation with an outpatient by a health care professional.

1.2.10.3 This tariff includes all consumables used during the consultation, but excludes medication dispensed to the outpatient by a pharmacy. The tariff excludes consumables as otherwise specified as "Consumables not included in the facility fee" and excludes medications dispensed to the patient.

1.2.10.4 The emergency consultation tariff must be charged for any consultation in an emergency or trauma department, irrespective of the time of day such consultation takes place.

1.2.10.5 If the procedure is performed at the time of the consultation, the consultation tariff and the procedure tariff must be charged.

1.2.10.6 Triage is the process of determining the medical priority of patients regarding treatment. This is not a chargeable service.

1.2.11 Minor Theatre Procedure Tariff

1.2.11.1 This tariff applies to minor theatre procedures, which require limited instrumentation and drapery, and is only doctor driven.

1.2.11.2 The procedures applicable to this tariff are grouped into four categories depending on the complexity and cost of the procedure.

1.2.11.3 The tariff to be charged depends into which category a procedure falls as set out in Annexure 3.6 to these regulations.

1.2.11.4 The level of the professional ultimately performing the procedure determines the professional fee component.

1.2.12 Major Theatre Procedure Tariff

1.2.12.1 This tariff applies to all procedures performed in an operating theatre.

1.2.12.2 The tariff includes theatre time, and all consumables and medical gasses used during the procedure. The tariff excludes high-cost pharmaceuticals, e.g. sevoflurane gas as well as consumables not included in the facility.

1.2.12.3 The procedure applicable to this tariff is grouped into categories depending on the complexity and cost of the procedure.

1.2.12.4 The tariff to be charged depends on the category into which the procedure falls as set out in Annexure 3.2 to these regulations.

1.2.12.5 The level of the ultimate professional performing the procedure determines the professional fee component.

1.2.12.6 In the event of more than one professional at different levels being involved in the procedure, the fee for the highest professional is charged.

1.2.12.7 Prosthesis used must be charged on an itemised basis in addition to the major theatre procedure tariff.

1.2.13 Treatment Tariff

1.2.13.1 This tariff applies to all supplementary health treatment performed by an allied health practitioner.

1.2.13.2 Different charges apply depending on whether the treatment is rendered in a group or individual context.

1.2.13.3 The adaption and fitting of an assistive device must be charged according to the treatment tariff.

1.2.13.4 The initial assessment of a patient by an allied health practitioner in respect of an assistive device must be charged as a consultation tariff, and thereafter any subsequent treatment must be charged according to the treatment tariff.

1.2.13.5 The treatment tariff is applicable to both inpatients and outpatients.

1.2.13.6 The treatment tariff is charged per contact with the patient.

1.2.13.7 The treatment tariff and the nursing practitioner tariff must be charged where a patient is referred to a hospital where a nursing practitioner has overall responsibility for the treatment of the patient.

1.2.14 Emergency Medical Services Tariff

1.2.14.1 Planned Patient Transportation Tariff

1.2.14.1.1 This tariff must be calculated for the transportation of the patient to a hospital from the point of collection to the drop-off point, must be charged for every 50 km travelled and applies to the transportation of the patient in a vehicle, other than an ambulance, where the patient does not require specific clinical care during transportation.

1.2.14.2 Ambulance Transportation Tariff

1.2.14.2.1 This tariff applies to the transportation of the patient in an ambulance, where the patient requires ongoing clinical care during transportation.
1.2.14.2.2 The tariff is based on Level 2: Standard Ambulance or Level 3: Intensive Care Ambulance and is determined on an hourly fee and on stages of 50 km from the point of collection to arrival at the receiving healthcare facility.
1.2.14.2.3 The treatment of the patient must be billed at the level of care rendered as outlined in the professional fee tariff.

1.2.14.3 Medical Response Tariff

1.2.14.3.1 This tariff applies to the medical response to a patient in a specialised vehicle with specialised equipment that is dispatched to assist with the assessment and treatment of the patient.
1.2.14.3.2 The tariff is based on a single fee and on stages of 50 km, inclusive of all appropriate equipment utilised for the said purpose.
1.2.14.3.3 The treatment of the patient must be billed at the level of care rendered as outlined in the professional fee tariff.

1.2.14.4 Medical Rescue Tariff

1.2.14.4.1 This tariff applies to the medical rescue of a patient in a specialised vehicle with appropriately trained rescue staff and specialised equipment that is dispatched to assist with the treatment, disentanglement, recovery, and/or extraction of the patient.
1.2.14.4.2 The tariff is based on a single fee and on stages of 50 km, inclusive of all appropriate equipment utilised for the said purpose.
1.2.14.4.3 The treatment of the patient must be billed at the level of care rendered as outlined in the professional fee tariff.

1.2.14.5 Emergency Standby Service Tariff

1.2.14.5.1 This tariff applies to medical standby at special events and is charged at an hourly rate for the duration of the medical standby.
1.2.14.5.2 The tariff is based on Level 2: Standard Ambulance or Level 3: Intensive Care Ambulance.
1.2.14.5.3 The treatment of the patient must be billed at the level of care rendered as outlined in the professional fee tariff.

1.2.14.6 Air Transportation Tariff

1.2.14.6.1 This tariff applies to the treatment and transportation of the patient in an air ambulance (fixed-wing or helicopter).
1.2.14.6.2 The tariff is calculated according to the flying hours spent to transport the patient in the aircraft.
1.2.14.6.3 The treatment of the patient must be billed at the level of care rendered as outlined in the professional fee tariff.
1.2.14.6.4 An ambulance transportation tariff may apply for the transportation of the patient in an ambulance, based on Level 2: Standard Ambulance or Level 3: Intensive Care Ambulance, between the air ambulance and the healthcare facility or *vice versa*.

1.2.14.7 Levels of care for services rendered by ambulance crew

1.2.14.7.1 For purposes of calculation of professional fees, all attending personnel must be registered with the Health Professions Council of South Africa in one of the following categories and provide treatment to a patient in accordance with the approved scope of practice:
(a) Ambulance Emergency Assistant (AEA);
(b) Basic Ambulance Assistant (BAA);
(c) Emergency Care Assistant (ECA);
(d) Emergency Care Practitioner (ECP);
(e) Emergency Care Technician (ECT); or
(f) Paramedic.
1.2.14.7.2 The treatment of the patient must be billed at the level of care rendered as outlined in the professional fee tariff.

1.2.15 Assistive Device Tariff and Surgically Implanted Prosthesis Tariff

1.2.15.1 The assistive device tariff applies when an assistive device is issued to a patient.

1.2.15.2 The itemised cost of the assistive device forms the facility fee component of the assistive device tariff.

1.2.15.3 The initial assessment of the patient's needs in respect of the assistive device must be charged as part of the outpatient consultation tariff.

1.2.15.4 Subsequent adaptations and fitting of the assistive device must be charged according to the treatment tariff.

1.2.15.5 The surgically implanted prosthesis tariff applies when prosthesis is surgically implanted into a patient during a surgical procedure. The device is encapsulated within the body structure of a patient and includes fixatives such as pins, screws, K-wires, cement (palacos) and plates, as well as joint replacements and pacemakers.

1.2.15.6 An assistive device or surgically implanted prosthesis are charged on an itemised basis in accordance with tender prices or the purchasing price per item.

1.2.15.7 A dental laboratory device is charged on an itemised basis in accordance with tender prices when such devices are issued to patients, e.g. crowns, bridges and dentures.

1.2.16 Cosmetic Surgery (Non-Medical Reasons) Tariff

1.2.16.1 This tariff applies to cosmetic surgery procedures on an elective basis for non-medical reasons.

1.2.16.2 The tariff to be charged depends on the category into which the procedure falls.

1.2.16.3 The Cosmetic Surgery Codebook as set out in Annexure 3.4 sets out the procedures and categories of tariffs that must be charged.

1.2.16.4 A deposit that covers 100% of the expected cost of such surgery must be paid to the DOH before the patient is admitted.

1.2.17 Laboratory Services

1.2.17.1 This tariff applies to laboratory services rendered by the National Health Laboratory Service (NHLS), and the DOH facility must bill for these services.

1.2.17.2 The tariff for drawing of blood is set out in Annexure 4 to these regulations.

1.2.18 Radiation Oncology

1.2.18.1 The tariffs are set out in Annexure 5 to these regulations.

1.2.19 Nuclear Medicine

1.2.19.1 Tariffs are charged for nuclear procedures and radio isotopes and must include radiological, gamma camera, and ultrasound – intervention, as well as imaging modalities prescribed and rendered to an inpatient or an outpatient.

1.2.19.2 The tariff and procedures are set out in Annexures 3.7 and 6.1 to these regulations.

1.2.20 Ambulatory Procedure Tariff

1.2.20.1 This tariff applies to simple procedures performed in a procedure room, at the patient's bedside or in an ambulance regardless of the facility available, and the tariff must include consumables used during the procedure except those consumables not included in the facility fee.

1.2.20.2 The tariff may require local anaesthetic (infiltration or topical) but excludes general anaesthetic and conscious sedation.

1.2.20.3 The procedures applicable to this tariff are grouped into two categories depending on the complexity and cost of the procedure.

1.2.20.4 The category of the procedure is determined by applying the codebook for Ambulatory Procedure Guideline as set out in Annexure 3.5 to these regulations.

1.2.20.5 The professional fee tariff to be charged must be determined by the category of the health care professional responsible for the service. In the case of more than one professional responsible for rendering the service, the rule of the ultimate professional fee must apply.

1.2.21 Blood and Blood Products

1.2.21.1 This tariff applies for blood and blood products administered to a patient.

1.2.21.2 This tariff applies to blood screening, autogeneous transfusion, etc.

1.2.21.3 This tariff excludes the specialised administered sets provided by the Western Cape Blood Service (WCBS) and the National Blood Institute (NBI).

1.2.22 Hyperbaric Oxygen Therapy

1.2.22.1 This tariff is charged where a patient is entirely enclosed in a pressure chamber of increased atmospheric pressure for medical treatment.

1.2.23 Consumables

1.2.23.1 This tariff is for consumables not covered in the facility fee.

1.2.23.2 This tariff applies to high cost theatre, ward consumables and buy-outs.

1.2.23.3 This item must be charged on an itemised basis. The actual purchasing price including VAT plus 15% on the total amount must be charged per item.

1.2.24 Autopsies

1.2.24.1 This tariff must be charged for the undertaking of a postmortem on a patient who has died in or outside a hospital, if the request is specifically received from the family of the deceased or a third party

1.2.25 Procedure Global Fee

1.2.25.1 This tariff is an all-inclusive tariff for a treatment intervention.

1.2.25.2 The tariff is only applicable where the cost and the complexity do not exceed the agreed benchmark of the specific procedure or medical intervention.

1.2.26 Primary Health Care

1.2.26.1 The tariff for a consultation at a primary health care centre applies when the health care professional personally takes down a patient's clinical history, performs an appropriate clinical examination or prescribes or administers treatment or assists the patient with advice.

1.2.26.2 The same tariff applies for each consultation with a patient by a health care professional.

1.2.26.3 Triage is the process of determining the medical priority of patients regarding treatment. This is not a chargeable service

ANNEXURE 2

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

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

1 SUBSIDISED PATIENTS

1.1 FULLY SUBSIDISED PATIENTS (H0 TARIFF CATEGORY)

Group	Description
Social Grant Beneficiaries	Recipients of the following types of pension or grants are classified as social pensioners: Older persons' grant Child support grant War veterans' grant Care dependency grant Social relief of distress grant Disability grant Foster child grant Grant-in-aid
Formally Unemployed	Persons supported by the Unemployment Insurance Fund (UIF). Proof of unemployment from Department of Labour must be produced.

1.1.1 NOTES ON H0 PATIENTS

1.1.1.1 Patients classified in the abovementioned group receive all services free of charge, except for certain exclusions as set out below. Free services are only applicable to a recipient of a pension or grant or a formally unemployed person.

1.1.1.2 Patients may only be placed in the H0 tariff category if they provide proof that they—

(a) are recipients of one of the social grants mentioned above and have provided written proof from the provincial department responsible for social services identifying the recipient and the period of the social grant; or

(b) are formally unemployed and have produced written proof from the Department of Labour.

1.1.1.3 Patients with no written proof

1.1.1.3.1 An unemployed person who cannot produce supporting documentation should be assessed according to the means test. A sworn affidavit is not accepted as proof for formally unemployed persons.

1.1.1.3.2 Social grant beneficiaries in receipt of a grant other than an older persons' grant who only present a South African Social Security Agency (SASSA) card and proof of identification (ID) must be assessed as H0 for three visits and thereafter according to the means test.

1.1.1.4 Where a spouse of a formally unemployed person has an income, the means test must be applied, however where both spouses are formally unemployed the H0 tariff is applicable.

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

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

To determine the patient classification, patients who are married are assessed according to their combined monthly gross income irrespective of whether they are married in or out of community of property or by customary marriage. For purposes of fee determination, public service pensioners must be assessed and classified under the H1, H2 or H3 tariff categories based on their income as contemplated in the table.

1.2.1 NOTES ON H1, H2 AND H3 PATIENTS

1.2.1.1 H1 patient tariffs are all inclusive, except for certain exclusions as indicated in Annexure 4 (UPFS for subsidised patients).

1.2.1.2 Where H1 patients receive services and procedures, the equivalent of a consultation or inpatient fee must at least be raised.

1.2.1.3 There is no difference between the type of consultation or type of bed in respect of H1 patients.

1.2.1.4 The tariff applicable to H1 inpatients is for each 30 days or part thereof.

1.2.1.5 H1 outpatients admitted after outpatient treatment are liable for the outpatient fee and the inpatient fee.

1.2.1.6 H1 patients who attend two or more clinics on the same day are assessed for only one visit, irrespective of the number of clinics attended, but only the most expensive clinic must be charged.

1.2.1.7 H2 and H3 patients are charged per tariff grouping related to various health service activities (activity-based costing).

1.2.1.8 There is a difference between routine and emergency consultation and with the bed type in respect of H2 and H3 patients.

1.2.1.9 H2 and H3 patients who attend two or more clinics on the same day are assessed for each visit at each clinic.

1.2.1.10 The inpatient tariffs for H2 and H3 patients are raised for every 12-hour period (day admission excluded).

1.2.1.11 H2 and H3 outpatients admitted after outpatient treatment are liable for the outpatient fee and the admission.

1.2.1.12 Where H2 and H3 patients are referred from one type of ward to another within the same 12-hour period, the higher tariff is applicable.

1.2.1.13 An account must be raised for every 30-day period or part thereof in respect of long-term patients (irrespective of their patient category).

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

(a) members and dependants of a medical scheme;

(b) patients treated by their private practitioner in a DOH facility;

(c) patients receiving treatment in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993);

(d) patients receiving treatment in terms of the Road Accident Fund Act, 1996 (Act 56 of 1996); and

(e) patients treated on behalf of another state department.

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

(a) issuing of medical reports and copies of X-rays, as well as the completion of certificates and forms;

(b) accommodation for persons who accompany patients;

(c) cosmetic surgery;
(d) contest fatherhood test (HLA and DNA typing);
(e) immunisation for foreign travel purposes;
(f) work evaluations;
(g) autopsies; and
(h) mortuary fees.

2 FULL-PAYING PATIENTS

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

2.1 EXTERNALLY FUNDED PATIENTS

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

(a) the Medical Schemes Act,1998 (Act 131 of 1998);
(b) the Road Accident Fund Act, 1996 (Act 56 of 1996);
(c) the Compensation for Occupational Injuries and Diseases Act, 1993 (Act 130 of 1993);
(d) another state department, local authority, foreign government, or any other funder;
(e) project research trial; or
(f) medical schemes not registered with the Council for Medical Schemes.

2.2 SELF-FUNDED PATIENTS

The following patients are liable for the full UPFS tariffs:

(a) a patient who chooses to be treated by a private practitioner in a state facility;
(b) patients taking part in revenue generation projects; or
(c) foreign nationals not assessed according to the prescribed means test.

3 NON-SUBSIDISED SERVICES

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

4 NOTES ON FULL-PAYING PATIENTS

4.1 Full-paying patients are charged per tariff grouping related to various health service activities (activity-based costing).
4.2 There is a difference between routine and emergency consultation and with the bed type.
4.3 Patients who attend two or more clinics on the same day are assessed for each visit at each clinic.
4.4 The inpatient tariffs are raised for every 12-hour period (day admission excluded).
4.5 Outpatients admitted after outpatient treatment are liable for the outpatient fee and the admission.
4.6 Where patients are referred from one type of ward to another within the same 12-hour period, the higher tariff is applicable.
4.7 An account must be raised for every 30-day period or part thereof in respect of long-term patients.
4.8 Members and their dependents belonging to a medical scheme who were assessed in accordance with the means test and who did not disclose their membership of a medical scheme must be re-assessed retrospectively as medical scheme patients.
4.9 Full-paying patients will be charged by the National Health Laboratory Service (NHLS) for laboratory services rendered by the NHLS irrespective of where the services are rendered (including primary health care centres).

ANNEXURE 3.1: ORAL HEALTH CODE BOOK

Code:	Description:	Procedure Category:
A.	**Diagnostic**	
	Clinical Oral Evaluations	
8101	Full mouth examination, charting and treatment planning	B
8102	Comprehensive consultation	B
8104	Examination or consultation for a specific problem not requiring full mouth examination, charting and treatment planning	A
8189	Re-examination - existing condition	A
8190	Consultation - second opinion or advice	A
	Radiographs/Diagnostic Imaging	
8107	Intra-oral radiographs, per film	A
8108	Maximum for 8107	B
8112	Intra-oral radiograph - bitewing	A
8113	Occlusal radiographs	B
8114	Extra-oral radiograph hand-wrist	B
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA)	B
8116	Extra-oral radiograph, cephalomeric	B
8118	Extra-oral radiograph, skull / facial bone	B
	Test and Laboratory Examinations	
8117	Study models - unmounted or mounted on a hinge articulator	A
8119	Study models - mounted on a movable condyle articulator	B
8121	Photographs (for diagnostic, treatment or dento-legal purposes) per photograph	A
8123	Caries susceptibility tests (by arrangement)	A
8124	Pulp diagnostic test	A
8811	Tracing and analysis of extra-oral film	A
B.	**Preventive**	
	Dental Prophylaxis	
8155	Polishing only (including removal of plaque) - complete dentition	B
8159	Scaling and polishing	B
	Topical Fluoride Treatment	
8161	Topical application of fluoride (prophylaxis excluded) - complete dentition (excluding scaling and/or polishing)	B
	Other Preventive Services	
8151	Oral hygiene instructions	B
8153	Follow-up visit for re-evaluation of oral hygiene (if no other preventive treatment is performed during the same visit)	A
8163	Fissure sealant - per tooth	A
8171	Mouth guard	A
	Space Maintenance (Passive Appliances)	
8173	Space maintainer - fixed, per abutment unit	B
8175	Space maintainer - removable (all-inclusive fee)	B
C.	**Restorative**	
	Amalgam Restorations (including Polishing)	
8341	Amalgam - one surface	B
8342	Amalgam - two surfaces	B
8343	Amalgam - three surfaces	B
8344	Amalgam - four or more surfaces	B
	Resin Restorations	
8350	Resin - crown, anterior primary tooth (direct)	B
8351	Resin - one surface, anterior	B
8352	Resin - two surfaces, anterior	B
8353	Resin - three surfaces, anterior	B
8354	Resin - four or more surfaces, anterior	B
8367	Resin - one surface, posterior	B
8368	Resin - two surfaces, posterior	B
8369	Resin - three surfaces, posterior	B
8370	Resin - four or more surfaces, posterior	B
	Metal Inlays	
8361	Inlay, metallic - one surface, posterior	B
8362	Inlay, metallic - two surfaces, posterior	B
8363	Inlay, metallic - three surfaces, posterior	B
8364	Inlay, metallic - four or more surfaces, posterior	C
	Ceramic and/or Resin Inlays	
8371	Inlay, ceramic/resin - one surface	B
8372	Inlay, ceramic/resin - two surfaces	B
8373	Inlay, ceramic/resin - three surfaces	C
8374	Inlay, ceramic/resin - four or more surfaces	C
8381	Inlay - resin - one surface	B
8382	Inlay / onlay - resin - two surfaces	C
8383	Inlay / onlay - resin - three surfaces	C
8384	Inlay / onlay - resin - four or more surfaces	C
	Crowns - Single Restorations	
8401	Cast full crown	C
8403	Cast three-quarter crown	C

8404	Crown - ¾ porcelain / ceramic	C
8405	Crown - resin laboratory, indirectly fabricated	C
8407	Acrylic veneered crown	C
8409	Porcelain jacket crown	C
8411	Porcelain veneered crown	C
8410	Provisional crown	B
8536	Crown - implant / abutment supported, porcelain / ceramic	C
8537	Crown - implant / abutment supported, porcelain with metal	C
8538	Crown - implant / abutment supported, cast metal	C
	Other Restorative Services	
8133	Re-cementing of inlays, crowns or bridges - per abutment	B
8135	Removal of inlays and crowns (per unit) and bridges (per abutment) or sectioning of a bridge, part of which is to be retained as a crown following the failure of a bridge	B
8138	Remove retention post (prefabricated or cast)	A
8137	Temporary crown placed as an emergency procedure	B
8157	Re-burnishing and polishing of restorations - complete dentition	B
8330	Removal of fractured post or instrument and/or bypassing fractured endodontic instrument	B
8345	Preformed post retention, per post (See Item 8379)	B
8347	Pin retention for restoration, first pin	B
8348	Pin retention for restoration, each additional pin	A
8349	Carving or contouring a plastic restoration to accommodate an existing removable prosthesis	A
8355	Composite veneers (Direct)	B
8357	Preformed metal crown	B
8375	Prefabricated resin crown	B
8366	Pin retention as part of cast restoration, irrespective of number of pins	B
8376	Prefabricated post and core in addition to crown	B
8391	Cast post and core - single	B
8393	Cast post and core - double	B
8395	Cast post and core - triple	B
8396	Cast coping	B
8397	Cast core with pins	B
8398	Core build-up, including any pins	B
8413	Facing replacement	B
8414	Additional fee for provision of crown within an existing clasp or rest	A
D.	**Endodontics**	
	Pulp Capping	
8301	Pulp cap - direct	B
8303	Indirect pulp capping	B
	Pulpotomy	
8307	Amputation of pulp (pulpotomy)	B
	Preparatory Visits (Obturation Not Done At Same Visit)	
8332	Single-canal tooth, per visit	B
8333	Multi-canal tooth, per visit	B
	Obturation of Root Canals at a Subsequent Visit	
8328	Each additional canal - anteriors and premolars	B
8335	First canal - anteriors and premolars	B
8336	First canal - molars	B
8337	Each additional canal - molars	B
	Preparation and Obturation of Root Canals Completed at a Single Visit	
8329	Each additional canal - anteriors and premolars	B
8338	First canal - anteriors and premolars	B
8339	First canal - molars	C
8340	Each additional canal - molars	B
	Endodontic Retreatment	
8334	Re-preparation of previously obturated canal, per canal	B
	Apexification/Recalcification Procedures	
8305	Apexification of root canal, per visit	B
	Apicoectomy/Periradicular Services	
8229	Apicoectomy including retrograde filling where necessary - incisors and canines	B
	Other Endodontic Procedures	
	Gross Pulpal Debridement, Primary and Permanent Teeth	
8132	Pulp removal (pulpectomy)	B
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	A
8325	Bleaching of non-vital teeth, per tooth as a separate procedure	B
8327	Each additional visit for bleaching of non-vital tooth as a separate procedure	B
E.	**Periodontics**	
	Surgical Services (including Usual Postoperative Care)	
8185	Gingivectomy-gingivoplasty, per quadrant	B
8186	Gingivectomy-gingivoplasty, per sextant	B
	Adjunctive Periodontal Services	
8182	Root planing with or without periodontal curettage, per quadrant	B
8184	Root planing with or without periodontal curettage, per sextant	B
	Other Periodontal Services	
8176	Periodontal screening	B
8177	Oral hygiene instruction for the periodontally compromised patient	B
8178	Oral hygiene evaluation for the periodontally compromised patient	A
8179	Plaque removal for the periodontally compromised patient	B
8180	Scaling and polishing for the periodontally compromised patient	B

F.	**Prosthodontics (removable)**	
	Complete Dentures (including Routine Post-delivery Care)	
8232	Maxillary or mandibular, including soft/metal bases, where applicable	C
8244	Immediate denture - maxillary	C
8245	Immediate denture - mandibular	C
	Partial Dentures (including Routine Post-delivery Care)	
8233	Partial denture, one tooth	B
8234	Partial denture, two teeth	B
8235	Partial denture, three teeth	B
8236	Partial denture, four teeth	B
8237	Partial denture, five teeth	B
8238	Partial denture, six teeth	C
8239	Partial denture, seven teeth	C
8240	Partial denture, eight teeth	C
8241	Partial denture, nine or more teeth	C
8281	Metal (e.g. chrome cobalt, gold, etc.) base to partial denture, per denture	C
	Adjustments to Dentures	
8275	Adjustment of denture (After six months or for patient of another practitioner)	A
	Repairs to Complete or Partial Dentures	
8269	Repair of denture or other intra-oral appliance	B
8270	Add clasp to existing partial denture (One or more clasps)	A
8271	Add tooth to existing partial denture (One or more teeth)	A
8273	Additional fee/benefit where one or more impressions are required for 8269, 8270 and 8271	A
	Denture Rebase Procedures	
8261	Re-model of denture	B
	Denture Reline Procedures	
8259	Re-base of denture (laboratory)	B
8263	Reline of denture in self curing acrylic (intra-oral)	B
8267	Soft base re-line per denture (heat cured)	B
8658	Interim complete denture	C
8659	Interim partial denture	C
	Other Removable Prosthetic Services	
8251	Cast gold clasp or rest per clasp or rest	A
8253	Wrought gold clasp or rest per clasp or rest	A
8255	Stainless steel clasp or rest per clasp or rest	B
8257	Lingual bar or palatal bar	B
8265	Tissue conditioner and soft self-cure interim re-line, per denture	B
G.	**Maxillofacial Prosthetics**	
H.	**Implant Services**	
	Endosteal Implants	
8194	Placement of a single osseo-integrated implant per jaw	C
8195	Placement of a second osseo-integrated implant in the same jaw	B
8196	Placement of a third and subsequent osseo-integrated implant in the same jaw per implant	B
8198	Exposure of a single osseo-integrated implant and placement of a transmucosal element	B
8199	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw	B
8200	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant	B
I.	**Prosthodontics, Fixed**	
	Fixed Partial Denture Pontics	
8415	Pontic - porcelain/ceramic	C
8416	Pontic - cast metal	C
8417	Pontic - resin with metal	C
8418	Pontic - porcelain fused to metal	C
8419	Provisional pontic	B
8420	Sanitary pontic	B
8422	Posterior pontic	B
8424	Anterior pontic (including premolars)	C
	Fixed Partial Denture Retainers - Inlays/Onlays	
8356	Bridge per abutment - only applicable to Maryland-type bridges	B
	Fixed Partial Denture Retainers - Crowns	
8193	Osseo-integrated abutment restoration, per abutment	C
J.	**Oral and Maxillofacial Surgery**	
	Extractions	
8201	Single tooth	B
8202	Each additional tooth in the same quadrant	A
	Surgical Extractions (including Routine Postoperative Care)	
8209	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (including cutting of gingiva and bone, removal of tooth structure and closure)	B
8210	Removal of unerupted or impacted tooth - first tooth	B
8211	Removal of unerupted or impacted tooth - second tooth	B
8212	Removal of unerupted or impacted tooth - each additional tooth	B
8213	Surgical removal of residual roots (cutting procedure) (includes cutting of soft tissue and bone, removal of tooth structure and closure)	B
8214	Surgical removal of residual roots (cutting procedure) each subsequent tooth root (includes cutting of gingiva and bone, removal of tooth structure and closure)	B
	Other Surgical Procedures	
8188	Biopsy - intra-oral	B
8215	Surgical exposure of impacted or unerupted teeth for orthodontic reasons	C
	Reduction of Dislocation and Management of Other Temporomandibular Joint Dysfunction	
8169	Bite plate for the treatment of TMJ dysfunction, or occlusal guards	B

	Repair of Traumatic Wounds	
8192	Appositioning (i.e. suturing) of soft tissue injuries	B
K.	**Orthodontics**	
L.	**Adjunctive General Services**	
	Unclassified Treatment	
8131	Palliative [emergency] treatment for dental pain applicable or applied for treatment of the same tooth	B
8166	Application of desensitising resin, per tooth	A
8158	Enamel microabrasion	A
8221	Local treatment of post-extraction haemorrhage - initial visit (Excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	A
8223	Local treatment of post-extraction haemorrhage - each additional visit	A
8225	Treatment of septic socket - initial visit	A
8227	Treatment of septic socket - each additional visit	A
	Anaesthesia	
8141	Inhalation sedation - first quarter-hour or part thereof	A
8143	Inhalation sedation - each additional quarter-hour or part thereof	A
8144	Intravenous sedation	A
8145	Local anaesthetic, per visit, includes the use of the Wand	A
8147	Use of own monitoring equipment in rooms for procedures performed under intravenous sedation	A
	Professional Consultations	
8106	Provision of a written treatment plan and quotation where prior authorisation is required by medical schemes (By Arrangement)	B
	Professional Visits	
8129	Additional fee/benefit for emergency treatment rendered outside normal working hours (including emergency treatment carried out at hospital) Not applicable where a practice offers an extended hours service as the norm	B
8140	Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit	B
	Drugs, Medicaments and Materials	
8183	Intra-muscular or sub-cutaneous injection therapy, per injection	A
	Miscellaneous Services	
8109	Infection control, per dentist, per hygienist, per dental assistant, per visit	A
8110	Provision of sterilised and wrapped instrumentation in consulting rooms (Limited to heat, autoclave or vapour sterilised and wrapped instruments	A
8167	Treatment of hypersensitive dentine, per visit	A
8170	Minor occlusal adjustment	B
8304	Rubber dam, per arch	A
II. Oral Pathologist		
9201	Consultation at rooms	B
9203	Consultation at hospital, nursing home or house	B
9205	Subsequent consultation	B
9207	Night consultation	B
III. Specialist Prosthodontists		
A.	**Diagnostic Procedures**	
8107	Intra-oral radiographs, per film	A
8108	Maximum for 8107	B
8113	Occlusal radiographs	B
8114	Extra-oral radiograph hand-wrist	B
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA)	B
8121	Diagnostic photographs, per photograph	A
8501	Consultation	B
8503	Occlusal analysis on adjustable articulator	B
8505	Pantographic recording	B
8506	Detailed clinical examination, records, radiographic interpretation, diagnosis, treatment planning and case presentation	B
8507	Examination, diagnosis and treatment planning	B
8508	Electrognathographic recording	B
8509	Electrognathographic recording with computer analysis	C
8811	Tracing and analysis of extra-oral film	A
B.	**Preventative Procedures**	B
8155	Polishing only (including removal of plaque) - complete dentition	B
8159	Scaling and polishing	B
8161	Topical application of fluoride preparations - complete dentition (Excluding scaling and/or polishing)	B
8163	Fissure sealant, per tooth	A
8165	Sedative filling	B
8167	Treatment of hypersensitive dentine, per visit	A
8711	Oral hygiene instruction (The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction)	B
8713	Oral hygiene evaluation	B
C.	**Treatment Procedures**	
	Emergency Treatment	
8511	Emergency treatment for relief of pain (where no other tariff item is applicable)	B
8513	Emergency crown	B
8515	Recementing of inlay, crown or bridge, per abutment	B
8517	Re-implantation of an avulsed tooth, including fixation as required	B
	Provisional Treatment	
8521	Provisional splinting - extracoronal wire, per sextant	B
8523	Provisional splinting - extracoronal wire plus resin, per sextant	B
8527	Provisional splinting - intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	B
	Provisional Crown	

8529	Crown utilised as an interim restoration of at least six weeks during restorative treatment to allow adequate time for healing or completion of other procedures. This includes, but is not limited to, changing vertical dimension, completing periodontal therapy or cracked tooth syndrome. This is not to be used as a temporary crown for a routine prosthetic restoration.	B
8530	Preformed metal crown	B
	Occlusal Adjustment	
8551	Major occlusal adjustment	C
8553	Minor occlusal adjustment	B
	Ceramic and/or Resin Bonded Inlays and Veneers	
8552	Veneer - porcelain (laboratory)	C
8554	Veneer - resin laboratory	C
8555	One surface	B
8556	Two surfaces	C
8557	Three surfaces	C
8558	Four or more surfaces	C
	Gold Foil Restorations	
8561	Class I and Class VI	C
8563	Class V	C
8565	Class III	C
	Gold Restorations	
8571	One surface	B
8572	Two surfaces	C
8573	Three surfaces	C
8574	Four or more surfaces	C
8577	Pin retention	B
	Posts and Copings	
8581	Single post	B
8582	Double post	B
8583	Triple post	B
8587	Copings	B
8589	Cast core with pins	B
	Preformed Posts and Cores	
8591	Core build-up, including any pins	B
8593	Prefabricated post and core in addition to crown	B
	Implants	
8590	Implant maintenance procedures - per implant	B
8592	Crown - implant/abutment supported	C
8594	Repair of implant supported prosthesis	A
8595	Repair of implant abutment	A
8546	Crown retainer - implant/abutment supported - porcelain/ceramic	C
8547	Crown retainer - implant/abutment supported - porcelain with metal	C
8548	Crown retainer - implant/abutment supported - cast metal	C
8570	Fabrication of computer generated ceramic restoration	C
8670	Implant screw access closure	C
9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element	B
9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw	B
9192	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant	B
	Connectors	
8584	Connector bar - implant supported	D
8578	Prefabricated abutment	B
8579	Custom abutment	C
8533	Implant supported removable complete over-denture	D
8654	Implant supported fixed-detachable complete over-denture	D
8655	Implanted supported fixed-detachable partial over-denture	C
8660	Additional fee to implant supported fixed-detachable denture – per implant	B
8597	Locks and milled rests	B
8599	Precision attachments	B
8652	Over-denture, complete	D
8653	Over-denture, partial	C
8657	Replacement of precision attachment	A
	Crowns	
8601	Cast three-quarter crown	C
8603	Cast gold crown	C
8605	Acrylic veneered gold crown	C
8607	Porcelain jacket crown	C
8609	Porcelain veneered metal crown	C
	Bridges	
8611	Sanitary pontic	C
8613	Posterior pontic	C
8615	Anterior pontic	C
	Resin Bonded Retainers	
8432	Inlay/onlay retainer - metal - two surfaces	C
8433	Inlay/onlay retainer - metal - three surfaces	C
8434	Inlay/onlay retainer - metal - four or more surfaces	C
8436	Inlay/onlay retainer - porcelain - two surfaces	C
8437	Inlay/onlay retainer - porcelain - three surfaces	C
8438	Inlay/onlay retainer - porcelain - four or more surfaces	C
8617	Per abutment	C
8441	Crown retainer - full cast metal	C
8442	Crown retainer - 3/4 cast metal	C

8443	Crown retainer - porcelain/ceramic	C
8444	Crown retainer - 3/4 porcelain/ceramic	C
8445	Crown retainer - porcelain with metal	C
8446	Crown retainer - resin with metal	C
8447	Provisional crown retainer	B
	Other Fixed Prosthosontic Procedures	
8514	Re-cement bridge	B
8516	Remove bridge	B
8518	Repair bridge	B
8585	Connector bar	D
8586	Stress breaker	C
	Conservative Treatment for Temporomandibular Joint Dysfunction	
8621	First visit for treatment of TMJ dysfunction	B
8623	Follow-up visit for TMJ dysfunction	B
8625	Bite plate for TMJ dysfunction	B
	Root Canal Therapy	
8631	Root canal therapy, first canal	C
8633	Each additional canal	B
8636	Re-preparation of previously obturated canal, per canal	B
	Bleaching	
8325	Bleaching of non-vital teeth, per tooth as a separate procedure	B
8327	Each additional visit for bleaching of non-vital tooth as a separate procedure	B
	Other Endodontic Procedure	
8635	Apexification of root canal, per visit	B
8637	Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure)	B
8640	Removal of fractured post or instrument from root canal (8640)	B
9015	Apicectomy including retrograde root filling where necessary - anterior teeth	B
9016	Apicectomy including retrograde root filling where necessary - posterior teeth	C
	Prosthetics (Removable)	
8273	Additional fee/benefit where impression is required for 8679	A
8275	Adjustment of denture (after six months or for a patient of another practitioner)	A
8641	Complete upper and lower dentures without primary complications	C
8643	Complete upper and lower dentures without major complications	D
8645	Complete upper and lower dentures with major complications	D
8647	Complete upper or lower denture without primary complications	C
8649	Complete upper or lower denture without major complications	C
8651	Complete upper or lower denture with major complications	C
8661	Diagnostic dentures (inclusive of tissue conditioning treatment)	C
8662	Remounting and occlusal adjustment of dentures	B
8663	Chrome cobalt base or gold base for full denture (extra charge)	C
8664	Remount of crown or bridge for extensive prosthetics	B
8665	Re-base, per denture	B
8667	Soft base, per denture (heat cured)	C
8668	Tissue conditioner, per denture	B
8669	Intra-oral reline of complete or partial denture	B
8671	Metal (e.g. chrome cobalt or gold) partial denture	C
8672	Additional fee/benefit for altered cast technique for partial denture	B
8674	Additive partial denture	C
8679	Repairs	B
Maxillo-Facial Prosthodontics Prosthesis		
	Maxillary Prostheses	
9101	Surgical obturator - modified denture	B
9102	Surgical obturator - continuous base	B
9103	Surgical obturator - split base	C
9104	Interim obturator on existing denture	C
9105	Interim obturator on new denture	D
9106	Definitive obturator - open/hollow box	C
9107	Definitive obturator - silicone glove	C
	Mandibular Resection Prostheses	
9108	Prosthesis with guide flange	C
9109	Prosthesis without guide flange	C
9110	Prosthesis - palatal augmentation	B
	Glossal Resection Prostheses	
9111	Simple prosthesis	C
9112	Complex prosthesis	C
	Radiotherapy Appliances	
9113	Carriers - simple	C
9114	Carriers - complex	C
9115	Shields - simple	C
9116	Shields - complex	C
9117	Cone locators	C
	Chemotherapy Appliances	
9118	Chemotherapeutic agent carriers	C
	Cleft Palate Prostheses	
8855	Consultation and therapy at hospital/nursing home/residence	B
8856	Subsequent consultation	B
8857	Weekly maximum	C

	Neonatal Prostheses	
9119	Passive presurgical prosthesis/Neonatal feeding aid	C
9120	Active presurgical orthopaedic appliance - minor	C
9121	Active presurgical orthopaedic appliance - moderate	C
9122	Active presurgical orthopaedic appliance - severe	C
9123	Active presurgical orthopaedic appliance adjustment	B
	Intermediate/Definitive Prostheses	
9125	Speech aid/obturator with palatal modification	B
9126	Speech aid/obturator with velar modification	C
9127	Speech aid/obturator with pharyngeal modification	C
9128	Speech aid/obturator adjustment	B
9129	Speech aid/obturator surgical prosthesis	C
	Speech Appliances	
9130	Palatal lift	B
9131	Palatal stimulating	C
9132	Speech bulb	C
9133	Adjustments	B
	Extra-Oral Appliances	
9135	Auricular prosthesis - simple	C
9136	Auricular prosthesis - complex	D
9137	Nasal prosthesis - simple	C
9138	Nasal prosthesis - complex	D
9139	Ocular prosthesis - conformer	C
9140	Ocular prosthesis using modified stock appliance	C
9141	Ocular prosthesis using custom appliance	D
9142	Orbital prosthesis - simple (excluding ocular section)	C
9143	Orbital prosthesis - complex (excluding ocular section)	D
9148	Other body prostheses - simple	C
9149	Other body prostheses - complex	D
9150	Surgical facial prostheses - simple	C
9151	Surgical facial prostheses - complex	C
9155	Cranial prosthesis	C
	Custom Implants	
9156	Cranial - acrylic, elastomeric, metallic	C
9157	Facial - simple	B
9158	Facial - complex	C
9159	Ocular - custom made	B
9160	Body - special prosthesis	C
	Surgical Appliances	
9161	Splints - simple	B
9162	Splints - complex	C
9163	Templates - simple	B
9164	Templates - complex	C
9165	Conformers - simple	B
9166	Conformers - complex	C
	Trismus Appliances	
9167	Trismus appliance - simple	B
9168	Trismus appliance - complex	C
9169	Orthoses (for paralysed patients)	C
9170	Facial palsy appliances	C
9171	Oral splints (per commissure)	B
9172	Dynamic oral retractors (per arm)	B
	Attendance in Theatre	
9175	Attendance in theatre, per hour	B
IV. Specialists in Oral Medicine and Periodontics/ Periodontists		
	Diagnostic Procedures	
8107	Intra-oral radiographs, per film	A
8108	Maximum for 8107	B
8113	Occlusal radiographs	B
8114	Extra-oral radiograph hand-wrist	B
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA)	B
8117	Study models - unmounted	A
8119	Study models - mounted on adjustable articulator	B
8140	Fee for treatment at a venue other than the surgery, inclusive of hospital visits, treatment under general anaesthetic, home visits; per visit	B
8701	Consultation	B
8703	Detailed clinical examination, records, radiographic interpretation, probing, percussion, diagnosis, treatment planning and case presentation for periodontal and/or implant cases	B
8705	Periodic re-examination	B
8707	Periodontal screening	B
8711	Oral hygiene instruction (The patient must be informed prior to the service being rendered that a fee will be levied for oral hygiene instruction)	B
8713	Oral hygiene evaluation	B
8714	Full mouth clinical plaque removal	B
8715	Scaling	B
8721	Occlusal adjustment per visit	B
8723	Provisional splinting - extracoronal wire, per sextant	B
8725	Provisional splinting - extracoronal wire plus resin, per sextant	B
8727	Provisional splinting - intracoronal wire or pins or cast bar, plus amalgam or resin, per dental unit included in the splint	B

8811	Tracing and analysis of extra-oral film	A
	Temporomandibular Joint Procedures	
8625	Bite plate for TMJ dysfunction	B
	Surgical Procedures	
8731	Periodontal abscess - treatment of acute phase (with or without flap procedure)	B
8737	Root planing with or without periodontal curettage, per quadrant	B
8739	Root planing with or without periodontal curettage, per sextant	B
8741	Gingivectomy-gingivoplasty, per quadrant	B
8743	Gingivectomy-gingivoplasty, per sextant	B
8749	Flap operation with root planing and curettage, and which may include not more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, clinical crown lengthening, per quadrant	C
8751	As item 8749, per sextant	C
8753	Flap operation with root planing and curettage, and will include more than 3 of the following: bone contouring, chemical treatment of root surfaces, root resection, tooth hemisection, a mucogingival procedure, wedge resection, clinical crown lengthening, per quadrant	C
8755	As item 8753, per sextant	C
8756	Flap operation with bone removal to increase the clinical crown length of a single tooth (as an isolated procedure)	C
8757	Frenectomy	C
8758	Surgical exposure of impacted or unerupted teeth for orthodontic reasons	C
8759	Pedicle flapped graft, e.g. lateral sliding double papilla, rotated and similar (as an isolated procedure)	B
8760	Apicectomy including retrograde filling where necessary - anterior teeth. When Code 8760 is part of a flap operation that requires an apicectomy, Modifier 8006 applies.	B
8762	Masticatory mucosal autograft extending across more than four teeth (isolated procedure)	C
8763	Wedge resection (as an isolated procedure)	B
8764	Apicectomy including retrograde filling where necessary, posterior teeth. When Code 8764 is part of a flap operation that requires an apicectomy, Modifier 8006 applies.	C
8765	Hemisection of a tooth, resection of a root or tunnel preparation (as an isolated procedure)	B
8766	Bone regenerative/ repair procedure excluding cost of regenerative material as part of a flap operation as described in Items 8749, 8751, 8753 and 8755, per procedure	B
8768	Any other periodontal procedure involving a single tooth	B
8772	Submucosal connective tissue autograft (isolated procedure)	C
8979	Harvesting of autogenous grafts (intra-oral)	B
9008	Alveolar ridge augmentation across 1 to 2 adjacent tooth sites	B
9009	Alveolar ridge augmentation across 3 or more tooth sites	C
9010	Sinus lift procedure	C
	Implant Procedures	
8761	Masticatory mucosal autograft extending across not more than four teeth (isolated procedure)	C
8767	Bone regenerative/repair procedure at a single site	C
8769	Subsequent removal of membrane used for guided tissue regeneration procedure	B
9182	Placement of endosteal implant, per implant	C
9183	Placement of a single osseo-integrated implant per jaw	C
9184	Placement of a second osseo-integrated implant in the same jaw	C
9185	Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant	B
9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element	B
9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw	B
9192	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant	B
	Implant Removal	
9198	This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure.	B
	Oral Medical Procedures	
8781	Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain dysfunction: Straightforward case	B
8782	Consultation, examination, diagnosis and treatment of oral diseases, pathological conditions of the surrounding tissues, temporomandibular joint disorders or myofascial pain dysfunction: Complex case	B
8783	Subsequent consultation for same disease/condition	B
8785	Biopsy - incisional/excisional (e.g. epulis)	B
8786	Surgical treatment of soft tissue tumours (e.g. epulis)	B
8787	Any other procedure connected with the practice of oral medicine	B
V. Specialists Orthodontists		
	Consultations	
8801	First consultation	B
8803	Subsequent consultation, retention and/ or post-treatment consultation	B
	Records and Investigations	
8107	Intra-oral radiographs, per film	A
8108	Maximum for 8107	B
8113	Occlusal radiograph	B
8114	Extra-oral radiograph hand-wrist	B
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA)	B
8117	Study models - unmounted	A
8119	Study models - mounted on adjustable articulator	B
8121	Diagnostic photographs, per photograph	A
8811	Tracing and analysis of extra-oral film	A
8837	Diagnosis and treatment planning	B
8839	Orthodontic diagnostic setup	B
	Orthognathic Surgery and Treatment Planning	
8840	Treatment planning for orthognathic surgery	B
	Retainers, Repairs and/or Replacements	
8846	Removable: Repairs	B
8847	Removable: Replacement	B

8848	Fixed: Repair or replacement per unit (As a result of the patient's negligence)	B
8849	Retainer (8849)	B
	Treatment of Mpds	
8850	First consultation	B
8851	Subsequent consultation	B
8852	Bite plate for TMJ dysfunction	B
	Occlusal Adjustment	
8853	Major occlusal adjustment	C
8854	Minor occlusal adjustment	B
	Cleft Palate Therapy	
8855	Consultation and therapy at hospital, nursing home or residence	B
8856	Subsequent consultation	B
8857	Weekly maximum	C
	Neonatal Prostheses	
9119	Passive presurgical prosthesis/ Neonatal feeding aid	C
9120	Active presurgical orthopaedic appliance - minor	C
9121	Active presurgical orthopaedic appliance - moderate	C
9122	Active presurgical orthopaedic appliance - severe	C
9123	Active presurgical orthopaedic appliance - adjustment	B
	Removable Appliance Therapy	
8862	Removable (single)	C
8863	Removable (per additional)	C
	Functional Appliance Therapy	
8858	Functional appliance	C
	Partial Fixed Appliance Therapy - Preliminary Treatment	
8861	Minor fixed appliance	C
8865	Maxillary or mandibular arch	D
8866	Combined maxillary and mandibular arch	D
	Single Arch Treatment	
8867	Mild	D
8868	Moderate	D
8869	Severe	D
	Class I Malocclusions	
8873	Mild	D
8875	Moderate	E
8877	Severe	E
8879	Severe plus complications	E
	Class Ii And Iii Malocclusions	
8881	**Mild**	E
8883	Moderate	E
8885	Severe	E
8887	Severe plus complications	E
	Single Arch Treatment	
8841	**Mild**	D
8842	Moderate	D
8843	Severe	E
	Class I Malocclusions	
8874	Mild	E
8876	Moderate	E
8878	Severe	E
8880	Severe plus complications	E
	Class Ii And Iii Malocclusions	
8882	Mild	E
8884	Moderate	E
8886	Severe	E
8888	Severe plus complications	E
VI.	**Specialist Maxillo-Facial and Oral Surgeons**	
	Consultations and Visits	
8901	Consultation at consulting rooms	B
8902	Detailed clinical examination, radiographic interpretation, diagnosis, treatment planning and case presentation	B
8903	Consultation at hospital, nursing home or house	B
8904	Subsequent consultation at consulting rooms, hospital, nursing home or house	B
8907	Subsequent consultations, per week, to a maximum of	B
	Investigations and Records	
8107	Intra-oral radiographs, per film	A
8108	Maximum for 8107	B
8113	Occlusal radiographs	B
8114	Extra-oral radiograph hand-wrist	B
8115	Extra-oral radiograph, per film (i.e. panoramic, cephalometric, PA)	B
8117	Study models - unmounted	A
8119	Study models - mounted on adjustable articulator	B
8121	Diagnostic photographs - per photograph	A
8811	Tracing and analysis of extra-oral film	A
8917	Biopsies - intra-oral	B
8919	Biopsy of bone - needle	B
8921	Biopsy of bone - open	C

	Orthognathic Surgery and Treatment Planning	
8840	Treatment planning for orthognathic surgery	B
	Extractions During a Single Visit	
8201	Single tooth	B
8202	Each additional tooth in the same quadrant	A
8931	Local treatment of post-extraction haemorrhage (excluding treatment of bleeding in the case of blood dyscrasias, e.g. haemophilia)	B
8933	Treatment of haemorrhage in the case of blood dyscrasias, e.g. haemophilia, per week	C
8935	Treatment of post-extraction septic socket where patient is referred by another registered person	B
8937	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth (includes cutting of gingiva and bone, removal of tooth structure and closure	B
8957	Alveolotomy or alveolectomy - concurrent with or independent of extractions (per jaw)	C
8961	Auto-transplantation of tooth	C
	Removal of Roots	
8953	Surgical removal of residual roots (cutting procedure) (includes cutting of soft tissue and bone, removal of tooth structure and closure	B
	Unerupted or Impacted Teeth	
8941	First tooth	C
8943	Second tooth	B
8945	Third tooth	B
8947	Fourth and subsequent tooth	B
	Diverse Procedures	
8908	Removal of roots from maxillary antrum involving Caldwell-Luc and closure of oral antral communication	C
8909	Closure of oral antral fistula - acute or chronic	C
8911	Caldwell-Luc procedure	B
8958	Emergency tracheotomy	B
8959	Pharyngostomy	B
8962	Harvest iliac crest graft	B
8963	Harvest rib graft	B
8964	Harvest cranium graft	B
8965	Peripheral neurectomy	C
8966	Functional repair of oronasal fistula (local flaps)	C
8977	Major repairs of upper or lower jaw (i.e. by means of bone grafts or prosthesis, with jaw splintage)	C
8979	Harvesting of autogenous grafts (intra-oral)	B
9048	Removal of internal fixation devices, per site	B
	Cysts of Jaws	
8967	Intra-oral approach	C
8969	Extra-oral approach	C
	Neoplasms	
8971	Surgical treatment of soft tissue tumours	B
8973	Surgical treatment of tumours of the jaws	C
8975	Hemiresection of jaw, with splintage of segments	C
	Para-Orthodontic Surgical Procedures	
8981	Surgical exposure of impacted or unerupted teeth for orthodontic reasons	C
8983	Corticotomy - first tooth	C
8984	Corticotomy - adjacent or subsequent tooth	B
8985	Frenectomy	C
	Surgical Preparation Of Jaws For Prosthetics	
8987	Reduction of mylohyoid ridges, per side	C
8989	Torus mandibularis reduction, per side	C
8991	Torus palatinus reduction	C
8993	Reduction of hypertrophic tuberosity, per side	B
8995	Gingivectomy, per jaw	C
8997	Sulcoplasty/Vestibuloplasty	C
9003	Repositioning mental foramen and nerve, per side	C
9004	Lateralisation of inferior dental nerve (including bone grafting)	C
9005	Total alveolar ridge augmentation by bone graft	C
9007	Total alveolar ridge augmentation by alloplastic material	C
9008	Alveolar ridge augmentation across 1 to 2 adjacent tooth sites	B
9009	Alveolar ridge augmentation across 3 or more tooth sites	C
9010	Sinus lift procedure	C
	Sepsis	
9011	Incision and drainage of pyogenic abscesses (intra-oral approach)	B
9013	Extra-oral approach, e.g. Ludwig's angina	B
9015	Apicectomy including retrograde filling where necessary - anterior teeth	B
9016	Apicectomy including retrograde filling where necessary, posterior teeth	C
9017	Decortication, saucerisation and sequestrectomy for osteomyelitis of the mandible	C
9019	Sequestrectomy - intra-oral, per sextant and/or per ramus	B
	Treatment of Associated Soft Tissue Injuries	
9021	Minor	B
	Major (F)	C
9024	Dento-alveolar fracture, per sextant	B
	Mandibular Fractures	
9025	Treatment by closed reduction, with intermaxillary fixation	C
9027	Treatment of compound fracture, involving eyelet wiring	C
9029	Treatment by metal cap splintage or Gunning's splints	C
9031	Treatment by open reduction with restoration of occlusion by splintage	C

	Maxillary Fractures with Special Attention to Occlusion	
9035	Le Fort I or Guerin fracture	C
9037	Le Fort II or middle third of face	C
9039	Le Fort III or craniofacial disjunction or comminuted mid-facial fractures requiring open reduction and splintage	D
	Zygoma/Orbit	
9041	Gillies or temporal elevation	C
9043	Unstable and/or comminuted zygoma, treatment by open reduction or Caldwell-Luc operation	C
9045	Requiring multiple osteosynthesis and/or grafting	D
	Functional Correction of Malocclusions	
9047	Operation for the improvement or restoration of occlusal and masticatory function, e.g. bilateral osteotomy, open operation (with immobilisation)	D
9049	Anterior segmental osteotomy of mandible (Köle)	D
9050	Total subapical osteotomy	D
9051	Genioplasty	C
9052	Midfacial exposure (for maxillary and nasal augmentation or pyramidal Le Fort II osteotomy)	D
9055	Maxillary posterior segment osteotomy (Schukardt) - 1- or 2-stage procedure	D
9057	Maxillary anterior segment osteotomy (Wassmund) – 1- or 2-stage procedure	D
9059	Le Fort I osteotomy - one piece	D
9060	Le Fort I osteotomy with inferior repositioning and interpositional grafting	D
9061	Palatal osteotomy	C
9062	Le Fort I osteotomy - multiple segments	D
9063	Le Fort II osteotomy for correction of facial deformities or faciostenosis and post-traumatic deformities	D
9065	Le Fort III osteotomy for correction of severe congenital deformities, viz. Crouzon's disease and malunited craniomaxillary disjunction (Note: If performed in theatre, to be billed under Oral Health)	E
9066	Surgical assisted maxillary or mandibular expansion	C
9069	Functional tongue reduction (partial glossectomy	C
9071	Geniohyoidotomy	C
9072	Functional closure of the secondary oro-nasal fistula and associated structures with bone grafting (complete procedure)	D
	Temporomandibular Joint Procedures	
9053	Coronoidectomy (intra-oral approach)	C
9073	Bite plate for TMJ dysfunction	B
9074	Diagnostic arthroscopy	C
9075	Condylectomy or coronoidectomy or both (extra-oral approach)	C
9076	Arthrocentesis TMJ/ Arthrosintese TMG	C
9077	Intra-articular injection, per injection	B
9079	Trigger point injection, per injection	B
9081	Condyle neck osteotomy (Ward/Kostecka)	C
9083	Temporomandibular joint arthroplasty	C
9085	Reduction of temporomandibular joint dislocation without anaesthetic	B
9087	Reduction of temporomandibular joint dislocation, with anaesthetic	B
9089	Reduction of temporomandibular joint dislocation, with anaesthetic and immobilisation	C
9091	Reduction of temporomandibular joint dislocation requiring open reduction	C
9092	Total joint reconstruction with alloplastic material or bone (includes condylectomy and coronoidectomy)	D
	Salivary Glands	
9093	Removal of salivary calculus	B
9095	Removal of sublingual salivary gland	C
9096	Removal of salivary gland (extra-oral)	C
	Implants	
8761	Masticatory mucosal autograft extending across not more than four teeth (isolated procedure)	C
8767	Bone regenerative/repair procedure at a single site	C
8769	Subsequent removal of membrane used for guided tissue regeneration procedure	B
8772	Submucosal connective tissue autograph (isolated procedure)	C
9046	Placement of Zygomaticus fixture, per fixture	C
9180	Placement of sub-periosteal implant - preparatory procedure/operation	C
9181	Placement of sub-periosteal implant prosthesis/ operation	C
9182	Placement of endosteal implant, per implant	C
9183	Placement of a single osseo-integrated implant per jaw	C
9184	Placement of a second osseo-integrated implant in the same jaw (9184)	C
9185	Placement of a third and subsequent osseo-integrated implant in the same jaw, per implant	B
9190	Exposure of a single osseo-integrated implant and placement of a transmucosal element	B
9191	Exposure of a second osseo-integrated implant and placement of a transmucosal element in the same jaw	B
9192	Exposure of a third and subsequent osseo-integrated implant in the same jaw, per implant	B
	Implant Removal	
9198	This procedure involves the surgical removal of an implant, i.e. cutting of soft tissue and bone, removal of implant, and closure	B
	Cleft Lip and Palate	
9220	Repair of cleft hard palate (unilateral)	D
9222	Repair of cleft hard palate (bilateral, one procedure)	D
9224	Repair of cleft hard palate (bilateral, in two procedures)	D
9226	Repair of cleft soft palate (without muscle reconstruction)	D
9228	Repair of soft palatum (with muscle reconstruction)	D
9230	Repair of submucosal cleft and/or bifid uvula (with muscle reconstruction)	D
9232	Velopharyngeal reconstruction (uncomplicated type)	D
9234	Velopharyngeal reconstruction (complicated type)	D
9238	Functional repair of oro-nasal fistula (distant flaps - in a single procedure)	C
9240	Functional repair of oro-nasal fistula (distant flaps - in two procedures)	D
9246	Secondary periosteal swivel flaps for bone induction	C
9248	Lip adhesion	C
9250	Unilateral cleft lip repair (without muscle reconstruction)	C
9252	Unilateral cleft lip repair (with muscle reconstruction)	C

9254	Bilateral cleft lip repair (without muscle reconstruction)	C
9256	Bilateral cleft lip repair (with muscle reconstruction)	D
9258	Anterior nasal floor repair (between alveolus)	C
9260	Partial revision of secondary cleft lip deformity	C
9262	Total revision of secondary cleft lip deformity (with functional muscle reconstruction)	C
9264	Abbe-flap (in two stages)	C
9266	Columella reconstruction	C
9268	Partial reconstruction of nose due to cleft deformity	C
9270	Complete reconstruction of the nose due to cleft deformity	C
9272	Paranasal augmentation for nasal base deviation	C

ANNEXURE 3.2: UPFS PROCEDURE CODE BOOK

Code:	Description:	Categories	
		ANA	P
	1 Injections, Infusions and Inhalation Sedation		
	1.1 Injections, Infusions and Inhalation Sedation Treatment		
	Inhalation Sedation		
0202	Setting of sterile tray (stand-alone), limited to 1 charge per 24 hours		A
0203	Use of analgesic nitrous oxide for alcohol and other withdrawal states		A
	Intravenous Treatment (see note: How to Charge for Intravenous Infusions)		
0205	Intravenous infusions (cutdown or push-in) (patients under two years): Cutdown and/or insertion of cannula – chargeable once per 24 hours		A
0206	Intravenous infusions (push-in) (patients over two years): Insertion of cannula - chargeable once per 24 hours		A
0207	Intravenous infusions (cutdown) (patients over two years): Cutdown and insertion of cannula - chargeable once per 24 hours		A
5783	Infusional pharmacotherapy: Fee for the treatment of non-cancerous conditions with bolus or infusional pharmacotherapy per treatment day Not to charge with procedure code 0206, 0205		A
	Venesection		
0208	Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)		A
0209	Umbilical artery cannulation at birth		A
0211	Exchange transfusion: First and subsequent (including after-care)		B
	Intravenous Treatment With Cytostatic Agents		
0213	Chemotherapy: Intramuscular or subcutaneous: per injection.		A
0214	Chemotherapy: Intravenous bolus technique: per injection.		A
0215	Chemotherapy: Intravenous infusion technique: per injection.		A
	2 Integumentary System		
	2.1 Allergy		
	Patch Tests		
0217	First patch		A
0219	Additional patch		A
	Skin Prick Tests		
0218	Skin-prick testing: Insect venom, latex and drugs		A
0220	Immediate hypersensitivity testing (Type I reaction) per antigen: Inhalant and food allergens		A
0221	Delayed hypersensitivity testing (Type IV reaction) per antigen		A
	2.2 Skin (General)		
	Intralesional Injection into Areas of Pathology, e.g. Keloids		
0222	Single		A
0223	Multiple		A
0225	Epilation: per session		A
0227	Special treatment of severe acne cases, including draining of cysts, expressing of comedones and/or steaming, abrasive cleaning of skin and UVR per session	A	A
0228	PUVA treatment		A
0229	PUVA follow-up or maintenance once a week		A
0230	UVR treatment		A
0231	UVR follow-up - for use of ultraviolet lamp		A
	Biopsy without Suturing		
0233	First lesion	A	A
0234	Subsequent lesions	A	A
0235	Maximum for multiple additional lesions	A	A
0237	Deep skin biopsy by surgical incision and suturing	A	A
	Treatment of Benign Skin Lesion by Chemo-cryotherapy		
0241	First lesion	A	A
0242	Subsequent lesions	A	A
0243	Maximum for multiple additional lesions	A	A
0244	Repair of nail bed	A	A
	Removal of Benign Lesion by Curetting under Local or General Anaesthesia Followed by		
0245	First lesion	A	A
0246	Subsequent lesions, each	A	A
	Removal of Malignant Lesions by Curetting under Local or General Anaesthesia Followed by		
0251	First lesion	A	A
0252	Subsequent lesions, each	A	A
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	A	A
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	A	B
0258	Incision/removal of foreign body: Subcutaneous tissue, simple	A	B

0259	Removal of foreign body : Superficial to deep fascia (except hands)	A	B
0260	Incision/removal of foreign body: Subcutaneous tissue, complicated	B	C
0261	Removal of foreign body: Deep to deep fascia (except hands)	A	A
0644	Removal of foreign body: Shoulder, subcutaneous	B	C
0647	Removal of foreign body: Upper arm or elbow area, subcutaneous	B	C
0648	Removal of foreign body: Upper arm or elbow area, subfascial or intramuscular	A	B
0651	Exploration with removal of deep foreign body: Forearm or wrist	A	B
0652	Removal of foreign body: Pelvis or hip, subcutaneous tissue	A	A
0653	Removal of foreign body: Pelvis or hip, subfascial or intramuscular	B	B
0654	Excision of soft tissue tumour: Thigh or knee area, subcutaneous <3 cm	A	B
0655	Removal of foreign body: Foot, subcutaneous	B	C
0656	Removal of foreign body: Foot, deep	A	A
0657	Removal of foreign body: Foot, complicated	B	B
	Kurtin Planing for Acne Scarring		
0271	Whole face	B	C
0273	Extensive	B	B
0275	Limited	B	A
0277	Subsequent planing of whole face within 12 months	B	B
0279	Surgical treatment for axillary hyperhidrosis	B	B
	Laser Treatment for Small Skin Lesions		
0280	First lesion	A	B
0281	Subsequent lesions	A	B
0282	Maximum for multiple additional lesions	A	B
	Laser Treatment for Large Skin Lesions		
0283	Limited area	A	B
0284	Extensive area	A	B
0285	Whole face or other areas of equivalent size or larger	A	C
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp		A
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device		A
	2.3 Major Plastic Repair (Rule: Only to be charged for medically indicated procedures; otherwise cosmetic tariffs apply)		
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	B	C
0290	Reconstructive procedures (including all stages) and skin graft by myocutaneous or fasciocutaneous flap	B	D
0291	Reconstructive procedures (including all stages) grafting by microvascular reanastomosis	C	D
0292	Distant flaps: First stage	B	C
0293	Contour grafts	B	C
0294	Vascularised bone graft with or without soft tissue with one or more sets microvascular anastomoses	C	D
0295	Local skin flaps (large, complicated)	B	C
0296	Other procedures of major technical nature	B	C
0297	Subsequent major procedures for repair of same lesion	B	B
0298	Lower abdominal dermo lipectomy	C	C
0299	Major abdominal lipectomy with repositioning of umbilicus	C	D
	2.4 Lacerations, Scars, Tumours, Cysts and Other Skin Lesions		
	Stitching of Soft-Tissue Injuries		
0300	Stitching of wound (with or without local anaesthesia): Including normal aftercare	A	B
0301	Multiple stitching of wound stitched at same session	A	A
0302	Deep laceration involving limited muscle damage	B	B
0303	Deep laceration involving extensive muscle damage	B	B
0304	Major debridement of wound, sloughectomy or secondary suture	B	A
0305	Needle biopsy - soft tissue	A	B
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	A	A
0308	Each additional small procedure done at the same time	A	A
0310	Radical excision of nailbed	A	A
0311	Excision of large benign tumour (more than 5 cm)	A	A
0313	Extensive resection for malignant soft tissue tumour including muscle	B	B
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	B	B
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	B	A
	2.5 Breasts: Only to be charged for medically indicated procedures; otherwise cosmetic tariffs apply		
0316	Fine needle aspiration for soft tissue (all body areas)		B
0317	Aspiration of cyst or tumour	A	A
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	A	A
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	A	B
0323	Subareola cone excision of ducts or wedge excision of breast	A	B
0324	Wedge excision of breast and axillary dissection	C	C
0325	Total mastectomy	C	C
0327	Total mastectomy with axillary gland biopsy	C	C

0329	Total mastectomy with axillary gland dissection	C	D
0330	Nipple and areola reconstruction	B	B
	Subcutaneous Mastectomy for Disease of Breast; Including Reconstruction but Excluding Cost		
0331	Unilateral	B	C
0333	Bilateral	B	D
0334	Removal of breast implant by means of capsulectomy: Unilateral	B	C
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	B	C
	Reduction: Mammoplasty for Pathological Hypertrophy		
0337	Unilateral	C	C
0339	Bilateral	C	D
	Gynaecomastia		
0341	Unilateral	A	B
0343	Bilateral	B	C
	2.6 Burns		
0351	Major burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	B	D
0353	Tangential excision and grafting: Small	B	B
0354	Tangential excision and grafting: Large	C	C
	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	C	B
0357	Small skin graft in acute hand injury	C	A
0359	Release of extensive skin contracture and or excision of scar tissue with major skin graft resurfacing	C	C
0361	Z-plasty	B	B
0363	Local flap and skin graft	B	C
0365	Cross finger flap: All stages	B	C
0367	Palmar flap: All stages	B	C
0369	Distant flap: First stage	B	C
0371	Distant flap: Subsequent stage	A	B
0373	Transfer neurovascular island flap	B	C
0374	Syndactyly: Separation of, including skin graft for one web	B	C
	Dupuytren's Contracture		
0375	Fasciotomy	A	A
0376	Fasciectomy	A	C
	2.8 Acupuncture (Charge Allied Health Professional Fee where applicable)		
0377	Standard acupuncture		A
0378	Laser acupuncture using more than 6 points		A
0379	Electro-acupuncture		A
0380	Scalp acupuncture		A
0381	Micro-acupuncture (ear, hand)		A
	3 Musculo-Skeletal System		
	3.1 Bones		
	3.1.1 Fractures (Reduction – Open/Closed under General Anaesthetic)		
0383	Scapula	A	A
0387	Clavicle	A	A
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand-alone procedure	B	C
0389	Humerus	A	B
0391	Radius and/or ulna	A	B
0392	Open reduction of both radius and ulna	A	C
0402	Carpal bone	A	B
0403	Bennett's fracture-dislocation	A	A
0405	Metacarpal: simple	A	A
	Finger Phalanx: Distal		
0409	Simple	A	A
0411	Compound	A	A
	Proximal or middle		
0413	Simple	A	A
0415	Compound	A	B
	Pelvis		
0417	Closed	B	B
0419	Operative reduction and fixation	B	D
0421	Femur: neck or shaft	A	C
0425	Patella	A	A
0429	Tibia with or without fibula	A	B
0433	Fibula shaft	A	A
0435	Malleolus of ankle	A	A
0437	Fracture-dislocation of ankle	A	B
0438	Open reduction talus fracture	A	B

0439	Tarsal bones and os calcis	A	A
0440	Calcanius reduction	A	B
0441	Metatarsal reduction	A	A
	Toe Phalanx		
0443	Distal: Simple	A	A
0445	Compound	A	A
	Other		
0447	Simple	A	A
0449	Compound	A	A
	Sternum and/or Ribs		
0451	Closed	C	C
0452	Open reduction and fixation of multiple fractured ribs for flail chest	C	C
	Spine: With or Without Paralysis		
0455	Cervical	C	C
0456	Rest	C	C
	Compression Fracture		
0461	Cervical	C	C
0462	Rest	C	C
	Spinous or Transverse Processes		
0463	Cervical	C	C
0464	Rest	C	C
	3.1.1.1 Operations for Fractures		
0465	Fractures involving large joints (includes the item for the relative bone)	C	D
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no aftercare), modifier 0005 not applicable	B	A
	Bone grafting or internal fixation: Only to be charged for mal- or non-union		
0475	Femur, tibia, humerus, radius or ulna	C	D
0479	Other bones	C	C
	3.1.2 Bony Operations		
	3.1.2.1 Bone Grafting		
0497	Resection of bone or tumour with or without grafting	C	D
0498	Resection of bone or tumour with or without grafting .Does not include digits.	C	D
	Grafts to Cysts		
0499	Large bones	B	C
0501	Small bones	B	B
0503	Cartilage graft	B	C
0505	Inter-metacarpal bone graft	B	C
0507	Removal of autogenous bone for grafting	A	A
	3.1.2.2 Acute or Chronic Osteomyelitis		
0512	Sternum sequestrectomy and drainage: Including six weeks aftercare	A	B
	3.1.2.3 Osteotomy		
0514	Sternum: repair of pectus excavatum	B	D
0515	Sternum: repair of pectus carinatum	B	D
0516	Pelvic	B	D
0521	Femoral: proximal	B	D
	Knee Region		
0523	Children	B	B
0527	Adults	B	D
0528	Os Calcis (Dwyer operation)	B	B
0530	Metacarpal and phalanx: Corrective for mal-union or rotation	B	B
0531	Rotational osteotomy of tibia and fibula - stand-alone procedure	B	C
0532	Rotation osteotomies of the radius, ulna or humerus	B	C
0533	Osteotomy, single metatarsal	A	A
0534	Multiple metatarsal osteotomies	B	C
	3.1.2.4 Exostosis		
0535	Exostosis: Excision: Readily accessible sites	A	A
0537	Exostosis: Excision: Less accessible sites	A	B
	3.1.2.5 Biopsy		
0539	Needle Biopsy: Spine (no aftercare)	A	A
0541	Needle Biopsy: Other sites (no aftercare)	A	A
	Open Needle Biopsy		
0543	Readily accessible site	B	B
0545	Less accessible site	B	B
	3.2 Joints		
	3.2.1 Dislocations		
0547	Clavicle: either end	A	A
0549	Shoulder	A	A

0551	Elbow	A	A
0552	Wrist	A	B
0553	Perilunar trans-scaphoid fracture dislocation	A	B
0555	Lunate	A	B
0556	Carpo-metacarpo dislocation	A	A
0557	Metacarpo-phalangeal or interphalangeal joints (hand)	A	A
0559	Hip	A	B
0561	Knee	A	B
0563	Patella	A	A
0565	Ankle	A	B
0567	Sub-talar dislocation	A	B
0569	Intertarsal or tarsometatarsal or midtarsal	A	B
0571	Metatarsophalangeal or interphalangeal joints (foot)	A	A
	3.2.2 Operations for Dislocations		
0578	Recurrent dislocation of shoulder	B	C
0579	Recurrent dislocation of all other joints	B	C
	3.2.3 Capsular Operations		
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks aftercare)	A	A
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks aftercare)	A	B
0585	Capsulectomy digital joint	A	B
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	A	B
0587	Release of digital joint contracture	B	B
	3.2.4 Synovectomy		
0589	Digital joint	B	B
0592	Large joint	B	C
0593	Tendon synovectomy	B	B
	3.2.5 Arthrodesis		
0597	Shoulder	B	C
0598	Elbow	B	C
0599	Wrist	B	C
0600	Digital joint	B	B
0601	Hip	B	D
0602	Knee	B	C
0603	Ankle	B	C
0604	Sub-talar	B	B
0605	Stabilisation of foot (triple-arthrodesis)	B	C
0607	Mid-tarsal wedge resection	B	C
	3.2.6 Arthroplasty		
0614	Dedridement large joints	B	C
0615	Excision medial or lateral end of clavicle	B	B
0617	Shoulder: Acromioplasty	B	C
0619	Shoulder: Partial replacement	C	D
0620	Shoulder: Total replacement	C	D
0621	Elbow: Excision head of radius	B	B
0622	Elbow: Excision	B	C
0623	Elbow: Partial replacement	B	C
0624	Elbow: Total replacement	C	D
0625	Wrist: Excision distal end of ulna	B	B
0626	Wrist: Excision single bone	B	B
0627	Wrist: Excision proximal row	B	C
0631	Wrist: Total replacement	B	C
0635	Digital Joint: Total replacement	C	C
0637	Hip: Total replacement	C	D
0639	Hip: Cup	C	D
0641	Hip: Prosthetic replacement of femoral head	C	D
0643	Hip: Girdlestone	C	D
0645	Knee: Partial replacement	C	D
0646	Knee: Total replacement	C	D
0649	Ankle: Total replacement	C	C
0650	Ankle: Astragalectomy	B	C
	3.2.7 Miscellaneous (joints)		
0661	Aspiration of joint or intra-articular injection (not including aftercare)	A	A
	Multiple Intra-Articular Injections for Rheumatoid Arthritis (excluding After-Care)		
0663	First joint	A	A
0665	Additional	A	A
0667	Arthroscopy (excluding aftercare)	A	A

0669	Manipulation large joint under general anaesthetic (not including aftercare) Hip	A	A
0670	Rule: The consultation fee should be charged when manipulation of a large joint is performed with or without local anaesthetic; Hip - Charge anaesthetic fee only, if performed under general anaesthetic	A	
0673	Meniscectomy or operation for other internal derangement of knee	B	B
	3.2.8 Joint Ligament Reconstruction or Suture		
0675	Ankle: Collateral	B	C
0677	Knee: Collateral	B	C
0678	Knee: Cruciate	B	C
0679	Ligament augmentation procedure of knee	B	D
0680	Digital joint ligament	B	B
	3.3 Amputations		
	3.3.1 Specific Amputations		
0682	Fore-quarter amputation	B	D
0683	Through shoulder	B	C
0685	Upper arm or fore-arm	B	B
0687	Partial amputation of the hand: One ray	A	B
0691	Part of or whole of finger	A	A
0693	Hindquarter amputation	B	D
0695	Through hip joint region	B	C
0697	Through thigh	B	C
0699	Below knee, through knee or Syme	B	C
0701	Trans metatarsal or trans tarsal	A	B
0703	Foot: One ray	A	B
0705	Toe	A	B
	3.3.2 Post-Amputation Reconstruction		
0706	Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler	A	B
0707	Krukenberg reconstruction	C	C
0709	Metacarpal transfer	B	C
0711	Pollicisation of the finger (to include all stages)	B	D
0712	Toe to thumb transfer	B	D
	3.4 Muscles, Tendons and Fasciae		
	3.4.1 Investigations:		
0713	Electromyography	A	B
0714	Electromyographic neuromuscular junctional study, including edrophonium response	A	A
0715	Strength duration curve per session	A	A
0717	Electrical examination of single nerve or muscle	A	A
0718	Oxidative study for mitochondrial function	B	A
0721	Voltage integration during isometric contraction	A	A
0723	Tonometry with edrophonium	A	A
0725	Isometric tension studies with edrophonium	A	A
	Cranial reflex study (both early and late responses) supra occulofacial or corneo-facial Or		
0727	Unilateral	A	A
0728	Bilateral	A	A
0729	Tendon reflex time	A	A
0730	Limb-brain somatosensory studies (per limb)	A	A
0731	Visio and audio-sensory studies	A	A
0733	Motor nerve conduction studies (single nerve)	B	A
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	A	A
0737	Biopsy for motor nerve terminals and end plates	A	A
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	B	A
0740	Muscle fatigue studies	A	A
0741	Muscle biopsy	B	A
0742	Global fee for all muscle studies, including histochemical studies	C	C
	3.4.2 Decompression Operations		
0743	Major compartmental decompression	A	B
0744	Fasciotomy only	A	A
	3.4.3 Muscle and Tendon Repair		
0745	Biceps humeri	B	B
0746	Removal of calcification in Rotator cuff	A	B
0747	Rotator cuff	B	B
0748	Muscle and tendon repair: Debridement rotator cuff	A	B
0749	Muscle and tendon repair: Scapulopexy – stand-alone procedure	B	C
0755	Infrapatellar or quadriceps tendon	B	B
0757	Achilles tendon	B	B
0759	Other single tendon	A	B
0763	Tendon or ligament injection	A	A
	Flexor Tendon Suture		

0767	Primary (per tendon)	A	B
0769	Secondary (per tendon)	A	C
	Extensor Tendon Suture		
0771	Primary (per tendon)	A	B
0773	Secondary (per tendon)	A	B
0774	Repair of Boutonniere deformity or Mallet finger	B	B
	3.4.4 Tendon Graft		
0775	Free tendon graft	B	C
0776	Reconstruction of pulley for flexor tendon	B	A
	Finger		
0777	Flexor	B	C
0779	Extensor	B	B
0780	Two stage flexor tendon graft using silastic rod	B	C
	3.4.5 Tenolysis		
0781	Tendon freeing operation, except where specified elsewhere	B	B
0782	Carpal tunnel syndrome	B	B
0783	De Quervain	B	A
0784	Trigger finger	B	A
0785	Flexor tendon freeing operation following free tendon graft or suture	B	C
0787	Extensor tendon freeing operation following graft or suture	B	B
0788	Intrinsic tendon release per finger	B	B
0789	Central tendon tenotomy for Boutonniere deformity	B	B
	3.4.6 Tenodesis		
0790	Digital joint	A	B
	3.4.7 Muscle Tendon and Fascia Transfer		
0791	Single tendon transfer	B	B
0792	Multiple tendon transfer	C	B
0793	Hamstring to quadriceps transfer	C	B
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	C	D
0795	Tendon transfer at elbow	C	B
0796	Iliopsoas at hip	C	C
0797	Knee (Eggers)	C	B
	Hand Tendons		
0802	Radial club hand repair - stand-alone procedure	C	D
0803	Single tendon transfer (first)	B	B
0809	Substitution for intrinsic paralysis of hand	C	C
0811	Opponens transfers	C	B
	3.4.8. Muscle Slide Operations and Tendon Lengthening		
0812	Percutaneous Tenotomy: All sites	A	A
0813	Torticollis	B	B
0815	Scalenotomy	B	B
0817	Scalenotomy with excision of first rib	B	C
0821	Tennis elbow	C	B
0822	Open release elbow (Mitals) – stand-alone procedure	B	C
0823	Excision or slide for Volkmann's Contracture	C	C
0825	Hip: Open muscle release	B	B
0829	Knee: Quadricepsplasty	B	C
0831	Knee: Open tenotomy	B	B
0835	Calf	B	B
0837	Open elongation tendon Achilles	B	B
0838	Percutaneous "Hoke" elongation tendo Achilles	A	B
0845	Foot: Plantar fasciotomy	A	B
0846	Foot: Postero-medial release for club-foot	C	C
	3.5 Bursae and Ganglia		
	Excision		
0847	Semimembranosus	B	B
0849	Prepatellar	A	A
0851	Olecranon	A	A
0853	Small bursa or ganglion	A	A
0855	Compound palmar ganglion or synovectomy	A	B
0857	Aspiration or injection (no aftercare)	A	B
	3.6 Miscellaneous		
	3.6.1.Leg Equalisation and Congenital Hips and Feet		
0859	Leg shortening	C	D
0861	Leg lengthening	C	D
0863	Epiphysiodesis at one level	C	B

	Initial Non-Operative Reduction and Application of Plaster Cast		
0865	One hip	A	B
0867	Two hips	A	C
0868	Open reduction of congenital dislocation of the hip	C	C
0869	Subsequent plaster	A	A
	Manipulation and Plaster		
0873	One foot	A	A
0874	Ponseti technique assistant	A	A
	3.6.2 Removal of Internal Fixatives or Prosthesis		
0883	Removal of internal fixatives or prosthesis: Readily accessible	A	
0884	Removal of internal fixatives or prosthesis: Less accessible	B	
0885	Removal of prosthesis for infection soon after operation	B	
0886	Late removal of infected total joint replacement prosthesis (including six weeks aftercare)	C	
	3.7 Plasters (exclusive of aftercare)		
0887	Limb cast (excluding aftercare)	A	B
0889	Spica, plaster jacket or hinged cast brace (excluding aftercare)	B	A
0891	Turnbuckle cast (excluding aftercare)	B	B
0893	Adjustment or repair of turnbuckle cast (excluding aftercare)	A	B
	3.8 Special Areas		
	3.8.1 Foot and Ankle		
0895	Club foot: Revision club foot release - stand-alone procedure	C	D
0896	Club foot: Posterior release only - stand-alone procedure	C	D
0900	Excision tarsal coalition - stand-alone procedure	B	B
0897	One foot	C	B
0901	Tenotomy: single tendon	C	A
0903	Hammer toe: one toe	C	A
0905	Fillet of toe or Ruiz-Mora procedure	C	A
0906	Arthrodesis Hallux	B	B
0907	Silver bunionectomy or similar for Hallux Valgus	B	B
0909	Excision arthroplasty	B	B
0910	Cheilectomy or metatarsophangeal implant Hallux	B	C
0911	Metatarsal osteotomy or Lapidus or similar or Chevron	B	B
5730	Hallux Valgus double osteotomy, etc.	B	C
5731	Distal soft tissue procedure for Hallux Valgus	B	C
5732	Aitkin procedure or similar	B	C
5734	Removal bony prominence on foot, e.g. bunionette (bunionette not applicable to COID)	B	B
5735	Repair angular deformity toe (lesser toes)	B	B
5736	Sesamoidectomy	B	B
5737	Repair major foot tendons, e.g. tib post	B	C
5738	Repair of dislocating peroneal tendons	B	C
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	B	C
5740	Steindler strip - plantar fascia	B	B
5741	Kelikian syndactilly (one web space)	B	B
5742	Tendon transfer foot	B	C
5743	Capsulotomy metatarsophalangeal joints: Foot	B	B
	3.8.3 Reimplantations		
0912	Replant of amputated upper limb proximal to wrist joint	C	D
0913	Replantation of thumb	C	D
0914	Replantation of a single digit (to be motivated), for multiple digits	C	D
0915	Replantation operation through the palm	C	D
	3.8.4 Hands (For Skin, see Integumentary System)		
	Tumours		
0919	Epidermoid cysts	A	A
0920	Ganglion or fibroma	A	A
0921	Nodular synovitis (Giant cell tumour of tendon sheath)	A	B
	Removal of foreign bodies requiring incision		
0922	Under local anaesthetic	A	A
0923	Under general or regional anaesthetic	A	A
	Crushed Hand Injuries		
0924	Initial extensive soft tissue toilet under general anaesthetic (sliding scale)	A	A
0925	Subsequent dressing changes under general anaesthetic	B	A
	3.8.5 Spine		
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	C	C
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	C	C
0929	Manipulation of spine under general anaesthetic (no aftercare)	B	A
0930	Posterior osteotomy of spine: One vertebral segment	C	D

0931	Posterior spinal fusion: One level	C	D
0932	Posterior osteotomy of spine: Each additional vertebral segment	C	D
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	C	D
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	C	D
0938	Anterior fusion base of skull to C2	C	D
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	B	C
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	B	C
0941	Anterior interbody fusion: One level	C	D
0942	Anterior interbody fusion: Each additional level	C	D
0944	Posterior fusion: Occiput to C2	C	D
0946	Posterior spinal fusion: Each additional level	C	D
0948	Posterior interbody lumbar fusion: One level	C	D
0950	Posterior interbody lumbar fusion: Each additional interspace	C	D
0959	Excision of coccyx	B	B
0961	Costo-transversectomy	B	C
0963	Antero-lateral decompression of spinal cord or anterior debridement	C	D
	3.8.6 Spinal Deformities		
0952	Posterior fusion for spinal deformity: Up to 6 levels	C	D
0954	Posterior fusion for spinal deformity: 7 to 12 levels	C	D
0955	Posterior fusion for spinal deformity: 13 or more levels	C	D
0956	Anterior fusion for spinal deformity 2 or 3 levels	C	D
0957	Anterior fusion for spinal deformity: 4 to 7 levels	C	D
0958	Anterior fusion for spinal deformity: 8 or more levels	C	D
	3.8.7 All Spinal Problems		
0943	Laminectomy with decompression of nerve roots and disc removal: One level	C	C
0960	Posterior non-segmental instrumentation	B	C
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	B	C
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	B	C
0966	Posterior segmental instrumentation: 13 or more vertebrae	B	C
0968	Anterior instrumentation: 2 to 3 vertebrae	B	C
0969	Skull or skull-femoral traction including two weeks aftercare		B
0970	Anterior instrumentation: 4 to 7 vertebrae	B	C
0971	Halo-splint and POP jacket including two weeks aftercare		B
0972	Anterior instrumentation: 8 or more vertebrae	B	C
0974	Additional pelvic fixation of instrumentation other than sacrum	B	B
5750	Reinsertion of instrumentation	B	D
5751	Removal of posterior non-segmental instrumentation	B	C
5752	Removal of posterior segmental instrumentation	B	C
5753	Removal of anterior instrumentation	B	C
5755	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels	A	D
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	A	D
5757	Laminectomy for decompression without foraminotomy or diskectomy more than two levels	A	D
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	A	D
5759	Laminectomy for decompression diskectomy etc., revision operation	B	D
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	A	D
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	A	D
5763	Anterior disc removal and spinal decompression cervical: One level	A	D
5764	Anterior disc removal and spinal decompression cervical: Each additional level	A	D
5765	Vertebral corpectomy for spinal decompression: One level	A	D
	Vertebral corpectomy for spinal decompression: Each additional level	A	D
5770	Use of microscope in spinal or intracranial procedures	A	A
	3.9 Facial Bone Procedures		
0987	Repair of orbital floor (blowout fracture)	C	C
0988	Genioplasty	B	C
	Open Reduction and Fixation of Central Mid-Third Facial Fracture with Displacement		
0989	Le Fort I	B	C
0990	Le Fort II	C	D
0991	Le Fort III	C	D
0992	Le Fort I Osteotomy	C	D
0993	Palatal Osteotomy	C	D
0994	Le Fort II Osteotomy (team fee)	C	D
0995	Le Fort III Osteotomy (team fee)	C	D
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	B	C
	Mandible: Fractured Nose and Zygoma		
0997	Open reduction and fixation	C	D
0999	Closed reduction by inter-maxillary fixation	B	C

1001	Temporo-mandibular joint: Reconstruction for dysfunction	C	C
1003	Manipulation: Immobilisation and follow-up of fractured nose	A	B
1005	Nasal fracture without manipulation	A	A
1007	Mandibulectomy	C	D
1009	Maxillectomy	C	D
1011	Bone graft to mandible	C	C
1012	Adjustment of occlusion by ramisection	C	C
1013	Fracture of arch of zygoma without displacement	B	A
1015	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures, recent fractures (within four weeks)	B	B
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; (after four weeks)	B	C
	4 Respiratory System		
	4.1 Nose And Sinuses		
1018	Flexible nasopharyngolaryngoscope examination	A	A
1019	ENT endoscopy with rigid endoscope	A	B
1020	Septum perforation repair, by any method	B	B
1022	Functional reconstruction of nasal septum	C	B
1024	Insertion of silastic obturator into nasal septum perforation	B	A
1025	Intranasal antrostomy	B	A
1027	Dacrocystorhinostomy	B	C
1029	Turbinectomy, uni- or bilaterall	B	A
1030	Endoscopic turbinectomy: laser or microdebrider	B	B
1031	Removal of single nasal polyp	A	B
1033	Removal of multiple polyps in hospital under general anaesthetic	B	A
1034	Autogenous nasal bone transplant: Bone removal included	C	B
1035	Functional endoscopic sinus surgery: Unilateral	B	B
1036	Bilateral functional endoscopic sinus surgery	B	C
	Diathermy to Nose or Pharynx Exclusive of Consultation Fee, Uni- or Bilateral		
1037	Under local anaesthetic		A
1038	Hypophysectomy or excision of pituitary tumour: Transnasal/transseptal approach (total procedure)	C	D
1039	Under general anaesthetic	B	A
	Severe Epistaxis, Requiring Hospitalisation		
1041	Control severe epistaxis: anterior plugging	B	B
1043	Control severe epistaxis: anterior and posterior plugging	B	B
1044	Transnasal endoscopic decompression: transnasal endoscopic optic nerve	C	D
1045	Ligation anterior ethmoidal artery	B	A
1047	Caldwell-Luc operation (unilateral)	B	B
1049	Ligation internal maxillary artery	B	B
1048	Endonasal frontal sinus drainage, with or without removal of tissue	B	C
1050	Vidian neurectomy (transantral or transnasal)	B	B
1051	Removal nasopharyngeal fibroma	C	D
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	B	A
1053	Frontal sinus drainage, trephin operation	B	B
1054	Antroscopy through the canine fossa (uni- or bilateral)	A	A
1055	External frontal ethmoidectomy	B	C
1056	Anterior cranial fossa, craniofacial approach, extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	D	E
1057	External ethmoidectomy and/or sphenoidectomy	B	C
1058	Sublabial transseptal sphenoidotomy	B	B
1059	Frontal osteomyelitis	B	C
1060	Obliteration of frontal sinus	B	C
1061	Lateral rhinotomy	B	C
1062	Excision nasolabial cyst	B	D
1063	Removal of foreign bodies from nose	A	A
1065	Removal of foreign body from nose under general anaesthetic	A	A
1067	Proof puncture at rooms (unilatetal)	A	A
1069	Proof puncture, uni- or bilateral under general anaesthetic	A	A
1071	Proetz treatment	A	A
1077	Septum abscess, including aftercare		A
1079	Septum abscess, under general anaesthetic		A
1081	Oro-antral fistula (without Caldwell-Luc)	A	A
1083	Choanal atresia: intranasal approach	B	B
1084	Choanal atresia: transpalatal approach	B	B
1085	Total reconstruction of the nose: including reconstruction of nasal septum (septumplasty), nasal pyramid (osteotomies) and nose tip	C	D
1087	Sub-total reconstruction consisting of any two of the following: septumplasty, osteotomies, nasal tip reconstruction	B	C

	Forehead Rhinoplasty (All Stages)		
1089	Total	C	D
1091	Partial	C	D
1093	Rhinophyma without skin graft	B	B
1095	Full nasal reconstruction for secondary cleft lip deformity	C	D
1096	Removal of foreign body: pharynx	A	B
1097	Partial nasal reconstruction for cleft lip deformity	B	C
1099	Columella reconstruction or lengthening	B	B
	4.2 Throat		
1101	Tonsillectomy (dissection of tonsils)	B	B
1102	Laser tonsillectomy	B	B
1105	Removal of adenoids	B	A
1106	Laser-assisted functional reconstruction of palate and uvula	B	B
1107	Opening of quinsy under local anaesthetic	B	B
1108	Laser-assisted functional reconstruction of palate and uvula.	B	B
1109	Opening of quinsy under general anaesthetic	B	A
1110	Ludwig's Angina: drainage	B	A
1111	Post tonsillectomy or adenoidectomy haemorrhage	B	A
1112	Pharyngeal pouch operation	C	C
1113	Retropharyngeal abscess internal approach	B	A
1115	Retropharyngeal abscess external approach	B	B
1116	Functional reconstruction of palate and uvula	C	B
	4.3 Larynx		
1117	Laryngeal intubation		A
1118	Laryngeal stroboscopy with video capture	B	A
	Laryngectomy		
1119	Laryngectomy without block dissection of the neck	C	D
1123	Botulinum toxin injection for adductor dysphonia		A
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding aftercare)	B	B
1126	Post laryngectomy for voice restoration	C	B
1127	Tracheotomy	B	B
1128	Endolaryngeal operations using a laser	B	B
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor paralysis, laryngo- fissure	C	C
	Direct laryngoscopy		
1130	Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	B	A
1131	Plus foreign body removal	B	B
	4.4 Bronchial Procedures		
	Bronchoscopy		
1132	Diagnostic bronchoscopy	B	B
1133	With removal of foreign body	B	B
1134	Bronchoscopy with use of laser	B	B
1135	With bronchography	B	B
1136	Nebulisation (per 24 hrs)	A	A
1137	Bronchial lavage	B	B
1138	Thoracotomy: for broncho-pleural fistula (including ruptured bronchus, any cause)	C	D
	4.5 Pleura		
1139	Pleural needle biopsy (no aftercare)	A	B
1141	Insertion of intercostal catheter (under water drainage)	A	A
1142	Intra-pleural block	B	A
1143	Paracentesis chest: Diagnostic	A	B
1145	Paracentesis chest: Therapeutic	A	A
1147	Pneumothorax: Induction (diagnostic)	B	A
1149	Pleurectomy	C	C
1151	Decortication of lung	C	D
1153	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc.)	A	B
	4.6 Pulmonary Procedures		
	4.6.1 Surgical		
1155	Needle biopsy lung (no aftercare)	B	A
1157	Pneumonectomy	D	E
1159	Pulmonary lobectomy	C	D
1161	Segmental lobectomy	C	D
	Excision Tracheal Stenosis		
1163	Cervical	C	D
1164	Intrathoracic	D	E
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	C	C
1168	Thoracoplasty: complete	C	C

1169	Thoracoplasty: limited/osteoplastic	C	C
1171	Drainage empyema (including six weeks after treatment)	B	C
1173	Drainage of lung abscess (including six weeks after treatment)	B	C
1175	Thoracotomy (limited): for lung or pleural biopsy	B	B
1177	Major: Diagnostic, as for inoperable carcinoma	C	C
1179	Thoracoscopy	B	B
1181	Unilateral lung transplant	D	E
1182	Harvesting donor lung: Unilateral (Rule: donor procedure)	B	B
	Excision or Plication of Emphysematous Cyst		
1183	Unilateral	C	C
1184	Bilateral synchronous (median sternotomy)	C	D
1185	Re-exploration following sternal dehiscence	C	B
	4.6.2 Pulmonary Function Tests		
1186	Flow volume test: inspiration/expiration		A
1187	Exhaled nitric oxide determination (Not for children under four years)		A
1188	Flow volume test: inspiration/expiration pre- and post-bronchodilator		A
1189	Forced expirogram only	A	A
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	A	A
1191	N2 single breath distribution	A	A
1192	Peak expiratory flow only	A	A
1193	Functional residual capacity or residual volume: helium, nitrogen open circuit, or other method		A
1195	Thoracic gas volume		B
1196	Determination of resistance to airflow, oscillatory or plethysmographic methods		A
1197	Compliance and resistance, using oesophageal balloon	B	B
1198	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent, with subsequent spirometrics		B
1199	Pulmonary stress testing; simple (e.g. prolonged exercise test for bronchospasm with pre- and post-spirometry)		B
1200	Carbon monoxide diffusing capacity, any method		A
1201	Maximum inspiratory/expiratory pressure	A	A
	4.7 Intensive Care: (In Intensive Care or High Care Unit) Respiratory, Cardiac, General		
	4.7.1 Neonatal Procedures		
1202	Insertion of central venous catheter via peripheral vein in neonates	B	A
	4.7.2 Tariff Items for Intensive Care		
	4.7.3 Procedures		
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency Resuscitation fee includes all necessary additional procedures (Paediatric)	B	C
1215	Insertion of arterial pressure cannula	A	A
1216	Insertion of Swan Ganz catheter for haemodynamic monitoring	B	A
1217	Insertion of central venous line via peripheral vein	B	A
1218	Insertion of central venous line via subclavian or jugular veins	A	A
1219	Hyperalimentation (daily tariff): Excludes charge for TPN		A
1221	Patient-controlled analgesic pump: Once off charge per patient.	B	A
	4.8 Hyperbaric Oxygen Therapy		
	5 Mediastinal Procedures		
1222	Mediastinal tumours	C	D
1223	Mediastinoscopy	B	B
1224	Mediastinotomy	B	B
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	C	D
1226	Removal of single rib with a lesion	C	D
	6 Cardiovascular System		
	6.1 General		
1227	Global adult/neonatal resuscitation fee.	B	C
1230	Without effort (This interpretation code is included in procedure 1232.)		A
1231	Without and with effort (This interpretation code is included in procedure 1233.)		A
	Electrocardiogram		
1232	Without effort (per 24 hours)		A
1233	Without and with effort (per 24 hours)		A
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus		A
1235	Multi-stage treadmill test		A
1236	ECG without effort: Under four years (per 24 hours)		A
1239	24 hour ambulatory ECG monitoring (holter) (per 24 hours)		A
1240	Signal averaged electrocardiogram		B
1244	Two week event triggered ambulatory ECG monitoring		A
1245	Angiography cerebral: first two series	B	A
1246	Angiography peripheral: per limb.	B	A
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	B	B

1248	Paracentesis of pericardium	B	A
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	A	A
	6.2 Invasive Cardiology		
	6.2.1 Cardiac Catheterisation		
1249	Right and left cardiac catheterisation without coronary angio-graphy (with or without biopsy)	B	B
1250	Endomyocardial biopsy	B	B
1251	Transseptal puncture	B	B
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	B	B
1253	Right heart catheterisation (with or without biopsy)	B	B
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	B	A
1255	Tilt test		B
	6.2.2 Electrophysiological Study		
1256	Ventricular stimulation study	B	C
1257	Full electrophysiological study	B	D
	6.2.3 Pacemakers		
1258	Permanent - single chamber	B	C
1259	Permanent - dual chamber	B	C
1260	AV nodal ablation	B	D
1261	Accessory pathway ablation	B	D
1262	Electrophysiological mapping		D
1263	Insertion transvenous implantable defibrillator	C	C
1264	Test for implantable transvenous defibrillator	B	B
1265	Renewal of pacemaker unit only, team fee	B	B
1266	Resiting pacemaker generator		B
1267	Repositioning of catheter electrode	B	A
1268	Threshold testing: own equipment		A
1269	Threshold testing		B
1270	Programming of atrio-ventricular sequential pacemaker		A
1273	Insertion of temporary pacemaker	B	B
1275	Termination of arrhythmia - programmed stimulation and lead insertion of temporary pacer	B	C
	6.2.4 Percutaneous Transluminal Angioplasty		
5008	Percutaneous transluminal angioplasty: sub-popliteal sub-brachial	B	C
5060	Stent insertion: Iliac/subclavian/AV fistula – including percutaneous transluminal angioplasty (PTA)	B	C
1276	Single lesion	C	C
1278	Second lesion	C	A
1280	Third or subsequent lesions (each)	C	A
	Use of balloon procedures including:		
	- Atrial septostomy		
	- Pulmonary valve valvuloplasty		
	- Aortic valve valvuloplasty		
	- Coarctation dilation		
1282	- Mitral valve valvuloplasty	C	C
1284	Atherectomy: single lesion		D
1286	Insertion of intravascular stent		B
1290	Use of balloon procedures, including	C	D
	- Arterial septostomy		
	- Pulmonary valve valvuloplasty		
	- Aortic valve valvuloplasty		
	- Coarctation dilation		
	- Mitral valve valvuloplasty		
	- Closure atrial septal defect		
	- Closure of patent ductus arteriousus		
	6.2.5 Paediatric Cardiac Catheterisation		
1288	Paediatric cardiac catheterisation	C	C
1289	Paediatric cardiac catheterisation: Infants below the age of one year	C	C
	6.3 Cardiac Surgery		
1294	Patent ductus arteriosus	D	E
1295	Pericardiectomy for constrictive pericarditis	D	E
1297	Coarctation of aorta	D	E
1299	Systemo-pulmonary anastomosis	D	E
1301	Mitral valvotomy: Closed heart technique	D	E
1302	Heart transplant	D	E
1303	Harvesting donor heart. (Rule: donor procedure)	B	B
1305	Operative implantation of cardiac pacemaker by thoracotomy	C	C
1307	Re-exploration after cardiac-surgery	D	E
1308	Heart and lung transplant	D	E

1309	Harvesting donor heart and lungs. (Rule: donor procedure: please refer to Annexure H and relevant policies)	B	B
1311	Pericardial drainage	B	B
	6.3.1 Open Heart Surgery		
1312	Evaluation of coronary angiogram by cardio-thoracic surgeon (Rule: Charge a consultation fee – no procedure charge)		A
1320	Repeat open heart surgery (additional fee above procedure fee)	D	E
1321	Stand-by fee for coronary angioplasty.	B	A
	6.3.1.1 Congenital Conditions		
	Atrial Septal Defect		
1323	Osteum secundum	D	E
1325	Sinus venosus or osteum primum	D	E
1327	Ventricular septal defect	D	E
1329	Fallot's tetralogy	D	E
1330	Pulmonary stenosis	D	E
1331	Transposition of large vessels (venous repair)	D	E
1332	Transposition of great arteries (arterial repair)	D	E
1333	Ebstein's Anomaly	D	E
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	D	E
1335	Total anomalous venous drainage	D	E
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia	D	E
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	D	E
1338	Fontan type repair	D	E
	6.3.1.2 Acquired Conditions		
1339	Mitral valve replacement	D	E
1340	Mitral valvuloplasty	D	E
1341	Aortic valve replacement	D	E
1342	Tricuspid annulo plasty	D	E
1343	Double valve replacement	D	E
1344	Acute dissecting aneurysm repair	D	E
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	D	E
	Aorta-Coronary Bypass Operation (Including Interpretation of Angiogram)		
1346	Harvesting of saphenous veins: unilateral	A	B
1347	Harvesting of saphenous veins: bilateral	A	C
1348	Utilising saphenous veins	D	E
1349	Additional arterial implant: any artery	D	E
1350	Additional double arterial implant: any artery	D	E
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	D	E
1352	Cardiac aneurysm	D	E
1353	Ascending/descending thoracic aortic aneurysm repair	D	E
1354	Arrhythmia surgery	D	E
1355	Cardiac tumour	D	E
1356	Insertion and removal of intra-aortic balloon pump	C	C
1358	Harvesting of radial artery	A	C
	6.4 Peripheral Vascular System		
	6.4.1 Investigations		
	Skin Temperature Test		
1357	Response to reflex heating		A
1359	Response to reflex cooling		A
1361	Cold sensitivity test		A
1363	Oscillometry test		A
1365	Sweat test		A
	Transcutaneous Oximetry		
1366	Transcutaneous oximetry - single site		A
	6.4.2 Arterio-Venous Abnormalities:		
	6.4.3 Arteries:		
	6.4.3.1 Aorta-iliac and Major Branches		
	Abdominal Aorta and Iliac Artery		
1372	Unruptured	C	D
1373	Ruptured	D	E
1375	Grafting and/or thrombo-endarteriectomy for thrombosis	C	D
1376	Aorta bifemoral graft, including proximal and distal endarteriectomy and preparation for anastomosis	C	D
	6.4.3.2 Iliac Artery		
1379	Prosthetic grafting and/or Thrombo-endarteriectomy	C	D
	6.4.3.3 Peripheral		
1385	Prosthetic grafting	C	C
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are aorta, innominate artery, carotid artery and	C	C

	vertebral artery, subclavian artery, axillary artery, illiac artery, common femoral and popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure.		
1387	Vein grafting proximal to knee joint	C	D
1388	Distal to knee joint	C	D
1389	Endarterectomy when not part of another specified procedure	C	C
1390	Carotid endarterectomy	D	E
	Embolectomy		
1393	Peripheral embolectomy transfemoral	B	C
	Miscellaneous Arterial Procedures		
1395	Arterial suture: trauma	B	B
1397	Profundoplasty	B	C
1399	Distal tibial (ankle region)	C	D
1401	Femoro-femoral	C	C
1402	Carotid-subclavian	C	D
1403	Axillo-femoral (bifemoral + 50%)	C	D
	6.4.4 Veins		
1407	Ligation of saphenous vein	A	A
1408	Placement of Hickman catheter, Tenckhoff catheter or similar	B	B
	Ligation of Inferior Vena Cava		
1410	Abdominal	B	C
	"Umbrella" Operation on Inferior Vena Cava		
1412	Abdominal	B	B
	Combined Procedure for Varicose Veins: Ligation of Saphenous Vein, Stripping, Multiple Ligation		
1413	Unilateral	B	B
1415	Bilateral	B	C
1417	Extensive sub-fascial ligation of perforating veins	B	B
1419	Lesser varicose vein procedures	A	A
	Compression Sclerotherapy of Varicose Veins		
1421	Per injection, to a maximum of nine injections per leg	A	A
	Thrombectomy		
1425	Inferior vena cava (Trans abdominal)	C	C
1427	Ilio-femoral	B	C
	6.4.5 Portal Hypertension		
1429	Porto-caval shunt	D	E
	6.5 Cardiac Rehabilitation		
1431	Phase II: Exercise rehabilitation (charge Allied Health Professional tariff where applicable)		A
1432	Phase III: Exercise rehabilitation (charge Allied Health Professional tariff where applicable)		A
	7 Lympho-reticular System		
	7.1 Spleen		
1435	Splenectomy (In all cases)	C	C
1436	Splenorrhaphy	C	C
	7.2 Lymph Nodes and Lymphatic Channels		
	Excision of Lymph Node for Biopsy		
1439	Neck or axilla	A	B
1441	Groin	A	B
1443	Simple excision of lymph nodes for tuberculosis	A	B
	Radical Excision of Lymph Nodes of Neck: Total		
1445	Unilateral.	C	D
1447	Suprahyoid unilateral	C	C
1449	Radical excision of lymph nodes of axilla	C	C
	Radical Excision of Lymph Nodes of Groin		
1451	Ilio-inguinal	C	C
1453	Inguinal	C	C
1455	Retroperitioneal lymphadenectomy including pelvic, aortic and renal nodes	C	D
	Bone Marrow Biopsy		
1457	By trephine	A	A
1458	Simple aspiration of marrow by means of trocar or cannula	A	B
1459	Staging laparotomy for lymphoma (including splenectomy)	B	C
3719	Bone marrow: aspiration paediatric	A	A
3720	Bone marrow: trephine biopsy paediatric	A	A
	Bone Marrow Transplantation		
1450	Cryopreservation of bone marrow or peripheral blood stem cells	B	A
1454	Plasma/cell separation using designated cell separator equipment	B	A
	8 Digestive System		
	8.1 Oral Cavity		
1462	Removal of embedded foreign body: vestibule of mouth, simple	A	B
1463	Surgical biopsy of tongue or palate: under general anaesthetic	A	A

1464	Removal of embedded foreign body: vestibule of mouth, complicated	A	A
1465	Surgical biopsy of tongue or palate: under local anaesthetic	A	A
1466	Removal of embedded foreign body: dentoalveolar structures, soft tissues	A	A
1467	Drainage of intra-oral abscess	A	A
1469	Local excision of mucosal lesion of oral cavity	A	A
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedures	C	D
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	C	
1475	Cleft palate: repair of primary deformity with or without pharyngoplasty	C	D
1477	Cleft palate: secondary repair	C	C
1478	Velopharyngeal reconstruction with myoneurovascular transfer (dynamic repair)	C	C
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	C	C
1480	Repair of oronasal fistula (large), e.g. distant flap	C	C
1481	Repair of oronasal fistula (small), e.g. trapdoor: one stage or first stage	C	B
1482	Repair of oronasal fistula (large): second stage	C	B
1483	Alveolar periosteal or other flaps for arch closure	B	B
1486	Closure of anterior nasal floor	C	B
	8.2 Lips		
1485	Local excision of benign lesion of lip	A	A
1487	Resection for lip malignancy	B	B
	Cleft Lip		
1484	Lip adhesion (cleft lip)	B	B
1489	Repair unilateral cleft lip (with muscle reconstruction)	B	C
1490	Repair bilateral cleft lip (with muscle reconstruction) (one of two stages)	B	C
1491	Repair bilateral cleft lip (with muscle reconstruction) (one stage)	B	D
1492	Repair bilateral cleft lip (second stage)	B	C
1493	Total revision of secondary cleft lip deformities	B	C
1494	Partial revision of secondary cleft lip deformity	B	B
1495	Abbé or Estlander type flap (all stages included)	B	C
1497	Vermilionectomy	B	B
1499	Lip reconstruction following an injury: direct repair	B	B
	Lip reconstruction following an injury or tumour removal		
1501	**Flap Repair**	B	C
1503	Total reconstruction (first stage)	B	C
1504	Subsequent stages (see item 0299)	B	B
	8.3 Tongue		
1505	Partial glossectomy	B	C
1507	Local excision of lesion of tongue	A	A
	8.4 Palate, Uvula and Salivary Glands		
1509	Wide excision of lesion of palate	B	B
1511	Radical resection of palate (including skin graft)	C	C
1513	Excision of granula	B	A
1515	Excision of sublingual salivary gland	B	B
1517	Excision of submandibular salivary gland	B	C
1519	Excision of submandibular salivary gland with suprahyoid dissection	C	C
1521	Excision of submandibular salivary gland with radical neck dissection	C	D
1523	Local resection of parotid tumour	B	B
1525	Partial parotidectomy	C	C
1526	Total parotidectomy with preservation of facial nerve	C	D
1527	Total parotidectomy	C	C
1529	Extracapsular parotidectomy	C	D
1531	Drainage of parotid abscess	A	A
1533	Closure of salivary fistula	B	B
1535	Dilatation of salivary duct	B	A
1535	Dilatation of salivary duct	B	A
1537	Operative removal of salivary calculus	B	A
1539	Meatotomy: salivary duct	B	A
1541	Branchial cyst and/or fistula: excision	B	B
1543	Excision of cystic hygroma	B	B
1544	Ludwig's Angina: drainage	B	A
	8.5 Oesophagus		
1545	Oesophagoscopy with rigid instrument: first and subsequent	B	A
1547	Oesophageal acid perfusion test		A
1549	Oesophagoscopy with dilatation of stricture	B	B
1550	With removal of foreign body.	B	B
1551	With insertion of indwelling oesophageal tube	B	B
1552	Injection of oesophageal varices (endoscopy inclusive)	B	B

1553	Subsequent injection of oesophageal varices (endoscopy inclusive)	B	B
1554	Per-oral small bowel biopsy	B	A
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	C	D
1557	Oesophageal dilatation	B	A
	Oesophagectomy		
1559	Two stage	C	D
1560	Three stage	C	D
1561	Thoraco-abdominal oesophagogastrectomy	C	D
	Hiatus Hernia and Diaphragmatic Hernia Repair		
1563	With anti-reflux procedure	C	D
1565	With Collis Nissen oesophageal lengthening procedure	C	D
1566	Private fee: Gastroplasty	B	D
1567	Bochdalek hernia repair in newborn	C	C
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	C	D
1569	Heller's operation	C	C
1575	Insertion of indwelling oesophageal tube - laparotomy	B	B
1578	Oesophageal motility (4-channel + pneumograph)	C	B
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	C	D
1580	Oesophageal motility (6-channel + pneumograph + pH pull-through)	C	B
1581	Removal of benign oesophageal tumours	C	D
1582	Oesophageal motility (4- or 6-channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischeamia	C	B
1583	Excision of intrathoracic oesophageal diverticulum	C	C
1584	24 hour oesophageal pH studies		B
	8.6 Stomach		
1587	Upper gastro-intestinal fibre-optic endoscopy	B	B
1588	Plus polypectomy	B	C
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictors and/or schleroses (endoscopic haemostasis) to be added to gastroscopy (Item 1587) or colonoscopy (Item 1663)	B	B
1591	Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach)	B	B
1593	Augmented histamine test: gastric intubation with X-ray screening		A
1597	Gastrostomy or gastrotomy	B	B
1598	Gastrotomy with suture repair of bleeding ulcer	B	C
1599	Pyloromyotomy (Rammstedt)	B	B
1601	Local excision of ulcer or benign neoplasm	B	B
	Vagotomy		
1603	Abdominal	B	C
1604	Thoracic	B	C
1605	Truncal or selective with drainage procedures	B	C
1607	Vagotomy and antrectomy	B	D
1609	Highly selective vagotomy	B	C
1611	Pyloroplasty	B	B
1613	Gastro-enterostomy	B	B
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	B	C
1617	Partial gastrectomy	C	D
1619	Total gastrectomy	C	D
1621	Revision of gastrectomy or gastro-enterostomy	C	D
1625	Gastro-oesophageal operation for portal hypertension (Tanner)	C	D
	8.7 Duodenum		
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	B	B
1627	Duodenal intubation (under X-ray screening)	A	A
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	A	A
1631	Duodenal intubation: under three years	A	A
	8.8 Intestines		
1632	H2 breath test (intestines)		A
1633	Complete test using lactose or lactulose		A
1634	Enterotomy or Enterostomy	B	B
1635	Intestinal obstruction of the newborn	C	C
1637	Operation for relief of intestinal obstruction	C	C
1639	Resection of small bowel with enterostomy or anastomosis	C	C
1641	Entero-enterostomy or entero-colostomy for bypass	C	B
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy). ADD to other items, e.g. Item 1587 (gastroscopy) or Item 1653 (colonoscopy).	B	B
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum	B	B
1645	Suture of intestine (small or large): perforated ulcer, wound or injury	B	B
1647	Closure of intestinal fistula	B	C

1649	Excision of Meckel's diverticulum	B	B
1651	Excision of lesion of mesentery	B	B
1652	Laparotomy for mesenteric thrombosis	C	D
	Total Fibre-Optic Colonoscopy		
1653	Including biopsy	B	B
1654	Fibre-optic colonoscopy with removal of polyps	B	C
1656	Left sided fibre-optic colonoscopy	B	B
1657	Right or left hemicolectomy or segmental colectomy	C	D
1658	Reconstruction of colon after Hartman's procedure	B	C
1661	Colotomy, including removal of tumour or foreign body	B	B
1663	Total colectomy	C	D
1665	Colostomy or ileostomy isolated procedure	B	C
1666	Continent ileostomy pouch (all types)	C	D
1667	Colostomy closure	B	C
1668	Revision of ileostomy pouch	C	D
1669	Total proctocolectomy and ileostomy	C	D
1670	Proctocolectomy, ileostomy and ileostomy pouch	C	D
1671	Colomyotomy (Reilly operation)	B	C
	8.9 Appendix		
1673	Drainage of appendix abscess	B	C
1675	Appendicectomy	B	B
	8.10 Rectum and Anus		
1676	Fibre-optic sigmoidoscopy (rectum and anus)	A	B
1677	Sigmoidoscopy: first and subsequent, with or without biopsy	A	A
1678	Fibre-optic sigmoidoscopy, plus polypectomy	A	B
1679	Sigmoidoscopy with removal of polyps, first and subsequent	A	A
	Proctoscopy with Removal of Polyps		
1681	First time	A	A
1683	Subsequent times	A	A
1685	Endoscopic fulguration of tumour	B	A
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	C	D
1688	Total mesarectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	B	D
1689	Perineal resection of rectum	C	B
	Abdomino-Perineal Resection of Rectum		
1691	Abdominal surgeon	C	D
1692	Perineal surgeon	B	B
1693	Local excision of rectal tumour (posterior approach)	B	C
1695	Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	C	D
	Repair of Prolapsed Rectum: Abdominal		
1697	Roscoe Graham Moskovitz	C	D
1699	Ivalon sponge	C	C
1701	Perineal	C	C
1703	Thierisch suture	B	A
1705	Incision and drainage of peri-anal abscess	A	A
1707	Drainage of submucous abscess	A	A
1709	Drainage of ischio-rectal abscess	A	B
1711	Excision of pelvi-rectal fistula	B	C
1713	Excision of fistula-in-ano	A	B
1715	Operation for fissure-in-ano	A	A
1719	Rubber band ligation of haemorrhoids: per haemorrhoid	A	A
1721	Sclerosing injection for haemorrhoids: per injection	A	A
1723	Haemorrhoidectomy	A	B
1725	Drainage of external thrombosed pile	A	A
1727	Multiple procedures (haemorrhoids, fissure, etc.)	A	B
1728	Biopsy of ano-rectal wall, for congenital megacolon	B	B
1729	Excision of anal skin tags	A	A
1731	Operation for low imperforate anus	C	B
1733	Anoplasty: Y-V-plasty	C	A
1735	Anal sphincteroplasty for incontinence	C	B
1737	Dilation of ano-rectal stricture	A	A
1739	Closure of recto-vesical fistula	C	C
1741	Closure of recto-urethral fistula	C	C
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor		A
	8.11 Liver		
1743	Needle biopsy of liver	A	A
1745	Biopsy of liver by laparotomy	B	B

1747	Drainage of liver abscess or cyst	B	B
1748	Body composition measured by bio-electrical impedance	A	A
	Hemi-Hepatectomy		
1749	Right	C	D
1751	Left	C	D
1752	Extended right or left hepatectomy	C	D
1753	Partial or segmental hepatectomy	C	D
1754	Hepatico-jejunostomy	C	D
1755	Liver transplant	D	E
1756	Harvesting donor hepatectomy. (Rule: donor procedure)	B	C
1757	Suture of liver wound or injury	B	C
	8.12 Biliary Tract		
1759	Cholecystostomy	B	C
1761	Cholecystectomy	C	C
1762	Cholecystectomy and operative cholangiogram	C	C
1763	With exploration of common bile duct	C	D
1765	Exploration of common bile duct: Secondary operation	C	D
1767	Reconstruction of common bile duct	C	D
1768	Resection bile duct tumour with reconstruction	C	D
1769	Cholecysto-enterostomy or gastrostomy	B	C
1770	Endoscopic placement of biliduodenal endoprosthesis	C	C
1772	Endoscopic placement of a nasobiliary stent	C	B
1773	Transduodenal sphincteroplasty	C	C
1774	Balloon dilatation of common bile duct strictures	C	B
1775	Excision choledochal cyst with reconstruction	C	D
1777	Porto-enterostomy for biliary atresia	C	D
	8.13 Pancreas		
1778	Pancreas: ERCP: Endoscopy + catheterisation of pancreas duct or choledochus	C	B
1779	Endoscopic exploration of the common vile duct performed following endoscopic retrograde choangiography to be added to ERCP	C	B
1780	Gastric and duodenal intubation		A
1781	Procedure		A
1782	Endoscopic sphincterotomy	C	B
1783	Drainage of pancreatic abscess	B	C
1784	Debridement pancreatic necrosis	C	C
1785	Internal drainage of pancreatic cyst	B	C
1786	Internal drainage of pancreatic cyst with Roux-Y	C	D
1787	Operative pancreatogram:		A
1788	Biopsy of pancreas	A	B
1789	Pancreatico-duodenectomy	C	D
1791	Local, partial or subtotal pancreatectomy	C	C
1793	Distal pancreatectomy with internal drainage	C	D
1795	Triple anastomosis for carcinoma of pancreas	C	C
	8.14 Peritoneal Cavity		
	Pneumo-Peritoneum		
1797	First	B	A
1799	Repeat	B	A
1800	Peritoneal lavage		A
1801	Diagnostic paracentesis: abdomen		B
1803	Therapeutic paracentesis: abdomen		A
1807	Add to open procedure where procedure was performed through a laparoscope	B	A
1809	Laparotomy	B	C
1810	Radical removal of retro-peritoneal malignant tumours: including sacro-coccygeal and pre-sacral	C	D
1811	Suture of burst abdomen	B	B
1812	Laparotomy for control of surgical haemorrhage	B	B
1813	Drainage of subphrenic abscess	B	C
	Drainage of Other Intraperitoneal Abscess (Excluding Appendix Abscess)		
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): transabdominal	B	C
1817	Transrectal drainage of pelvic abscess	A	B
	9 Hernia		
	Inguinal or Femoral Hernia		
1819	Adult unulateral	B	B
1821	Child, under 14 years, unulateral	B	B
1823	Inguinal hernia: infant under one year, unulateral	B	B
1825	Recurrent inguinal or femoral hernia	B	C
1827	Strangulated hernia requiring resection of bowel	C	C
1829	Epigastric hernia	B	A

	Umbilical Hernia		
1831	Adult	B	B
1833	Child under 14 years	B	A
1835	Incisional hernia	B	C
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to item for the incisional or ventral hernia repair)	B	B
1837	Repair of omphalocele in new-born (one or more procedures)	B	D
	10 Urinary System		
	10.1 Kidney		
1839	Renal biopsy, per kidney, open	B	B
1841	Renal biopsy (needle)	A	A
	Nephrectomy		
1853	Primary nephrectomy	C	C
1855	Secondary nephrectomy	C	D
1857	Radical nephrectomy with regional lymphadenectomy for tumour	C	D
1859	Partial	C	D
1861	Symphysiotomy for horse-shoe kidney	B	D
1863	Nephro-ureterectomy	C	D
1865	Nephrotomy with drainage nephrostomy	B	C
1869	Nephrolithotomy	B	C
1870	Nephrolithotomy: Multiple calculi: repeat open operation		D
1871	Staghorn stone – surgical	B	D
1873	Suture renal laceration (renorraphy)	B	C
1875	Percutaneous aspiration cyst: nephrostomy, pyelostomy	A	A
1877	Operation for renal cyst: marsupialisation or excision	B	C
1879	Closure renal fistula	B	C
1881	Pyeloplasty	C	C
1883	Pyelostomy	B	C
1885	Pyelolithotomy	C	C
1887	Complicated pyelolithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	C	C
1889	Nephrectomy for allograft: living or dead	C	C
1891	Perinephric abscess or renal abscess: drainage	B	C
1893	Aberrant renal vessels: repositioning with pyeloplasty	C	C
1894	Auto transplantation of kidney	D	E
1895	Allo transplantation of kidney	D	E
	10.2 Ureter		
1897	Ureterorrhaphy: suture of ureter	B	C
1898	Lumbar approach	B	C
1899	Ureteroplasty	B	C
1901	Ureterolysis	B	B
1902	Lumbar approach	B	C
1903	Ureterectomy only	B	B
1905	Ureterolithotomy	B	B
	Cutaneous Ureterostomy:		
1907	Unilateral	B	B
1909	Bilateral	B	C
	Uretero-Enterostomy		
1911	Unilateral	C	B
1913	Bilateral	C	C
1915	Uretero-ureterostomy	C	B
1917	Transuretero-ureterostomy	C	C
1919	Closure of ureteric fistula	C	C
1921	Immediate deligation of ureter	B	C
1923	Ureterolysis for retrocaval ureter with anastomosis	B	C
1925	Uretero-pyelostomy	B	C
	Uretero-Neo-Cystostomy		
1927	Unilateral	C	C
1929	Bilateral	C	D
1931	With boariplasty	C	C
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	C	C
1935	Uretero-ileal conduit	C	D
	Replacement of Ureter by Bowel Segment		
1937	Unilateral	C	D
1939	Bilateral	C	D
	Ureterostomy-In-Situ		
1941	Unilateral	B	B
1943	Bilateral	B	C

	10.3 Bladder		
1945	Instillation of radio-opaque material for cystography or urethrocystography	A	A
1947	Instillation of anti-carcinogenic agent, excluding hydrodilatation of bladder	A	A
1949	**Cystoscopy**	A	A
1951	And retrograde pyelography or retrograde ureteral catheterisation: unilateral or bilateral	B	A
1952	JJ Stent Catheter	B	A
1953	With hydrodilatation of the bladder for interstitial cystitis	B	A
1954	Urethroscopy	B	A
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	B	B
1957	With dilatation of the ureter or ureters	B	A
1959	With manipulation of ureteral calculus	B	A
1961	With removal of foreign body or calculus from urethra or bladder	B	A
1963	With fulguration or treatment of minor lesions, with or without biopsy	B	A
1964	And control of haemorrhage and blood clot evacuation	B	A
1965	And catheterisation of the ejaculatory duct	B	A
1967	With ureteric meatotomy: unilateral or bilateral	B	A
1969	And cold biopsy	B	A
1971	With cryosurgery for bladder or prostatic disease	B	B
1973	With incision fulguration, or resection of bladderneck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	B	B
1975	Ultraviolet cystoscopy for bladder tumour	B	A
1976	Optic urethrotomy	A	B
1977	Transuretheral resection of ejaculatory duct	B	A
	Internal Urethrotomy		
1979	Female	A	A
1981	Male	A	A
1983	Transuretheral resection of bladder tumour	C	B
1984	Transuretheral resection of bladder tumours: large multiple tumours	C	B
	Transuretheral Resection of Bladderneck:		
1985	Female or child	C	B
1986	Male	C	B
1987	Litholapaxy	C	B
1989	Cystometrogram	C	B
1991	Flowmetric bladder, studies with videocystograph	C	B
1992	Without videocystograph	C	B
1993	Voiding cysto-urethrogram	C	B
1994	Rigiscan examination		B
1995	Percutaneous aspiration of bladder	A	A
1996	Bladder catheterisation - male	A	A
1997	Bladder catheterisation - female		A
1999	Percutaneous cystostomy	A	A
	Total Cystectomy		
2001	After previous urinary diversion	C	D
2003	With conduit construction and ureteric anastomosis	C	D
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	C	D
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	C	D
2007	Partial cystectomy	C	C
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	C	D
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	C	D
2010	Reversion of temporary conduit	B	D
2011	Partial cystectomy with uretero-neo-cystostomy	C	C
2012	Reversion of conduit with major urinary tract reconstruction	B	D
2013	Diverticulectomy (independent procedure): multiple or single	B	B
2015	Suprapubic cystostomy	B	B
2016	Abdomino-neo-urethrostomy	B	C
2017	Open loop fulguration or excision of bladder tumour	B	B
2019	Operation for vesico-vaginal or urethra- vaginal fistula	C	C
2020	Repair of vesico vaginal fistula: abdominal approach	C	C
2021	Vesico-plication (Hamilton Stewart)	C	B
2023	Vesico-urethrapexy for correction or urinary incontinence: abdominal approach	C	C
2025	Vesico-urethrapexy with rectus sling	C	C
	Open Operation for Ureterocele		
2027	Unilateral	C	B
2029	Bilateral	C	C
	Reconstruction of Ectopic Bladder Exclusive of Orthopaedic Operation (If Required)		
2031	Initial	C	C
2033	Subsequent	C	A

2035	Cutaneous vesicostomy	C	B
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	C	B
2039	Operation for ruptured bladder	B	B
2041	Enterocystoplasty	C	C
2042	Enterocystoplasty plus bowel anastomis	C	D
2043	Cysto-lithotomy	B	B
2045	Excision of patent-urachus or urachal cyst	B	B
2047	Drainage of perivesical or prevesical abscess	A	B
	Evacuation of Clots from Bladder		
2049	Other than post-operative	A	A
2050	Post-operative	B	
2051	Simple bladder lavage, including catheterisation	A	A
	Bladder Neck Plasty		
2053	Male	B	B
2057	Female	B	B
	10.4 Urethra		
	Open Biopsy of Urethra		
2059	Male	A	A
2061	Female	A	A
	Dilatation of Urethral Stricture: By Passage Sound:		
2063	Initial (male)	A	A
2065	Subsequent (male)	A	A
2067	By passage of filiform and follower (male)	A	A
2069	Dilatation of female urethra	A	A
2071	Urethrorraphy: suture of urethral wound or injury	B	B
2073	External urethrotomy: pendulous urethra (anterior)	B	B
	Urethraplasty: Pendulous Urethra		
2075	First stage	B	B
2077	Second stage	B	C
2079	Reconstruction of female urethra	B	C
2081	Reconstruction or repair of male anterior urethra (one stage)	B	C
	Reconstruction or Repair of Prostatic or Membranous Urethra		
2083	First stage	B	C
2085	Second stage	B	C
2086	If done in one stage	B	D
2087	Urethral diverticulectomy: male or female	B	C
2088	Peri-urethral teflon injection: male or female - including cystoscopy (Item 1949)	A	B
2089	Marsupialisation of urethral diverticula: male or female	B	A
	Total Urethrectomy		
2091	Female	B	C
2093	Male	B	C
2095	Drainage of simple localised perineal urinary extravasation	A	A
2097	Drainage of extensive perineal urinary extravasation	B	B
2099	Fulguration for urethral caruncle or polyp	A	A
2101	Excision of urethral caruncle	A	A
2103	Simple urethral meatotomy	A	A
	Incision of Deep Peri-Urethral Abscess		
2105	Female	A	A
2107	Male	A	A
2109	Badenoch pull-through for intractable stricture or incontinence	B	C
2111	External sphincterotomy	B	B
2113	Drainage of Skenegland abscess or cyst	A	A
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses	C	C
2116	Urethral meatoplasty	B	A
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	A	A
2121	Closure of urethrovaginal fistula, including diversionary procedures	C	C
	11 Male Genital System		
	11.1 Penis		
2123	Biopsy of penis (independent procedure)	A	A
	Destruction of Condylomata: Chemo- or Cryotherapy		
2125	Limited number (see Item 2317)	A	A
2127	Multiple extensive	A	A
	Electrodesiccation		
2129	Limited number	A	A
2131	Multiple extensive	A	A

	Circumcision		
2132	Ligation of abnormal venous drainage	A	A
2133	Clamp procedure	A	A
2137	Surgical excision other than by clamp or dorsal slit, any age	A	A
2139	Dorsal slit of prepuce (independent procedure)	A	A
	Plastic Operation on Penis		
2141	Plastic operation for insertion of prostheses	C	B
2143	For straightening of chordee, e.g. hypospadias with or without mobilisation of urethra	C	B
2145	For straightening of chordee with transplantation of prepuce	C	B
2147	For injury, including fracture of penis and skingraft if required	C	C
2149	For epispadias distal to the external sphincter	C	C
2153	Plastic operation for epispadias with incontinence	C	C
2154	Induction of artificial erection	A	A
	Hypospadias		
2155	Urethral reconstruction	C	C
2157	Subsequent procedures for repair of urethra: total	B	B
2159	Urethraplasty: complete, one stage for hypospadias	C	D
	Total Amputation of Penis		
2161	Without gland dissection	B	C
2163	With gland dissection	C	D
	Partial Amputation of Penis		
2165	With gland-dissection	C	C
2167	Without gland-dissection	B	B
2169	Injection procedure for Peyronies disease	A	A
	Priapism Operation		
2171	Irrigation of corpora cavernosa for priapism	A	A
2172	Removal foreign body: Deep penile tissue (e.g. plastic implant)	A	B
2173	Shunt procedure: any type	C	C
2174	Stab shunt	B	A
	11.2 Testis and Epididymis		
2175	Testis biopsy, needle (independent procedure)	A	A
	Testis Biopsy, Incisional: Independent Procedure		
2177	Unilateral	A	A
2179	Bilateral	A	A
2181	Biopsy of epididymis, needle	A	A
2183	Puncture aspiration hydrocoele with or without injection of medication	A	A
2185	Operation for maldescended testicle, including herniotomy	B	B
2187	Operation for torsion appendix testis	B	A
2189	Operation for torsion testis with fixation of contralateral testis	B	B
	Orchidectomy (Total or Subcapsular)		
2191	Unilateral	B	B
2193	Bilateral	B	C
2195	Radical operation for malignant testis, excluding gland dissection	B	B
2197	Operation for hydrocoele or spermatocoele	B	A
2199	Varicocelectomy	B	A
2201	Abdominal ligation of spermatic vein for varicocoele	B	A
	Epididymectomy		
2203	Unilateral	B	B
2205	Bilateral	B	B
2207	Vasectomy: unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy	A	A
2209	Vasotomy: unilateral or bilateral	A	A
	Vasogram, Seminal Vesiculogram:		
2210	Unilateral	B	B
2211	Bilateral	B	B
2212	Insertion of testicular prosthesis: independent procedure	B	A
2213	Suture or repair of testicular injury	B	A
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	B	B
2217	Excision of local lesion of testis or epididymis	B	A
	Vaso-Vasostomy		
2219	Unilateral	A	B
2221	Bilateral	A	B
	Epididymo-Vasostomy		
2223	Unilateral	A	B
2225	Bilateral	A	B
2227	Incision and drainage of scrotal wall abscess	A	A
2228	Removal of foreign body: scrotum	A	A

2229	Excision of Mullerian duct cyst	B	C
2231	Excision of lesion of spermatic cord	A	B
2233	Seminal vesiculectomy	B	C
	11.3 Prostate		
2235	Biopsy prostate: needle or punch, single or multiple, any approach	A	A
2236	Interstitial device(s): single or multiple placement (via needle, any approach), for radiation therapy guidance (e.g. fiducial markers, dosimeter), prostate	A	B
2237	Biopsy, prostate, incisional, any approach	B	B
2239	Transurethral drainage of prostatic abscess	B	A
2241	Perineal drainage of prostatic abscess	B	B
2243	Trans-urethral cryo-surgical removal of prostate	B	B
2245	Trans-urethral resection of prostate	C	C
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	B	A
2249	Trans-urethral resection of post-operative bladder neck contracture	B	B
	Prostatectomy: Perineal		
2251	Sub-total	C	C
2253	Radica	C	D
2254	Pelvic lymphadenectomy	C	C
2255	Supra-pelvic, transvesical	C	C
	Retropubic		
2257	Sub-total	C	C
2259	Radical	C	D
2260	Prostate brachytherapy	B	C
	12. Female Genital System		
	12.1 Vulva and Introitus		
2271	Removal of tag or polyp	A	A
2272	Removal of small superficial benign lesions	A	A
2273	Biopsy with suture in theatre (excluding aftercare)	A	A
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	A	B
2275	Reduction labial hypertrophy	B	B
2277	Removal of extensive benign vulva tumour	B	B
	Secondary Perineal Repair		
2279	Repair second degree tear	B	A
2280	Repair third degree tear	B	B
2281	Excision of inclusion cyst	B	A
2283	Hymenectomy	B	A
2285	Drainage haematocolpos	A	A
2287	Clitoris repair for injury, including skin graft if required	B	B
2288	Clitoral reduction	B	C
2289	Denervation or alcohol infiltration vulva (Woodruff)	A	A
2291	Vulva: undercutting skin (ball)	B	A
2293	Vulva and introitus: drainage of abscess	A	A
	Bartholin Gland		
2295	Bartholin abscess marsupialisation	A	A
2297	Bartholin gland excision	A	A
2299	Bartholin radical excision for malignant lesion	B	D
	Operation for Enlarging Introitus		
2301	Fenton plasty	B	A
2303	Bilateral Z-plasty	B	B
	Vulvectomy		
2305	Partial vulvectomy	B	C
2307	Vulvectomy	B	C
2309	Radical vulvectomy with bilateral lymphadenectomy	C	D
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	C	D
	12.2 Vaginal Procedures and Operations		
2312	Artificial insemination	A	A
2313	Examination under anaesthetic when no other procedures are performed (Rule: for gynaecology procedures only)	A	A
2314	Intra uterine insemination	A	A
2315	Simms Huhner test plus wet smear		B
	Destruction of Condylomata by Chemo-, Cryo- or Electrotherapy, or Harmonic Scalpel		
2316	First lesion	A	A
2317	Limited repeat	A	A
2318	Widespread	A	A
2319	Excision of cysts or tumours	A	A
2321	Drainage of vaginal abscess	A	A
2322	Pudendal nerve block		A
2323	Reconstruction of vagina after atresia	C	B

	Construction of artificial vagina:		
2325	Construction of artificial vagina: labial fusion	C	C
2327	Construction of artificial vagina: Macindoe type	C	C
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	C	C
2331	Vaginal septum removal	B	B
2333	Vaginal prolapse: abdominal approach: sacrocolpopexy with use of mesh	C	C
2334	Vaginal prolapse: abdominal approach: use of rectus sheath or tape	C	C
2335	Vaginal prolapse: vaginal approach: sacrospinous fixations	B	C
2336	Vaginal prolapse: vaginal approach: use of mesh or tape	B	C
	Colpotomy		
2339	Colpotomy: diagnostic (excluding aftercare)	A	A
2341	Colpotomy: therapeutic, with or without sterilisation	B	B
	Vaginal Hysterectomy		
2343	Vaginal hysterectomy: without repair	C	C
2345	Vaginal hysterectomy: with repair	C	D
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oopherectomy	C	D
2361	Vaginal hysterectomy and repair for total prolapse	C	D
2363	Fothergill or Manchester repair operation	C	C
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	C	C
2366	Posterior repair alone	B	B
2367	Other operations for prolapse: anterior repair, with or without posterior repair	B	C
2368	Uterovesical fistula	C	C
2369	Repair of vesico- or urethro-vaginal fistula	C	C
2370	Repair of V.V.F., obstetric or radiation	C	C
2371	Closure of uretero-vaginal fistula	C	C
2372	Closure of uretero-vaginal fistula: obstetric or radiation	C	C
2373	Closure of recto-vaginal fistula	C	B
2374	Closure of recto-vaginal fistula: obstetric or radiation	C	C
2375	Colpocleisis	B	B
2377	Le Fort operation	B	B
2379	Schauta operation	C	D
2381	Vaginectomy	C	D
2383	Synchronous combined hysterocolpectomy	C	D
2385	Vaginal laceration or trauma: repair	B	A
	12.3 Cervix		
2389	Paracervical nerve block		A
2391	Cervix, canal reconstruction	B	C
2392	Cryo- or electro-cauterisation, or Lletz of cervix		A
2395	Cryo- or electro-cauterisation, or Lletz of cervix: under anaesthetic	B	A
2396	Laser or harmonic scalpel treatment of the cervix	A	B
2397	Dilation of cervix for stenosis and insertion prosthesis and Budge suture	B	A
	Biopsy		
2399	Punch biopsy (excluding aftercare)	A	A
2400	Biopsy during pregnancy (excluding aftercare)	A	A
2403	Wedge biopsy: cervix (excluding aftercare)	A	A
2404	Biopsy: wedge during pregnancy: cervix (excluding aftercare)	A	A
2405	Cone biopsy: cervix (excluding aftercare)	A	A
2407	Amputation: cervix	B	B
2409	Cervix encirclage: McDonald stitch	B	A
2411	Cervix encirclage: Shirodkar suture	B	A
2413	Cervix encirclage: lash	B	A
2415	Cervix encirclage: removal, Items 2409 and 2411, without anaesthetic		A
2416	Cervix removal, Items 2409 and 2411, with anaesthetic in theatre	A	A
	Repair of Tears		
2417	Emmet repair of tears	B	A
2418	Sturmdorff repair of tears	B	A
	Extirpation of cervical stump		
2421	Extirpation of cervical stump: vaginal	C	B
2423	Extirpation of cervical stump: abdominal	C	B
2425	Removal of cervical polyps (excluding aftercare)	A	A
2427	Removal of cervical myomata	B	A
	Colposcopy		
2429	Colposcopy, excluding aftercare	A	A
	12.4 Uterus		
2433	Embryo transfer	B	A
2434	Endometrial biopsy (excluding aftercare)	A	A

	Hysteroscopy		
2435	Hysterosalpingogram (excluding aftercare)	A	A
2436	Hysteroscopy (excluding aftercare)	B	A
2437	Hysteroscopy and D&C (excluding aftercare)	B	A
2438	Hysteroscopy and removal of uterine septum (excluding aftercare)	B	B
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding aftercare)	B	A
2440	Hysteroscopy and polypectomy (excluding aftercare)	B	B
2441	Hysteroscopy and myomectomy (excluding aftercare)	B	B
2442	Insertion of I.U.C.D. (excluding aftercare)	A	B
	Evacuation of Uterus		
2443	D&C (excluding aftercare)	A	A
2444	Fractional D&C (excluding aftercare)	A	A
2445	Evacuation of uterus, incomplete abortion: before 12 weeks gestation	B	A
2447	Evacuation of uterus, incomplete abortion: after 12 weeks gestation	B	B
2448	Termination of pregnancy before 12 weeks	B	A
2449	Evacuation, missed abortion: before 12 weeks gestation	B	A
2451	Evacuation, missed abortion: after 12 weeks gestation	B	B
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	B	A
2453	Evacuation hydatidiform mole	B	B
2455	Evacuation uterus post-partum	B	A
2461	Ventrosuspension	B	B
2463	Uteroplasty: Strassman	C	B
2465	Uteroplasty: Tompkins	C	B
2467	Myomectomy	C	B
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oopherectomy	B	B
2471	Total abdominal hysterectomy: With or without unilateral/ bilateral salpingo-oophorectomy - uncomplicated	B	C
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	B	C
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	B	D
2477	Abdominal hysterotomy with or without sterilisation	B	C
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	B	C
2479	Surgical endometrial destruction: any method, utilising hysteroscopic instrumentation or assistance	B	C
2480	Laparoscopy during hysteroscopy and endometrial ablation (Items 2478 and 2479)	B	B
	12.5 Fallopian Tubes		
2481	Insufflation fallopian tubes (excluding aftercare)	A	A
2483	Salpingolysis	B	B
2485	Salpingostomy	B	C
2487	Tuboplasty tubal anastamosis or re-implantation	C	C
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	C	B
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	C	C
2491	Ectopic pregnancy after 12 weeks	C	C
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	B	B
	Laparoscopy		
2493	Diagnostic laparoscopy (excluding aftercare)	B	B
2496	Plus aspiration of a cyst (excluding aftercare)	B	B
2497	Plus sterilisation	B	B
2499	Plus biopsy (excluding aftercare)	B	B
2500	Plus ablation of endometriosis by laser, harmonic scalpel or cautery	B	B
2501	Plus cauterisation and/or lysis of adhesions	B	B
2502	Plus aspiration of follicles (IVF) (excluding aftercare)	B	B
2503	Plus ovarian drilling:	B	B
2504	Plus gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	B	C
2505	Plus laparoscopic uterosacral nerve ablation:	B	B
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)		A
	12.6 Ovaries		
2525	Wedge resection of ovaries	B	B
2527	Removal of ovarian tumour or cyst	B	B
2529	Oophorectomy	B	B
2531	Ovarian carcinoma debulking and omentectomy	C	D
2532	Ovarian carcinoma - Abdominal hysterectomy, bilateral salpingo-oophorectomy.debulking and omentectomy	C	D
	12.7 Miscellaneous Procedures		
	Exenteration		
2535	Exenteration: anterior	C	D
2537	Posterior exenteration	C	D
2539	Exenteration total	C	D
2541	Presacral neurectomy	C	B
2543	Moschowitz operation	C	B

	Operations for Stress Incontinence		
2544	Laparoscopic vaginal suspension for stress incontinence (Item 1807 may not be used together with this item)	B	C
2545	Marshall-Marchetti-Kranz: operation	B	C
2546	Urethro-vesicopexy (abdominal approach)	B	C
2547	Burch colposuspension	B	C
2548	Operation for stress incontinence: use of tape	B	C
2549	Sacro-colposuspension with or without mesh	C	C
2550	Urethro-vesicopexy (combined abdominal and vaginal approach)	B	C
2551	Laparotomy	B	C
2552	Removal benign retroperitoneal tumour	C	C
2553	Radical removal of malignant retro-peritoneal tumour	C	D
2554	Drainage of pelvic abscess per abdomen	B	C
2556	Drainage of pelvic abscess per vagina (refer Item 2341)	B	B
2558	Drainage intra-abdominal abscess - delayed closure	B	D
2560	Surgery for moderate endometriosis (AFS stages 2 + 3) any method	C	C
2561	Surgery for severe endometriosis (AFS stage 4 - rectovaginal septum), any method (may not be used with another procedure)	C	C
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition	A	A
2565	Implantation hormone pellets (excluding aftercare)	A	A
2570	Ligation of internal iliac vessels (when not part of another procedure)	B	C
	13 Obstetric Procedures		
	13.1 Pre-Natal Care and Procedures		
2599	Pregnancy reduction(s): multifoetal (MPR)	A	B
2600	Foeticide	A	B
2603	External cephalic version (excluding aftercare)		A
2604	Amniocentesis: therapeutic, amniotic fluid reduction	A	B
2605	Amniocentesis (excluding aftercare). Rule: Ultrasound code for amniocentesis (Item 5026) to be charged in addition		A
2606	Cordocentesis (intrauterine): any method	A	B
2607	Amnioscopy (excluding aftercare)		A
2608	Foetal umbilical cord occlusion (TTTS)	B	B
2609	Intra-uterine transfusion of foetus or cordocentesis		B
2610	Tococardiography pre-natal and intrapartum (excluding aftercare) (per 24 hrs)		A
2611	Chorion villus sampling (excluding aftercare)		A
2612	Foetal fluid drainage (e.g. vesicocentesis, thoracocentesis, paracentesis)	B	B
2613	Foetal shunt placement	C	C
	13.2 Confinements		
2614	Global obstetric care: All-inclusive fee that includes all modes of vaginal delivery (excluding Caesarean Section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	B	B
2615	Global obstetric care: All-inclusive fee for Caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	B	B
	13.3 Operative Procedures (excluding Antenatal Care)		
2653	Caesarean - hysterectomy	C	D
2657	Post-partum hysterectomy	C	D
2669	Abdominal operation for ruptured gravid uterus: repair	C	C
	14. Nervous System		
	14.1 Diagnostic Procedures		
2679	Cisternal or lateral cervical (C1 - C2) puncture: injection of medication/other substance, diagnosis/treatment	A	B
2681	Visual evoked potentials (V.E.P.): unilateral		B
2682	Bilateral		B
2683	Electro-retinography (Ganzfeld method): Unilateral		B
2684	Bilateral		B
2685	Electro-oculography: unilateral		B
2686	Bilateral		B
2687	V.E.P. stable condition: (photic drive) unilateral		B
2688	Shunt tubing or reservoir puncture: for aspiration or injection procedure	A	A
2689	Bilateral		B
2690	Total fee for full evaluation of visual tracts, including bilateral electroretinography and V.E.P.		B
2701	Drainage of cerebrospinal fluid (CSF): by needle or catheter, therapeutic interstitial devices, spinal puncture Please note Minor the Item 2713 applies to diagnostic procedure	A	A
2703	Somatosensory evoked potentials (S.E.P.) single nerve examination to brachial- or lumbosacral plexus, spinal cord and cortex		A
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment		A
2707	Full fee for complete neurological evoked potential evaluation including neurological A.E.P., bilateral V.E.P., and bilateral median and/or posterior tibial stimulation		C
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus		B
2709	Full spinogram including bilateral median and posterior-tibial studies		B
2711	Electro-encephalography		B

6018	Monitoring for localisation of cerebral seizure focus: Cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG). Includes video recording and interpretation (e.g. for presurgical localisation), each 24 hours	B	D
6024	Functional cortical and subcortical mapping: stimulation and/or recording of electrodes on brain surface or depth electrodes, to provoke seizures or identify vital brain structures, initial hour of attendance	A	B
6025	Functional cortical and subcortical mapping: stimulation and/or recording of electrodes on brain surface or depth electrodes, to provoke seizures or identify vital brain structures: each 60 minutes of attendance (ADD to Item 6024 when appropriate)	A	B
6026	Electronic analysis: implanted neurostimulator pulse generator system (e.g. rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements), simple or complex brain/spinal cord/peripheral (i.e. cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	A	B
6027	Electronic analysis: implanted neurostimulator pulse generator system (e.g. rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex, deep brain neurostimulator/ pulse generator/transmitter, with initial or subsequent programming, first 60 minutes	B	C
	Sleep Electro-Encephalography		
2713	Lumbar puncture and/or intrathecal injections		A
2714	Cisternal puncture and/or intrathecal injections		A
2716	8 hour ambulatory EEG monitoring (Holter)		B
6001	Sleep electro-encephalography - infants that fit into a perambulator		B
6003	Sleep electro-encephalography - adults and children over infant age		B
6010	Electroencephalogram monitoring: Monitoring for localisation of cerebral seizure pre-operative localisation), each full 24 hour period	A	D
6011	Interpretation of Item 6010: electro-encephalogram monitoring, to be charged once only for each full 24 hour period of monitoring		C
	Electromyography.		
2717	First		B
2718	Subsequent		B
2720	Overnight polysomnogram and sleep staging		B
2722	Daytime polysomnogram		B
2723	Multiple sleep latency test		B
2724	Overnight continuous positive airways pressure (CPAP) titration - charge per 24 hours including BPAP		C
	Angiography Carotis		
2725	Unilateral	B	A
2726	Bilateral	B	A
2727	Vertebral artery: direct needling	B	A
2729	Vertebral catheterisation	B	A
2730	Neostigmine test, the diagnostic test for myasthenia gravis under supervision of a neurologist ('20'), not to be used with Item 0714)	A	B
	Air Encephalography and Posterior Fossa Tomography		
2731	Injection of air (independent procedure)	B	B
2733	Cortical stimulation	A	B
2734	Sodium amytal testing (WADA test)	A	B
2737	Visual field charting on Bjerrum screen		A
	Ventricular Needling Without Burring		
2739	Tapping only	B	A
2741	Plus introduction of air and/or contrast dye for ventriculography	B	C
	Subdural Tapping:		
2743	First sitting	A	A
2745	Subsequent	A	A
	14.2 Introduction of Burr Holes for:		
2747	Ventriculography	B	C
2748	Twist drill hole: subdural or ventricular puncture	B	B
2749	Catheterisation for ventriculography and/or drainage	B	C
2750	Twist drill hole(s): includes subdural, intracerebral, or ventricular puncture for implanting ventricular catheter, pressure recording device or other intracerebral monitoring device	B	B
2751	Biopsy of brain tumour	B	C
2752	Twist drill hole(s): Includes subdural, intracerebral or ventricular puncture for evacuation and/or drainage of subdural haematoma	B	B
2753	Subdural haematoma or hygroma	D	E
2754	Burr hole(s) or trephine: includes subsequent tapping (aspiration) of intracranial abscess or cyst	C	C
2755	Subdural empyema	D	E
2757	Brain abscess	D	E
2758	Insertion: subcutaneous reservoir, pump/continuous infusion system. Includes connection to ventricular catheter	B	B
2760	Burr hole(s) or trephine: supratentorial, exploratory, not followed by other surgery	B	B
2761	Burr hole(s) or trephine: infratentorial, unilateral or bilateral	B	C
	14.3 Nerve Procedures:		

	Nerve Biopsy		
2759	Peripheral	A	A
2763	Cranial nerves: extra-cranial	A	A
2765	Nerve conduction studies (see Items 0733 and 3285)	B	B
	Botulinum Toxin Injections		
6005	For blepharospasm		B
6006	For hemifacial spasm		B
6007	For adductor dysphonia		B
6008	In extra-ocular muscles		B
6009	For spasmodic torticollis and/or cranial dystonia		B
	14.3.1 Nerve Repair or Suture		
2767	Suture brachial plexus (see also Items 2837 and 2839)	C	D
	Suture: Large Nerve		
2769	Primary	B	B
2771	Secondary	B	C
	Digital Nerve		
2773	Primary	B	B
2775	Secondary	B	B
	Nerve Graft		
2777	Simple	C	C
	Fascicular		
2779	First fasciculus	C	C
2781	Each additional fasciculus	C	C
2783	Nerve flap: to include all stages	B	C
2785	Facio-accessory or facio-hypoglossal anastomosis	C	B
2787	Grafting of facial nerve	C	C
2888	Micro vascular decompression of trigeminal, facial and glossopharyngeal nerve (release of pressure on the sensory root of the gasserion ganglion) (subtemporal). If indicated, the nerve or a nerve branch is sectioned, bone flap is replaced and fastened (total procedure)	D	E
	14.3.2 Neurectomy		
	Trigeminal ganglion:		
2789	Injection of alcohol	A	C
2791	Injection of cortisone	A	B
2793	**Coagulation through High Frequency**	A	C
	Procedures for pain relief:		
2799	Intrathecal injections for pain	A	B
2800	Plexus nerve block	B	A
2801	Epidural injection for pain		A
2802	Peripheral nerve block	A	A
	Alcohol Injection in Peripheral Nerves for Pain		
2803	Unilateral	A	A
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	A	A
2805	Bilateral	A	B
2809	Peripheral nerve section for pain	A	A
2811	Pudendal neurectomy: bilateral	A	B
2813	Obturator or Stoffels	B	B
2815	Interdigital	B	A
2825	Excision: neuroma: peripheral	C	B
	14.3.3 Other Nerve Procedures		
2827	Transposition of ulnar nerve	B	B
	Neurolysis		
2829	Minor	B	A
2831	Major	B	B
2833	Digital	B	B
2835	Scalenotomy	B	B
2837	Brachial plexus, suture or neurolysis (Item 2767)	C	D
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	C	D
2841	Carpal tunnel	B	B
	Lumbar Sympathectomy:		
2843	Unilateral	B	C
2845	Bilateral	B	D
	Cervical Sympathectomy		
2846	Trans-thoracic approach (use Item 2847 or 2848 as appropriate)	C	D
2847	Unilateral	B	C
2848	Bilateral	B	D

	Sympathetic Block: Other Levels:		
2849	Unilateral	A	A
2851	Bilateral	A	A
2853	Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	A	A
	14.4 Skull Procedures		
	Removal of Skull Tumour: With or Without Plastic Repair		
2855	Small	C	C
2857	Major	C	C
6039	Excision of benign tumour of cranial bone (e.g. fibrous dysplasia), intra- and extracranial, with decompression of optic nerve	D	E
6040	Craniomegalic skull: reduction (e.g. treated hydrocephalus), not requiring bone grafts or cranioplasty (total procedure)	C	D
6042	Craniomegalic skull: reduction (e.g. treated hydrocephalus), requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts) (total procedure)	C	D
6043	Cranioplasty: skull defect; >5 cm diameter	C	D
6044	Removal of bone flap or prosthetic plate of skull: for malignancy/acquired deformity of head/infection or inflammatory reaction due to device, implant and/or graft	C	C
6045	Replacement of bone flap or prosthetic plate of skull: for malignancy/acquired deformity of head/open fracture/ late effect of fracture/ infection or inflammatory reaction due to device, implant or graft (total procedure)	C	C
6046	Cranioplasty: skull defect, with reparative brain surgery: with/without prosthesis	C	D
6047	Cranioplasty: includes autograft and obtaining bone grafts; = <5 cm diameter (total procedure)"	C	D
6048	Cranioplasty: includes autograft and obtaining bone grafts; >5 cm diameter (total procedure)"	C	D
6049	Incision and retrieval: cranial bone graft for cranioplasty, subcutaneous. ADD to primary procedure.	A	B
6170	Transoral approach: skull base, brain stem or upper spinal cord for biopsy, decompression/excision of lesion and tracheostomy	D	E
6171	Transoral approach: skull base, brain stem or upper spinal cord for biopsy, decompression /excision of lesion. Includes requiring splitting of tongue and/or mandible and tracheostomy	D	E
	Repair of Depressed Fracture of Skull: Without Brain Laceration		
2859	Major	B	C
2860	Small	B	C
	With Brain Lacerations		
2861	Small	B	C
2862	Major	B	D
2863	Cranioplasty	D	E
2864	Encephalocoele (excluding frontal)	D	E
	Craniostenosis		
2865	Few sutures	D	E
2867	Multiple sutures	D	E
	14.5 Shunt Procedures		
2869	Ventriculo-cisternostomy	B	D
2869	Ventriculo-cisternostomy	B	D
2871	Ventriculo-caval shunt	C	D
2873	Ventriculo-peritoneal shunt	B	D
2875	Theco-peritoneal C.S.F. shunt	B	D
6055	Neuroendoscopy: intracranial placement or replacement of ventricular catheter and attachment to shunt system or external drainage. ADD to main procedure	A	B
6056	Neuroendoscopy: intracranial, with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (includes placement, replacement, or removal of ventricular catheter)	C	D
6057	Neuroendoscopy: intracranial with fenestration or excision of colloid cyst (includes placement of external ventricular catheter for drainage)	D	E
6058	Neuroendoscopy: intracranial, with retrieval of foreign body	B	C
6059	Neuroendoscopy: intracranial, with excision of brain tumour (includes placement of external ventricular catheter for drainage)	D	E
6060	Neuroendoscopy: intracranial, includes excision of pituitary tumour, transnasal or trans-sphenoidal approach	C	D
6061	Creation of subarachnoid/subdural-peritoneal shunt: pleural or peritoneal space or toher terminus, through burr hole and directing and tunnelling the distal end of the shunt subcutaneously towards the draining site (non-neuroendoscopic procedure) (total procedure)	C	D
6062	Replacement or irrigation: subarachnoid or subdural catheter, non-neuroendoscopic procedure (total procedure)	A	B
6063	Ventriculocisternostomy of the third ventricle: stereotactic, neuroendoscopic method (under CT guidance for stereotactic positioning) (Items 6055 and 6148 may not be added.)	C	D
6064	Replacement/irrigation: previously placed intraoperative ventricular catheter	A	B
6065	Replacement/revision: cerebrospinal fluid (CSF) shunt/obstructed valve/distal catheter in shunt system	B	C
6066	Reprogramming of programmable cerebrospinal shunt, at the time of a routine office visit		A
6067	Removal: complete cerebrospinal fluid shunt system only (non-neuroendoscopic procedure)	A	B
6068	Cerebrospinal fluid (CSF) shunt system: complete removal, with replacement by similar or other shunt at same operation	C	D

	14.6 Aneurysm Repair		
2876	Repair of aneurysms or arteriovenous anomalies (intracranial)	D	E
2877	Extracranial to intracranial vessel	D	E
2878	Posterior fossa arteriovenous anomalies	D	E
	14.7 Posterior Fossa Surgery		
	Neurectomy		
2879	Glossopharyngeal nerve	D	E
	Eighth Nerve		
2881	Intracranial	C	D
2883	Extracranial	B	D
2884	Subtemporal section of the trigeminal nerve	C	D
2885	Trigeminal tractotomy	C	D
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiari malformation or obstructive cysts, e.g. Dandy Walker or parasites	D	E
2887	Vestibular nerve	C	D
	Posterior Fossa Tumour Removal		
2889	Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma, cholesteatoma	D	E
2891	Glioma, secondary deposits	D	E
2893	Abscess	C	D
2895	Intracranial	C	D
2897	Extracranial	C	D
2898	Hemispherectomy	C	D
	14.7.1 Supratentorial Procedure		
2899	Craniectomy for extra-dural haematoma or empyema	C	D
6037	Craniectomy: extensive for multiple cranial suture craniosynostosis (e.g. cloverleaf skull), not requiring bone grafts (total procedure)	C	D
6038	Craniectomy: extensive for multiple cranial suture craniosynostosis (e.g. cloverleaf skull), recontouring with multiple osteotomies and bone autografts (e.g. barrel-stave procedure) (includes obtaining grafts) (total procedure)	D	E
6164	Craniectomy: implantation of neurostimulator electrodes, cerebellar, cortical	B	C
	14.8 Craniotomy for:		
2900	Extra-dural orbital decompression or excision of orbital tumour	D	E
2901	Osteoplastic Flap for removal of: meningioma, basal extracerebral mass, intra ventricular tumours, Pineal tumours, pituitary adenoma, total excision cranio-pharyngioma or pharyngioma	D	E
2903	Abscess, glioma	C	D
2904	Haematoma, foreign body: cerebral or cerebellar	C	D
2905	Focal epilepsy: Excision of cortical scar	C	D
2906	With anterior fossa meningocoele and repair of bony skull defect	C	D
2907	Temporal lobectomy	C	D
2908	Torkildsen anastomosis	C	D
2909	CSF-leaks	C	D
1040	Repair of CSF leak: ethmoid region, transnasal endoscopic approach	C	C
1042	Repair of CSF leak: sphenoid region, transnasal endoscopic approach	C	D
2910	Removal of arteriovenous malformation	C	D
6035	Craniotomy: craniosynostosis, frontal or parietal bone flap (total procedure)	C	D
6036	Craniotomy: craniosynostosis, bifrontal bone flap (total procedure)	C	D
6075	Intracranial arteriovenous malformation (IAM): surgery, supratentorial, complex	D	E
6076	Intracranial arteriovenous malformation (IAM): surgical, infratentorial, complex	D	E
6077	Intracranial arteriovenous malformation (IAM): surgery, dural, simple	D	E
6078	Intracranial arteriovenous malformation (IAM): surgery, dural, complex	D	E
6085	Craniectomy/craniotomy: with exploration of the infratentorial area (below the tentorium of the cerebellum), posterior fossa (total procedure)	D	E
6086	Craniectomy/craniotomy: with evacuation of infratentorial, intracerebellar haematoma (total procedure)	D	E
6087	Craniectomy/craniotomy: with drainage of intracranial abscess in the infratentorial region with suction and irrigating the area while monitoring for haemorrhage (total procedure)	D	E
6088	Cranial decompression caused by excess fluid (e.g. blood and pathological tissue), using posterior fossa approach by drilling/sawing through the occipital bone (total procedure)	D	E
6090	Craniectomy at base of skull (suboccipital): with freeing and section of one or more cranial nerves (total procedure)	D	E
6091	Craniectomy at base of skull (suboccipital): with mesencephalic tractotomy or pedunculotomy (resecting a nerve tract as it passes through the mesencephalon or the cerebellar or cerebral peduncle) (total procedure)	C	D
6092	Craniectomy: With excision of meningioma (neoplasm of meninges) from infratentorial structures or posterior fossa (total procedure)	D	E
6093	Craniectomy: with excision of midline brain tumour at base of skull; using posterior auricular or transmastoid approach (total procedure)	D	E
6094	Craniectomy: with excision or fenestration (creating opening for draining) of cyst in the infratentorium or posterior fossa (total procedure)	D	E
6095	Craniectomy (bone flap craniotomy): with excision of cerebellopontine angle tumour (acoustic neuroma/tumour/vestibular neurofibromatosis (NF1 or NF2)/angle tumour), using transtemporal (mastoid) approach (total procedure)	D	E

6096	Craniectomy (bone flap craniotomy): with excision of cerebellopontine angle tumour (acoustic tumour/neuroma; vestibular neurofibromatosis (NF1 or NF2); angle tumour), using combined transtemporal (mastoid) and middle or posterior fossa approach	D	E
6115	Craniectomy/craniotomy: supratentorial exploration	C	D
6116	Incision and subcutaneous placement of cranial bone graft (e.g. split- or full thickness), shaving graft or bone dust; with donor site already exposed for the main procedure.	A	B
6117	Craniectomy/craniotomy: Drainage of intracranial abscess in the supratentorial region (total procedure)	C	D
6118	Decompressive craniectomy/craniotomy: with or without duraplasty, for treating intracranial hypertension (most commonly caused by severe closed-head trauma) without evacuation of associated intraparenchymal haematoma or lobectomy	D	E
6119	Decompressive craniectomy/craniotomy: with or without duraplasty, for treating intracranial hypertension without evacuation of associated intraparenchymal haematoma, with lobectomy	D	E
6120	Decompression of (roof of) orbit only: transcranial approach (total procedure)	D	E
6121	Exploration of orbit: transcranial approach with biopsy (total procedure)	D	E
6123	Cranial decompression: subtemporal (pseudotumour cerebri, slit ventricle syndrome)	C	D
6125	Craniectomy/trephination (bone flap craniotomy): supratentorial excision of brain abscess	D	E
6126	Craniectomy/trephination (bone flap craniotomy): supratentorial excision/fenestration of cyst	D	E
6134	Craniotomy with elevation of bone flap: lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	D	E
6135	Craniotomy with elevation of bone flap: transection of corpus callosum	D	E
6136	Craniotomy with elevation of bone flap: partial or subtotal (functional) hemispherectomy	D	E
6137	Craniotomy with elevation of bone flap: excision or coagulation of choroid plexus	D	E
6138	Craniotomy with elevation of bone flap: excision of craniopharyngioma	D	E
6139	Craniotomy with elevation of bone flap: selective amygdalohippocampectomy	D	E
6140	Craniotomy with elevation of bone flap: multiple subpial transections, with electrocorticography during surgery	D	E
6141	Craniectomy/craniotomy: excision of foreign body from brain	D	E
6142	Craniectomy/craniotomy: treatment of penetrating wound of brain	D	E
6158	Implantation of neurostimulator electrodes: cortical, twist drill or burr hole(s)	C	C
6159	Craniectomy/craniotomy: implantation of neurostimulator electrodes, cerebral, cortical	C	D
6160	Craniotomy/craniectomy/twist drill/burr hole: thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site without use of intra-operative microelec	D	E
6161	Craniotomy/craniectomy/twist drill/burr hole: thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site without use of intraoperative microelect	B	C
6162	Craniotomy/craniectomy/twist drill/burr hole: thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site with use of intraoperative microelectrode	D	E
6163	Craniotomy/craniectomy/twist drill/burr hole: thalamus. globus pallidus. subthalamic nucleus. periventricular. periaqueductal gray). Steretoactic implantation of neurostimulator electrode array in subcortical site. with use of intraoperative microelectrode	C	C
6166	Revision/removal: neurostimulator electrodes, intracranial	B	B
6167	Insertion/replacement: cranial neurostimulator pulse generator or receiver with direct or inductive coupling and connection. 1 electrode array	B	B
6168	Insertion/replacement: cranial neurostimulator pulse generator or receiver with direct or inductive coupling and connection. > 2 electrode arrays	B	C
6169	Revision/removal: neurostimulator pulse generator/receiver of, cranial	B	B
6172	Insertion/replacement: cranial neurostimulator pulse generator/receiver with direct or inductive coupling. >2 electrode arrays	D	E
6173	Revision/removal: cranial neurostimulator pulse generator/receiver	D	E
6178	Middle cranial fossa: pre-auricular approach, infratemporal, (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with/without disarticulation of the mandible, includes parotidectomy, craniotomy, decompression and/or mobilisation of the facial nerve and/or petrous carotid artery	D	E
6179	Middle cranial fossa: post-auricular approach. infratemporal. middle cranial fossa (internal auditory meatus. petrous apex. tentorium. cavernous sinus. parasellar area. infratemporal fossa). includes mastoidectomy. resection of sigmoid sinus. with/without	D	E
6180	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	D	E
6181	Posterior cranial fossa: transtemporal approach to jugular foramen/midline skull base, includes mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with/without mobilisation	D	E
6182	Posterior cranial fossa: transcochlear approach to posterior cranial fossa/jugular foramen/midline skull base,includes labyrinthectomy, decompression, with/without mobilisation of facial nerve and/or petrous carotid artery	D	E
6183	Posterior cranial fossa: transcondylar (far lateral) approach to jugular foramen/ midline skull base, includes occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body/bodies, decompression of vertebral artery, with/without mobilisation	D	E
6184	Posterior cranial fossa: transpetrosal approach to clivus/foramen magnum, includes ligation of superior petrosal sinus and/or sigmoid sinus	D	E
6185	Resection/excision neoplastic/vascular/infectious lesion: base of anterior cranial fossa, extradural	D	E
6186	Resection/excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa (includes dural repair, with/without graft), intradural	D	E
6187	Resection/excision of neoplastic/vascular/ infectious lesion: infratemporal fossa, parapharyngeal space, petrous apex, extradural	D	E

6188	Resection/excision of neoplastic/vascular/infectious lesion: infratemporal fossa, parapharyngeal space, petrous apex, includes dural repair, with/without graft, intradural	D	E
6189	Resection/excision of neoplastic, vascular or infectious lesion: parasellar area, cavernous sinus, clivus or midline skull base, extradural	D	E
6190	Resection/excision of neoplastic, vascular or infectious lesion: parasellar area/cavernous sinus/clivus or midline skull base, intradural, including dural repair, with/without graft	D	E
6192	Transection/ligation: carotid artery in cavernous sinus, with repair by anastomosis/graft. ADD to main procedure.	C	D
6193	Transection or ligation, carotid artery in petrous canal; without repair. ADD to main procedure	B	B
6194	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft. ADD to main procedure.	C	C
6195	Destruction of carotid aneurysm/arteriovenous malformation (AVM) or carotid-cavernous fistula by dissection within cavernous sinus	D	E
6196	Repair of dura for cerebrospinal fluid (CSF) leak: secondary repair. anterior. middle or posterior cranial fossa following surgery of the skull base. by free tissue graft (e.g. pericranium. fascia. tensor fascia lata. adipose tissue. homologous or synthet)	C	D
6197	Repair of dura for cerebrospinal fluid (CSF) leak: secondary anterior. middle or posterior cranial fossa following surgery of the skull base; by local or regionalised vascularised pedicle flap or myocutaneous flap (including galea. temporalis. frontalis)	C	D
	14.8.1 Stereo-Tactic Cerebral and Spinal Cord Procedures		
2911	First sitting	B	D
2913	Repeat	B	C
2915	Transnasal hypophysectomy	C	D
2916	Transfrontal hypophysectomy	C	D
2917	Transnasal hypophyseal implants	C	C
6143	Creation of lesion: Globus pallidus or thalamus, stereotactic, includes burr hole(s) and localising and recording techniques, single or multiple stages	C	D
6144	Creation of lesion: subcortical structure(s), other than globus pallidus or thalamus, stereotactic, includes burr hole(s) and localising and recording techniques, single or multiple stages;	C	D
6145	Biopsy, stereotactic: aspiration/excision for intracranial lesion, includes burr hole(s)	C	D
6146	Implantation, stereotactic: depth electrodes into the cerebrum for long-term seizure monitoring	C	D
6147	Localisation, stereotactic: insertion of catheter(s) or probe(s) for placement of radiation source, includes burr hole(s)	C	D
6148	Stereotactic computer-assisted (navigational) procedure: cranial, intradural. ADD to main procedure	B	B
6149	Stereotactic computer-assisted (navigational) procedure: cranial, extradural. ADD to main procedure	B	B
6150	Stereotactic computer-assisted (navigational) procedure: spinal. ADD to main procedure	B	B
6151	Creation of lesion: Gasserian ganglion, stereotactic, percutaneous, by neurolytic agent (e.g. alcohol, thermal, electrical, radiofrequency)	C	C
6152	Creation of lesion: Trigeminal medullary tract, stereotactic method, percutaneous, by neurolytic agent (e.g. alcohol, thermal, electrical, radiofrequency)	C	C
6153	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator): 1 cranial lesion, simple	C	C
6154	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator): each additional cranial lesion, simple. ADD to main procedure	B	B
6155	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator): 1 cranial lesion, complex	C	D
6156	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator): each additional cranial lesion, complex. ADD to main procedure	B	C
6157	Stereotactic radiosurgery: Application of stereotactic headframe. ADD to main procedure	B	B
	14.9 Spinal Operations		
	Chordotomy		
2923	Unilateral	C	C
2925	Open	C	D
	Rhizotomy		
2927	Extradural, but intraspinal	C	D
2928	Intradural:	C	D
	Removal of Spinal Cord Tumour: Intramedullar:		
2929	Posterior approach	C	D
2930	Anterio-lateral approach	C	D
	Extramedullary, but Intradural		
2931	Posterior approach	C	D
2932	Anterio-lateral approach	C	D
2933	Intraspinal, but extradural: posterior approach	C	D
2935	Transcutaneous chordotomy	C	C
2937	Repair of meningocele, involving nerve tissue	C	C
2938	Simple	C	C
2939	Excision of arterial vascular malformations and cysts of the spinal cord	C	D
2940	Lumbar osteophyte removal	C	C
2941	Cervical or thoracic osteophyte removal	C	D
	14.10 Arterial Ligations		
	Carotis		
2951	Trauma	C	B
2953	For aneurysm (A.V. anomaly)	D	E
2955	Removal of carotid body tumour (without vascular reconstruction)	D	E

6083	Aneurysm: surgical, for vascular malformation or carotid- cavernous fistula with intracranial and cervical occlusion of carotid artery	D	E
	14.11 Medical Psychotherapy		
	14.12 Physical Treatment Methods:		
2970	Electro-convulsive treatment (ECT): per session	B	A
2971	Intravenous anti-depressive medication through infusion: per push in (maximum 1 push per 24 hours)		A
	14.13 Psychiatric Examination Methods:		
2996	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours: Includes sensor placement, hook-up, calibration of monitor, patient training, removal of sensor and printout of recording		B
2998	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours. Includes interpretation and report.		B
	15 Endocrine System		
	15.1 Thyroid		
2983	Partial lobectomy	C	C
2985	Total lobectomy	C	C
2987	Subtotal thyroidectomy	C	C
2989	Total thyroidectomy	C	C
2991	Thyroglossal cyst or fistula excision	B	B
	15.2 Parathyroid		
2993	Exploration of parathyroid glands for hyperparathyroidism, including removal	C	D
	15.3 Adrenals		
2995	Adrenalectomy: unilateral	C	C
2997	Bilateral exploration of adrenal glands, including removal	C	D
	15.4 Hypophysis		
2999	Transethmoidal hypophysectomy	C	D
3000	Transnasal hypophysectomy (see Item 2915)	C	D
	15.5 General		
3001	Implantation of pellets (excluding aftercare)		A
	16 Eye		
	16.1 Procedures		
3002	Gonioscopy		A
3003	Fundus contact lens or 90 D lens examination		A
3004	Peripheral fundus examination with indirect ophthalmoscope		A
3005	Endothelial cell count		A
3006	Keratometry		A
3007	Potential acuity measurement		A
3008	Contrast sensitivity test		A
3010	Orthoptic consultation (to be charged as a consultation tariff)		A
3011	Orthoptic subsequent sessions. (Rule: Charge as a consultation tariff - no procedure charge)		A
3012	Pre-surgical retinal examination before retinal surgery		A
3013	Ocular motility assessment comprehensive examination		A
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)		A
3015	Charting of visual field with manual perimeter		A
3016	Retinal threshold test without storage facilities		A
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs		B
3018	Retinal threshold trend evaluation (additional to Item 3017)		A
3019	Ocular muscle function with Hess screen or perimeter		A
	Special Eye Investigations		
3020	Pachymetry: per eye. Only in addition to corneal surgery		A
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations		A
3022	Digital fluorescein video angiography	B	B
3023	Digital indocyanine video angiography	B	B
3024	Infusion of dye used during fluorescein angiography, indocyanine green video angiography and photodynamic therapy. Linked to Items 3022, 3023, 3031, 3039	A	A
3025	Electronic tonography		A
3026	Digital tomography of optic nerve with scanning laser ophthalmoscope (SLO), limited to 2 exams per annum	A	A
3027	Fundus photography		A
3028	Optical coherent tomography (OCT) of optic nerve or macula, per eye	A	A
3029	Anterior segment microphotography		A
3031	Fluorescein angiography, for one or both eyes in one sitting, excluding colour photography		A
3032	Eyelid and orbit photography		A
3033	Interpretation of Items 3022, 3023 and 3031 referred by other clinician. Not applicable to UPFS - not to be charged.		A
3034	Determination of lens implant power per eye		A
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. Not applicable to UPFS - not to be charged.		A
3036	Corneal topography for pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting, for one or both eyes		A

3038	Sensorimotor examination: with multiple measurements of ocular deviation, one or both eyes (e.g. restrictive or paretic muscle with diplopia), with interpretation and report, for children 7 years and younger		B
	16.2 Retina		
3037	Surgical treatment of retinal detachment including vitreous replacement, but excluding vitrectomy	C	D
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	B	B
3041	Pan retinal photocoagulation, per eye, done in one sitting	B	C
3044	Removal of encircling band and/or buckling material	B	B
	16.3 Cataract		
3045	Intra-capsular	B	C
3047	Extra-capsular (including capsulotomy)	B	C
3049	Insertion of lenticulus in addition to Item 3045 or Item 3047, excluding cost of lens	B	A
3050	Repositioning of intra ocular lens	B	B
3051	Needling or capsulotomy	B	B
3052	Laser capsulotomy	A	B
3057	Removal of lenticulus	B	C
3058	Exchange of intra ocular lens	B	B
3059	Insertion of lenticulus when Item 3045 or Item 3047 was not executed, excluding cost of lens	B	C
3196	Diamond knife: use of diamond knife during intraocular surgery. ADD to occular surgery procedure code	A	A
	16.4 Glaucoma		
3061	Drainage operation	B	C
3062	Implantation of aqueous shunt device/seton in glaucoma, e.g. Ahmed or Molteno valve or collagen implants. Additional to Item 3061	B	A
3063	Cyclocryotherapy or cyclodiathermy	B	B
3064	Laser trabeculoplasty	B	B
3065	Removal of blood from anterior chamber	B	B
3067	Goniotomy	B	C
	16.5 Intra-Ocular Foreign Body:		
3071	Anterior to iris	B	B
3073	Posterior to iris (including prophylactic thermal treatment to retina)	B	C
	16.6 Strabismus		
3074	Adjustment of sutures if not done at the time of the operation		A
3075	Operation on 1 or 2 muscles	B	C
3076	Operation on 3 or 4 muscles	B	C
3077	Subsequent operation 1 or 2 muscles	B	B
3078	Subsequent operation on 3 or 4 muscles	B	C
	16.7 Globe		
3079	Transcleral biopsy	B	B
3080	Examination of eyes under general anaesthetic where no surgery is done	A	B
3081	Treatment of minor perforating injury	B	B
3083	Treatment of major perforating injury	B	C
3085	Enucleation or evisceration	B	B
3087	Enucleation or evisceration with mobile implant, excluding cost of implant and prosthesis	B	C
3088	Hydroxyapetite insertion (additional to Item 3087)	A	A
3089	Subconjunctival injection, if not done at time of operation	A	A
3090	Intra vitreal injection drug	A	A
3091	Retrobulbar injection (if not done at time of operation)	A	A
3092	External laser treatment for superficial lesions		A
3093	Treatment of tumours of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	B	C
3094	Implantation of intra vitreal drug delivery system	B	C
3095	Biopsy of vitreous body or anterior chamber contents	B	B
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumoretinopexy	B	B
3097	Anterior vitrectomy	B	D
3098	Removal of silicon from globe	B	D
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	C	D
3100	Lensectomy done at time of posterior vitrectomy	B	A
	16.8 Orbit		
3101	Drainage of orbital abscess	B	B
3103	Removal of tumour	B	C
3104	Removal orbital prosthesis	B	B
3105	Exenteration	C	D
3107	Orbitotomy requiring bone flap	B	C
3108	Eye socket reconstruction	B	C
3109	Hydroxyapetite implantation in eye cavity when evisceration or enucleation was done previously	C	D
3110	Second stage hydroxyapetite implantation	B	B

	16.9 Cornea		
3114	Wavefront analysis (aberometry) for customised ablation of pathological corneas prior to LASIK surgery	A	B
3116	Astigmatic correction with T cuts or wedge resection following intra ocular surgery, penetrating keratoplasty or trauma	B	C
3117	Removal of foreign body:	A	A
3118	Curettage of cornea after removal of foreign body		A
3119	Tattooing. Rule: Charge as per cosmetic tariff grouping.	B	A
3120	Excimer laser, per eye, for refractive keratectomy or Holmium laser thermo keratoplasty (LTK)		B
3121	Graft (lamellar of full thickness)	C	D
3122	Epikeratophakia		D
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	B	C
3124	Removal of corneal stitches under microscope (maximum of 2 procedures)	A	A
3125	Keratectomy or conjuctival flap	B	B
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	A	A
3128	Radial keratotomy or keratoplasty for astigmatism. Rule: Cosmetic unless medical reasons can be proved.	B	C
3130	Pterygium or conjunctival cyst or conjunctival tumour	B	A
3131	Paracentesis	B	A
3132	Lamellar keratectomy, per eye, for refractive surgery (LK, ALK, MLK)	B	C
3134	Pterygium or conjunctival cyst or conjunctival tumour: conjunctival flap or graft used, stand-alone procedure	A	B
3136	Conjunctival flap or graft, not for use with pterigium surgery	A	B
3138	Removal corneal epithelium and chelating agent for band keratopathy	A	B
4980	Corneal transplant: endothelial	B	C
4981	Preparation of corneal endothelial allograft prior to transplantation (backbench)	A	B
4983	Lamellar corneal surgery keratome and equipment	A	B
4985	Corneal cross linking	A	A
4986	Corneal cross linking equipment hire		B
4988	Endothelial specular microscope for donor corneas		B
4989	Endothelial specular microscope for clinical use		B
	16.10 Ducts		
3133	Probing and/or syringing, per duct	A	A
3135	Insertion of polythene tubes (additional): unilateral	B	A
3137	Excision of lacrimal sac: unilateral	B	B
3139	Dacryocystorhinostomy (single) with or without polythene tube	B	C
3141	Sealing of punctum	A	A
3142	Sealing punctum with plugs, per eye	A	A
3143	Three-snip operation	A	A
	Repair of canaliculus		
3145	Primary procedure	B	B
3147	Secondary procedure	B	C
	16.11 Iris		
3149	Iridectomy or iridotomy by open operation as isolated procedure	B	B
3151	Excision of iris tumour	B	C
3153	Iridectomy or iridotomy by laser or photo-coagulation as isolated procedure, maximum of 1 procedure	B	B
3155	Iridocyclectomy for tumour	C	D
3157	Division of anterior synechiae as isolated procedure	B	B
3158	Repair iris: anterior chamber reconstruction	A	B
	16.12 Lids		
3161	Tarsorrhaphy	B	A
3163	Excision of superficial lid tumour	B	A
3165	Repair of skin lacerations of the lid	B	A
3167	Diathermy to wart on lid margin	A	A
3168	Removal of foreign body, embedded, per eyelid	A	A
3169	Electrolysis of any number of eyelashes, per eye. Rule: Charge as per cosmetic tariffs.		A
3171	Excision of meibomian cyst	A	B
3173	Epicanthal folds	B	B
3174	Botulinum toxin injection for blepharospasm	A	B
3175	Botulinum toxin injection in extra-ocular muscles	A	B
3176	Lid operation for facial nerve paralysis, including tarsorrhaphy, but excluding cost of material	B	C
	16.12.1 Entropion or Ectropion		
3177	Cautery	A	A
3179	Suture	B	A
3181	Open operation	B	B
3183	Free skin, mucosal grafting or flap	B	C
	16.12.2 Reconstruction of Eyelid		
	Staged procedures for partial or total loss of eyelid		
3185	First stage	B	C
3187	Subsequent stage	B	C

3189	Full thickness eyelid laceration for tumour or injury: direct repair	B	B
3191	Blepharoplasty: upper lid for improvement in function	B	B
3172	Blepharoplasty lower eyelid plus fat pad	A	B
	16.13 Ptosis		
3193	Repair by superior rectus, levator or frontalis muscle operation	B	C
3195	Ptosis by lesser procedure, e.g. sling operation: unilateral		
3197	Ptosis by lesser procedure, e.g. sling operation: bilateral	B	C
	16.14 Conjunctiva		
3199	Repair of conjunctiva by grafting	B	B
3200	Repair of lacerated conjunctiva	B	A
	17 Ear		
	17.1 External Ear (Pinna)		
	Major Congenital Deformity Reconstruction of External Ear		
3204	External ear canal: Removal of foreign body with use of microscope		B
3267	Unilateral	C	B
3269	Bilateral	C	C
3270	Excision of superficial pre-auricular fistula	B	A
3272	Excision of complicated pre-auricular fistula	B	B
	17.2 External Ear Canal		
3205	Removal of foreign body under general anaesthetic	A	A
	Meatus Atresia		
3215	Repair of stenosis of cartilaginous portion	B	C
3217	Congenital	B	D
3219	Removal of osteoma from meatus: solitary	B	B
3221	Removal of osteoma from meatus: multiple	B	C
	17.3 Middle Ear		
3206	Microscopic examination of tympanic membrane, including microsuction		A
3207	Unilateral myringotomy	B	A
3209	Bilateral myringotomy	B	A
3211	Unilateral myringotomy with insertion of ventilation tube	B	A
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	B	A
3213	Bilateral myringotomy with insertion of bilateral ventilation tubes	B	B
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	C	C
3237	Exploratory tympanotomy	B	A
3243	Myringoplasty	B	B
3245	Functional reconstruction of tympanic membrane	C	D
3249	Stapedotomy and stapedectomy	B	D
3257	Cortical mastoidectomy	C	B
3259	Radical mastoidectomy (excluding minor procedures)	C	C
3261	Muscle grafting to mastoid cavity without tympanoplasty	C	C
3263	Autogenous bone graft to mastoid cavity	C	C
3264	Tympanomastoidectomy	C	D
3265	Reconstruction of posterior canal wall, following radical mastoid	C	D
3266	Gentamycin instillation into the middle ear for Ménière's disease (myringotomy excluded)	B	A
	17.4 Facial Nerve		
	17.4.1 Facial Nerve Tests		
3223	Percutaneous stimulation of the facial nerve	B	A
3224	Electroneurography (ENOG)	B	B
	17.4.2 Facial Nerve Surgery		
	Exploration of Facial Nerve:	C	D
3227	Exploration of tympanomastiod segment	C	D
3228	Grafting of the tympanomastoid segment, including Item 3227	C	D
3230	Extratemporal grafting of the facial nerve	C	
3232	Facio-accessory or facio-hypoglossal anastomosis		
	17.5 Inner Ear		
	17.5.1 Audiometry (Rule: Charge Allied Health Professional Fee, where applicable.)		
2691	Short latency brainstem evoked potentials (A.E.P.) neurological examination, single decibel unilateral		A
2692	Bilateral		B
2693	A.E.P. Audiological examination: unilateral at a minimum of 4 decibels		A
2694	Bilatera l		B
2695	Audiology 40 Hz response: unilateral		A
2696	Bilateral		A
2697	Mid- and long latency auditory evoked potentials: unilateral		A
2698	Bilateral		A
2699	Electro-cochleography: unilateral		A
2700	Bilateral		B

2702	Total fee for audiological evaluation including bilateral A.E.P. and bilateral electro-cochleography	A	B
3248	Otoacoustic emission performed as a screening test	A	A
3250	Otoacoustic emission - high risk patients only	A	B
3273	Pure tone audiometry: air conduction)		A
3274	Pure tone audiometry: bone conduction with masking		A
3275	Impedance audiometry: tympanometry		A
3276	Impedance audiometry: stapedial reflex - no charge for volume, compliance, etc.		A
3277	Speech audiometry: inclusive fee (speech audiogram, speech reception threshold, discrimination score)		A
3278	Recruitment tests: inclusive fee (Bekesy, Fowler, etc.)		A
	17.5.2 Balance Tests (Rule: Charge Allied Health Professional Fee, where applicable.)		
3251	Minimal caloric test, excluding consultation fee		A
3252	Bithermal Halpike caloric test, excluding consultation fee		A
3253	Electro-nystagmography for spontaneous and positional nystagmus		B
3254	Video nystagmoscopy, monocular		B
3255	Caloric test done with electronystagmography		B
3256	Video nystagmoscopy, binocular		B
3258	Otolith repositioning manoeuvre	B	A
	17.5.3 Inner Ear Surgery		
3233	Labyrinthectomy via the middle ear or mastoid	C	D
3240	Endolymphatic sac surgery	C	D
3244	Fenestration and occlusion of the posterior semicircular canal (F.O.S.) for benign paroxysmal positioning vertigo (BPPV)	C	D
3246	Cochlear implant surgery	C	D
	17.6 Microsurgery of the Skull Base		
	17.6.1 Middle Fossa Approach (i.e. Transtemporal or Supralabyrinthine)		
3229	Facial nerve: exploration of the labyrinthine segment	C	D
5221	Facial nerve: grafting of labyrinthine segment, including graft removal and exploration of labyrinthine segment	C	D
5222	Facial nerve surgery inside the internal auditory canal, including harvesting of graft if grafting required	C	D
5223	Vestibular neurectomy, removal of supralabyrinthine tumours, or similar procedures	C	D
5224	Removal of acoustic neuroma via the middle fossa approach	C	D
6174	Anterior cranial fossa: craniofacial approach, to treat an extradural lesion/defect at the skull base which requires unilateral or bifrontal craniotomy (included in the approach procedure), with elevation or resection of frontal lobe.	D	E
6175	Anterior cranial fossa: orbitocranial approach, with exposure of the to treat an extradural lesion/defect at the skull base requiring supraorbital ridge osteotomy (included in the approach procedure) and elevation of the frontal and/or temporal lobes.	D	E
6176	Anterior cranial fossa: orbitocranial approach, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s), with orbital exenteration	D	E
6177	Treatment of lesion/defect at the skull base: bicoronal (scalp incision), transzygomatic (removal of the zygoma) and/or LeFort 1 osteotomy (intraoral approach to fracture the maxilla), with/without internal fixation /without bone graft,	D	E
	17.6.2 Translabyrinthine Approach		
3239	Acoustic neuroma removal translabyrinthine	C	D
5227	Cochleo-vestibular neurectomy	C	D
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine, if grafting and graft removal included	C	D
	17.6.3 Transotic Approach to the Cerebellopontine Angle		
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	C	D
	17.6.4 Infratemporal Fossa Approach Type A		
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours	C	D
	17.6.5 Infratemporal Fossa Approach Type B		
5238	Removal of tumour of the petrous apex	C	D
5239	Removal of tumour of the clivus	C	D
	17.6.6 Infratemporal Approach Type C		
5242	Removal of nasopharyngeal angiofibroma or carcinoma	C	D
5243	Removal of tumour from the infratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	C	D
	17.6.7 Subtotal Petrosectomy		
5246	Subtotal petrosectomy for removal of temporal bone tumour	C	D
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	C	D
	17.6.8 Petrosectomy and Radical Dissection of Petromandibular Fossa		
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	C	D
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	C	D
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	C	D
	18 Physical Treatment		
3281	Ultrasonic therapy		A
3282	Shortwave diathermy		A
3284	Sensory nerve conduction studies		B
3285	Motor nerve conduction studies		B
3287	Spinal joint and ligament injection		A
3288	Epidural injection		A
3289	Multiple injections - First joint		A
3290	Additional joint		A

3291	Tendon or ligament injection		A
3292	Aspiration of joint or intra-articular injection		A
3293	Aspiration or injection of bursa or ganglion		A
3294	Paracervical nerve block		A
3295	Paravertebral root block - unilateral		A
3296	Paravertebral root block - bilateral		A
3297	Manipulation of spine		A
3298	Spinal traction		A
3299	Manipulation of large joints under general anaesthesia: hip	A	A
3301	Muscle fatigue studies		A
3302	Strength duration curve per session		A
3303	Electromyography		B
3306	Intermittent vacuum therapy (IVT)		B

ANNEXURE 3.3: RADIOLOGY CODE BOOK

Code:	Description:	Categories		
		ANA	P	I
00110	X-ray skeletal survey under 5 years			B
00115	X-ray skeletal survey over 5 years			B
00120	X-ray sinogram any region			B
00130	X-ray with mobile unit in other facility			A
00135	X-ray control view in theatre any region			A
00140	X-ray fluoroscopy any region			A
00145	X-ray fluoroscopy guidance for biopsy, any region			B
00150	X-ray C-arm, equipment fee only, not procedure, per half hour			A
00155	X-ray C-arm fluoroscopy in theatre, per half hour, procedure only			A
00160	X-ray fixed theatre installation, equipment fee only			A
00190	X-ray examination contrast material			Vary
00210	Ultrasound with mobile unit in other facility			A
00220	Ultrasound intra-operative study	A		B
00230	Ultrasound guidance			C
00240	Ultrasound guidance for tissue ablation			C
00250	Ultrasound limited Doppler study any region			B
00310	CT planning study for radiotherapy			D
00320	CT guidance (separate procedure)			C
00330	CT guidance, with diagnostic procedure			C
00340	CT guidance and monitoring for tissue ablation			D
00390	CT examination contrast material			Vary
00410	MR study of the whole body for metastases screening	B		E
00420	MR spectroscopy, any region	B		D
00430	MR guidance for needle replacement	B		D
00440	MR low field strength imaging of peripheral joint, any region	B		B
00450	MR planning study for radiotherapy or surgical procedure			D
00455	MR planning study for radiotherapy or surgical procedure, with contrast			D
00510	Analogue monoplane screening table			D
00520	Analogue monoplane table with DSA attachment			D
00530	Dedicated angiography suite: analogue monoplane unit, one-off charge per patient by owner of equipment			D
00540	Digital monoplane screening table			E
00550	Dedicated angiography suite: digital monoplane unit, one-off charge per patient by owner of equipment			E
00560	Dedicated angiography suite: digital bi-plane unit, one-off charge per patient by owner of equipment			E
00590	Angiography and interventional examination contrast material			Vary
	Skull and Brain			
10100	X-ray of the skull			A
10110	X-ray tomography of the skull			B
10120	X-ray shuntogram for VP shunt			C
10200	Ultrasound of the brain - neonatal	A		B
10210	Ultrasound of the brain including Doppler			C
10220	Ultrasound of the intracranial vasculature, including B mode, pulse and colour Doppler			C
10300	CT brain uncontrasted	B		D
10310	CT brain with contrast only	B		D
10320	CT brain pre and post contrast	B		D
10325	CT brain pre and post contrast for perfusion studies	B		D
10330	CT angiography of the brain	B		E
10335	CT of the brain pre and post contrast with angiography	B		E
10340	CT brain for cranio-stenosis including 3D	B		D
10350	CT brain stereotactic localisation	B		C
10360	CT base of skull coronal high resolution study for CSF leak	B		D
10400	MR of the brain: limited study	B		D
10410	MR of the brain: uncontrasted	B		E
10420	MR of the brain: with contrast	B		E
10430	MR of the brain: pre and post contrast	B		E
10440	MR of the brain: pre and post contrast, for perfusion studies	B		E
10450	MR of the brain: plus angiography	B		E
10460	MR of the brain: pre and post contrast plus angiography	B		E
10470	MR angiography of the brain: uncontrasted	B		E
10480	MR angiography of the brain: contrasted	B		E
10485	MR of the brain: with diffusion studies	B		E
10490	MR of the brain: pre and post contrast, with diffusion studies,	B		E

10492	MR study of the brain: plus angiography plus diffusion, uncontrasted	B		E
10495	MR of the brain: pre and post contrast plus angiography and diffusion	B		E
10500	Arteriography of intracranial vessels: 1 - 2 vessels	B		D
10510	Arteriography of intracranial vessels: 3 - 4 vessels	B		E
10520	Arteriography of extra-cranial (non-cervical) vessels	B		D
10530	Arteriography of intracranial and extra-cranial (non-cervical) vessels	B		E
10540	Arteriography of intracranial vessels (4) plus 3 D rotational angiography	B		E
10550	Arteriography of intracranial vessels (1) plus 3D rotational angiography	B		D
10560	Venography of dural sinus	B		D
	Facial bones and nasal bones			
11100	X-ray of the facial bones			A
11110	X-ray tomography of the facial bones			B
11120	X-ray of the nasal bones			A
11300	CT of the facial bones	B		D
11310	CT of the facial bones with 3D reconstructions	B		D
11320	CT of the facial bones/soft tissue, pre and post contrast	B		D
11400	MR of the facial soft tissue	B		E
11410	MR of the facial soft tissue pre and post contrast	B		E
11420	MR of the facial soft tissue plus angiography, with contrast	B		E
11430	MR angiography of the facial soft tissue	B		E
	Orbits, lacrimal glands and tear ducts			
12100	X-ray of the orbits, less than 3 views			A
12110	X-ray of the orbits, 3 or more views, including foramina			B
12120	X-ray of the orbits for foreign body			A
12130	X-ray tomography of the orbits			B
12140	X-ray dacrocystography	B		A
12200	Ultrasound of the orbit/eye			
12210	Ultrasound of the orbit/eye including Doppler			C
12300	CT of the orbits: single plane	B		C
12310	CT of the orbits: more than one plane	B		D
12320	CT of the orbits: pre and post contrast single plane	B		D
12330	CT of the orbits: pre and post contrast multiple planes	B		D
12400	MR of the orbits	B		E
12410	MR of the orbitae, pre and post contrast	B		E
	Paranasal Sinuses			
13100	X-ray of the paranasal sinuses, single view			A
13110	X-ray of the paranasal sinuses, two or more views			A
13120	X-ray tomography of the paranasal sinuses			B
13130	X-ray of the naso-pharyngeal soft tissue			A
13300	CT of the paranasal sinuses: single plane, limited study	B		B
13310	CT of the paranasal sinuses: two planes, limited study	B		C
13320	CT of the paranasal sinuses: any plane, complete study	B		C
13330	CT of the paranasal sinuses: more than one plane, complete study	B		D
13340	CT of the paranasal sinuses: any plane, complete study, pre and post contrast	B		D
13350	CT of the paranasal sinuses: more than one plane, complete study, pre and post contrast	B		D
13400	MR of the paranasal sinuses	B		E
13410	MR of the paranasal sinuses, pre and post contrast	B		E
	Mandible, Teeth and Maxilla			
14100	X-ray of the mandible			A
14110	X-ray orthopantomogram of the jaws and teeth			A
14120	X-ray maxillofacial cephalometry	A		A
14130	X-ray of the teeth: single quadrant			A
14140	X-ray of the teeth: more than one quadrant			A
14150	X-ray of the teeth: full mouth			A
14160	X-ray tomography of the teeth, per side			A
14300	CT of the mandible			D
14310	CT of the mandible, pre and post contrast			D
14320	CT mandible with 3D reconstructions			D
14330	CT for dental implants in the mandible			D
14340	CT for dental implants in the maxilla			D
14400	MR of the mandible/maxilla	B		E
14410	MR of the mandible/maxilla, pre and post contrast	B		E

	TM Joints			
15100	X-ray tempero-mandibular joint, left			A
15110	X-ray tempero-mandibular joint, right			A
15120	X-ray tomography tempero-mandibular joint, left			A
15130	X-ray tomography tempero-mandibular joint, right			A
15140	X-ray arthrography of the tempero-mandibular joint, left	A		A
15150	X-ray arthrography of the tempero-mandibular joint, right	A		A
15200	Ultrasound tempero-mandibular joints, one or both sides	A		B
15300	CT of the tempero-mandibular joints	B		D
15310	CT of the tempero-mandibular joints plus 3D reconstructions	B		D
15320	CT arthrogram of the tempero-mandibular joints	B		D
15400	MR of the tempero-mandibular joints	B		E
15410	MR of the tempero-mandibular joints, pre and post contrast	B		E
15420	MR arthrogram of the tempero-mandibular joints	B		E
	Mastoids and Internal Auditory Canal			
16100	X-ray of the mastoids, unilateral			A
16110	X-ray of the mastoids, bilateral			B
16120	X-ray tomography of the petro-temporal bone, unilateral			A
16130	X-ray tomography of the petro-temporal bone, bilateral			A
16140	X-ray internal auditory canal, bilateral			B
16150	X-ray tomography of the internal auditory canal, bilateral			B
16300	CT of the mastoids	B		B
16320	CT of the internal auditory canal, pre and post contrast	B		D
16330	CT of the ear structures, limited study	B		B
16340	CT of the middle and inner ear structures, high definition including all reconstructions in various planes	B		D
16400	MR of the internal auditory canals, limited study	B		D
16410	MR of the internal auditory canals, pre and post contrast, limited study	B		E
16420	MR of the internal auditory canals, pre and post contrast, complete study	B		E
16430	MR of the ear structures	B		E
16440	MR of the ear structures, pre and post contrast	B		E
	Sella Turcica			
17100	X-ray of the sella turcica			A
17110	X-ray tomography of the sella turcica			B
17300	CT of the sella turcica/hypophysis	B		C
17310	CT of the sella turcica/hypophysis, pre and post contrast	B		D
17400	MR of the hypophysis	B		D
17410	MR of the hypophysis, pre and post contrast	B		E
	Salivary glands and floor of the mouth			
	X-ray of the salivary glands and ducts for calculus			A
18110	X-ray of the salivary glands and ducts for calculus			A
18120	X-ray sialography, per gland			A
18200	Ultrasound of the salivary glands/floor of the mouth			B
18300	CT of the salivary glands, uncontrasted	B		C
18310	CT of the salivary glands/ floor of the mouth, pre and post contrast	B		D
18320	CT sialography	B		D
18400	MR of the salivary glands/ floor of the mouth	B		E
18410	MR of the salivary glands/floor of the mouth, pre and post contrast	B		E
	Neck			
20100	X-ray of soft tissue of the neck			A
20110	X-ray of the larynx including tomography			A
20120	X-ray laryngography			A
20130	X-ray evaluation of pharyngeal movement and speech by screening and/or cine with or without video recording			C
20200	Ultrasound of the thyroid			B
20210	Ultrasound of soft tissue of the neck			B
20220	Ultrasound of the carotid arteries, bilateral, including B mode, pulsed and colour Doppler	B		B
20230	Ultrasound of the entire extracranial vascular tree including carotids, vertebral and subclavian vessels with B mode, pulse and colour Doppler	B		D
20240	Ultrasound study of the venous system of the neck, including pulse and colour Doppler	B		B
20300	CT of the soft tissues of the neck	B		C
20310	CT of the soft tissues of the neck, with contrast	B		D
20320	CT of the soft tissues of the neck, pre and post contrast	B		D
20330	CT angiography of the extracranial vessels in the neck	B		E
20340	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain	B		E

20350	CT angiography of the extracranial vessels in the neck and intracranial vessels of the brain plus a pre and post contrast study of the brain	B		E
20400	MR of the soft tissue of the neck	B		E
20410	MR of the soft tissue of the neck, pre and post contrast	B		E
20420	MR of the soft tissue of the neck and uncontrasted angiography	B		E
20430	MR angiography of the extracranial vessels in the neck, without contrast	B		E
20440	MR angiography of the extracranial vessels in the neck, with contrast	B		E
20450	MR angiography of the extra and intracranial vessels with contrast	B		E
20460	MR angiography of the intra and extra cranial vessels plus brain, without contrast	B		E
20470	MR angiography of the intra and extra cranial vessels plus brain, with contrast	B		E
20500	Arteriography of cervical vessels: carotid 1 - 2 vessels	B		D
20510	Arteriography of cervical vessels: vertebral 1 - 2 vessels	B		D
20520	Arteriography of cervical vessels: carotid and vertebral	B		E
20530	Arteriography of aortic arch and cervical vessels	B		E
20540	Arteriography of aortic arch, cervical and intracranial vessels	B		E
20550	Venography of jugular and vertebral veins	B		D
	Thorax			
	Chest Wall, Pleura, Lungs and Mediastinum			
30100	X-ray of the chest, single view			A
30110	X-ray of the chest, two views, PA and lateral			B
30120	X-ray of the chest, complete, with additional views			B
30130	X-ray of the chest, complete, including fluoroscopy			B
30140	X-ray tomography of the chest			B
30150	X-ray of the ribs			A
30155	X-ray of the chest and ribs			B
30160	X-ray of the thoracic inlet			A
30170	X-ray of the sterno-clavicular joints			A
30175	X-ray tomography of the sterno-clavicular joint			B
30180	X-ray of the sternum			A
30185	X-ray tomography of the sternum			B
30200	Ultrasound of the chest wall, any region			B
30210	Ultrasound of the pleural space			B
30220	Ultrasound of the mediastinal structures			B
30300	CT of the chest, limited study	B		B
30310	CT of the chest uncontrasted	B		D
30320	CT of the chest contrasted	B		D
30330	CT of the chest, pre and post contrast	B		D
30340	CT of the chest, limited high resolution study	B		B
30350	CT of the chest, complete high resolution study	B		D
30355	CT of the chest, complete high-resolution study with additional prone and expiratory studies	B		D
30360	CT of the chest for pulmonary embolism	B		E
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	B		E
30400	MR of the chest	B		E
30410	MR of the chest with uncontrasted angiography	B		E
30420	MR of the chest, pre and post contrast	B		E
	Oesophagus			
31100	X-ray barium swallow	A		B
31105	Xray 3 phase dynamic contrasted swallow	B		C
31110	X-ray barium swallow, double contrast	B		C
31120	X-ray barium swallow with cinematography	B		C
	Aorta and Large Vessels			
32200	Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure	B		B
32210	Ultrasound intravascular (IVUS), first vessel	B		B
32220	Ultrasound intravascular (IVUS), subsequent vessels	B		B
32300	CT angiography of the aorta and branches	B		E
32305	CT angiography of the thoracic and abdominal aorta and branches	B		E
32310	CT angiography of the pulmonary vasculature	B		E
32400	MR angiography of the aorta and branches	B		E
32410	MR angiography of the pulmonary vasculature	B		E
32500	Arteriography of thoracic aorta	B		D
32510	Arteriography of bronchial intercostal vessels alone	B		D
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	B		E
32530	Arteriography of pulmonary vessels	B		E

32540	Arteriography of heart chambers, coronary arteries	B		D
32550	Venography of thoracic vena cava	A		D
32560	Venography of vena cava, azygos system	A		E
32570	Venography patency of A-port or other central line	A		C
	Heart			
33205	Ultrasound study of the heart for foetal or paediatric cases including Doppler	B		C
33200	Ultrasound study of the heart, including Doppler			B
33210	Ultrasound study of the heart trans-oesophageal			B
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel	B		B
33300	CT anatomical/functional study of the heart	B		D
33310	CT angiography of heart vessels	B		E
33400	MR of the heart, anatomical study	B		E
33410	MR of the heart, anatomical and functional study	B		E
33420	MR of the heart, pre and post contrast	B		E
33430	MR angiography of the heart vessels	B		E
33440	MR of the heart, anatomical, functional and coronary angiography	B		E
	Mamma			
34100	X-ray mammography, including ultrasound			B
34101	X-Ray mammography unilateral, including ultrasound			B
34105	X-ray mammography galactography			C
34110	X-ray mammography study for localisation			B
34120	X-ray stereotactic mammography - localisation			C
34130	X-ray stereotactic mammography - biopsy	B		B
34140	X-ray of biopsy specimen of the mamma			A
34150	X-ray mammotome hand-held biopsy apparatus			C
34200	Ultrasound study of the breast			B
34205	Ultrasound guided aspiration FNA/localisation of the breast	B		B
34300	Computer assisted diagnosis for mammography			A
34400	MR study of the breast	B		E
34410	MR study of the breast pre and post contrast	B		E
	Abdomen and Pelvis			
	Abdomen/Stomach/Bowel			
40100	X-ray of the abdomen			A
40105	X-ray of the abdomen supine and erect, or decubitus			B
40110	X-ray of the abdomen, multiple views including chest			C
40120	X-ray tomography of the abdomen			B
40140	X-ray barium meal, single contrast			B
40143	X-ray barium meal, double contrast			C
40147	X-ray barium meal, double contrast with follow through			C
40150	X-ray small bowel, enteroclysis (meal)			B
40153	X-ray small bowel, meal follow through single contrast			C
40157	X-ray small bowel, meal with pneumocolon			D
40160	X-ray large bowel, enema single contrast			B
40165	X-ray large bowel, enema double contrast			C
40170	X-ray guided gastro-oesophageal intubation			A
40175	X-ray guided duodenal intubation			A
40180	X-ray defaecogram			B
40190	X-ray-guided reduction of intussusception			B
40200	Ultrasound study of the abdominal wall			B
40210	Ultrasound study of the whole abdomen including the pelvis			B
40300	CT study of the abdomen	B		D
40310	CT study of the abdomen, with contrast	B		D
40313	CT study of the abdomen, pre and post contrast	B		D
40320	CT of the pelvis	B		D
40323	CT of the pelvis, with contrast	B		D
40327	CT of the pelvis, pre and post contrast	B		D
40330	CT of the abdomen and pelvis	B		D
40333	CT of the abdomen and pelvis, with contrast	B		D
40337	CT of the abdomen and pelvis, pre and post contrast	B		D
40340	CT triphasic study of the liver, abdomen and pelvis, pre and post contrast	B		D
40345	CT of the chest, abdomen and pelvis, without contrast	B		D
40350	CT of the chest, abdomen and pelvis, with contrast	B		D
40355	CT of the chest triphasic of the liver, abdomen and pelvis, with contrast	B		E

40360	CT of the base of skull to symphysis pubis, with contrast	B		E
40365	CT colonoscopy	B		D
40400	MR of the abdomen	B		E
40410	MR of the abdomen, pre and post contrast	B		E
40420	MR of the pelvis, soft tissue	B		E
40430	MR of the pelvis, soft tissue, pre and post contrast	B		E
	Liver, Spleen, Gall Bladder and Pancreas			
41100	X-ray ERCP, including screening	B		B
1110)	X-ray cholangiography, intra-operative	B		B
41120	X-ray T-tube cholangiography, post-operative	B		B
41130	X-ray transhepatic percutaneous cholangiography	B		B
41200	Ultrasound study of the upper abdomen			B
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	B		C
41300	CT of the abdomen: triphasic study - liver	B		D
41400	MR study of the liver/pancreas	B		E
41410	MR study of the liver/pancreas, pre and post contrast	B		E
41420	MRCP	B		D
41430	MR study of the abdomen, with MRCP	B		E
41440	MR study of the abdomen, pre and post contrast with MRCP	B		E
	Renal Tract			
42100	X-ray tomography of the renal tract			B
42110	X-ray excretory urogram including tomography			B
42115	X-ray excretory urogram including tomography with micturating study			B
42120	X-ray cystography			B
42130	X-ray urethrography			B
42140	X-ray micturating cysto-urethrography			B
42150	X-ray retrograde/prograde pyelography	A		B
42160	X-ray prograde pyelogram: percutaneous	A		D
42200	Ultrasound study of the renal tract, including bladder			B
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney			B
42210	Ultrasound study of the renal arteries, including Doppler			C
42300	CT of the renal tract for a stone	B		D
42400	MR of the renal tract for obstruction	B		D
42410	MR of the kidneys, without contrast	B		E
42420	MR of the kidneys, pre and post contrast	B		E
	Reproductive system			
43100	X-ray pelvimetry, single			B
43110	X-ray pelvimetry, multiple views			B
43120	X-ray hystero-salpingography	A		A
43130	X-ray hystero-salpingography, with introduction of contrast	A		C
43200	Ultrasound study of the pelvis: transabdominal			B
43205	Ultrasound study of the female pelvis: transvaginal			B
43210	Ultrasound study of the prostate: transrectal	B		B
43215	Ultrasound transrectal prostate volume for brachytherapy	B		B
43220	Ultrasound study of the testes			B
43225	Ultrasound study for male impotence including Doppler and injection of vaso-contrictor	A		C
43230	Ultrasound guided transvaginal aspiration for ova	B		B
43240	Ultrasound guided amniocenthesis	B		B
43250	Ultrasound study of the pregnant uterus: first trimester			B
43260	Ultrasound study of the pregnant uterus: second trimester			B
43270	Ultrasound study of the pregnant uterus: third trimester, first visit			B
43273	Ultrasound study of the pregnant uterus: third trimester, follow-up visit			B
43277	Ultrasound study of the pregnant uterus: multiple gestation, second or third trimester, first visit			C
43280	Ultrasound Doppler of the umbilical cord for resistive index			B
43300	CT pelvimetry - topogram			B
43400	MR study of pelvic reproductive organs - limited study	B		D
43405	MR study for pelvimetry	B		D
43410	MR study of pelvic reproductive organs, complete, uncontrasted	B		C
43420	MR study of pelvic reproductive organs, complete, pre and post contrast	B		E
	Aorta and Vessels			
44200	Ultrasound study of abdominal aorta and branches, including Doppler			C
44205	Ultrasound study of the IVC and pelvic veins, including Doppler			C

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

52140	X-ray of the thoracic spine, more than two views including stress views			B
52150	X-ray myelography of the thoracic spine	B		B
52300	CT of the thoracic spine, limited study	B		C
52305	CT of the thoracic spine, regional study	B		C
52310	CT of the thoracic spine, complete study	B		D
52320	CT of the thoracic spine, pre and post contrast	B		E
52330	CT myelography of the thoracic spine	B		D
52340	CT myelography of the thoracic spine following myelogram	B		D
52400	MR of the thoracic spine, limited study	B		D
52410	MR of the thoracic spine	B		E
52420	MR of the thoracic spine, pre and post contrast	B		E
	Lumbar			
53100	X-ray of the lumbar spine, stress study only			A
53110	X-ray of the lumbar spine, one or two views			A
53120	X-ray of the lumbar spine, more than two views			B
53130	X-ray of the lumbar spine, more than two views including stress views			B
53140	X-ray tomography lumbar spine			B
53160	X-ray myelography of the lumbar spine	B		B
53170	X-ray discography lumbar spine, per level	B		B
53300	CT of the lumbar spine, limited study	B		C
53310	CT of the lumbar spine, regional study	B		C
53320	Ct of the lumbar spine, complete study	B		D
53330	CT of the lumbar spine, pre and post contrast	B		D
53340	CT myelography of the lumbar spine	B		D
53350	CT myelography of the lumbar spine following myelogram	B		D
53400	MR of the lumbar spine, limited study	B		D
53410	MR of the lumbar spine	B		E
53420	MR of the lumbar spine, pre and post contrast	B		E
	Sacrum			
54100	X-ray of the sacrum and coccyx			A
54110	X-ray of the sacro-iliac joints			B
54120	X-ray tomography of the sacrum and/or coccyx			B
54300	CT of the sacrum, limited study	B		B
54310	CT of the sacrum, complete study, uncontrasted	B		D
54320	CT of the sacrum, with contrast	B		D
54330	CT of the sacrum, pre and post contrast	B		D
54400	MR of the sacrum	B		E
54410	MR of the sacrum, pre and post contrast	B		E
	Pelvis			
55100	X-ray of the pelvis			A
55110	X-ray tomography: pelvis			B
55300	CT of the bony pelvis, limited	B		C
55310	CT of the bony pelvis, complete, uncontrasted	B		D
55320	CT of the bony pelvis, complete 3D recon	B		D
55330	CT of the bony pelvis, with contrast	B		D
55340	CT of the bony pelvis, pre and post contrast	B		D
55400	MR of the bony pelvis	B		E
55410	MR of the bony pelvis, pre and post contrast	B		E
	Hips			
56100	X-ray of the left hip			A
56110	X-ray of the right hip			A
56120	X-ray pelvis and hips			B
56130	X-ray tomography: hip			B
56140	X-ray of the hip(s), stress study			B
56150	X-ray arthrography of the hip joint, including introduction contrast			C
56160	X-ray guidance and introduction of contrast into hip joint only			B
56200	Ultrasound of the hip joints			B
56300	CT of hip, limited	B		C
56310	CT of hip, complete	B		D
56320	CT of hip, complete with 3D recon	B		D
56330	CT of hip with contrast	B		D
56340	CT of hip pre and post contrast	B		D
56400	MR of the hip joint(s), limited study	B		D

56410	MR of the hip joint(s)	B		E
56420	MR of the hip joint(s), pre and post contrast	B		E
	Upper Limbs			
	General			
60100	X-ray upper limbs, any region, stress studies only			A
60110	X-ray upper limbs, any region, tomography			B
60200	Ultrasound upper limb: soft tissue, any region			B
60210	Ultrasound of the peripheral arterial system of the left arm, including B mode, pulse and colour Doppler			B
60220	Ultrasound of the peripheral arterial system of the right arm, including B mode, pulse and colour Doppler			B
60230	Ultrasound peripheral venous system upper limbs including pulse and colour Doppler for deep vein thrombosis			B
60240	Ultrasound peripheral venous system upper limbs including pulse and colour Doppler			C
60300	CT of the upper limbs, limited study	B		C
60310	CT angiography of the upper limb	B		E
60400	MR of the upper limbs, limited study, any region	B		D
60410	MR angiography of the upper limb	B		E
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	B		D
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	B		E
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	B		D
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	B		E
60540	Venography, antegrade of upper limb veins, unilateral	B		B
60550	Venography, antegrade of upper limb veins, bilateral	B		D
60560	Venography, retrograde of upper limb veins, unilateral	B		B
60570	Venography, retrograde of upper limb veins, bilateral	B		E
60580	Venography, shuntogram, dialysis access shunt	B		D
	Shoulder			
61100	X-ray of the left clavicle			A
61105	X-ray of the right clavicle			A
61110	X-ray of the left scapula			A
61115	X-ray of the right scapula			A
61120	X-ray of the left acromio-clavicular joint			A
61125	X-ray of the right acromio-clavicular joint			A
61128	X-ray of acromio-clavicular joints plus stress studies bilateral			B
1230)	X-ray of the left shoulder			A
61135	X-ray of the right shoulder			A
61140	X-ray of the left shoulder plus subacromial impingement views			B
61145	X-ray of the right shoulder plus subacromial impingement views			B
61150	X-ray of the left subacromial impingement views only			B
61155	X-ray of the right subacromial impingement views only			B
61160	X-ray arthrography shoulder joint including introduction of contrast			C
61170	X-ray guidance and introduction of contrast into shoulder joint only			B
61200	Ultrasound of the left shoulder joint			B
61210	Ultrasound of the right shoulder joint			B
61300	CT of the left shoulder joint, uncontrasted	B		D
61305	CT of the right shoulder joint, uncontrasted	B		D
61310	CT of the left shoulder, complete with 3D recon	B		D
61315	CT of the right shoulder, complete with 3D recon	B		D
61320	CT of the left shoulder joint, pre and post contrast	B		D
61325	CT of the right shoulder joint, pre and post contrast	B		D
61400	MR of the left shoulder	B		E
61405	MR of the right shoulder	B		E
61410	MR of the left shoulder, pre and post contrast	B		E
61415	MR of the right shoulder, pre and post contrast	B		E
	Humerus			
62100	X-ray of the left humerus			A
62105	X-ray of the right humerus			A
62300	CT of the left upper arm	B		D
62305	CT of the right upper arm	B		D
62310	CT of the left upper arm, contrasted	B		D
62315	CT of the right upper arm, contrasted	B		D
62320	CT of the left upper arm, pre and post contrast	B		D
62325	CT of the right upper arm, pre and post contrast	B		D
62400	MR of the left upper arm	B		E

62405	MR of the right upper arm	B		E
62410	MR of the left upper arm, pre and post contrast	B		E
62415	MR of the right upper arm, pre and post contrast	B		E
	Elbow			
63100	X-ray of the left elbow			A
63105	X-ray of the right elbow			A
63110	X-ray of the left elbow with stress			B
63115	X-ray of the right elbow with stress			B
63120	X-ray arthrography elbow joint including introduction of contrast			C
63130	X-ray guidance and introduction of contrast into elbow joint only			B
63200	Ultrasound of the left elbow joint			B
63205	Ultrasound of the right elbow joint			B
63300	CT of the left elbow	B		D
63305	CT of the right elbow	B		D
63310	CT of the left elbow, complete with 3D recon	B		D
63315	CT of the right elbow, complete with 3D recon	B		D
63320	CT of the left elbow, contrasted	B		D
63325	CT of the right elbow, contrasted	B		D
63330	CT of the left elbow, pre and post contrast	B		D
63335	CT of the right elbow, pre and post contrast	B		D
63400	MR of the left elbow	B		E
63405	MR of the right elbow	B		E
63410	MR of the left elbow, pre and post contrast	B		E
63415	MR of the right elbow, pre and post contrast	B		E
	Forearm			
64100	X-ray of the left forearm			A
64105	X-ray of the right forearm			A
64110	X-ray peripheral bone densitometry			A
64300	CT of the left forearm	B		D
64305	CT of the right forearm	B		D
64310	CT of the left forearm, contrasted	B		D
64315	CT of the right forearm, contrasted	B		D
64320	CT of the left forearm, pre and post contrast	B		D
64325	CT of the right forearm, pre and post contrast	B		D
64400	MR of the left forearm	B		E
64405	MR of the right forearm	B		E
64410	MR of the left forearm, pre and post contrast	B		E
64415	MR of the right forearm, pre and post contrast	B		E
	Hand and Wrist			
65100	X-ray of the left hand			A
65105	X-ray of the right hand			A
65110	X-ray of the left hand: bone age			A
65120	X-ray of a finger			A
65130	X-ray of the left wrist			A
65135	X-ray of the right wrist			A
65140	X-ray of the left scaphoid			A
65145	X-ray of the right scaphoid			A
65150	X-ray of the left wrist, scaphoid and stress views			B
65155	X-ray of the right wrist, scaphoid and stress views			B
65160	X-ray arthrography wrist joint, including introduction of contrast			C
65170	X-ray guidance and introduction of contrast into wrist joint only			B
65200	Ultrasound of the left wrist			B
65210	Ultrasound of the right wrist			B
65300	CT of the left wrist and hand	B		D
65305	CT of the right wrist and hand	B		D
65310	CT of the left wrist and hand, complete with 3D recon	B		D
65315	CT of the right wrist and hand, complete with 3D recon	B		D
65320	CT of the left wrist and hand, contrasted	B		D
65325	CT of the right wrist and hand, contrasted	B		D
65330	CT of the left wrist and hand pre and post contrast	B		D
65335	CT of the right wrist and hand, pre and post contrast	B		D
65400	MR of the left wrist and hand	B		E
65405	MR of the right wrist and hand	B		E

65410	MR of the left wrist and hand, pre and post contrast	B		E
65415	MR of the right wrist and hand, pre and post contrast	B		E
	Lower Limbs			
	General			
70100	X-ray lower limbs: any region, stress studies only			B
70110	X-ray lower limbs: any region, tomography			B
70120	X-ray of the lower limbs: full length study			B
70200	Ultrasound lower limb: soft tissue any region			B
70210	Ultrasound of the peripheral arterial system of the left leg, including B mode, pulse and colour Doppler			B
70220	Ultrasound of the peripheral arterial system of the right leg, including B mode, pulse and colour Doppler			B
70230	Ultrasound peripheral venous system lower limbs, including pulse and colour Doppler for deep vein thrombosis			C
70240	Ultrasound peripheral venous system lower limbs including pulse and colour Doppler in erect and supine position, including all compression and reflux manoeuvres, deep and superficial systems bilaterally			C
70300	CT of the lower limbs limited study	B		C
70310	CT angiography of the lower limb	B		E
70320	CT angiography abdominal aorta and outflow lower limbs	B		E
70400	MR of the lower limbs limited study	B		D
70410	MR angiography of the lower limb	B		E
70420	MR angiography of the abdominal aorta and lower limbs	B		E
70500	Angiography of pelvic and lower limb arteries, unilateral	B		D
70505	Angiography of pelvic and lower limb arteries, bilateral	B		E
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	B		D
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	B		E
70520	Angiography translumbar aorta with full peripheral study	B		D
70530	Venography, antegrade of lower limb veins, unilateral	B		B
70535	Venography, antegrade of lower limb veins, bilateral	B		D
70540	Venography, retrograde of lower limb veins, unilateral	B		B
70545	Venography, retrograde of lower limb veins, bilateral	B		E
70560	Lymphangiography, lower limb, unilateral	B		D
70565	Lymphangiography, lower limb, bilateral	B		E
71100	X-ray of the left femur			A
71105	X-ray of the right femur			A
71300	CT of the left femur	B		D
71305	CT of the right femur	B		D
71310	CT of the left upper leg, contrasted	B		D
71315	CT of the right upper leg, contrasted	B		D
71320	CT of the left upper leg, pre and post contrast	B		D
71325	CT of the right upper leg, pre and post contrast	B		D
71400	MR of the left upper leg	B		E
71405	MR of the right upper leg	B		E
71410	MR of the left upper leg, pre and post contrast	B		E
71415	MR of the right upper leg pre and post contrast	B		E
	Knee			
72100	X-ray of the left knee, one or two views			A
72105	X-ray of the right knee, one or two views			A
72110	X-ray of the left knee, more than two views			A
72115	X-ray of the right knee, more than two views			A
72120	X-ray of the left knee including patella			B
72125	X-ray of the right knee including patella			B
72130	X-ray of the left knee, with stress views			B
72135	X-ray of the right knee, with stress views			B
72140	X-ray of left patella			A
72145	X-ray of right patella			A
72150	X-ray both knees standing, single view			A
72160	X-ray arthrography knee joint, including introduction of contrast			C
72170	X-ray guidance and introduction of contrast into knee joint only			B
72200	Ultrasound of the left knee joint			B
72205	Ultrasound of the right knee joint			B
72300	CT of the left knee	B		D
72305	CT of the right knee	B		D
72310	CT of the left knee, complete study with 3D reconstructions	B		D
72315	CT of the right knee, complete study with 3D reconstructions	B		D

72320	CT of the left knee, contrasted	B		D
72325	CT of the right knee, contrasted	B		D
72330	CT of the left knee, pre and post contrast	B		D
72335	CT of the right knee, pre and post contrast	B		D
72400	MR of the left knee	B		E
72405	MR of the right knee	B		E
72410	MR of the left knee, pre and post contrast	B		E
72415	MR of the right knee, pre and post contrast	B		E
	Lower Leg			
73100	X-ray of the left lower leg			A
73105	X-ray of the right lower leg			A
73300	CT of the left lower leg	B		D
73305	CT of the right lower leg	B		D
73310	CT of the left lower leg, contrasted	B		D
73315	CT of the right lower leg, contrasted	B		D
73320	CT of the left lower leg, pre and post contrast	B		D
73325	CT of the right lower leg, pre and post contrast	B		D
73400	MR of the left lower leg	B		E
73405	MR of the right lower leg	B		E
73410	MR of the left lower leg, pre and post contrast	B		E
73415	MR of the right lower leg, pre and post contrast	B		E
	Ankle and Foot			
74100	X-ray of the left ankle			A
74105	X-ray of the right ankle			A
74110	X-ray of the left ankle, with stress views			B
74115	X-ray of the right ankle, with stress views			B
74120	X-ray of the left foot			A
74125	X-ray of the right foot			A
74130	X-ray of the left calcaneus			A
74135	X-ray of the right calcaneus			A
74140	X-ray of both feet, standing, single view			A
74145	X-ray of a toe			A
74150	X-ray of the sesamoid bones, one or both sides			A
74160	X-ray arthrography ankle joint, including introduction of contrast			C
74170	X-ray guidance and introduction of contrast into ankle joint			B
74210	Ultrasound of the left ankle			B
74215	Ultrasound of the right ankle			B
74220	Ultrasound of the left foot			B
74225	Ultrasound of the right foot			B
74290	Ultrasound bone densitometry			A
74300	CT of the left ankle/foot	B		D
74305	CT of the right ankle/foot	B		D
74310	CT of the left ankle/foot, complete with 3D recon	B		D
74315	CT of the right ankle/foot, complete with 3D recon	B		D
74320	CT of the left ankle/foot, contrasted	B		D
74325	CT of the right ankle/foot, contrasted	B		D
74330	CT of the left ankle/foot, pre and post contrast	B		D
74335	CT of the right ankle/foot, pre and post contrast	B		D
74400	MR of the left ankle	B		E
74405	MR of the right ankle	B		E
74410	MR of the left ankle, pre and post contrast	B		E
74415	MR of the right ankle, pre and post contrast	B		E
74420	MR of the left foot	B		E
74425	MR of the right foot	B		E
74430	MR of the left foot, pre and post contrast	B		E
74435	MR of the right foot, pre and post contrast	B		E
	Intervention			
	General			
80600	Percutaneous abscess, cyst drainage, any region			C
80605	Fine needle aspiration biopsy, any region	A		B
80610	Cutting needle, trochar biopsy, any region	A	A	B
80620	Tumour/cyst ablation chemical			D
80630	Tumour ablation radio frequency, per lesion			D

80640	Insertion of CVP line in radiology suite	C		C
80645	Peripheral central venous line insertion			C
80650	Infiltration of a peripheral joint, any region			B
	Neuro Intervention			
81600	Intracranial aneurysm occlusion, direct	C		E
81605	Intracranial arteriovenous shunt occlusion	C		E
81610	Dural sinus arteriovenous shunt occlusion	C		E
81615	Extracranial arteriovenous shunt occlusion	C		E
81620	Extracranial arterial embolisation (head and neck)	C		E
81625	Caroticocavernous fistula occlusion	C		E
81630	Intracranial angioplasty for stenosis, vasospasm	C	D	E
81632	Intracranial stent placement, including PTA	C	D	E
81635	Temporary balloon occlusion test	C		E
81640	Permanent carotid or vertebral artery occlusion, including occlusion test	B		E
81645	Intracranial aneurysm occlusion with balloon remodelling	B	B	E
81650	Intracranial aneurysm occlusion with stent assistance	B	B	E
81655	Intracranial thrombolysis, catheter directed	B	B	E
81660	Nerve block, head and neck, per level	B		B
81665	Neurolysis, head and neck, per level	B		D
81670	Nerve block, head and neck, radio frequency, per level	B		C
81680	Nerve block, coeliac plexus or other regions, per level	B		C
	Thorax			
82600	Chest drain insertion	A		B
82605	Trachial, bronchial stent insertion	B	B	D
	Gastrointestinal			
83600	Oesophageal stent insertion	C		C
83605	GIT balloon dilation	B	B	D
83610	GIT stent insertion (non-oesophageal)	C		D
83615	Percutaneous gastrostomy, jejunostomy	A	B	D
	Hepatobiliary			
84600	Percutaneous biliary drainage, external	B		D
84605	Percutaneous external/internal biliary drainage	B		D
84610	Permanent biliary stent insertion	B	C	D
84615	Drainage tube replacement			D
84620	Percutaneous bile duct stone or foreign object removal	C		D
84625	Percutaneous gall bladder drainage	B		D
84630	Percutaneous gallstone removal, including drainage	B	B	E
84635	Transjugular liver biopsy	B	B	D
84640	Transjugular intrahepatic portosystemic shunt	C		E
84645	Transhepatic portogram, including venous sampling, pressure studies	C		E
84650	Transhepatic portogram with embolisation of varices	C		E
84655	Percutaneous hepatic tumour ablation			C
84660	Percutaneous hepatic abscess, cyst drainage	A	A	C
84665	Hepatic chemoembolisation			E
84670	Hepatic arterial infusion catheter placement	B	C	D
	Urogenital			
85600	Percutaneous nephrostomy, external drainage	B	B	D
85605	Percutaneous double J stent insertion including access	B	B	D
85610	Percutaneous renal stone, foreign body removal including access	C		D
85615	Percutaneous nephrostomy tract establishment	B	B	D
85620	Change of nephrostomy tube			C
85625	Percutaneous cystostomy	A		C
85630	Urethral balloon dilatation	A	A	B
85635	Urethral stent insertion	A		D
85640	Renal cyst ablation			B
85645	Renal abscess, cyst drainage	B		C
85655	Fallopian tube recanalisation	B	C	D
6600)	Spinal vascular malformation embolisation	C		E
86605	Vertebroplasty, per level	C	B	D
86610	Facet joint block, uni- or bilateral, per level,			C
86615	Spinal nerve block, uni- or bilateral, per level,			C
86620	Epidural block			C
86625	Chemonucleolysis, including discogram			C

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

ANNEXURE 3.4: COSMETIC SURGERY CODE BOOK

Code:	Description:	Bilateral/ Unilateral	Categories	
			Ana	P
C1601	Other procedures of major technical nature	n/a	B	C
C1602	Lower abdominal dermo lipectomy	n/a	C	C
C1603	Major abdominal lipectomy with repositioning of umbilicus	n/a	C	D
C1604	Nipple and areola reconstruction	Bilateral	B	B
C1605	Mastectomy for sex change procedure	Bilateral	B	C
C1606	Gynaecomastia	Unilateral	A	B
C1607	Gynaecomastia	Bilateral	B	C
C1608	Gastric bypass procedure	n/a	C	C
C1609	Penis: Plastic operation for insertion of prostheses	n/a	B	B
C1610	Penis: Induction of artificial erection	n/a	A	A
C1611	Liposuction 45 min	Per anatomical area	A	A
C1612	Liposuction 60 min	Per anatomical area	A	A
C1613	Laser treatment 30 min (resurfacing)	n/a	A	A
C1614	Liposuction 90 min	Per anatomical area	A	A
C1615	Dermabrasion (face)	n/a	A	A
C1616	Laser treatment 60 min	n/a	A	A
C1617	Breast prostheses	Unilateral	A	A
C1618	Prominent ear reduction	Unilateral	A	A
C1619	Laser treatment 90 min	n/a	A	A
C1620	Nipple reconstruction	Bilateral	B	B
C1621	Blepharoplasty	Bilateral	B	B
C1622	Nose reconstruction	n/a	B	B
C1623	Forehead lift	n/a	B	B
C1624	Mastopexy	Bilateral	B	B
C1625	Wedge resection	Unilateral	B	B
C1626	Gluteal lipectomy	Unilateral	B	B
C1627	Rhytedectomy (forehead)	n/a	C	C
C1628	Abdominoplasty	n/a	C	C
C1629	Breast reduction (reduction mammoplasty)	Bilateral	C	C
C1630	Rhytedectomy	n/a	C	C
C1631	Abdominoplasty and breast reduction	Bilateral	C	D
C1632	Le Fort I	n/a	B	C
C1633	Le Fort II	n/a	C	D
C1634	Le Fort III	n/a	C	D
C1635	Le Fort osteotomy	n/a	C	D
C1636	Palatal osteotomy	n/a	C	D
C1637	Reconstruction of nasal septum	n/a	B	A
C1638	Intranasal antrostomy	n/a	B	A
C1639	Forehead rhinoplasty (total)	n/a	C	C
C1640	Forehead rhinoplasty (partial)	n/a	B	B
C1641	Columella reconstruction or lengthening	n/a	B	B
C1642	Introitus Fenton plasty	n/a	B	A
C1643	Introitus Z-plasty	Bilateral	B	B
C1644	Construction of artificial penis	n/a	C	C
C1645	Construction of artificial vagina (labial fusion)	n/a	C	C
C1646	Construction of artificial vagina (Macindoe type)	n/a	C	C
C1647	Construction of vagina (bowel pull-through operation)	n/a	C	C
C1648	Construction vaginal septum removal	n/a	B	B
C1649	Hysterectomy for sex change	n/a	C	C
C1650	Electrolysis of any number of eyelashes (per eye)	n/a		A
C1651	Blepharoplasty upper lid	Bilateral	A	A

ANNEXURE 3.5: UPFS Code Book
Ambulatory Procedures Guideline

1. The Code Book serves as a guideline and there may be exceptions to the rule in the application thereof.
2. The UPFS Annexure does not prescribe the scope of practice of a particular health service/category or health care provider.
3. It also does not confine the performing of procedures or services to the attending practitioner only.

Code:	Description:	Category
0202	Setting of sterile tray (stand-alone), limited to 1 charge per 24 hours	A
0205	Insertion of I.V. line: children under two years (per 24 hours)	A
0206	Insertion of I.V. line: adult (per 24 hour)	A
0208	Therapeutic venesection (not to be used when blood is drawn for the purpose of laboratory investigations)	A
0213	Chemotherapy: Intramuscular or subcutaneous, per injection	A
0214	Chemotherapy: Intravenous bolus technique, per injection	A
0215	Chemotherapy: Intravenous infusion technique, per injection	A
0217	Patch tests, first patch	A
0218	Skin-prick testing: insect venom, latex and drugs	A
0219	Each additional patch	A
0220	Immediate hypersensitivity testing (Type I reaction): inhalant and food allergens, per antigen	A
0221	Delayed hypersensitivity testing (Type IV reaction), per antigen	A
0222	Intralesional injection into areas of pathology, e.g. keloids, single	A
0223	Multiple	A
0225	Epilation, per session	A
0227	Special treatment of severe acne cases, including draining of cysts, expressing of comedones and/or steaming, abrasive cleaning of skin and UVR, per session	A
0228	PUVA treatment	A
0229	PUVA follow-up or maintenance once a week	A
0230	UVR treatment	A
0231	UVR follow-up	A
0280	Laser treatment for small skin lesions, first lesion	B
0281	Subsequent lesions	B
0282	Maximum for multiple additional lesions	B
0283	Laser treatment for large skin lesions, limited area	B
0286	Photo-dynamic therapy for malignant skin lesions, equipment fee for PDT lamp	A
0287	Scanning of pigmented skin lesions, equipment fee for Molemax or similar device	A
0300	Stitching of wound	B
0305	Needle biopsy: soft tissue	B
0316	Breasts fine needle aspiration for soft tissue (all areas)	B
0377	Acupuncture standard acupuncture	A
0378	Laser acupuncture using more than 6 points	A
0379	Electro-acupuncture	A
0380	Scalp acupuncture	A
0381	Micro-acupuncture (ear, hand)	A
0661	Aspiration of joint or intra-articular injection (not including aftercare), modifier 0005 not applicable	A
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding aftercare), first joint	A
0665	Additional	A
0715	Strength duration curve per session	A
0717	Electrical examination of single nerve or muscle	A
0721	Voltage integration during isometric contraction	A
0723	Tonometry with edrophonium	A
0725	Isometric tension studies with edrophonium	A
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneo-facial or unilateral	A
0728	Bilateral	A
0729	Tendon reflex time	A
0733	Motor nerve conduction studies (single nerve)	B
0737	Biopsy for motor nerve terminals and end plates	A
0740	Muscle fatigue studies	A
0741	Muscle biopsy	A
0763	Tendon or ligament injection	A
0857	Bursae and ganglion aspiration or injection (no aftercare)	B
0887	Limb cast (excluding aftercare)	B
0891	Turnbuckle cast (excluding aftercare)	B
0893	Adjustment or repair of turnbuckle cast (excluding aftercare)	B
1003	Manipulation: immobilisation and follow-up of fractured nose	B
1019	ENT endoscopy with rigid endoscope	B
1031	Removal of single nasal polyp	B
1041	Control severe epistaxis requiring hospitalisation: anterior plugging	B
1043	Control severe epistaxis requiring hospitalisation: anterior and posterior plugging	B
1063	Removal of foreign bodies from nose at rooms	A
1071	Proetz treatment	A
1107	Opening of quinsy	B
1117	Laryngeal intubation	A
1136	Nebulisation (per 24 hours)	A
1139	Pleural needle biopsy (no aftercare)	B
1143	Paracentesis chest: diagnostic	B

1145	Paracentesis chest: therapeutic	A
1147	Pneumothorax: induction (diagnostic)	B
1153	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc.)	B
1186	Flow volume test: inspiration/expiration	A
1187	Exhaled nitric oxide determination (not for children under 4 years)	A
1188	Flow volume test: inspiration/expiration pre- and post-bronchodilator (first consultation)	A
1189	Forced expirogram only	A
1191	N2 single breath distribution	A
1192	Peak expiratory flow only	A
1193	Functional residual capacity or residual volume: helium, nitrogen open circuit or other method	A
1195	Thoracic gas volume	B
1196	Determination of resistance to airflow, oscillatory or plethysmographic methods	A
1197	Compliance and resistance, using oesophageal balloon	B
1198	Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent, with subsequent spirometrics	B
1199	Pulmonary stress testing: simple (e.g. prolonged exercise test for bronchospasm with pre- and post-spirometry)	B
1200	Carbon monoxide diffusing capacity: any method	A
1201	Maximum inspiratory/expiratory pressure	A
1219	Hyperalimentation (daily tariff), excluding charge for TPN	A
1232	Electrocardiogram (ECG), per 24 hours	A
1233	ECG: without and with effort, per 24 hours	A
1234	Effort ECG with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	A
1235	Multi-stage treadmill test	A
1236	ECG without effort: under 4 years, per 24 hours	A
1239	24-hour ambulatory ECG monitoring (holter), per 24 hours	A
1240	Signal averaged electrocardiogram	B
1244	Two-week event triggered ambulatory ECG monitoring	A
1255	Tilt test	B
1269	Threshold testing	B
1357	Response to reflex heating	A
1359	Response to reflex cooling	A
1361	Cold sensitivity test	A
1363	Oscillometry test	A
1365	Sweat test	A
1421	Compression sclerotherapy of varicose veins per injection, to a maximum of nine injections per leg	A
1431	Cardiac rehabilitation phase II: exercise rehabilitation	A
1432	Cardiac rehabilitation phase III: exercise rehabilitation	A
1458	Simple aspiration of marrow by means of trocar or cannula	B
1465	Surgical biopsy of tongue or palate: under local anaesthetic	A
1578	Oesophageal motility, 4 channel + pneumograph	B
1580	Oesophageal motility, 6 channel + pneumograph + pH pull-through	B
1582	Oesophageal motility, 4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia	B
1584	24-hour oesophageal pH studies	B
1593	Augmented histamine test: gastric intubation with x-ray screening	A
1632	H2 breath test (intestines)	A
1633	Complete test using lactose or lactulose	A
1780	Gastric and duodenal intubation	A
1801	Diagnostic paracentesis: abdomen	B
1803	Therapeutic paracentesis: abdomen	A
1989	Cystometrogram	B
1991	Flowmetric bladder, studies with videocystograph	B
1992	Without videocystograph	B
1993	Voiding cysto-urethrogram	B
1994	Rigiscan examination	B
1996	Insertion of urine catheter male	A
1997	Insertion of urine catheter female	A
2051	Simple bladder lavage: including catheterisation	A
2154	Induction of artificial erection	A
2210	Vasogram, seminal vesiculogram, unilateral	B
2211	Vasogram, seminal vesiculogram, bilateral	B
2315	Simms Huhner test plus wet smear	B
2442	Insertion of I.U.C.D., excluding aftercare	B
2565	Implantation hormone pellets, excluding aftercare	A
2603	External cephalic version, excluding aftercare	A
2610	Fetal heart tracing test, per 24 hours	A
2681	Visual evoked potentials (V.E.P.), unilateral	B
2682	VEP, bilateral	B
2683	Electro-retinography (Ganzfeld method), unilateral	B
2684	Electro-retinography, bilateral	B
2685	Electro-oculography, unilateral	B
2686	Electro-oculography, bilateral	B
2687	V.E.P. stable condition (photic drive), unilateral	B
2689	Bilateral	B
2690	Total fee for full evaluation of visual tracts, including bilateral electroretinography and V.E.P	B
2691	Audiometry: short latency brainstem evoked potentials (A.E.P.) neurological examination, single decibel, unilateral	A
2692	Bilateral	B
2693	A.E.P. audiological examination: unilateral at a minimum of 4 decibels	A
2694	Bilateral	B
2695	Audiology 40 Hz response, Unilateral	A

2696	Bilateral	A
2697	Mid- and long-latency auditory evoked potentials, Unilateral	A
2698	Bilateral	A
2699	Electro-cochleography, unilateral	A
2700	Bilateral	B
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	A
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	B
2709	Full spinogram including bilateral median and posterior-tibial studies	B
2711	Electro-encephalography	B
2716	8 Hour ambulatory EEG monitoring (Holter)	B
2720	Overnight polysomnogram and sleep staging	B
2722	Daytime polysomnogram	B
2723	Multiple sleep latency test	B
2731	Air encephalography and posterior fossa tomography injection of air (independent procedure)	B
2737	Visual field charting on Bjerrum screen	A
2765	Nerve conduction studies	B
2799	Intrathecal injections for pain	B
2803	Alcohol injection in peripheral nerves for Pain, unilateral	A
2805	Bilateral	B
2853	Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	A
2971	Intravenous anti-depressive medication through infusion: Per push in (Maximum 1 push in per 24 hours)	A
2996	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours, including sensor placement, hook-up, calibration of monitor, patient training, removal of sensor and printout of recording	B
2998	Ambulatory continuous glucose monitoring: interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours, including interpretation and report	B
3001	Implantation of pellets, excluding aftercare	A
3002	Gonioscopy	A
3003	Fundus contact lens or 90 D lens examination	A
3004	Peripheral fundus examination with indirect ophthalmoscope	A
3005	Endothelial cell count	A
3006	Keratometry	A
3007	Potential acuity measurement	A
3008	Contrast sensitivity test	A
3012	Pre-surgical retinal examination before retinal surgery	A
3013	Ocular motility assessment: comprehensive examination	A
3014	Tonometry per test with maximum of 2 tests for provocative tonometry, one or both eyes	A
3015	Charting of visual field with manual perimeter	A
3016	Retinal threshold test: without storage facilities	A
3017	Retinal threshold test: inclusive of computer disc storage for Delta or Statpak programs	B
3018	Retinal threshold trend evaluation (additional to Item 3017)	A
3019	Ocular muscle function with Hess screen or perimeter	A
3020	Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	A
3021	Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	A
3025	Electronic tonography	A
3027	Fundus photography	A
3029	Anterior segment microphotography	A
3032	Eyelid and orbit photography	A
3034	Determination of lens implant power per eye	A
3171	Excision of Meibomian cyst	B
3174	Botulinum toxin injection for blepharospasm	B
3175	Botulinum toxin injection in extra-ocular muscles	B
3204	External ear canal: Removal of foreign body with use of microscope	B
3206	Microscopic examination of tympanic membrane, including microsuction	A
3223	Percutaneous stimulation of the facial nerve	A
3251	Balance tests: minimal caloric test, excluding consultation fee	A
3252	Bithermal Halpike caloric test. excluding consultation fee	A
3253	Electro-nystagmography for spontaneous and positional nystagmus	B
3254	Video nystagmoscopy: monocular	B
3256	Video nystagmoscopy: binocular	B
3258	Otolith repositioning manoeuvre	A
3273	Pure tone audiometry: air conduction	A
3274	Pure tone audiometry: bone conduction with masking	A
3275	Impedance audiometry: tympanometry	A
3276	Impedance audiometry: stapedial reflex - no charge for volume, compliance, etc.	A
3277	Speech audiometry: inclusive fee (speech audiogram, speech reception threshold, discrimination score)	A
3278	Recruitment tests: inclusive fee (Bekesy, Fowler, etc.)	A
3281	Ultrasonic therapy	A
3282	Short wave diathermy	A
3284	Sensory nerve conduction studies	B
3285	Motor nerve conduction studies	B
3289	Multiple injections: first joint	A
3290	Each additional joint	A
3291	Tendon or ligament injection	A
3292	Aspiration of joint or intra-articular injection	A
3293	Aspiration or injection of bursa or ganglion	A
3297	Manipulation of spine	A
3298	Spinal traction	A
3301	Muscle fatigue studies	A
3302	Strength duration curve per session	A

3306	Intermittent Vacuum Therapy	B
5783	Infusional pharmacotherapy: fee for the treatment of non-cancerous conditions with bolus or infusional pharmacotherapy, per treatment day. Not to charge with procedure code 0206, 0205	A
6001	Sleep electro-encephalography: infants that fit into a perambulator	B
6003	Sleep electro-encephalography: adults and children over infant age	B
6005	Botulinum toxin injections: for blepharospasm	B
6006	For hemifacial spasm	B
6007	Botulinum toxin injection: for adductor dysphonia	B
6008	In extra-ocular muscles	B
6009	For spasmodic torticollis and/or cranial dystonia	B

ANNEXURE 3.6: UPFS Code Book
Minor Theatre Procedures

The Code Book serves as a guideline, and there may be exceptions to the rule in the application thereof.

1. The UPFS Annexure does not prescribe the scope of practice of a particular health service or category or health care provider.
2. Neither does it confine the performing of procedures or services to the attending practitioner only, etc.

Code:	Description:	Categories	
		Ana:	P
0209	Umbilical artery cannulation at birth		A
0211	Exchange transfusion: first and subsequent (including aftercare)		B
0233	Biopsy without suturing: first lesion	A	A
0234	Subsequent lesions	A	A
0235	Maximum for multiple additional lesions	A	A
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	A	A
0241	Treatment of benign skin lesion by chemo-cryotherapy: first lesion	A	A
0242	Subsequent lesions	A	A
0243	Maximum for multiple additional lesions	A	A
0244	Repair of nail bed	A	A
0245	Removal of Benign lesion by curetting under local or general anaesthetic: first lesion	A	A
0246	Subsequent lesions	A	A
0251	Removal of Malignant lesion by curetting under local or general anaesthetic: first lesion	A	A
0252	Subsequent lesions	A	A
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	A	A
0258	Incision/removal of foreign body: subcutaneous tissue, simple	A	B
0259	Removal of foreign body superficial to deep deep fascia (except hands)	A	B
0260	Incision/removal of foreign body: subcutaneous tissue, complicated	B	C
0286	Photo-dynamic therapy for malignant skin lesions		A
0287	Scanning of pigmented skin lesions: Molemax or similar devices		A
0301	Multiple stitching of wound stitched at same session	A	A
0302	Deep laceration involving limited muscle damage	B	B
0303	Deep laceration involving extensive muscle damage	B	B
0307	Excision and repair by direct suture: excision nail fold or other minor procedures of similar magnitude	A	A
0308	Each additional small procedure done at the same time	A	A
0310	Radical excision of nailbed	A	A
0317	Aspiration of cyst or tumour	A	A
0351	Major burns: resuscitation (including supervision and intravenous therapy - first 48 hours)	B	D
0541	Needle biopsy: other sites (no aftercare)	A	A
0547	Dislocations: Clavicle, either end	A	A
0549	Shoulder	A	A
0551	Elbow	A	A
0552	Wrist	A	B
0553	Perilunar trans-scaphoid fracture dislocation	A	B
0555	Lunate	A	B
0556	Carpo-metacarpo dislocation	A	A
0557	Metacarpo-phalangeal or interphalangeal joints: hand	A	A
0571	Metatarsophalangeal or interphalangeal joints: foot	A	A
0644	Removal of foreign body: shoulder, subcutaneous	B	C
0647	Removal of foreign body: upper arm or elbow area, subcutaneous	B	C
0713	Electromyography	A	B
0714	Electromyographic neuromuscular junctional study, including edrophonium response	A	A
0730	Limb-brain somatosensory studies, per limb		A
0731	Visio and audio sensory studies		A
0735	Examinations of sensory nerve conduction by sweep averages, single nerve	A	A
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	B	A
0742	Global fee for all muscle studies, including histochemical studies		C
0865	Initial non-operative reduction and application of plastercast: one hip	A	B
0867	Two hips	A	C
0873	Manipulation and plaster: one foot	A	A
0874	Ponseti technique assistant		A
0889	Spica, plaster jacket or hinged cast brace, excluding aftercare	B	A
0922	Removal of foreign bodies requiring incision: under local anaesthetic	A	A
0923	Removal of foreign bodies requiring incision: under general or regional anaesthetic	A	A
0969	Skull or skull-femoral traction, including two weeks aftercare		B
0971	Halo-splint and POP jacket, including two weeks aftercare		B
1018	Flexible nasopharyngolaryngoscope examination	A	A
1024	Insertion of silastic obturator into nasal septum perforation	B	A
1037	Diathermy to nose or pharynx, uni- or bilateral, under local anaesthetic, exclusive of consultation fee		A
1045	Ligation anterior ethmoidal artery	B	A
1054	Antroscopy through the canine fossa, uni- or bilateral	A	A
1067	Proof puncture, unilateral	A	A

1077	Septum abscess, including aftercare		A
1106	Laser assisted functional reconstruction of palate and uvula	B	B
1108	Laser assisted functional reconstruction of palate and uvula: follow-up operation performed by the same surgeon	B	B
1118	Laryngeal stroboscopy with video capture	B	A
1127	Tracheotomy	B	B
1128	Endolaryngeal operations using a laser	B	B
1130	Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	B	A
1131	Plus foreign body removal	B	B
1132	Diagnostic bronchoscopy	B	B
1133	With removal of foreign body	B	B
1134	Bronchoscopy with use of laser	B	B
1135	With bronchography	B	B
1137	Bronchial lavage (only Anaesthetic category)	B	B
1141	Insertion of intercostal catheter (under water drainage)	A	A
1142	Intra-pleural block	B	A
1155	Needle biopsy lung, no aftercare	B	A
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	A	A
1202	Insertion of central venous catheter via peripheral vein in neonates	B	A
1211	Cardio-respiratory resuscitation: prolonged attendance in cases of emergency. Resuscitation fee includes all necessary additional procedures (paediatric)	B	C
1215	Insertion of arterial pressure cannula	A	A
1216	Insertion of Swan Ganz catheter for haemodynamic monitoring	B	A
1217	Insertion of central venous line via peripheral vein	B	A
1218	Insertion of central venous line via subclavian or jugular veins	A	A
1227	Global adult/neonatal resuscitation fee	B	C
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	B	B
1248	Paracentesis of pericardium	B	A
1256	Electrophysiological study: ventricular stimulation study	B	C
1257	Full electrophysiological study	B	D
1262	Electrophysiological mapping		D
1264	Test for implantable transvenous defibrillator	B	B
1266	Resiting pacemaker generator		B
1270	Programming of atrio-ventricular sequential pacemaker		A
1271	Cardiological supervision of dobutamine magnetic resonance stress testing	A	A
1273	Insertion of temporary pacemaker	B	B
1275	Termination of arrhythmia - programmed stimulation and lead insertion of temporary pacer	B	C
1450	Cryopreservation of bone marrow or peripheral blood stem cells	B	A
1454	Plasma/cell separation using designated cell separator equipment	B	A
1457	Bone marrow biopsy by trephine	A	A
1462	Removal of embedded foreign body: vestibule of mouth, simple	A	B
1467	Drainage of intra-oral abscess	A	A
1469	Local excision of mucosal lesion of oral cavity	A	A
1485	Local excision of benign lesion of lip	A	A
1507	Local excision of lesion of tongue	A	A
1544	Ludwig's angina: drainage	B	A
1545	Oesophagoscopy with rigid instrument, first and subsequent	B	A
1547	Oesophagoscopy with oesophageal acid perfusion test		A
1549	Oesophagoscopy with dilatation of stricture	B	B
1550	With removal of foreign body	B	B
1551	With insertion of indwelling oesophageal tube	B	B
1552	Injection of oesophageal varices, including endoscopy	B	B
1553	Subsequent injection of oesophageal varices, including endoscopy	B	B
1554	Per-oral small biopsy	B	A
1557	Oesophageal dilatation	B	A
1587	Upper gastro-intestinal fibre-optic endoscopy	B	B
1588	Plus polypectomy	B	C
1589	Endoscopic control of gatrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection of vasoconstrictors and/or schleroses (endoscopic haemostasis)	B	B
1591	Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach)	B	B
1627	Duodenal intubation under X-ray screening		A
1629	Duodenal intubation with biliary drainage after gall bladder stimulation		A
1631	Duodenal intubation: under 3 years	A	A
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy) ADD to, e.g. Item 1587 (gastroscopy) or Item 1653 (colonoscopy)	B	B
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum - Doctor interpretation and report	B	B
1653	Total fibre-optic colonoscopy (including biopsy)	B	B
1654	Fibre-optic colonoscopy with removal of polyps	B	C
1656	Left sided fibre-optic colonoscopy	B	B
1676	Fibre-optic sigmoidoscopy (rectum and anus)	A	B
1677	Sigmoidoscopy: first and subsequent, with or without biopsy	A	A
1678	Fibre-optic sigmoidoscopy, plus polypectomy	A	B
1679	Sigmoidoscopy with removal of polyps, first and subsequent	A	A
1681	Proctoscopy with removal of polyps, first time	A	A
1683	Subsequent times	A	A

1685	Endoscopic fulguration of tumour	B	A
1707	Drainage of submucous abscess	A	A
1748	Body composition measured by bio-electrical impedance	A	A
1780	Gastric and duodenal intubation		A
1800	Peritoneal lavage		A
1945	Instillation of radio-opaque material for cystography or urethrocystography	A	A
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydrodilatation of bladder	A	A
1949	Cystoscopy	A	A
1951	And retrograde pyelography or retrograde ureteral catheterisation: unilateral or bilateral	B	A
1952	JJ stent catheter	B	A
1953	With hydrodilatation of the bladder for interstitial cystitis	B	A
1954	Urethroscopy	B	A
1955	And bilateral ureteric catheterisation: with differential function studies requiring additional attention time	B	B
1957	With dilatation of the ureter or ureters	B	A
1959	With manipulation of ureteral calculus	B	A
1961	With removal of foreign body or calculus from urethra or bladder	B	A
1963	With fulguration or treatment of minor lesions, with or without biopsy	B	A
1975	Ultraviolet cystoscopy for bladder tumor	B	A
1995	Percutaneous aspiration of bladder	A	A
1999	Percutaneous cystostomy	A	A
2015	Suprapubic cystostomy	B	B
2049	Evacuation of clots from bladder: other than post-operative	A	A
2069	Dilatation of female urethra	A	A
2088	Peri-urethral teflon injection: male or female - fee as for cystoscopy		B
2125	Destruction of condylomata: chemo- or cryotherapy: limited number	A	A
2127	Multiple extensive	A	A
2129	Electrodesiccation: limited number	A	A
2131	Multiple extensive	A	A
2132	Circumcision: ligation of abnormal venous drainage	A	A
2133	Circumcision: clamp procedure	A	A
2137	Circumcision: surgical excision other than by clamp or dorsal slit	A	A
2139	Circumcision: dorsal slit of prepuce (independent procedure)	A	A
2169	Injection procedure for Peyronies disease	A	A
2236	Interstitial device(s): single or multiple placement (via needle, any approach), of for radiation therapy guidance (e.g. fiducial markers, dosimeter), prostate	A	B
2312	Artificial insemination		A
2314	Intra uterine insemination		A
2322	Pudendal nerve block		A
2389	Paracervical nerve block		A
2392	Cryo- or electro-cauterisation, or Lletz of cervix		A
2415	Cervix encirclage: Removal items 2409 and 2411 without anaesthetic		A
2433	Uterus embryo transfer	B	A
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)		A
2604	Amniocentesis: therapeutic, amniotic fluid reduction	A	B
2605	Amniocentesis, excluding aftercare		A
2606	Cordocentesis (intrauterine): any method	A	B
2607	Amnioscopy, excluding aftercare		A
2609	Intra-uterine transfusion of foetus or cordocentesis		B
2611	Chorion villus sampling, excluding aftercare		A
2679	Cisternal or lateral cervical (C1-C2) puncture: injection of medication/other substance, diagnosis/treatment	A	B
2688	Shunt tubing or reservoir puncture: for aspiration or injection procedure	A	A
2701	Drainage of cerebrospinal fluid (CSF): by needle or catheter, therapeutic interstitial devices, spinal puncture. Please note: Minor the code 2713 applies to diagnostic procedure	A	A
2703	Somatosensory evoked potentials (S.E.P.) single nerve examination to brachial- or lumbosacral plexus, spinal cord and cortex		A
2707	Full fee for complete neurological evoked potential evaluation including neurological A.E.P., bilateral V.E.P., and bilateral median and/or posterior tibial stimulation		C
2713	Lumbar puncture and/or intrathecal injections		A
2714	Cisternal puncture and/or intrathecal injections		A
2717	Electromyography: first		B
2718	Subsequent		B
2724	Overnight continuous positive airways pressure (CPAP) titration per 24 hours		C
2730	Neostigmine test, the diagnostic test for myasthenia gravis under the supervision of a neurologist (‘20’). Not to be used with Item 0714.	A	B
2733	Cortical stimulation	A	B
2734	Sodium amytal testing (WADA test)	A	B
2800	Plexus nerve block	B	A
2801	Epidural injection for pain		A
2802	Peripheral nerve block	A	A
2804	Inserting an indwelling nerve catheter (including removal of catheter) (not for bolus technique)	A	A
2809	Peripheral nerve section for pain	A	A
2849	Sympathetic block: other levels: unilateral	A	A
2851	Sympathetic block: other levels: bilateral	A	A
2970	Electro-convulsive treatment (ECT): each time	B	A

3022	Digital fluorescein video angiography	B	B
3023	Digital indocyanine video angiography	B	B
3024	Infusion of dye used during fluorescein angiography, indocyanine green video angiography and photodynamic therapy. Linked to Items 3022, 3023, 3031, 3039.	A	A
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	A	A
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	A	A
3031	Fluorescein angiography, for one or both eyes in one sitting (excluding colour photography)		A
3036	Corneal topography: for pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)		A
3038	Sensorimotor examination: with multiple measurements of ocular deviation (e.g. restrictive or paretic muscle with diplopia), one or both eyes, with interpretation and report, for children 7 years and younger		B
3074	Strabismus: adjustment of sutures if not done at the time of the operation		A
3090	Intra vitreal injection drug	A	A
3092	External laser treatment for superficial lesions		A
3114	Wavefront analysis (aberometry) for customised ablation of pathological corneas prior to LASIK surgery	A	B
3118	Curettage of cornea after removal of foreign body		A
3124	Removal of corneal stitches under microscope, maximum of 2 procedures		A
3127	Cauterisation of cornea: by chemical, thermal or cryotherapy methods	A	A
3133	Ducts: probing and/or syringing, per duct	A	A
3138	Removal corneal epithelium and chelating agent for band keratopathy	A	B
3142	Sealing punctum with plugs, per eye	A	A
3163	Excision of superficial lid tumour	B	A
3165	Repair of skin lacerations of the lid	B	A
3167	Diathermy to wart on lid margin	A	A
3224	Electroneutrography (ENOG)	B	B
3248	Otoacoustic emission performed as a screening test	A	A
3255	Caloric test done with electronystagmography		B
3287	Spinal joint and ligament injection		A
3288	Epidural injection		A
3294	Paracervical nerve block		A
3295	Paravertebral root block, unilateral		A
3296	Paravertebral root block, bilateral		A
3303	Electromyography		B
3719	Bone marrow: aspiration, paediatric	A	A
3720	Bone marrow: trephine biopsy, paediatric	A	A
4988	Endothelial specular microscope for donor corneas		B
4989	Endothelial specular microscope for clinical use		B
6010	Electroencephalogram monitoring for localisation of cerebral seizure pre-operative localisation, each full 24 hour period	A	D
6011	Interpretation of Item 6010: electro-encephalogram monitoring - to be charged once only for each full 24 hour period of monitoring		C
6018	Monitoring for localisation of cerebral seizure focus: cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG), including video recording and interpretation (e.g. for presurgical localisation), each 24 hours	B	D
6024	Functional cortical and subcortical mapping: stimulation and/or recording of electrodes on brain surface or depth electrodes, to provoke seizures or identify vital brain structures: First 60 minutes of attendance	A	B
6025	Functional cortical and subcortical mapping: stimulation and/or recording of electrodes on brain surface or depth electrodes, to provoke seizures or identify vital brain structures: Each 60 minutes of attendance. ADD to Item 6024 when appropriate.	A	B
6026	Electronic analysis: implanted neurostimulator pulse generator system (e.g. rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements), simple or complex brain/spinal cord/peripheral (i.e. cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	A	B
6027	Electronic analysis: implanted neurostimulator pulse generator system (e.g. rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex, deep brain neurostimulator/ pulse generator/transmitter, with initial or subsequent programming: First 60 minutes	B	C
6066	Reprogramming of programmable cerebrospinal shunt, at the time of a routine office visit		A

ANNEXURE 3.7: Nuclear Medicine Procedure Code Book

Code:	Description:	Procedure Cat:
00900	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton	B
00903	Nuclear Medicine study - Bone, whole body, appendicular and axial skeleton and SPECT	D
00906	Nuclear Medicine study - Venous thrombosis regional	C
00909	Nuclear Medicine study - Tumour whole body	B
00912	Nuclear Medicine study - Tumour whole body multiple studies	D
00915	Nuclear Medicine study - Tumour whole body and SPECT	D
00918	Tumour whole body multiple studies & SPECT	D
00921	Nuclear Medicine study - Infection whole body	D
00924	Nuclear Medicine study - Infection whole body with SPECT	D
00927	Nuclear Medicine study - Infection whole body multiple studies	B
00930	Nuclear Medicine study - Infection whole body with SPECT multiple studies	D
00933	Nuclear Medicine study - Bone marrow imaging limited area	C
00936	Nuclear Medicine study - Bone marrow imaging whole body	A
00939	Nuclear Medicine study - Bone marrow imaging limited area multiple studies	D
00942	Nuclear Medicine study - Bone marrow imaging whole body multiple studies	D
00945	Nuclear Medicine study - Spleen imaging only - haematopoietic	C
00960	Nuclear Medicine therapy - Hyperthyroidism	B
00965	Nuclear Medicine therapy - Thyroid carcinoma and metastases	A
00970	Nuclear Medicine therapy - Intra-cavity radio-active colloid therapy	A
00975	Nuclear Medicine therapy - Interstitial radio-active colloid therapy	A
00980	Nuclear Medicine therapy - Intravascular radio pharmaceutical therapy particulate	A
00985	Nuclear Medicine therapy - Intra-articular radio pharmaceutical therapy	A
00990	Nuclear Medicine isotope	
Identification code for the use of isotope with a procedure. Appropriate codes to be supplied.		
00991	Nuclear Medicine substrate	
00956	PET/CT scan whole body without contrast	E
00957	PET/CT scan whole body with contrast	E
00950	PET scan local	E
00951	PET/CT local	E
00952	PET/CT local with contrast	E
00955	PET/CT scan whole body	E
HEAD: SKULL AND BRAIN		
	Codes 10100 (skull) and 10110 (tomography) may be combined	
10900	Nuclear Medicine study - Bone regional, static	C
10905	Nuclear Medicine study - Bone regional, static, with flow	C
10910	Nuclear Medicine study - Bone regional, static with SPECT	D
10915	Nuclear Medicine study - Bone regional, static, with flow, with SPECT	D
10920	Nuclear Medicine study - Brain, planar, complete, static	B
10925	Nuclear Medicine study - Brain complete static with vascular flow	C
10930	Nuclear Medicine study - Brain, planar, complete, static, with SPECT	B
10935	Nuclear Medicine study - Brain, planar, complete, static, with flow, with SPECT	D
10940	Nuclear Medicine study - CSF flow imaging cisternography	C
10945	Nuclear Medicine study - Ventriculography	A
10950	Nuclear Medicine study - Shunt evaluation static, planar	A
10955	Nuclear Medicine study - CFS leakage detection and localisation	B
10960	Nuclear Medicine study - CSF SPECT	A
	Orbits, Lacrimal Glands and Tear Ducts	
12900	Nuclear Medicine study - Dacrocystography	A
	Salivary Glands and Floor of the Mouth	
18900	Nuclear Medicine study - Salivary gland imaging	B
	Soft Tissue	
19900	Nuclear Medicine study - Tumour localisation planar, static	B
19905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	D
19910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	D
19915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT	D
19920	Nuclear Medicine study - Infection localisation planar, static	B
19925	Nuclear Medicine study - Infection localisation planar, static, multiple studies	D
19930	Nuclear Medicine study - Infection localisation planar, static and SPECT	D
19935	Nuclear medicine study - Infection localisation planar, static, multiple studies and SPECT	D
	Thyroid (Nuclear Medicine)	
21900	Nuclear Medicine study - Thyroid, single uptake	A
21910	Nuclear Medicine study - Thyroid, multiple uptake	B
21920	Nuclear Medicine study - Thyroid imaging with uptake	A

21930	Nuclear Medicine study - Thyroid imaging	A
21940	Nuclear Medicine study - Thyroid imaging with vascular flow	B
21950	Nuclear Medicine study - Thyroid suppression/stimulation	B
	Parathyroid (Nuclear Medicine)	
22900	Nuclear Medicine study - Parathyroid, planar, static	B
22910	Nuclear Medicine study - Parathyroid, planar, static, multiple	C
22920	Nuclear Medicine study - Parathyroid, planar, static with subtraction technique	B
22930	Nuclear Medicine study - Parathyroid SPECT	A
	Soft Tissue	
29900	Nuclear Medicine study - Tumour localisation planar, static	B
29905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	D
29910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	D
29915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT	D
29920	Nuclear Medicine study - Tumour localisation planar, static	B
29925	Nuclear Medicine study - Infection localisation planar, static, multiple studies	D
29930	Nuclear Medicine study - Infection localisation planar, static and SPECT	D
29935	Nuclear Medicine study - Infection localisation planar, static, multiple studies and SPECT	D
29940	Nuclear Medicine study - Regional lymph node mapping, static, planar	B
29945	Nuclear Medicine study - Regional lymph node mapping, static, planar, multiple	D
29950	Nuclear Medicine study - Lymph node localisation with gamma probe	A
	Thorax	
30900	Nuclear Medicine study - Lung perfusion	A
30910	Nuclear Medicine study - Lung ventilation, aerosol	C
30920	Nuclear Medicine study - Lung perfusion and ventilation	B
30930	Nuclear Medicine study - Lung ventilation using radio-active gas	A
30940	Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	B
30950	Nuclear Medicine study - Muco-ciliary clearance study dynamic	C
30960	Nuclear Medicine study - Alveolar permeability. Stand-alone code. Not to be combined with 30910	C
30970	Nuclear Medicine study - Quantitative evaluation of lung perfusion and ventilation	B
	Heart	
33900	Nuclear Medicine study - Cardiac shunt detection	A
33905	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion single study	A
33910	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion multiple studies	D
33915	Nuclear Medicine study - Cardiac blood pool imaging, gated SPECT	A
33920	Nuclear Medicine study - Cardiac blood pool imaging, first pass technique	C
33925	Nuclear Medicine study - Myocardial perfusion, single, rest (thallium/mibi) planar, non gated	C
33930	Nuclear Medicine study - Myocardial perfusion, single, stress (thallium/mibi) planar, non gated	B
33935	Nuclear Medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (non gated)	B
33940	Nuclear Medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT non gated	B
33945	Nuclear Medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (gated)	B
33950	Nuclear Medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT (gated)	B
33955	Nuclear Medicine study - Plus wall movement and ejection fraction, SPECT	A
33960	Nuclear Medicine study - Cardiac hot spot imaging (infarction) planar	C
33960	Nuclear Medicine study - Cardiac hot spot imaging (infarction) SPECT	A
33970	Nuclear Medicine study - Multi-stage treadmill ECG test	A
	Soft Tissue	
39900	Nuclear Medicine study - Tumour localisation planar, static	B
39905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	D
39910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	D
39915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT	D
39920	Nuclear Medicine study - Infection localisation planar, static	B
39925	Nuclear Medicine study - Infection localisation planar, static, multiple studies	D
39930	Nuclear Medicine study - Infection localisation planar, static and SPECT	D
39935	Nuclear Medicine study - Infection localisation planar, static, multiple studies, SPECT	D
39940	Nuclear Medicine study - Regional lymph node mapping, static, planar	C
39945	Nuclear Medicine study - Regional lymph node mapping, static, planar, multiple	D
39950	Nuclear Medicine study - Lymph node localisation with gamma probe	A
	Abdomen and Pelvis (Abdomen/Stomach/Bowel)	
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying	B
40905	Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies	D
40910	Nuclear Medicine study - Gastro intestinal protein loss	C
40915	Nuclear Medicine study - Gastro intestinal protein loss multiple studies	D
40920	Nuclear Medicine study - Acute GIT bleed static/dynamic	C
40925	Nuclear Medicine study - Acute GIT bleed multiple studies	B
40930	Nuclear Medicine study - Meckel's localisation	B
40935	Nuclear Medicine study - Gastric mucosa imaging	B

40940	Nuclear Medicine study - Colonic transit multiple studies	C
	Liver, Spleen, Gall Bladder and Pancreas	
41900	Nuclear Medicine study - Liver and spleen, planar views only	B
41905	Nuclear Medicine study - Liver and spleen, with flow study	C
41910	Nuclear Medicine study - Liver and spleen, planar views SPECT	B
41915	Nuclear Medicine study - Liver and spleen, with flow study and SPECT	D
41920	Nuclear Medicine study - Hepatobiliary system planar static/dynamic	C
41925	Nuclear Medicine study - Hepatobiliary tract including flow	C
41930	Nuclear Medicine study - Hepatobiliary system planar, static/dynamic multiple studies	B
41935	Nuclear Medicine study - Hepatobiliary tract including flow multiple studies	D
41940	Nuclear Medicine study - Gall bladder ejection fraction	A
41945	Nuclear Medicine study - Biliary gastric reflux study	B
	Renal Tract	
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	A
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	C
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	D
42915	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	D
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	B
42930	Nuclear Medicine study – Renovascular study, baseline	C
42940	Nuclear Medicine study - Renovascular study, with intervention	C
42950	Nuclear Medicine study - Indirect voiding cystogram	B
	Reproductive System	
43950	Nuclear Medicine study - Radio pharmaceutical voiding cystogram	C
43960	Nuclear Medicine study - Testicular imaging	A
43970	Nuclear Medicine study - Hystero-salpingography	C
	Soft Tissue	
49900	Nuclear Medicine study - Tumour localisation planar, static	B
49905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	D
49910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	D
49915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT	D
49920	Nuclear Medicine study - Infection localisation planar, static	B
49930	Nuclear Medicine study - Infection localisation planar, static, multiple studies	D
49940	Nuclear Medicine study - Infection localisation planar, static and SPECT	D
49950	Nuclear Medicine study - Infection localisation planar, static, multiple studies and SPECT	D
49960	Nuclear Medicine study - Regional lymph node mapping dynamic	A
49965	Nuclear Medicine study - Regional lymph node mapping, static, planar	C
49970	Nuclear Medicine study - Regional lymph node mapping, static, planar, multiple	D
49975	Nuclear Medicine study - Regional lymph node mapping SPECT	A
49980	Nuclear Medicine study - Lymph node localisation with gamma probe	A
	Spine, Pelvis and Hips: Cervical	
51900	Nuclear Medicine study - Bone regional cervical	C
51910	Nuclear Medicine study - Bone tomography regional cervical	A
51920	Nuclear Medicine study - With flow	A
	Thoracic	
52900	Nuclear Medicine study - Bone regional dorsal	C
52910	Nuclear Medicine study - Bone tomography regional dorsal	A
52920	Nuclear Medicine study - With flow	A
	Lumbar	
53900	Nuclear Medicine study - Bone regional lumbar	C
53910	Nuclear Medicine study - Bone tomography regional lumbar	A
53920	Nuclear Medicine study - With flow	A
	Pelvis	
55900	Nuclear Medicine study - Bone regional pelvis	C
55910	Nuclear Medicine study - Bone tomography regional pelvis	A
55920	Nuclear Medicine study - With flow	A
	Hips	
56900	Nuclear Medicine study - Bone regional pelvis	C
56910	Nuclear Medicine study - Bone limited static plus flow	C
56920	Nuclear Medicine study - Bone tomography regional	A
	Upper Limbs	
60900	Nuclear Medicine study - Venogram upper limb	D
	Humerus	
62900	Nuclear Medicine study - Bone limited/regional static	C
62905	Nuclear Medicine study - Bone limited static plus flow	C
62910	Nuclear Medicine study - Bone tomography regional	A

	Elbow	
63905	Nuclear Medicine study - Bone limited/regional static	C
63910	Nuclear Medicine study - Bone limited static plus flow	C
63910	Nuclear Medicine study - Bone tomography regional	A
	Forearm	
64900	Nuclear Medicine study - Bone limited/regional static	C
64905	Nuclear Medicine study - Bone limited static plus flow	C
64910	Nuclear Medicine study - Bone tomography regional	A
	Hand and Wrist	
65900	Nuclear Medicine study - Bone limited/regional static	C
65905	Nuclear Medicine study - Bone limited static plus flow	C
65910	Nuclear Medicine study - Bone tomography regional	A
	Soft Tissue	
69900	Nuclear Medicine study - Tumour localisation planar, static	B
69905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	D
69910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	D
69915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies and SPECT	D
69920	Nuclear Medicine study - Infection localisation planar, static	B
69925	Nuclear Medicine study - Infection localisation planar, static, multiple studies	D
69930	Nuclear Medicine study - Infection localisation planar, static and SPECT	D
69935	Nuclear Medicine study - Infection localisation planar, static, multiple studies and SPECT	D
69940	Nuclear Medicine study - Regional lymph node mapping dynamic	A
69945	Nuclear Medicine study - Regional lymph node mapping, static, planar	C
69950	Nuclear Medicine study - Regional lymph node mapping, static, planar, multiple	D
69955	Nuclear Medicine study - Regional lymph node mapping SPECT	A
69960	Nuclear Medicine study - Lymph node localisation with gamma probe	A
	Lower Limbs	
70900	Nuclear Medicine study - Venogram lower limb	D
	Femur	
71900	Nuclear Medicine study - Bone limited/regional static	C
71905	Nuclear Medicine study - Bone limited static plus flow	C
71910	Nuclear Medicine study - Bone tomography regional	A
	Knee	
72900	Nuclear Medicine study - Bone limited/regional static	C
72905	Nuclear Medicine study - Bone limited static plus flow	C
72910	Nuclear Medicine study - Bone tomography regional	A
	Lower Leg	
73900	Nuclear Medicine study - Bone limited/regional static	C
73905	Nuclear Medicine study - Bone limited static plus flow	C
73910	Nuclear Medicine study - Bone tomography regional	A
	Ankle and Foot	
74900	Nuclear Medicine study - Bone limited/regional static	C
74905	Nuclear Medicine study - Bone limited static plus flow	C
74910	Nuclear Medicine study - Bone tomography regional	A
	Soft Tissue	
79900	Nuclear Medicine study - Tumour localisation planar, static	B
79905	Nuclear Medicine study - Tumour localisation planar, static, multiple studies	D
79910	Nuclear Medicine study - Tumour localisation planar, static and SPECT	D
79915	Nuclear Medicine study - Tumour localisation planar, static, multiple studies & SPECT	D
79920	Nuclear Medicine study - Infection localisation planar, static	B
79925	Nuclear Medicine study - Infection localisation planar, static, multiple studies	D
79930	Nuclear Medicine study - Infection localisation planar, static and SPECT	D
79935	Nuclear Medicine study - Infection localisation planar, static, multiple studies and SPECT	D
79940	Nuclear Medicine study - Regional lymph node mapping dynamic	A
79945	Nuclear Medicine study - Regional lymph node mapping, static, planar	C
79950	Nuclear Medicine study - Regional lymph node mapping, static, planar, multiple studies	D
79955	Nuclear Medicine study - Regional lymph node mapping and SPECT	A
79960	Nuclear Medicine study - Lymph node localisation with gamma probe	A

ANNEXURE 4.1 UPFS TARIFFS
UPFS Annexure for Full-Paying Patients (Externally Funded, Foreigners, RGP and Patients with Private Doctor Incl): 1 April 2026

CODE	DESCRIPTION	BASIS	Professional Fee	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
			R	R c	R c	R c
01	***Anaesthetics***					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	326			
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	490			
0121	Anaesthetics Cat B – General medical practitioner	Procedure	554			
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	835			
0131	Anaesthetics Cat C – General medical practitioner	Procedure	1 953			
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	2 930			
0141	Anaesthetics Cat D – General medical practitioner	Procedure	2 734			
0142	Anaesthetics Cat D – Specialist medical practitioner	Procedure	4 105			
02	***Confinement***					
0210	Natural Birth – Facility Fee	Incident		6 029	6 029	7 020
0211	Natural Birth – General medical practitioner	Incident	3 273			
0212	Natural Birth – Specialist medical practitioner	Incident	4 221			
0213	Natural Birth – Nursing practitioner	Incident	3 955			
0220	Caesarean Section – Facility Fee	Incident		9 493	9 493	11 047
0221	Caesarean Section – General medical practitioner	Incident	3 273			
0222	Caesarean Section – Specialist medical practitioner	Incident	4 221			
03	***Dialysis***					
0310	Haemo – Facility Fee	Day		2 162	2 162	2 476
0311	Haemo-dialysis – General medical practitioner	Day	410			
0312	Haemo-dialysis – Specialist medical practitioner	Day	515			
0320	Peritoneal Dialysis – Facility Fee	Session		333	333	379
0321	Peritoneal Dialysis – General medical practitioner	Session	67			
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	80			
0330	Plasmapheresis – Facility Fee	Day		2 162	2 162	2 476
0331	Plasmapheresis – General medical practitioner	Day	410			
0332	Plasmapheresis – Specialist medical practitioner	Day	515			
04	***Medical Reports***					
0411	Medical Report – General medical practitioner	Report		855	855	855
0412	Medical Report – Specialist medical practitioner	Report		855	855	855
0421	Copies of Medical Reports, X-Ray reports, completion of certificates/forms - General medical practitioner	Copy		557	557	557
0422	Copies of Medical Reports, X-Ray reports, completion of certificates/forms - Specialist medical practitioner	Copy		557	557	557
0425	Copies of X-Ray films, Ultrasound, etc.	Copy		557	557	557
0431	Functional Assessment Report – General Medical Practitioner	Report		1 596	1 596	1 687
0432	Functional Assessment Report – Specialist medical practitioner	Report		2 822	2 822	2 913
0434	Functional Assessment Report – Allied health practitioner	Report		1 596	1 596	1 687
0440	Copies of Specialised Radiology (MRI, CT & Nuclear) Reports	Copy		1 533	1 533	1 533

05	***Imaging***					
0510	Radiology, Cat A – Facility Fee	Procedure		111	111	122
0511	Radiology, Cat A – General medical practitioner	Procedure	109			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	201			
0514	Radiology, Cat A – Allied health practitioner	Procedure	106			
0520	Radiology, Cat B – Facility Fee	Procedure		302	302	345
0521	Radiology, Cat B – General medical practitioner	Procedure	290			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	566			
0524	Radiology, Cat B – Allied health practitioner	Procedure	282			
0530	Radiology, Cat C – Facility Fee	Procedure		700	700	800
0531	Radiology, Cat C – General medical practitioner	Procedure	450			
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	1 381			
0540	Radiology, Cat D – Facility Fee	Procedure		1 399	1 399	1 597
0541	Radiology, Cat D – General medical practitioner	Procedure	897			
0542	Radiology, Cat D – Specialist	Procedure	2 757			
0550	Radiology, Cat E – Facility Fee	Procedure		3 565	3 565	4 075
0551	Radiology, Cat E – General medical practitioner	Procedure	3 301			
0552	Radiology, Cat E – Specialist	Procedure	6 881			
06	***Inpatients***					
0620	Inpatient High Care – Facility Fee	12 hours		1 719	2 148	3 077
0621	Inpatient High Care – General medical practitioner	12 hours	119			
0622	Inpatient High Care – Specialist medical practitioner	12 hours	230			
0630	Inpatient Intensive care – Facility Fee	12 hours		5 646	5 646	6 750
0631	Inpatient Intensive Care – General medical practitioner	12 hours	134			
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	255			
0650	Day Patient – Facility Fee	Day		923	1 166	1 706
0651	Day Patient – General medical practitioner	Day	231			
0652	Day Patient – Specialist medical practitioner	Day	402			
0653	Day Patient – Nursing practitioner	Day	134			
0660	Inpatient Boarder – Facility Fee	12 hours		265	265	265
0663	Inpatient Boarder/Patient Companion – Nursing practitioner	12 hours	23			
0670	Inpatient General Ward – Facility Fee	12 hours		554	709	1 333
0671	Inpatient General Ward – General medical practitioner	12 hours	116			
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	198			
0673	Inpatient General Ward – Nursing medical practitioner (MOU)	12 hours	76			
0680	Inpatient Chronic Care – Facility Fee	12 hours		326	326	326
0681	Inpatient Chronic Care – General medical practitioner	12 hours	33			
0682	Inpatient Chronic Care – Specialist medical practitioner	12 hours	84			
0683	Inpatient Chronic Care – Nursing practitioner	12 hours	27			
0690	Inpatient Specialised Intensive Care – Facility Fee	12 hours		8 998	8 998	8 998
0691	Inpatient Specialised Intensive Care – General medical practitioner	12 hours	402			
0692	Inpatient Specialised Intensive Care – Specialist medical practitioner	12 hours	764			
06100	Inpatient Specialised Intensive Care Paediatric – Facility Fee	12 hours		8 998	8 998	8 998
06101	Inpatient Specialised Intensive Care Paediatric – General medical practitioner	12 hours	402			
06102	Inpatient Specialised Intensive Care Paediatric– Specialist medical practitioner	12 hours	764			
06200	Inpatient Specialised Intensive Care Neonatal – Facility Fee	12 hours		11 9978	11 997	11 997

06201	Inpatient Specialised Intensive Care Neonatal – General medical practitioner	12 hours	539			
06202	Inpatient Specialised Intensive Care Neonatal – Specialist medical practitioner	12 hours	1 020			
07	***Mortuary***					
0710	Mortuary – Facility Fee	Day		282	282	320
0720	Cremation Certificate – Facility Fee	Certificate		282	282	320
08	***Pharmaceutical***					
0810	Medication Fee – Facility Fee	Prescription		51	51	61
0815	Item Fee	Item	Varies			
0816	Pharmaceutical – TTO	Item	Varies			
0817	Pharmaceutical – Chronic	Item	Varies			
0818	Pharmaceutical – Oncology	Item	Varies			
0819	Pharmaceutical – Immune suppressant drugs	Item	Varies			
0827	COVID Vaccine	Item	Varies			
09	***Oral Health* (Hospitals)**					
0910	Oral Care Cat A – Facility Fee	Procedure		41	41	47
0911	Oral Care Cat A – General practitioner	Procedure	61			
0912	Oral Care Cat A – Specialist practitioner	Procedure	73			
0914	Oral Care Cat A – Allied health practitioner	Procedure	54			
0920	Oral Care Cat B – Facility Fee	Procedure		124	124	149
0921	Oral Care Cat B – General practitioner	Procedure	142			
0922	Oral Care Cat B – Specialist practitioner	Procedure	228			
0924	Oral Care Cat B – Allied health practitioner	Procedure	116			
0930	Oral Care Cat C – Facility Fee	Procedure		780	780	896
0931	Oral Care Cat C – General practitioner	Procedure	864			
0932	Oral Care Cat C – Specialist practitioner	Procedure	1 483			
0940	Oral Care Cat D – Facility Fee	Procedure		2 914	3 071	3 517
0941	Oral Care Cat D – General practitioner	Procedure	2 652			
0942	Oral Care Cat D – Specialist practitioner	Procedure	5 441			
0950	Oral Care Cat E – Facility Fee	Procedure		10 348	10 348	11 825
0951	Oral Care Cat E – General practitioner	Procedure	8 919			
0952	Oral Care Cat E – Specialist practitioner	Procedure	18 301			
10	***Consultations***					
1010	Outpatient Consultation – Facility Fee	Visit		138	138	164
1011	Outpatient Consultation – General medical practitioner	Visit	151			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	351			
1013	Outpatient Consultation – Nursing practitioner	Visit	89			
1014	Outpatient Consultation – Allied health practitioner	Visit	91			
1020	Emergency Consultation – Facility Fee	Visit		277	277	331
1021	Emergency Consultation – General medical practitioner	Visit	231			
1022	Emergency Consultation – Specialist medical practitioner	Visit	525			
1023	Emergency Consultation – Nursing practitioner	Visit	134			
1024	Emergency Consultation – Allied health practitioner	Visit	138			
1040	Telephonic Consultation – Facility Fee	Visit		138	138	164
1041	Telephonic Consultation – General medical practitioner	Visit	151			
1042	Telephonic Consultation – Specialist medical practitioner	Visit	351			
1043	Telephonic Consultation – Nursing practitioner	Visit	89			
1044	Telephonic Consultation – Allied health practitioner	Visit	91			

11	*Minor Theatre Procedures*					
1110	Minor Procedure Cat A – Facility Fee	Procedure		650	650	779
1111	Minor Procedure Cat A – General medical practitioner	Procedure	228			
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	431			
1120	Minor Procedure Cat B – Facility Fee	Procedure		650	650	779
1121	Minor Procedure Cat B – General medical practitioner	Procedure	333			
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	754			
1130	Minor Procedure Cat C – Facility Fee	Procedure		650	650	779
1131	Minor Procedure Cat C – General medical practitioner	Procedure	524			
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	1 178			
1140	Minor Procedure Cat D – Facility Fee	Procedure		650	650	779
1141	Minor Procedure Cat D – General medical practitioner	Procedure	1 384			
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	3 123			
12	***Major Theatre Procedures***					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		2 103	3 077	3 551
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	228			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	431			
1220	Theatre Procedure Cat B – Facility Fee	Procedure		3 181	4 667	5 373
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	333			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	754			
1230	Theatre Procedure Cat C – Facility Fee	Procedure		5 466	8 019	9 252
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	524			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	1 178			
1240	Theatre Procedure Cat D – Facility Fee	Procedure		14 013	20 555	23 685
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	1 384			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	3 123			
1250	Theatre Procedure Cat E – Facility Fee	Procedure		19 618	28 776	33 160
1251	Theatre Procedure Cat E – General medical practitioner	Procedure	1 936			
1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	4 372			
13	***Treatments***					
1310	Supplementary Health Treatment – Facility Fee	Contact		89	89	106
1313	Supplementary Health Treatment – Nursing practitioner	Contact	77			
1314	Supplementary Health Treatment – Allied health practitioner	Contact	77			
1320	Supplementary Health Group Treatment – Facility Fee	Contact		69	69	76
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	54			
14	***Emergency Medical Services***			**Level 1** Patient Transport Vehicle	**Level 2** Standard Ambulance	**Level 3** Intensive Care Ambulance
1410	Patient Transport Service – Facility Fee	Once Off		85		
1420	Ambulance Transportation – Facility Fee	50 km			1 510	1 510
1424	Ambulance Transportation – Emergency Care Practitioner	Hour	792			
1425	Ambulance Transportation – Basic Ambulance Assistant	Hour	302			
1426	Ambulance Transportation – Ambulance Emergency Assistant	Hour	445			
1427	Ambulance Transportation – Emergency Care Assistant	Hour	445			
1428	Ambulance Transportation – Emergency Care Technician	Hour	480			
1429	Ambulance Transportation – Paramedic	Hour	551			
1430	Medical Response – Facility Fee	50 km			2 458	2 458
1434	Medical Response – Emergency Care Practitioner	Hour	792			
1435	Medical Response – Basic Ambulance Assistant	Hour	302			
1436	Medical Response – Ambulance Emergency Assistant	Hour	445			

14	***Emergency Medical Services (cont.)***					
1437	Medical Response – Emergency Care Assistant	Hour	445			
1438	Medical Response – Emergency Care Technician	Hour	480			
1439	Medical Response – Paramedic	Hour	551			
1450	Events EMS Standby – Facility Fee	Hour			1 823	2 458
1454	Events EMS Standby – Emergency Care Practitioner	Hour	792			
1455	Events EMS Standby – Basic Ambulance Assistant	Hour	302			
1456	Events EMS Standby – Ambulance Emergency Assistant	Hour	445			
1457	Events EMS Standby – Emergency Care Assistant	Hour	445			
1458	Events EMS Standby – Emergency Care Technician	Hour	480			
1459	Events EMS Standby – Paramedic	Hour	551			
1460	Medical Rescue – Facility Fee	50 km			2 584	2 584
1464	Medical Rescue – Emergency Care Practitioner	Hour	792			
1465	Medical Rescue – Basic Ambulance Assistant	Hour	302			
1466	Medical Rescue – Ambulance Emergency Assistant	Hour	445			
1467	Medical Rescue – Emergency Care Assistant	Hour	445			
1468	Medical Rescue – Emergency Care Technician	Hour	480			
1469	Medical Rescue – Paramedic	Hour	551			
1470	Aeromedical Services: Fixed Wing – Facility Fee	Hour			15 670	15 670
1474	Aeromedical Services: Fixed Wing – Emergency Care Practitioner	Hour	792			
1476	Aeromedical Services: Fixed Wing – Ambulance Emergency Assistant	Hour	445			
1477	Aeromedical Services: Fixed Wing – Emergency Care Assistant	Hour	445			
1478	Aeromedical Services: Fixed Wing – Emergency Care Technician	Hour	480			
1479	Aeromedical Services: Fixed Wing – Paramedic	Hour	551			
1480	Aeromedical Services: Helicopter – Facility Fee	Hour			17 210	17 210
1484	Aeromedical Services: Helicopter – Emergency Care Practitioner	Hour	792			
1486	Aeromedical Services: Helicopter – Ambulance Emergency Assistant	Hour	445			
1487	Aeromedical Services: Helicopter – Emergency Care Assistant	Hour	445			
1488	Aeromedical Services: Helicopter – Emergency Care Technician	Hour	480			
1489	Aeromedical Services: Helicopter – Paramedic	Hour	551			
15	***Assistive Devices & Prosthesis***					
1510	Assistive Devices – Item Fee	Item	Varies			
1520	Prosthetic Devices – Item Fee	Item	Varies			
1530	Dental Items – Item Fee	Item	Varies			
1540	Assistive Devices – Repairs to item	Item	Varies			
16	***Cosmetic Surgery***					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		4 424	4 648	5 050
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	2 550			
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	3 820			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		9 943	9 943	11 364
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	3 020			
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	4 532			
1630	Cosmetic Surgery Cat C – Facility Fee	Procedure		16 060	16 060	18 356
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	5 107			
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	7 658			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		27 128	27 128	31 001
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	5 727			
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	8 430			

17	**Laboratory Services**					
1700	Drawing of Blood	Per Contact		54	54	54
1710	Laboratory Tests	Varies				
18	***Radiation Oncology***					
1800	Radiation Oncology	Procedure	Varies			
19	***Nuclear Medicine***					
1900	Itemisation of Radiopharmaceuticals (Isotopes)	Item	Varies			
1910	Nuclear Medicine Cat A – Facility Fee	Procedure		994	994	994
1912	Nuclear Medicine Cat A – Specialist practitioner	Procedure	492			
1920	Nuclear Medicine Cat B – Facility Fee	Procedure		994	994	994
1922	Nuclear Medicine Cat B – Specialist practitioner	Procedure	1 484			
1930	Nuclear Medicine Cat C – Facility Fee	Procedure		994	994	994
1932	Nuclear Medicine Cat C – Specialist practitioner	Procedure	2 969			
1940	Nuclear Medicine Cat D – Facility Fee	Procedure		994	994	994
1942	Nuclear Medicine Cat D – Specialist practitioner	Procedure	4 454			
1950	Nuclear Medicine Cat E – Facility Fee	Procedure		10 596	10 596	10 596
1952	Nuclear Medicine Cat E – Specialist practitioner	Procedure	5 784			
20	***Ambulatory Procedures***					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		208	208	255
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	76			
2012	Ambulatory Procedure Cat A – Specialist medical Practitioner	Procedure	150			
20	***Ambulatory Procedures (cont.)***					
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	46			
2014	Ambulatory Procedure Cat A – Allied health worker	Procedure	46			
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		208	208	255
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	109			
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	164			
2023	Ambulatory Procedure Cat B – Nursing practitioner	Procedure	61			
2024	Ambulatory Procedure Cat B – Allied health worker	Procedure	61			
21	***Blood and Blood Products***					
2100	Blood and Blood Products	Itemisation				
22	***Hyperbaric Oxygen Therapy***					
2210	**Hyperbaric Oxygen Therapy – Facility Fee**	**Session**		2 181	2 181	2 181
2211	Hyperbaric Oxygen Therapy – General medical practitioner	Session	922			
2212	Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	922			
2220	**Hyperbaric Oxygen Therapy – Emergency Facility Fee**	**Session**		2 194	2 194	2 194
2221	Hyperbaric Oxygen Therapy – General medical practitioner	Session	1 345			
2222	Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	1 345			
23	***Consumables (Not included in Facility Fee)***					
2300	Consumables not included in the facility fee	Item	Varies			
2301	Administration Fee COVID-19 Vaccine	Per Dose		86.95	86.95	86.95
24	***Autopsies***					
2410	Autopsy – Facility Fee	Per Case		138	138	164
2411	Autopsy – General medical practitioner	Per Case	151			
2412	Autopsy – Specialist medical practitioner	Per Case	351			

NOTE: Interest will be charged on:

(1) overdue invoices;

(2) legal costs incurred; and

(3) any ancillary costs which may be levied by third parties.

ANNEXURE 4.2 UPFS TARIFFS
UPFS Annexure for H3 Patients: 1 APRIL 2026

CODE	DESCRIPTION	BASIS	Professional Fee R	FACILITY FEE		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
01	***Anaesthetics***					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	98			
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	147			
0121	Anaesthetics Cat B – General medical practitioner	Procedure	166			
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	251			
0131	Anaesthetics Cat C – General medical practitioner	Procedure	586			
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	879			
0141	Anaesthetics Cat D – General medical practitioner	Procedure	820			
0142	Anaesthetics Cat D – Specialist medical practitioner	Procedure	1 232			
02	***Confinement***					
0210	Natural Birth – Facility Fee	Incident	Free Services			
0211	Natural Birth – General medical practitioner	Incident				
0212	Natural Birth – Specialist medical practitioner	Incident				
0213	Natural Birth – Nursing practitioner	Incident				
0220	Caesarean Section – Facility Fee	Incident				
0221	Caesarean Section – General medical practitioner	Incident				
0222	Caesarean Section – Specialist medical practitioner	Incident				
03	***Dialysis***					
0310	Haemo – Facility Fee	Day		649	649	743
0311	Haemo-dialysis – General medical practitioner	Day	123			
0312	Haemo-dialysis – Specialist medical practitioner	Day	155			
0320	Peritoneal Dialysis – Facility Fee	Session		100	100	114
0321	Peritoneal Dialysis – General medical practitioner	Session	20			
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	24			
0330	Plasmapheresis – Facility Fee	Day		649	649	743
0331	Plasmapheresis – General medical practitioner	Day	123			
0332	Plasmapheresis – Specialist medical practitioner	Day	155			
04	***Medical Reports***					
0411	Medical Report – General medical practitioner	Report		855	855	855
0412	Medical Report – Specialist medical practitioner	Report		855	855	855
0421	Copies of Medical Reports, X-ray Reports, Completion of Certificates/Forms – General medical practitioner	Copy		547	547	547
0422	Copies of Medical Reports, X-ray Reports, Completion of Certificates/Forms – Specialist medical practitioner	Copy		547	547	547
0425	Copies of X-ray Films, Ultrasounds, etc.	Copy		547	547	547
0431	Functional Assessment Report – General medical practitioner	Report		1 596	1 596	1 687
0432	Functional Assessment Report – Specialist medical practitioner	Report		2 822	2 822	2 913
0434	Functional Assessment Report – Allied health practitioner	Report		1 596	1 596	1 687
0440	Copies of Specialised Radiology (MRI, CT & Nuclear) Reports	Copy		1 533	1 533	1 533

05	***Imaging***					
0510	Radiology, Cat A – Facility Fee	Procedure		33	33	37
0511	Radiology, Cat A – General medical practitioner	Procedure	33			
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	60			
0514	Radiology, Cat A – Allied health practitioner	Procedure	32			
0520	Radiology, Cat B – Facility Fee	Procedure		91	91	104
0521	Radiology, Cat B – General medical practitioner	Procedure	87			
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	170			
0524	Radiology, Cat B – Allied health practitioner	Procedure	85			
0530	Radiology, Cat C – Facility Fee	Procedure		210	210	240
0531	Radiology, Cat C – General medical practitioner	Procedure	135			
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	414			
0540	Radiology, Cat D – Facility Fee	Procedure		420	420	479
0541	Radiology, Cat D – General medical practitioner	Procedure	269			
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	827			
0550	Radiology, Cat E – Facility Fee	Procedure		1 070	1 070	1 223
0551	Radiology, Cat E – General medical practitioner	Procedure	990			
0552	Radiology, Cat E – Specialist	Procedure	2 064			
06	***Inpatients***					
0620	Inpatient High care – Facility Fee	12 hours		516	644	923
0621	Inpatient High Care – General medical practitioner	12 hours	36			
0622	Inpatient High Care – Specialist medical practitioner	12 hours	69			
0630	Inpatient Intensive Care – Facility Fee	12 hours		1 694	1 694	2 025
0631	Inpatient Intensive Care – General medical practitioner	12 hours	40			
0632	Inpatient Intensive Care – Specialist medical practitioner	12 hours	77			
0650	Day patient – Facility Fee	Day		277	350	512
0651	Day patient – General medical practitioner	Day	69			
0652	Day patient – Specialist medical practitioner	Day	121			
0653	Day patient – Nursing practitioner	Day	40			
0660	Inpatient Boarder – Facility Fee	12 hours		80	80	80
0663	Inpatient Boarder/ Patient Companion – Nursing practitioner	12 hours	7			
0670	Inpatient General ward – Facility Fee	12 hours		166	213	400
0671	Inpatient General Ward – General medical practitioner	12 hours	35			
0672	Inpatient General Ward – Specialist medical practitioner	12 hours	59			
0673	Inpatient General Ward – Nursing medical practitioner (MOU)	12 hours	23			
0680	Inpatient Chronic Care – Facility Fee	12 hours		98	98	98
0681	Inpatient Chronic Care – General medical practitioner	12 hours	10			
0682	Inpatient Chronic Care – Specialist medical practitioner	12 hours	25			
0683	Inpatient Chronic Care – Nursing practitioner	12 hours	8			
0690	Inpatient Specialised Intensive Care – Facility Fee	12 hours		2 699	2 699	2 699
0691	Inpatient Specialised Intensive Care – General medical practitioner	12 hours	121			
0692	Inpatient Specialised Intensive Care – Specialist medical practitioner	12 hours	229			
06100	Inpatient Specialised Intensive Care Paediatric – Facility Fee	12 hours		2 699	2 699	2 699
06101	Inpatient Specialised Intensive Care Paediatric – General medical practitioner	12 hours	121			
06102	Inpatient Specialised Intensive Care Paediatric – Specialist medical practitioner	12 hours	229			

06	***Inpatients (cont.)***					
06200	Inpatient Specialised Intensive Care Neonatal – Facility Fee	12 hours		3 599	3 599	3 599
06201	Inpatient Specialised Intensive Care Neonatal – General medical practitioner	12 hours	162			
06202	Inpatient Specialised Intensive Care Neonatal – Specialist medical practitioner	12 hours	306			
07	***Mortuary***					
0710	Mortuary – Facility Fee	Day		282	282	320
0720	Cremation Certificate – Facility Fee	Certificate		282	282	320
08	***Pharmaceutical***					
0810	Medication Fee – Facility Fee	Prescription		15	15	18
0815	Item Fee	Item	Varies			
0816	Pharmaceutical – TTO	Item	Varies			
0817	Pharmaceutical – Chronic	Item	Varies			
0818	Pharmaceutical – Oncology	Item	Varies			
0819	Pharmaceutical – Immune Suppressant Drugs	Item	Varies			
09	***Oral Health* (Hospitals)**					
0910	Oral Care Cat A – Facility Fee	Procedure		12	12	14
0911	Oral Care Cat A – General practitioner	Procedure	18			
0912	Oral Care Cat A – Specialist practitioner	Procedure	22			
0914	Oral Care Cat A – Allied health practitioner	Procedure	16			
0920	Oral Care Cat B – Facility Fee	Procedure		37	37	45
0921	Oral Care Cat B – General practitioner	Procedure	43			
0922	Oral Health Cat B – Specialist practitioner	Procedure	68			
0924	Oral Care Cat B – Allied health practitioner	Procedure	35			
0930	Oral Care Cat C – Facility Fee	Procedure		234	234	269
0931	Oral Care Cat C – General practitioner	Procedure	259			
0932	Oral Care Cat C – Specialist practitioner	Procedure	445			
0940	Oral Care Cat D – Facility Fee	Procedure		874	921	1 055
0941	Oral Care Cat D – General practitioner	Procedure	796			
0942	Oral Care Cat D – Specialist practitioner	Procedure	1 632			
0950	Oral Care Cat E – Facility Fee	Procedure		3 104	3 104	3 548
0951	Oral Care Cat E – General practitioner	Procedure	2 676			
0952	Oral Care Cat E – Specialist practitioner	Procedure	5 490			
10	***Consultations***					
1010	Outpatient Consultation – Facility Fee	Visit		41	41	49
1011	Outpatient Consultation – General medical practitioner	Visit	45			
1012	Outpatient Consultation – Specialist medical practitioner	Visit	105			
1013	Outpatient Consultation – Nursing practitioner	Visit	27			
1014	Outpatient Consultation – Allied health practitioner	Visit	27			
1020	Emergency Consultation – Facility Fee	Visit		83	83	99
1021	Emergency Consultation – General medical practitioner	Visit	69			
1022	Emergency Consultation – Specialist medical practitioner	Visit	158			
1023	Emergency Consultation – Nursing practitioner	Visit	40			
1024	Emergency Consultation – Allied health practitioner	Visit	41			
1040	Telephonic Consultation – Facility Fee	Visit		41	41	49
1041	Telephonic Consultation – General medical practitioner	Visit	45			
1042	Telephonic Consultation – Specialist medical practitioner	Visit	105			
1043	Telephonic Consultation – Nursing practitioner	Visit	27			
1044	Telephonic Consultation – Allied health practitioner	Visit	27			

11	***Minor Theatre Procedures***					
1110	Minor Procedure Cat A – Facility Fee	Procedure		195	195	234
1111	Minor Procedure Cat A – General medical practitioner	Procedure	68			
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	129			
1120	Minor Procedure Cat B – Facility Fee	Procedure		195	195	234
1121	Minor Procedure Cat B – General medical practitioner	Procedure	100			
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	226			
1130	Minor Procedure Cat C – Facility Fee	Procedure		195	195	234
1131	Minor Procedure Cat C – General medical practitioner	Procedure	157			
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	353			
1140	Minor Procedure Cat D – Facility Fee	Procedure		195	195	234
1141	Minor Procedure Cat D – General medical practitioner	Procedure	415			
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	937			
12	***Major Theatre Procedures***					
1210	Theatre Procedure Cat A – Facility Fee	Procedure		631	923	1 065
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	68			
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	129			
1220	Theatre Procedure Cat B – Facility Fee	Procedure		954	1 400	1 612
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	100			
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	226			
1230	Theatre Procedure Cat C – Facility Fee	Procedure		1 640	2 406	2 776
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	157			
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	353			
1240	Theatre Procedure Cat D – Facility Fee	Procedure		4 204	6 167	7 106
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	415			
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	937			
1250	Theatre Procedure Cat E – Facility Fee	Procedure		5 885	8 633	9 948
1251	Theatre Procedure Cat E – General medical practitioner	Procedure	581			
1222	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	1 312			
13	***Treatments***					
1310	Supplementary Health Treatment – Facility Fee	Contact		27	27	32
1313	Supplementary Health Treatment – Nursing practitioner	Contact	23			
1314	Supplementary Health Treatment – Allied health practitioner	Contact	23			
1320	Supplementary Health Group Treatment – Facility Fee	Contact		21	21	23
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	16			
14	***Emergency Medical Services***					
1410	Patient Transport Service – Facility Fee	Once Off		13		
1420	Ambulance Transportation – Facility Fee	50 km			227	227
1424	Ambulance Transportation – Emergency Care Practitioner	Hour	119			
1425	Ambulance Transportation – Basic Ambulance Assistant	Hour	45			
1426	Ambulance Transportation – Ambulance Emergency Assistant	Hour	67			
1427	Ambulance Transportation – Emergency Care Assistant	Hour	67			
1428	Ambulance Transportation – Emergency Care Technician	Hour	72			
1429	Ambulance Transportation – Paramedic	Hour	83			
1430	Medical Response – Facility Fee	50 km			369	369
1434	Medical Response – Emergency Care Practitioner	Hour	119			
1435	Medical Response – Basic Ambulance Assistant	Hour	45			
1436	Medical Response – Ambulance Emergency Assistant	Hour	67			
1437	Medical Response – Emergency Care Assistant	Hour	67			
1438	Medical Response – Emergency Care Technician	Hour	72			
1439	Medical Response – Paramedic	Hour	83			

14	***Emergency Medical Services (cont.)***					
1450	Events EMS Standby – Facility Fee	Hour	N.A			
1454	Events EMS Standby – Emergency Care Practitioner	Hour				
1455	Events EMS Standby – Basic Ambulance Assistant	Hour				
1456	Events EMS Standby – Ambulance Emergency Assistant	Hour				
1457	Events EMS Standby – Emergency Care Assistant	Hour				
1458	Events EMS Standby – Emergency Care Technician	Hour				
1459	Events EMS Standby – Paramedic	Hour				
1460	Medical Rescue – Facility Fee	50 km			388	388
1464	Medical Rescue – Emergency Care Practitioner	Hour	119			
1465	Medical Rescue – Basic Ambulance Assistant	Hour	45			
1466	Medical Rescue – Ambulance Emergency Assistant	Hour	67			
1467	Medical Rescue – Emergency Care Assistant	Hour	67			
1468	Medical Rescue – Emergency Care Technician	Hour	72			
1469	Medical Rescue – Paramedic	Hour	83			
1470	Aeromedical Services: Fixed Wing – Facility Fee	Hour			2 351	2 351
1474	Aeromedical Services: Fixed Wing – Emergency Care Practitioner	Hour	119			
1476	Aeromedical Services: Fixed Wing – Ambulance Emergency Assistant	Hour	67			
1477	Aeromedical Services: Fixed Wing – Emergency Care Assistant	Hour	67			
1478	Aeromedical Services: Fixed Wing – Emergency Care Technician	Hour	72			
1479	Aeromedical Services: Fixed Wing – Paramedic	Hour	83			
1480	Aeromedical Services: Helicopter – Facility Fee	Hour			2 582	2 582
1484	Aeromedical Services: Helicopter – Emergency Care Practitioner	Hour	119			
1486	Aeromedical Services: Helicopter – Ambulance Emergency Assistant	Hour	67			
1487	Aeromedical Services: Helicopter – Emergency Care Assistant	Hour	67			
1488	Aeromedical Services: Helicopter – Emergency Care Technician	Hour	72			
1489	Aeromedical Services: Helicopter – Paramedic	Hour	83			
15	***Assistive Devices & Prosthesis***					
1510	Assistive Devices - Item Fee	Item	Varies			
1520	Prosthetic Devices – Item Fee	Item	Varies			
1530	Dental Items – Item Fee	Item	Varies			
1540	Assistive Devices – Repairs to item	Item	Varies			
16	***Cosmetic Surgery***					
1610	Cosmetic Surgery Cat A – Facility Fee	Procedure		4 424	4 648	5 050
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	2 550			
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	3 820			
1620	Cosmetic Surgery Cat B – Facility Fee	Procedure		9 943	9 943	11 364
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	3 020			
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	4 532			
1630	Cosmetic Surgery Cat C – Facility Fee	Procedure		16 060	16 060	18 356
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	5 107			
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	7 658			
1640	Cosmetic Surgery Cat D – Facility Fee	Procedure		27 128	27 128	31 001
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	5 727			
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	8 430			

17	***Laboratory Services***					
1700	Drawing of Blood	Per Contact		16	16	16
1710	Laboratory Tests	Varies				
18	***Radiation Oncology***					
1800	Radiation Oncology	Procedure	Varies			
19	***Nuclear Medicine***					
1900	*Itemisation of Radiopharmaceuticals (Isotopes)*	Item	Varies			
1910	Nuclear Medicine Cat A – Facility Fee	Procedure		298	298	298
1912	Nuclear Medicine Cat A – Specialist practitioner	Procedure	148			
1920	Nuclear Medicine Cat B – Facility Fee	Procedure		298	298	298
1922	Nuclear Medicine Cat B – Specialist practitioner	Procedure	445			
1930	Nuclear Medicine Cat C – Facility Fee	Procedure		298	298	298
1932	Nuclear Medicine Cat C – Specialist practitioner	Procedure	891			
1940	Nuclear Medicine Cat D – Facility Fee	Procedure		298	298	298
1942	Nuclear Medicine Cat D – Specialist practitioner	Procedure	1 336			
1950	Positron Emission Tomography (PET) Cat E – Facility Fee	Procedure		3 179	3 179	3 179
1952	Positron Emission Tomography (PET) Cat E – Specialist practitioner	Procedure	1 735			
20	***Ambulatory Procedures***					
2010	Ambulatory Procedure Cat A – Facility Fee	Procedure		62	62	77
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	23			
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	45			
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	14			
2014	Ambulatory Procedure Cat A – Allied health worker	Procedure	14			

20	***Ambulatory Procedures (cont.)***					
2020	Ambulatory Procedure Cat B – Facility Fee	Procedure		62	62	77
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	33			
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	49			
2023	Ambulatory Procedure Cat B – Nursing practitioner	Procedure	18			
2024	Ambulatory Procedure Cat B – Allied health worker	Procedure	18			
21	***Blood and Blood Products***					
2100	Blood and Blood Products	Itemisation				
22	***Hyperbaric Oxygen Therapy***					
2210	Hyperbaric Oxygen Therapy – Facility Fee	Session		654	654	654
2211	Hyperbaric Oxygen Therapy – General medical practitioner	Session	277			
2212	Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	277			
2220	Emergency Hyperbaric Oxygen Therapy – Facility Fee	Session		658	658	658
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	404			
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	404			
23	***Consumables (Not included in Facility Fee)***					
2300	Consumables not included in the facility fee	Item	Varies			
2301	Administration Fee COVID-19 Vaccine	Per Dose	Varies			
24	***Autopsies***					
2410	Autopsy – Facility Fee	Per Case		138	138	164
2411	Autopsy – General medical practitioner	Per Case	151			
2412	Autopsy – Specialist medical practitioner	Per Case	351			

NOTE: Interest will be charged on:

(1) overdue invoices;
(2) legal costs incurred; and
(3) any ancillary costs which may be levied by third parties.

ANNEXURE 4.3 UPFS TARIFFS
UPFS Annexure for Subsidised Patients (H0, H1 and H2 patients): 1 APRIL 2026

CODE	DESCRIPTION	BASIS	Tariff Category	LEVELS		
				LEVEL 1	LEVEL 2	LEVEL 3
				R c	R c	R c
01	***Anaesthetics***					
0111	Anaesthetics Cat A – General medical practitioner	Procedure	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	65	65	65
0112	Anaesthetics Cat A – Specialist medical practitioner	Procedure	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	100	100	100
0121	Anaesthetics Cat B – General medical practitioner	Procedure	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	110	110	110
0122	Anaesthetics Cat B – Specialist medical practitioner	Procedure	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	165	165	165
0131	Anaesthetics Cat C – General medical practitioner	Procedure	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	390	390	390
0132	Anaesthetics Cat C – Specialist medical practitioner	Procedure	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	585	585	585
0141	Anaesthetics Cat D – General medical practitioner	Procedure	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	545	545	545
0142	Anaesthetics Cat D – Specialist medical practitioner	Procedure	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	820	820	820
02	***Confinement/Pregnant Women***					
0211	Natural Birth – General medical practitioner	Incident	H0	———	Free	———
			H1	———	Free	———
			H2	———	Free	———
0212	Natural Birth – Specialist medical practitioner	Incident	H0	———	Free	With certain exclusions
			H1	———	Free	
			H2	———	Free	
0213	Natural Birth – Nursing practitioner	Incident	H0	———	Free	
			H1	———	Free	
			H2	———	Free	
0221	Caesarean Section – General medical practitioner	Incident	H0	———	Free	———
			H1	———	Free	———
			H2	———	Free	———
0222	Caesarean Section – Specialist medical practitioner	Incident	H0	———	Free	———
			H1	———	Free	———
			H2	———	Free	———
03	***Dialysis***					
0311	Haemo-dialysis – General medical practitioner	Day	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	510	510	575
0312	Haemo-dialysis – Specialist medical practitioner	Day	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	535	535	600

03	***Dialysis** (cont.)*					
0321	Peritoneal Dialysis – General medical practitioner	Session	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	80	80	90
0322	Peritoneal Dialysis – Specialist medical practitioner	Session	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	80	80	90
0331	Plasmapheresis – General medical practitioner	Day	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	510	510	575
0332	Plasmapheresis – Specialist medical practitioner	Day	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	535	535	600
04	***Medical Reports***					
0411	Medical Report – General medical practitioner	Report	H0	855	855	855
			H1	855	855	855
			H2	855	855	855
0412	Medical Report – Specialist medical practitioner	Report	H0	855	855	855
			H1	855	855	855
			H2	855	855	855
0421	Copies of Medical Reports/Records/X-ray Reports/ Completion of Certificate/Forms – General medical practitioner	Copy	H0	547	547	547
			H1	547	547	547
			H2	547	547	547
0422	Copies of Medical Reports/Records/X-ray Reports/ Completion of Certificate/Forms – Specialist medical practitioner	Copy	H0	547	547	547
			H1	547	547	547
			H2	547	547	547
0425	Copies of X-ray Films, Ultrasounds, etc.	Copy	H0	547	547	547
			H1	547	547	547
			H2	547	547	547
0431	Functional Assessment Report – General medical practitioner	Report	H0	1 596	1 596	1 687
			H1	1 596	1 596	1 687
			H2	1 596	1 596	1 687
0432	Functional Assessment Report – Specialist medical practitioner	Report	H0	2 822	2 822	2 913
			H1	2 822	2 822	2 913
			H2	2 822	2 822	2 913
0434	Functional Assessment Report – Allied health practitioner	Report	H0	1 596	1 596	1 687
			H1	1 596	1 596	1 687
			H2	1 596	1 596	1 687
0440	Copies of Specialised Radiology (MRI, CT, Nuclear) Reports	Copy	H0	1 533	1 533	1 533
			H1	1 533	1 533	1 533
			H2	1 533	1 533	1 533
05	***Imaging***					
0511	Radiology, Cat A – General medical practitioner	Procedure	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	40	40	45
0512	Radiology, Cat A – Specialist medical practitioner	Procedure	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	60	60	65
0514	Radiology, Cat A – Allied health practitioner	Procedure	H0	———	Free	———
			H1	Included in the consultation/inpatient fee		
			H2	40	40	45

05	***Imaging** (cont)*					
0521	Radiology, Cat B – General medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	120	120	130
0522	Radiology, Cat B – Specialist medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	175	175	185
0524	Radiology, Cat B – Allied health practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	120	120	130
0531	Radiology, Cat C – General medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	230	230	250
0532	Radiology, Cat C – Specialist medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	415	415	435
0541	Radiology, Cat D – General medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	460	460	500
0542	Radiology, Cat D – Specialist medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	830	830	870
0551	Radiology, Cat E – General medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	1 375	1 375	1 475
0552	Radiology, Cat E – Specialist medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	2 090	2 090	2 190
06	***Inpatients***					
0621	Inpatient High Care – General medical practitioner		H0	————	Free	————
		30 day or part	H1	100	120	210
		12 hours	H2	130	160	225
0622	Inpatient High Care – Specialist medical practitioner		H0	————	Free	————
		30 day or part	H1	110	130	220
		12 hours	H2	135	165	230
0631	Inpatient Intensive Care – General medical practitioner		H0	————	Free	————
		30 day or part	H1	100	120	210
		12 hours	H2	405	405	485
0632	Inpatient Intensive Care – Specialist medical practitioner		H0	————	Free	————
		30 day or part	H1	110	130	220
		12 hours	H2	415	415	495
0651	Day patient – General medical practitioner	Day	H0	————	Free	————
			H1	80	95	135
			H2	80	95	135
0652	Day patient – Specialist medical practitioner	Day	H0	————	Free	————
			H1	95	110	150
			H2	95	110	150
0653	Day patient – Nursing practitioner	Day	H0	————	Free	————
			H1	75	90	130
			H2	75	90	130
0663	Inpatient Boarder/ Live-in child/ Patient companions – Nursing practitioner	30 day or part	H0	————	Free	————
		30 day or part	H1	25	25	25
		12 hours	H2	25	25	25

06	***Inpatients** (cont.)*					
0671	Inpatient General Ward – General medical practitioner		H0	————	Free	————
		30 day or part	H1	100	120	210
		12 hours	H2	50	60	105
0672	Inpatient General Ward – Specialist medical practitioner		H0	————	Free	————
		30 day or part	H1	110	130	220
		12 hours	H2	55	65	110
0673	Inpatient General Ward – Nursing medical practitioner (MOU)		H0	————	Free	————
		30 day or part	H1	90	110	190
		12 hours	H2	45	55	100
0681	Inpatient Chronic Care – General medical practitioner		H0	————	Free	————
		30 day or part	H1	100	120	210
		12 hours	H2	25	25	25
0682	Inpatient Chronic Care – Specialist medical practitioner		H0	————	Free	————
		30 day or part	H1	110	130	220
		12 hours	H2	30	30	30
0683	Inpatient Chronic Care – Nursing practitioner		H0	————	Free	————
		30 day or part	H1	100	120	210
		12 hours	H2	30	30	30
0691	Inpatient Specialised Intensive Care – General medical practitioner		H0	————	Free	————
		30 day or part	H1	100	120	210
		12 hours	H2	660	660	660
0692	Inpatient Specialised Intensive Care – Specialist medical practitioner		H0	————	Free	————
		30 day or part	H1	110	130	220
		12 hours	H2	685	685	685
06101	Inpatient Specialised Intensive Care – General medical practitioner		H0	————	Free	————
		30 day or part	H1	100	120	210
		12 hours	H2	660	660	660
06102	Inpatient Specialised Intensive Care – Specialist medical practitioner		H0	————	Free	————
		30 day or part	H1	110	130	220
		12 hours	H2	685	685	685
06201	Inpatient Specialised Intensive Care Paediatric – General medical practitioner		H0	————	Free	————
		30 day or part	H1	100	120	210
		12 hours	H2	880	880	880
06202	Inpatient Specialised Intensive Care Neonatal – Specialist medical practitioner		H0	————	Free	————
		30 day or part	H1	110	130	220
		12 hours	H2	910	910	910
07	***Mortuary***					
0710	Mortuary – Facility Fee	Day	H0	282	282	320
			H1	282	282	320
			H2	282	282	320
0720	Cremation Certificate – Facility Fee	Certificate	H0	282	282	320
			H1	282	282	320
			H2	282	282	320
08	***Pharmaceutical***					
0810	Medication Fee – Facility Fee	Prescription	H0	————	Free	————
			H1	————	Free	————
			H2	10	10	10
0815	Item Fee (20% of actual purchasing price (VAT included) plus 50% for overheads)	Item	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	20% of the full costs		

08	***Pharmaceutical (Cont.)***					
0816	Pharmaceutical – TTO	Item	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	20% of the full costs		
0817	Pharmaceutical – Chronic	Item	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	20% of the full costs		
0818	Pharmaceutical – Oncology	Item	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	20% of the full costs		
0819	Pharmaceutical – Immune Suppressant Drugs	Item	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	20% of the full costs		
09	***Oral Health***					
0911	Oral Care Cat A – General practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	20	20	20
0912	Oral Care Cat A – Specialist practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	25	25	25
0914	Oral Care Cat A – Allied health practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	20	20	20
0921	Oral Care Cat B – General practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	55	55	60
0922	Oral Health Cat B – Specialist practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	70	70	75
0924	Oral Care Cat B – Allied health practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	50	50	55
0931	Oral Care Cat C – General practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	330	330	355
0932	Oral Care Cat C – Specialist practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	450	450	475
0941	Oral Care Cat D – General practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	1 115	1 145	1 235
0942	Oral Care Cat D – Specialist practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	1 675	1 705	1 795
0951	Oral Care Cat E – General practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	3 855	3 855	4 150
0952	Oral Care Cat E – Specialist practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	5 730	5 730	6 025

10	***Consultations***					
			H0	————	Free	————
1011	Outpatient Consultation – General medical practitioner	Visit	H1	60	60	65
			H2	60	60	65
			H0	————	Free	————
1012	Outpatient Consultation – Specialist medical practitioner	Visit	H1	100	100	105
			H2	100	100	105
			H0	————	Free	————
1013	Outpatient Consultation – Nursing practitioner	Visit	H1	50	50	55
			H2	50	50	55
			H0	————	Free	————
1014	Outpatient Consultation – Allied health practitioner	Visit	H1	50	50	55
			H2	50	50	55
			H0	————	Free	————
1021	Emergency Consultation – General medical practitioner	Visit	H1	60	60	65
			H2	100	100	110
			H0	————	Free	————
1022	Emergency Consultation – Specialist medical practitioner	Visit	H1	100	100	105
			H2	160	160	170
			H0	————	Free	————
1023	Emergency Consultation – Nursing practitioner	Visit	H1	50	50	55
			H2	80	80	90
			H0	————	Free	————
1024	Emergency Consultation – Allied health practitioner	Visit	H1	50	50	55
			H2	85	85	95
			H0	————	Free	————
1041	Telephonic Consultation – General medical practitioner	Visit	H1	60	60	65
			H2	60	60	65
			H0	————	Free	————
1042	Telephonic Consultation – Specialist medical practitioner	Visit	H1	100	100	105
			H2	100	100	105
			H0	————	Free	————
1043	Telephonic Consultation – Nursing practitioner	Visit	H1	50	50	55
			H2	50	50	55
			H0	————	Free	————
1044	Telephonic Consultation – Allied health practitioner	Visit	H1	50	50	55
			H2	50	50	55
11	***Minor Theatre Procedures***					
			H0	————	Free	————
1111	Minor Procedure Cat A – General medical practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	175	175	200
			H0	————	Free	————
1112	Minor Procedure Cat A – Specialist medical practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	215	215	240
			H0	————	Free	————
1121	Minor Procedure Cat B – General medical practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	195	195	220
			H0	————	Free	————
1122	Minor Procedure Cat B – Specialist medical practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	280	280	305
			H0	————	Free	————
1131	Minor Procedure Cat C – General medical practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	235	235	260
			H0	————	Free	————
1132	Minor Procedure Cat C – Specialist medical practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	365	365	390

1141	Minor Procedure Cat D – General medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	405	405	430
1142	Minor Procedure Cat D – Specialist medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	755	755	780
12	***Major Theatre Procedures***					
1211	Theatre Procedure Cat A – General medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	465	660	755
1212	Theatre Procedure Cat A – Specialist medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	505	700	795
1221	Theatre Procedure Cat B – General medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	700	1 000	1 140
1222	Theatre Procedure Cat B – Specialist medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	785	1 085	2 085
1231	Theatre Procedure Cat C – General medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	1 200	1 710	1 955
1232	Theatre Procedure Cat C – Specialist medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	1 330	1 840	2 085
1241	Theatre Procedure Cat D – General medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	3 080	4 385	5 010
1242	Theatre Procedure Cat D – Specialist medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	3 430	4 735	5 360
1251	Theatre Procedure Cat E – General medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	4 295	6 125	7 000
1252	Theatre Procedure Cat E – Specialist medical practitioner	Procedure	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	4 755	6 585	7 460
13	***Treatments/Supplementary Health Services***					
1313	Supplementary Health Treatment – Nursing practitioner	Contact	H0	————	Free	————
			H1	15	15	15
			H2	35	35	35
1314	Supplementary Health Treatment – Allied health practitioner	Contact	H0	————	Free	————
			H1	15	15	15
			H2	35	35	35
1324	Supplementary Health Group Treatment – Allied health practitioner	Contact	H0	————	Free	————
			H1	10	10	10
			H2	25	25	25
14	***Emergency Medical Services***			**Level 1**	**Level 2**	**Level 3**
				Patient Transport Vehicle	Standard Ambulance	Intensive Care Ambulance
1410	Patient Transport Service – Facility Fee	Once Off	H0	————	Free	————
			H1	5		
			H2	10		
			H1		75	75
			H2		150	150

1424	Ambulance Transportation – Emergency Care Practitioner	Hour	H0	————	Free	————
			H1		115	115
			H2		230	230
1425	Ambulance Transportation – Basic Ambulance Assistant	Hour	H0	————	Free	————
			H1		90	90
			H2		180	180
1426	Ambulance Transportation – Ambulance Emergency Assistant Ambulance Transportation – Emergency Care Assistant	Hour	H0	————	Free	————
			H1		95	95
			H2		195	195
1427	Ambulance Transportation – Emergency Care Assistant	Hour	H0	————	Free	————
			H1		95	95
			H2		195	195
1428	Ambulance Transportation – Emergency Care Technician	Hour	H0	————	Free	————
			H1		100	100
			H2		200	200
1429	Ambulance Transportation – Paramedic	Hour	H0	————	Free	————
			H1		105	105
			H2		205	205
1434	Medical Response – Emergency Care Practitioner	Hour	H0	————	Free	————
			H1		165	165
			H2		325	325
1435	Medical Response – Basic Ambulance Assistant	Hour	H0	————	Free	————
			H1		140	140
			H2		275	275
1436	Medical Response – Ambulance Emergency Assistant	Hour	H0	————	Free	————
			H1		145	145
			H2		290	290
1437	Medical Response – Emergency Care Assistant	Hour	H0	————	Free	————
			H1		145	145
			H2		290	290
1438	Medical Response – Emergency Care Technician	Hour	H0	————	Free	————
			H1		150	150
			H2		295	295
1439	Medical Response – Paramedic	Hour	H0	————	Free	————
			H1		155	155
			H2		300	300
1450	Events EMS Standby – Facility Fee		H0 H1 H2	N.A		
1454	Events EMS Standby – Emergency Care Practitioner	Hour	H0 H1 H2			
1455	Events EMS Standby – Basic Ambulance Assistant	Hour	H0 H1 H2			
1456	Events EMS Standby – Ambulance Emergency Assistant	Hour	H0 H1 H2			
1457	Events EMS Standby – Emergency Care Assistant	Hour	H0 H1 H2			
1458	Events EMS Standby – Emergency Care Technician	Hour	H0 H1 H2			

1459	Events EMS Standby – Paramedic	Hour	H0 H1 H2			
1464	Medical Rescue – Emergency Care Practitioner	Hour	H0	———	Free	———
			H1		170	170
			H2		340	340
1465	Medical Rescue – Basic Ambulance Assistant	Hour	H0	———	Free	———
			H1		145	145
			H2		290	290
1466	Medical Rescue – Ambulance Emergency Assistant	Hour	H0	———	Free	———
			H1		150	150
			H2		305	305
1467	Medical Rescue – Emergency Care Assistant	Hour	H0	———	Free	———
			H1		150	150
			H2		305	305
1468	Medical Rescue – Emergency Care Technician	Hour	H0	———	Free	———
			H1		155	155
			H2		310	310
1469	Medical Rescue – Paramedic	Hour	H0	———	Free	———
			H1		160	160
			H2		315	315
1474	Aeromedical Services: Fixed Wing – Emergency Care Practitioner	Hour	H0	———	Free	———
			H1		825	825
			H2		1 645	1 645
1476	Aeromedical Services: Fixed Wing – Ambulance Emergency Assistant	Hour	H0	———	Free	———
			H1		805	805
			H2		1 610	1 610
1477	Aeromedical Services: Fixed Wing – Emergency Care Assistant	Hour	H0	———	Free	———
			H1		805	805
			H2		1 610	1 610
1478	Aeromedical Services: Fixed Wing – Emergency Care Technician	Hour	H0	———	Free	———
			H1		810	810
			H2		1 615	1 615
1479	Aeromedical Services: Fixed Wing – Paramedic	Hour	H0	———	Free	———
			H1		815	815
			H2		1 620	1 620
1484	Aeromedical Services: Helicopter – Emergency Care Practitioner	Hour	H0	———	Free	———
			H1		900	900
			H2		1 800	1 800
1486	Aeromedical Services: Helicopter – Ambulance Emergency Assistant	Hour	H0	———	Free	———
			H1		880	880
			H2		1 765	1 765
1487	Aeromedical Services: Helicopter – Emergency Care Assistant	Hour	H0	———	Free	———
			H1		880	880
			H2		1 765	1 765
1488	Aeromedical Services: Helicopter – Emergency Care Technician	Hour	H0	———	Free	———
			H1		885	885
			H2		1 770	1 770
1489	Aeromedical Services: Helicopter – Paramedic	Hour	H0	———	Free	———
			H1		890	890
			H2		1 775	1 775
15	***Assistive Devices & Prosthesis***					
1510	Assistive Devices/Orthotic Aids	Item	H0	———	Free	———
			H1	10% of full costs		
			H2	20% of full costs		
1520	Prosthesis	Item	H0	———	Free	———

			H1	Included in the consultation/inpatient fee		
			H2	20% of full costs		
1530	Dental Items – Item Fee	Item	H0	————	Free	————
			H1	10% of full costs		
			H2	20% of full costs		
1540	Assistive Devices – Repairs to Item	Item	H0	————	Free	————
			H1	10% of full costs		
			H2	20% of full costs		
16	***Cosmetic Surgery***					
			H0	6 974	7 198	7 600
1611	Cosmetic Surgery Cat A – General practitioner	Procedure	H1	6 974	7 198	7 600
			H2	6 974	7 198	7 600
			H0	8 244	8 468	8 870
1612	Cosmetic Surgery Cat A – Specialist practitioner	Procedure	H1	8 244	8 468	8 870
			H2	8 244	8 468	8 870
			H0	12 963	12 963	14 384
1621	Cosmetic Surgery Cat B – General practitioner	Procedure	H1	12 963	12 963	14 384
			H2	12 963	12 963	14 384
			H0	14 475	14 475	15 896
1622	Cosmetic Surgery Cat B – Specialist practitioner	Procedure	H1	14 475	14 475	15 896
			H2	14 475	14 475	15 896
			H0	21 167	21 167	23 463
1631	Cosmetic Surgery Cat C – General practitioner	Procedure	H1	21 167	21 167	23 463
			H2	21 167	21 167	23 463
			H0	23 718	23 718	26 014
1632	Cosmetic Surgery Cat C – Specialist practitioner	Procedure	H1	23 718	23 718	26 014
			H2	23 718	23 718	26 014
			H0	32 855	32 855	36 728
1641	Cosmetic Surgery Cat D – General practitioner	Procedure	H1	32 855	32 855	36 728
			H2	32 855	32 855	36 728
			H0	35 558	35 558	39 430
1642	Cosmetic Surgery Cat D – Specialist practitioner	Procedure	H1	35 558	35 558	39 430
			H2	35 558	35 558	39 430
17	***Laboratory Services***					
			H0	————	Free	————
1700	Drawing of Blood	Per contact	H1	Included in the consultation/inpatient fee		
			H2	10	10	10
			H0	————	Free	————
1710	Laboratory Tests	Varies	H1	Included in the consultation/inpatient fee		
			H2	20% of the full costs		
18	***Radiation Oncology***					
			H0	————	Free	————
1800	Radiation Oncology (NHRPL) less VAT	Procedure	H1	Included in the consultation/inpatient fee		
			H2	20% of the full costs		

19	***Nuclear Medicines***					
			H0	————	Free	————
1900	Itemisation of Isotopes	Item	H1	Included in the consultation/inpatient fee		
			H2	20% of actual costs		
			H0	————	Free	————
1912	Nuclear Medicine Cat A – Specialist practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	300	300	300
			H0	————	Free	————
1922	Nuclear Medicine Cat B – Specialist practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	495	495	495
			H0	————	Free	————
1932	Nuclear Medicine Cat C – Specialist practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	795	795	795
			H0	————	Free	————
1942	Nuclear Medicine Cat D – Specialist practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	1 090	1 090	1 090
			H0	————	Free	————
1952	Nuclear Medicine Cat E – Specialist practitioner		H1	Included in the consultation/inpatient fee		
			H2	3 275	3 275	3 275
20	***Ambulatory Procedures***					
			H0	————	Free	————
2011	Ambulatory Procedure Cat A – General medical practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	55	55	65
			H0	————	Free	————
2012	Ambulatory Procedure Cat A – Specialist medical practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	70	70	80
			H0	————	Free	————
2013	Ambulatory Procedure Cat A – Nursing practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	50	50	60
			H0	————	Free	————
2014	Ambulatory Procedure Cat A – Allied health worker	Procedure	H1	Included in the consultation/inpatient fee		
			H2	50	50	60
			H0	————	Free	————
2021	Ambulatory Procedure Cat B – General medical practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	60	60	70
			H0	————	Free	————
2022	Ambulatory Procedure Cat B – Specialist medical practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	75	75	85
			H0	————	Free	————
2023	Ambulatory Procedure Cat B – Nursing practitioner	Procedure	H1	Included in the consultation/inpatient fee		
			H2	50	50	60
			H0	————	Free	————
2024	Ambulatory Procedure Cat B – Allied health worker		H1	Included in the consultation/inpatient fee		
			H2	50	50	60
21	***Blood and Blood Products***					
			H0	————	Free	————
2100	Blood and Blood Products	Itemisation	H1	Included in the consultation/inpatient fee		
			H2	20% of actual costs		

22	***Hyperbaric Oxygen Therapy***					
2200	Hyperbaric Oxygen Therapy – Facility Fee	Per hour or part thereof	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
2211	Hyperbaric Oxygen Therapy – General medical practitioner	Session	H2	620	620	620
2212	Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	H2	620	620	620
2221	Emergency Hyperbaric Oxygen Therapy – General medical practitioner	Session	H2	710	710	710
2222	Emergency Hyperbaric Oxygen Therapy – Specialist medical practitioner	Session	H2	710	710	710
23	***Consumables (Not included in Facility Fee)***					
2300	Consumables not included in the facility fee	Item	H0	————	Free	————
			H1	Included in the consultation/inpatient fee		
			H2	20% of actual costs		
2301	Administration Fee COVID-19 Vaccine	Per Dose	H0	Varies		
			H1	Varies		
			H2	Varies		
24	***Autopsies***					
2411	Autopsies – General medical practitioner	Per Case	H0	289	289	315
			H1	289	289	315
			H2	289	289	315
2412	Autopsies – Specialist medical practitioner	Per Case	H0	489	489	515
			H1	489	489	515
			H2	489	489	515
25	***Cosmetic Surgery (Training Purposes)***					
2510	Cosmetic Surgery Cat A – Facility Fee (Training)	Procedure		n/a	n/a	841
2511	Cosmetic Surgery Cat A – General practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	424
2512	Cosmetic Surgery Cat A – Specialist practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	636
2520	Cosmetic Surgery Cat B – Facility Fee (Training)	Procedure		n/a	n/a	1 891
2521	Cosmetic Surgery Cat B – General practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/inpatient fee
			H2	n/a	n/a	503
2522	Cosmetic Surgery Cat B – Specialist practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	754
2530	Cosmetic Surgery Cat C – Facility Fee (Training)	Procedure		n/a	n/a	3 054

2531	Cosmetic Surgery Cat C – General practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	850
2532	Cosmetic Surgery Cat C – Specialist practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	1 275
2540	Cosmetic Surgery Cat D – Facility Fee (Training)	Procedure		n/a	n/a	5 158
2541	Cosmetic Surgery Cat D – General practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	954
2542	Cosmetic Surgery Cat D – Specialist practitioner (Training)	Procedure (Training)	H0	n/a	n/a	Free
			H1	n/a	n/a	Included in the consultation/ inpatient fee
			H2	n/a	n/a	1 430

NOTE: Interest will be charged on:
(1) overdue invoices;
(2) legal costs incurred; and
(3) any ancillary costs which may be levied by third parties.

SCHEDULE 5.1: FULL-PAYING (Externally Funded, Foreigners, RGP and Patients with Private Doctor incl.), H3 and H2 PATIENTS: RADIATION ONCOLOGY 1 APRIL 2026

	GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST (a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services. (b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment			
	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes			
		Full-Paying	**H3**	**H2**
5790	Non-Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy)	670	670	135
5791	Non-Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology-specific drug administration per treatment day. This fee is chargeable by a doctor with appropriate oncology training who owns or rents the facility, and by others, e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with Item 5790) (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	382	382	75
	Non-infusional chemotherapy: Consultations are charged separately.			
	Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately			
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities (consultations to be charged separately)	2 498	2 498	500
5794	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately trained medical, nursing and support staff are in attendance. This fee is chargeable by a doctor with appropriate oncology training who owns or rents the facility, and by others, e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with Item 5793) - only one of the parties are to charge this fee	1 234	1 234	245

20.11	**Radiation Therapy Planning**			
20.11.1	**Manual Radiotherapy Planning Procedures**			
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	795	795	160
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest -TECHNICAL COMPONENT	1 889	1 889	380
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	1 066	1 066	215
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	2 491	2 491	500
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	1 456	1 456	290
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	3 400	3 400	680
20.11.2	**Conventional Radiotherapy Planning Procedures**			
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	3 234	3 234	645
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	7 551	7 551	1 510
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	4 467	4 467	895
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	10 573	10 573	2 115
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	5 661	5 661	1 130
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	13 219	13 219	2 645
20.11.3	**Three-Dimensional Radiotherapy Planning Procedures**			
5820	Three-Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	4 567	4 567	915
5620	Three-Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	18 577	18 577	3 715
5821	Three-Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	7 753	7 753	1 550
5621	Three-Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	26 009	26 009	5 200

5822	Three-Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	10 537	10 537	2 105
5622	Three-Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	32 512	32 512	6 500
20.11.4	**Intensity Modulated Radiotherapy Planning Procedures**			
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	11 993	11 993	2 400
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	36 444	36 444	7 290
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	4 416	4 416	885
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	18 224	18 224	3 645
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT	14 323	14 323	2 865
5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	41 341	41 341	8 270
20.11.5	**Kilovolt Radiation Treatment**			
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	932	932	185
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	2 175	2 175	435
20.11.6	**Short Course Radiation Treatment**			
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	1 879	1 879	375
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	4 691	4 691	940
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	2 816	2 816	565

5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	6 567	6 567	1 315
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	3 618	3 618	725
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	8 444	8 444	1 690
20.11.7	**Weekly Radiation Treatment Sessions**			
20.11.7.1	**Weekly Radiation Treatment Sessions - Conventional Techniques**			
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	3 209	3 209	640
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	7 497	7 497	1 500
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	4 691	4 691	940
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	10 948	10 948	2 190
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	5 262	5 262	1 050
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	12 268	12 268	2 455
20.11.7.2	**Weekly Radiation Treatment Sessions - Advanced Techniques**			
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT	4 488	4 488	900
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	10 478	10 478	2 095
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	6 288	6 288	1 260
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	14 672	14 672	2 935
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	8 084	8 084	1 615
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	18 864	18 864	3 775
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	6 634	6 634	1 325
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	15 475	15 475	3 095

5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	15 719	15 719	3 145
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	36 681	36 681	7 335
20.11.8	**Stereotactic Radiation**			
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	70 717	70 717	14 145
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	165 008	165 008	33 000
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	81 326	81 326	16 265
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	189 762	189 762	37 950
20.12	**Brachytherapy**			
20.12.1	**Isotope/Applicator Therapy**			
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low-dose oral isotopes or use of surface applicators, up to five applications. Typically, an outpatient procedure. The cost of any isotopes and materials is not included - PROFESSIONAL COMPONENT	700	700	140
5670	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low-dose oral isotopes or use of surface applicators, up to five applications. Typically, an outpatient procedure. The cost of any isotopes and materials is not included - TECHNICAL COMPONENT	1 404	1 404	280
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical outpatient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials is not included - PROFESSIONAL COMPONENT	1 404	1 404	280
5672	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical outpatient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials is not included - TECHNICAL COMPONENT	2 799	2 799	560
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires in patient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included - PROFESSIONAL COMPONENT	3 883	3 883	775

5673	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high-dose radio-active isotopes requiring admission and monitoring. Typically requires inpatient admission and monitoring for more than 48 hours. The cost of any isotopes and materials is not included - TECHNICAL COMPONENT	7 764	7 764	1 555
20.12.2	**Brachytherapy Implants**			
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials is not included - PROFESSIONAL COMPONENT	1 387	1 387	275
5682	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials is not included - TECHNICAL COMPONENT	2 782	2 782	555
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials is not included - PROFESSIONAL COMPONENT	5 082	5 082	1 015
5683	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials is not included -TECHNICAL COMPONENT	10 164	10 164	2 035
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials is not included - PROFESSIONAL COMPONENT	6 777	6 777	1 355
5685	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials is not included - TECHNICAL COMPONENT	13 550	13 550	2 710
20.12.3	**Brachytherapy Treatment**			
5890	Brachytherapy Treatment: Global fee for manual after loading - includes storage, handling, calibration, planning (manual or computerised), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials is not included - PROFESSIONAL COMPONENT	3 959	3 959	790
5690	Brachytherapy Treatment: Global fee for manual after loading - includes storage, handling, calibration, planning (manual or computerised), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials is not included - TECHNICAL COMPONENT	7 921	7 921	1 585
5892	Brachytherapy Treatment: Global fee for remote after loading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials is not included - PROFESSIONAL COMPONENT	8 044	8 044	1 610
5893	Global Fee for remote after loading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials is not included - TECHNICAL COMPONENT	18 863	18 863	3 775

20.12.4	**Brachytherapy Imaging**			
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than Items 5883 or 5885 PROFESSIONAL COMPONENT	1 014	1 014	205
5695	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than Items 5883 or 5885 TECHNICAL COMPONENT	2 025	2 025	405

NOTE: Interest will be charged on:

(1) overdue invoices;

(2) legal costs incurred; and

(3) any ancillary costs which may be levied by third parties.

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