



GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

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No. 173

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Government Notice

MINISTRY OF LABOUR AND MANPOWER DEVELOPMENT

No. 28

1991

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

I, WILHELM FREDERICH GROBLER, Workmen's Compensation Commissioner, hereby give notice that acting under the powers vested in me by section 79 of the Workmen's Compensation Act, 1941, prescribe the "Scale of Fees for Medical Aid" inclusive of the general rules and general modifiers applicable thereto, appearing in the Schedule to this notice, with effect from 1 April 1991.

The fees appearing in the Schedule are applicable in respect of payments authorized with effect from 1 April 1991 irrespective of the date of the accident in respect of which payments are made.

W.F. GROBLER
WORKMEN'S COMPENSATION COMMISSIONER

SCHEDULE

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Notes

(i) THE WORKMAN AND THE DOCTOR

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

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

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

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

- (ii) Except where otherwise stated, the fees charged for services of a general practitioner shall be two-thirds of the fees of the specialist for the same service.
- (iii) Monetary values have been rounded off to the nearest 10 cents on the basis that monetary values ending with a 1 to 4 cents value must be rounded off to the lower zero, and that 5 to 9 cents must be rounded off to the upper zero.
- (iv) *Hospital visits:* Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and no fees may be

levied. Where no procedure or operation was carried out fees may be charged for hospital visits according to item 0110 for the first two weeks. Subsequent to the first two weeks of hospitalisation fees may be charged according to item 0111 for every week thereafter. Item 0109 should be used for a hospitalisation period of less than one week.

GENERAL RULES GOVERNING THE TARIFF

A. Consultation: Definitions

- (i) *First consultation*: Refers to a situation where a medical practitioner personally takes down a patient's medical history, performs an appropriate clinical examination and, if indicated, prescribes or administers treatment.
- (ii) *Subsequent consultation*: Refers to a voluntarily scheduled consultation performed for the same condition within four (4) months after the first consultation (although the symptoms or complaints may differ from those presented during the first consultation). It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling.
- (iii) *Prolonged consultation*: Refers to a consultation with a duration longer than 30 minutes due to an emergency situation.

B. Normal hours versus after-hours: Normal working hours refer to the period 08:00 to 17:00 on Mondays to Fridays; the period 08:00 to 13:00 on Saturdays; as well as all other periods voluntarily scheduled (even when for the convenience of the patient) by a medical practitioner for the rendering of services. All other periods are regarded as after-hours. Public holidays are not regarded as normal working days and involuntarily scheduled work performed on such days is regarded as after-hours work. Services are scheduled involuntarily for a specific time, if for medical reasons the doctor should not render the service at an earlier or later opportunity. Anaesthetic services are not voluntarily scheduled.

- C.** The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees shall be based on the fee in respect of a comparable service.
- D.** Unless timely steps are taken to cancel an appointment for a consultation, the relevant consultation fee shall be payable by the workman. In the case of a general practitioner, "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall however, be considered on merit and, if circumstances warrant, no fee shall be charged.
- E.** The appropriate fee may be charged for all pre-operative consultations with the exception of a routine pre-operative visit at the hospital.

- F. Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself.
- G. Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding four months. Where the surgeon does not himself complete the after-care, it shall be his responsibility to arrange for this to be done without extra charge: Provided that in the case of post-operative treatment of a prolonged or specialised nature, such fee as may be agreed upon between the surgeon and the Commissioner, may be charged.
- H. Items involving removal of lesions include follow-up treatment for four months.
- I. Fees for all pathological investigations performed by members of other disciplines (where permissible): See section for Pathology.
- J. In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged.
- K. Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending general practitioner. Medical practitioners referring cases to other medical practitioners shall, if known to them, indicate in the reference that the patient was injured in an "accident" and this shall also apply in respect of specimens sent to pathologists.
- L. If a procedure is performed at the time of an initial or subsequent consultation, the fee for the consultation plus the fee for the procedure is charged.
- M. If such a procedure, planned at an initial or subsequent consultation, is performed at another time, the fee for the procedure only is charged.
- N. (a) Where a fee for any service is prescribed herein, the medical practitioner shall not be entitled to payment calculated on a basis of visits or examinations made where such calculation would result in the prescribed fee being exceeded.
 - (b) The number of consultations must be in direct relation to the seriousness of the injury and should more than 20 consultations be necessary, the Commissioner must be furnished with a detailed motivation.
 - (c) A single fee for a consultation/visit shall be paid to a medical practitioner who gives a single treatment to an injured workman who thereafter passes to the permanent care of another medical practitioner, not being a partner or assistant of the first. The responsibility for furnishing the first medical report in such a case ordinarily rests with the second practitioner.

- O. (a) A workman should be hospitalised only if and for such a period his condition justifies *full-time* "medical aid".
- (b) Occupational therapy/Physiotherapy. The same principles set out in modifier 0077 will apply when a workman is referred to a therapist.
- (c) In the case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain in writing from the Commissioner for what amount the Commissioner will accept responsibility in respect of such treatment.
- P. Where a practitioner is entitled to travelling expenses and he/she visits more than one patient during the course of one trip or renders services to more than one patient during the course of one trip, the full travelling expenses must be divided *pro rata* between the relevant patients. A practitioner is not entitled to charge for travelling expenses to his/her rooms during normal working hours. If a practice is classified as an itinerant practice, the practitioner is, according to Ethical Rule 4(1) of the Acts and Omissions in respect of which the Medical and Dental Council may take disciplinary steps, not permitted to charge fees for travelling expenses except in case of an emergency.
- Q. In cases where a *second* Magnetic Resonance Imaging of the spine is deemed necessary, or a Magnetic Resonance Imaging of another anatomical region is requested, proper motivation must be submitted upon which the Commissioner will consider approval.

GENERAL MODIFIERS GOVERNING THE TARIFF

- 0001 An additional premium of 50% of the fee for the particular service shall apply to after-hours pathology services. For after-hours radiological services, the additional premium shall be 50% of the fee for the particular service (section 19.12 excluded) with a maximum premium of:
- | | |
|---------------------|-----------|
| Radiology | : R330,00 |
| Radiotherapy | : R360,00 |
| Ultrasound | : R300,00 |
| Computed Tomography | : R300,00 |
- 0002 Item 38/0101 is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him.
- 0003 The fee in respect of more than one abdominal operation or procedure performed through the same incision shall be 100% of the fee in respect of the major operation or procedure plus 50% of the fee for the second operation or procedure, plus 25% of the fee for the third procedure or operation, with a maximum of two such additional operations or procedures.

- 0005 The fee in respect of more than one operation or procedure performed under the same anaesthetic, but not through the same incision, shall be the tariff fee in respect of the major operation or procedure plus half the tariff fee in respect of each additional operation or procedure with a maximum of four additional operations or procedures. This rule shall not apply where four or more entirely unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee for his operation.

Note:

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

- 0006 A 25% reduction in the fee for a subsequent operation for the same condition within one month shall be applicable if the operations are performed by the same surgeon (an operation subsequent to a diagnostic procedure is excluded). After a period of one month, the full fee is applicable.
- 0007 Use of an ECG Monitor (own equipment) — R17,40.
- 0008 Use of sophisticated ECG Monitor (own equipment) concomitant with intra-vascular blood pressure recording — R69,80.
- 0009 The fee for an assistant is 15% of the fee for the specialist surgeon, with a minimum of R74,40. Where a procedure requires a specialist assistant, the fee is 33 $\frac{1}{3}$ % of the fee for the specialist surgeon.
- 0010 A fee for a local anaesthetic administered by the operator may only be charged for an operation or a procedure having a value greater than R93,00. The fee shall be calculated according to the basic anaesthetic fees for the specific operations. Anaesthetics time may not be charged for, but the minimum fee as per modifier 0036 shall be applicable in such a case. Not applicable to radiological procedures (such as angiography and myelography). **No fee may be levied for topical application of local anaesthetic.**
- 0011 The additional fee to all members of the surgical team for after-hours emergency surgery shall be R37,20 for each half hour or part thereof of the operation time.
- 0013 When an endoscopic examination is done before or after an operation by the operating surgeon or the attending anaesthetist, only 50% of the fee for the endoscopic examination may be charged.
- If a third person is called to do an endoscopic examination, the full fee may be charged.
- 0014 Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under General Rule J, except where already specified in the tariff.

INJECTIONS AND INFUSIONS

MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

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

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

- 0021 Anaesthetic fees are determined by obtaining the sum of the BASIC ANAESTHETIC UNITS AND THE TIME UNITS. IN CASES OF OPERATIVE PROCEDURES ON THE MUSCULO-SKELETAL SYSTEM, OPEN FRACTURES AND OPEN REDUCTION OF FRACTURES OR DISLOCATIONS ADD FEES AS LAID DOWN BY MODIFIERS 5441 TO 5448.

- 0023 The basic unit value is laid down in the Tariff. This basic unit value is a reflection of the additional anaesthetic risk, the technical skill required of the anaesthetist and the scope of the surgical procedure, but excludes the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic unit value in all cases on the following basis:

Anaesthetic time: The remuneration for anaesthetic time shall be per 15-minute period or part thereof, calculated from the commencement of the anaesthetic at R22,50 per 15-minute period or part thereof, provided that should the duration of the anaesthetic be longer than one hour the fee shall, after one hour, be R45,00 per 15-minute period or part thereof.

- 0024 If a pre-operative assessment of a patient by the anaesthetist is not followed by an operation, it will be regarded as a consultation at hospital or nursing home.

- 0025 Anaesthetic time is calculated from the time the anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthetist is no longer required to give his personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for anaesthetic time. The anaesthetist must show in his account the exact anaesthetic time and the supervision time *spent with the patient*.
- 0027 Where more than one operation is performed under the same anaesthetic, the basic value will be that of the major operation with the highest unit value.
- 0029 When rendered necessary by the scope of the anaesthetic, an assistant anaesthetist may be employed. The remuneration of the assistant anaesthetist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic.
- 0031 The treatment with intravenous drips and transfusions (i.e. re-identification of delivered and certified compatible blood with the patient and actual administering of blood) is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered during actual theatre or operating time. (For these services at other times see items 0205 and 0207.)
- 0033 When an anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated on full anaesthetic rate, subject to the provisions of modifier 0035.
- 0034 All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum basic anaesthetic fee of R60,00.
- 0035 The minimum fee for any anaesthetic procedure administered by a specialist anaesthetist shall be R105,00.
- 0036 Fees for an anaesthetic administered by a general practitioner shall be two-thirds of the units applicable to the specialist anaesthetist provided that no anaesthetic shall have a lesser value than R90,00. The monetary value of the unit is the same for both a specialist anaesthetist and a general practitioner anaesthetist.

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

- 0037 Utilisation of total body hypothermia: Add R45,00.
- 0038 For procedures performed by Lithotripsy: Add R30,00.

- 0039 Controlled hypotension: all cases up to one hour add R45,00, thereafter add R15,00 per $\frac{1}{4}$ hour or part thereof.
- 0041 Utilisation of hyperbaric pressurisation: Add R45,00.
- 0042 Utilisation of extracorporeal circulation: Add R45,00.
- 0044 Anaesthesia administered to patients in the prone position shall have a minimum basic anaesthetic fee of R60,00.

Modifiers 5441 to 5448

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

- 5441 In all cases of open fractures, open reduction of fractures and dislocations: Add R15,00 except where the procedure refers to the bones named in Modifiers 5442 to 5448.
- 5442 Shoulder, scapula, clavicle, humerus, elbow joint, upper $\frac{1}{3}$ tibia, knee joint, patella, mandible and temporo-mandibular joint: Add R30,00.
- 5443 Maxillary and orbital bones: Add 45,00.
- 5444 Shaft of femur. Add R60,00.
- 5445 Spine (except coccyx), pelvis, hip, neck of femur: Add R75,00.
- 5448 Sternum and/or ribs and procedures which involve an intra-thoracic approach. Add R120,00.

POST-OPERATIVE ALLEVIATION OF PAIN

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

MUSCULO-SKELETAL SYSTEM

MODIFIERS GOVERNING THIS SPECIFIC SECTION
OF THE TARIFF

- 0046 Where in the treatment of a specific fracture of dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. After one month, a full fee as for the initial treatment, is applicable.
- 0047 A fracture NOT requiring reduction shall be charged on a fee for service basis PROVIDED that the **cumulative amount does NOT exceed the charges for a reduction.**
- 0048 Where in the treatment of a fracture or dislocation an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be **R83,70 (including after-care).**
- 0049 **Except where otherwise specified,** in cases of compound fractures, R238,70 (specialists) and R158,10 (general practitioners) are to be added to the fees for the fractures, **including debridement.**
- 0050 In cases of a compound fracture where a debridement is followed by internal fixation (**excluding fixation with Kirschner wires and excluding fractures of hands and feet**), the full amount according to either modifier 0049 or 0051 may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either 0049 or 0051 as applicable).
- 0051 **Except where otherwise specified** in cases of fractures requiring open reduction, internal fixation, external skeletal fixation or bone grafting: Add R238,70 (specialists) and R158,10 (general practitioners).
- 0053 Fractures requiring percutaneous internal fixation [Insertion and removal of fixatives (wires) in respect of fingers and toes included]: Add R99,20 (specialists) and (general practitioners) add R65,10.
- 0055 Dislocation requiring open reduction: Fee for the specific joint plus R238,70 (specialists) and R158,10 (general practitioners).
- 0057 The maximum fee for multiple reconstructive procedures to one foot is R1 209,00.
- 0058 Revision operation for total joint replacement and immediate resubstitution (infected or non-infected): per fee for total joint replacement + 100%.

MODIFIER GOVERNING THE SPECIFIC SECTION
AMPUTATIONS (see item 0659)

- 0059 Primary guillotine amputation: 50% of specific procedure.

MODIFIER GOVERNING COMBINED PROCEDURES
ON THE SPINE

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

MODIFIER GOVERNING THE SUBSECTION
REPLANTATION OPERATION

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

MODIFIER GOVERNING THE SECTION LARYNX

- 0067 *Micro-surgery of the larynx*: To the fee of the operation performed add 25%. For other operations requiring the use of an operation microscope, the fee shall include the use of the microscope, except where otherwise specified elsewhere in the Tariff.
- 0068 Fees for multiple intra-nasal procedures should be charged for separately, subject to modifier 0005 with a maximum of three procedures. Applicable to the following items: 1020, 1022, 1024, 1025, 1029, 1035, 1039, 1041, 1043, 1067, 1069, 1073 and 1079.

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

MODIFIER GOVERNING THE SUBSECTION
INTENSIVE RESPIRATORY THERAPY

- 0070 A reduction of 66,67% (2/3) of the fee will apply to the pulmonary function tests as indicated in section 4.6.2 where hospital equipment is used.
- 0071 Where this work is done after hours, over a weekend or on public holidays, a further R37,20 may be charged.

MODIFIER GOVERNING THE SECTION
CARDIOVASCULAR SYSTEM

- 0073 *Intensive coronary care:* Visits: Add R37,20 for holidays, weekends and night visits.

MODIFIER GOVERNING
GASTROENTEROLOGY PROCEDURES

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

MODIFIER GOVERNING FEES FOR
FIBRE OPTIC PROCEDURES

- 0075 The fee plus R65,10 will apply where fibre optic procedures are performed in rooms with own equipment.

MODIFIER GOVERNING THE SECTION
OPEN-HEART SURGERY

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

SPECIFIC MODIFIER:
SECTION ON PHYSICAL TREATMENT

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

MODIFIER GOVERNING THE SECTION
MEDICAL PSYCHOTHERAPY

- 0079 When a first consultation proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated at R37,20 per 20 minutes.

MODIFIERS GOVERNING THE SECTION
DIAGNOSTIC RADIOLOGY

- 0080 Multiple examinations: Full fee.
- 0081 Repeat examinations: No reduction.
- 0082 *Means that this item is complementary to a preceding item and is therefore not subject to reduction.
- 0083 When a Radiologist makes use of hospital equipment, only 33,33% (one-third) of the fee for the examination is chargeable.
- 0084 In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit.
- 0085 In cases where a radiological examination is not preceded by a consultation by the radiologist, he may charge the nett cost of disposable material used. Each item must be clearly indicated on the account.

SPECIFIC MODIFIER GOVERNING
VASCULAR STUDIES

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

SPECIFIC MODIFIER GOVERNING
"FILM SERIES"

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

MODIFIER GOVERNING
CORONARY CINE ANGIOGRAPHY

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

MODIFIER GOVERNING COMPUTER TOMOGRAPHY

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

MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS

See modifiers 0152 — 0160 under paragraph 19.11.

MODIFIERS GOVERNING THE SECTION RADIOTHERAPY

- 0093 The fees for radiotherapy shall apply only where a specialist in radiotherapy uses his own apparatus.
- 0094 Where a specialist in radiotherapy uses hospital equipment, only 33,33% (one-third) of the fee for the therapeutic procedure is chargeable.

MODIFIERS GOVERNING THE SECTION PATHOLOGY

- 0097 Where items under Pathology and Anatomical Pathology fall within the province of other specialist or general practitioners, the fee is to be charged at two-thirds of the pathologist's fee.

II. COST OF MATERIAL

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

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

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

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
1. INTRAVENOUS TREATMENT			
0205 Intravenous infusions (push-in). Insertion of cannula — chargeable once per 24 hours	18,60	18,60	—
0207 Intravenous infusions (cutdown). Cutdown and insertion of cannula — chargeable once per 24 hours	24,80	24,80	—
0208 Central venous pressure monitoring and/or therapy, if done as a separate procedure. Not when done as part of an anaesthetic	55,80	55,80	—
NOTE: How to charge for intravenous infusions. Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations.			
2. INTEGUMENTARY SYSTEM			
2.1 Allergy:			
0217 First patch	12,40	12,40	—
0219 Each additional patch	6,20	6,20	—
0221 With a maximum of fees for reading of test as per subsequent consultation or visit (cost of material excluded)	74,40	74,40	—
2.2 Skin (general):			
0255 Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	62,00	62,00	45,00 + T
0257 Drainage of major hand or foot infection; drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of Pilonidal cyst of sinus	198,40	133,30	45,00 + T
0259 Removal of foreign body superficial to deep fascia (except hands)	62,00	62,00	45,00 + T
0261 Removal of foreign body deep to deep fascia (except hands)	96,10	96,10	45,00 + T

	Specialist	General practitioner	Anaesthetic
	R	R	R
2.3 Major plastic repair:			
NOTE: The tariff does not cover elective or cosmetic operations, since these procedures may not have the effect of reducing the percentage of permanent disablement as laid down in the First Schedule to the Act. It is incumbent upon the treating doctor to obtain the prior consent of the Commissioner before embarking upon such treatment.			
0289 Large skin grafts, composite skin grafts, full thickness free skin grafts	638,60	424,70	60,00 + T
0290 Reconstructive procedures (including all stages) and skin-graft by myocutaneous flap	1 271,00	846,30	60,00 + T
0291 Reconstructive procedures (including all stages) grafting by microvascular reanastomosis	2 480,00	1 652,30	60,00 + T
0292 Distant flaps: First stage	638,60	424,70	60,00 + T
0293 Contour grafts (excluding cost of material)	638,60	424,70	60,00 + T
0295 Local skin flaps (large, complicated)	638,60	424,70	60,00 + T
0297 Other procedures of major technical nature	638,60	424,70	60,00 + T
0299 Subsequent major procedures for repair of same lesion	322,40	213,90	60,00 + T
2.4 Lacerations, scars, cysts and other skin lesions:			
0301 Suture of wound (with or without local anaesthesia): Subject to rule G	43,40	43,40	45,00 + T
0302 Additional wound sutured at same sitting (each)	21,70	21,70	45,00 + T
0303 Major debridement of wound or secondary suture	155,00	124,00	45,00 + T
0304 Needle biopsy	77,50	49,60	45,00 + T
0305 Deep laceration involving limited muscle damage	198,40	133,30	60,00 + T
0306 Deep laceration involving extensive muscle damage (not applicable on fingers, toes and scalp)	396,80	263,50	60,00 + T
0307 Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	83,70	83,70	45,00 + T
0308 Each additional small procedure done at the same time	43,40	43,40	45,00 + T
0309 Maximum multiple additional minor procedures	322,40	213,90	45,00 + T
0310 Radical excision of nailbed	117,80	117,80	45,00 + T
0314 Requiring repair by large skin graft or large local flap or other procedures of similar magnitude. (Not applicable to fingers and toes)	322,40	213,90	60,00 + T
0315 Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	170,50	124,00	45,00 + T
2.6 Burns			
0345 Minor burns	*	*	45,00 + T
0347 Moderate burns	*	*	60,00 + T
0351 Major burns: Resuscitation (including supervision and intravenous therapy — first 48 hours)	855,60	570,40	75,00 + T
2.7 Hands (skin):			
0355 Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler	232,50	155,00	60,00 + T
0357 Small skin graft in acute hand injury	139,50	124,00	45,00 + T
0359 Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	595,20	396,80	45,00 + T
0361 Z-plasty	198,40	133,30	45,00 + T
0363 Local flap and skin graft	465,00	310,00	45,00 + T
0365 Cross finger flap (all stages)	595,20	396,80	45,00 + T
0367 Palmar flap (all stages)	595,20	396,80	45,00 + T
0369 Distant flap: First stage	465,00	310,00	45,00 + T
0371 Distant flap: Subsequent stage (not subject to General Modifier 0006)	238,70	158,10	45,00 + T
0373 Transfer neurovascular island flap	595,20	396,80	45,00 + T
0374 Syndactyly: Separation of, including skin graft for one web	638,60	424,70	45,00 + T
<i>Depuytren's contracture</i>			
0375 Fasciotomy	158,10	124,00	45,00 + T
0376 Fasciectomy	638,60	424,70	45,00 + T

* Per service (specify)

3. MUSCULO-SKELETAL SYSTEM

- M 0046 Where in the treatment of a fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting, the fee for the initial treatment of the fracture or dislocation shall be reduced by 50%. The full fee for the open reduction, internal fixation, external skeletal fixation or bone grafting may be charged. After one month, a full fee as for the initial treatment, is applicable.
- M 0047 A fracture NOT requiring reduction shall be charged on a fee for service basis PROVIDED that the cumulative amount does NOT exceed the charges for a reduction.
- M 0048 Where in the treatment of a fracture or dislocation an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be R83,70.
- M 0049 **Except where otherwise specified**, in cases of compound fractures, R238,70 (specialists) and R158,10 (general practitioners) are to be added to the fees for the fractures, including debridement.
- M 0050 In cases of a compound fracture where a debridement is followed by internal fixation (*excluding fixation with Kirschner wires and excluding fractures of hands and feet*) the full amount according to either modifier 0049 or 0051 may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either 0049 or 0051 as applicable).
- M 0051 **Except where otherwise specified**, in cases of fractures requiring open reduction, internal fixation, external skeletal fixation or bone grafting: Add R238,70 (specialists) and R158,10 (General practitioners).
- M 0053 Fractures requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Add R99,20 (specialists). General practitioners add R65,10.
- M 0055 Dislocation requiring open reduction: fee for the specific joint plus R238,70 (specialists) and R158,10 (general practitioners).
- M 0057 The maximum fee for multiple reconstructive procedures to one foot is R1 209,00.
- M 0058 Revision operation for total joint replacement and immediate resubstitution (infected or non-infected): per fee for total joint replacement plus 100%.
- M 0059 Primary guillotine amputation: 50% of specific procedure.

	Specialist	General practitioner	Anaesthetic
	R	R	R
3.1 Bones:			
3.1.1 Fractures			
0383 Scapula	*	*	45,00 + T + M
0387 Clavicle	*	*	45,00 + T + M
0389 Humerus	238,70	158,10	45,00 + T + M
0391 Radius and/or Ulna	238,70	158,10	45,00 + T + M
0392 Open reduction of both radius and ulna (Modifier 0051 not applicable)	651,00	434,00	45,00 + T + M
0402 Carpal bone	198,40	133,30	45,00 + T + M
0403 Bennett's fracture-dislocation	158,10	124,00	45,00 + T + M
0405 Metacarpal: Simple	124,00	124,00	45,00 + T + M
<i>Finger phalanx</i>			
<i>Distal:</i>			
0409 Simple	*	*	45,00 + T
0411 Compound	161,20	124,00	45,00 + T + M
<i>Proximal or middle:</i>			
0413 Simple	148,80	124,00	45,00 + T
0415 Compound	316,20	210,80	45,00 + T + M
<i>Pelvis:</i>			
0417 Closed	*	*	45,00 + T
0419 Operative reduction and fixation	992,00	660,30	45,00 + T + M
0421 Femur: Neck or Shaft	595,20	396,80	45,00 + T + M
0425 Patella	158,10	124,00	45,00 + T + M
0429 Tibia with or without Fibula	396,80	263,50	45,00 + T + M
0433 Fibula shaft	*	*	45,00 + T
0435 Malleolus of ankle	179,80	124,00	45,00 + T + M
0437 Fracture-dislocation of ankle	396,80	263,50	45,00 + T + M
0439 Tarsal bones and Os calcis	198,40	133,30	45,00 + T + M
0441 Metatarsal	58,90	58,90	45,00 + T + M
<i>Toe phalanx:</i>			
0443 Distal: Simple	*	*	45,00 + T
0445 Compound	99,20	99,20	45,00 + T + M
<i>Other:</i>			
0447 Simple	80,60	80,60	45,00 + T
0449 Compound	161,20	124,00	45,00 + T + M
<i>Sternum and (or) Ribs:</i>			
0451 Closed	*	*	45,00 + T
0452 Open reduction and fixation of multiple fractured ribs for flail chest	713,00	474,30	45,00 + T + M
<i>Spine:</i>			
<i>With or without paralysis:</i>			
0455 Cervical	*	*	45,00 + T + M
0456 Rest	*	*	45,00 + T + M
0459 Open reduction and internal fixation for fracture and/or dislocation of spine	992,00	660,30	45,00 + T + M
<i>Compression fracture:</i>			
0461 Cervical	*	*	45,00 + T + M
0462 Rest	*	*	45,00 + T + M
<i>Spinous or transverse processes:</i>			
0463 Cervical	*	*	45,00 + T + M
0464 Rest	*	*	45,00 + T + M
3.1.1.1 Operations for fractures:			
0465 Fractures involving large joints	595,20	396,80	45,00 + T + M
0473 Percutaneous insertion plus subsequent removal of Kirchner wires or Steinmann pin (Not subject to rule G)	99,20	99,20	45,00 + T
<i>Bonegrafting or internal fixation for mal- or non-union:</i>			
0475 Femur, Tibia, Humerus, Radius and Ulna	874,20	582,80	45,00 + T + M
0479 Other bones (Not applicable to fingers and toes)	477,40	319,30	45,00 + T + M

* Per service (specify)

	Specialist	General practitioner	Anaesthetic
	R	R	R
3.1.2 Bony operations:			
3.1.2.1 Bone grafting:			
0497 Resection of bone with or without grafting	874,20	582,80	45,00 + T + M
0499 Large bones	595,20	396,80	45,00 + T + M
0501 Small bones	396,80	263,50	45,00 + T + M
0503 Cartilage graft	638,60	424,70	45,00 + T + M
0505 Inter-metacarpal bone graft	455,70	303,80	45,00 + T + M
0507 Removal of autogenous bone for grafting (Not subject to modifier 0005)	155,00	124,00	45,00 + T + M
3.1.2.2 Acute or chronic osteomyelitis:			
0509 Conservative treatment	*	*	—
0511 Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care			
0512 Sternum sequestrectomy and drainage: Including six weeks after-care	396,80	263,50	45,00 + T + M
3.1.2.3 Osteotomy:			
0514 Sternum: Repair of pectus-excavatum	1 023,00	682,00	45,00 + T + M
0515 Sternum: Repair of pectus carinatum	1 023,00	682,00	45,00 + T + M
0516 Pelvic	992,00	660,30	45,00 + T + M
0521 Femoral: Proximal	992,00	660,30	45,00 + T + M
0527 One leg/knee region	992,00	660,30	45,00 + T + M
0528 Os Calcis (Dwyer operation)	356,50	238,70	45,00 + T + M
0530 Metacarpal and phalanx: Corrective for mal-union or rotation	372,00	248,00	45,00 + T + M
0532 Rotation osteotomies of the Radius, Ulna or Humerus	496,00	331,70	45,00 + T + M
0533 Osteotomy single metatarsal	186,00	124,00	45,00 + T + M
0534 Multiple metatarsal osteotomies	465,00	310,00	45,00 + T + M
3.1.2.4 Exostosis			
<i>Excision:</i>			
0535 Readily accessible sites	186,00	124,00	45,00 + T + M
0537 Less accessible sites	297,60	198,40	45,00 + T + M
3.1.2.5 Biopsy			
0539 Needle Biopsy: Spine (no after-care), Modifier 0005 not applicable	155,00	124,00	60,00 + T
0541 Needle Biopsy: Other sites (no after-care), Modifier 0005 not applicable	99,20	99,20	60,00 + T
OPEN (MODIFIER 0005 NOT APPLICABLE)			
0543 Readily accessible site	198,40	133,30	Per bone
0545 Less accessible site	297,60	198,40	Per bone
3.2 Joints			
3.2.1 Dislocations			
0547 Clavicle: either end	117,80	117,80	45,00 + T + M
0549 Shoulder	158,10	124,00	45,00 + T + M
0551 Elbow	158,10	124,00	45,00 + T + M
0552 Wrist	238,70	158,10	45,00 + T + M
0553 Prilunar transscaphoid fracture dislocation	403,00	269,70	45,00 + T + M
0555 Lunate	238,70	158,10	45,00 + T + M
0556 Carpo-metacarpo dislocation	158,10	124,00	45,00 + T + M
0557 Metacarpo-phalangeal and inter-phalangeal (<i>hand</i>)	80,60	80,60	45,00 + T + M
0559 Hip	337,90	226,30	45,00 + T + M
0561 Knee	297,60	198,40	45,00 + T + M
0563 Patella	99,20	99,20	45,00 + T + M
0565 Ankle	279,00	186,00	45,00 + T + M
0567 Sub-Talar dislocation	279,00	186,00	45,00 + T + M
0569 Intertarsal or Tarsometatarsal or Midtarsal	238,70	158,10	45,00 + T + M
0571 Metatarsophalangeal and interphalangeal joints (<i>foot</i>) ..	43,40	43,40	45,00 + T + M
0573 Spine with or without paralysis	*	*	—
0577 Operative treatment (<i>see 0459</i>)	*	*	—

* Per service (specify)

		Specialist	General practitioner	Anaesthetic
		R	R	R
3.2.2 Operations for dislocations:				
0578	Recurrent dislocation of shoulder	620,00	412,30	45,00 + T + M
0579	Recurrent dislocation of large joints	499,10	331,70	45,00 + T + M
3.2.3 Capsular operations:				
<i>Capsulotomy or arthrotomy or biopsy or drainage of joint:</i>				
0582	Small joint (including three weeks after-care)	158,10	124,00	45,00 + T + M
0583	Large joint (including three weeks after-care)	297,60	198,40	45,00 + T + M
0585	Capsulectomy digital joint	198,40	133,30	45,00 + T + M
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	279,00	186,00	45,00 + T + M
0587	Release of digital joint contracture	396,80	263,50	45,00 + T + M
3.2.4 Synovectomy:				
0589	Digital joint	238,70	158,10	45,00 + T + M
0592	Large joint	496,00	331,70	45,00 + T + M
0593	Tendon synovectomy	396,80	263,50	45,00 + T + M
3.2.5 Arthrodesis				
0597	Shoulder	694,40	461,90	45,00 + T + M
0598	Elbow	558,00	372,00	45,00 + T + M
0599	Wrist	558,00	372,00	45,00 + T + M
0600	Digital joint	396,80	263,50	45,00 + T + M
0601	Hip	992,00	660,30	45,00 + T + M
0602	Knee	558,00	372,00	45,00 + T + M
0603	Ankle	558,00	372,00	45,00 + T + M
0604	Sub-talar	403,00	269,70	45,00 + T + M
0605	Stabilization of foot (triple-arthrodeses)	558,00	372,00	45,00 + T + M
0607	Mid-tarsal wedge resection	558,00	372,00	45,00 + T + M
3.2.6 Arthroplasty				
0614	Debridement large joints	496,00	331,70	45,00 + T + M
0615	Excision medial or lateral end of clavicle	359,60	238,70	45,00 + T + M
0617	Shoulder: Acromioplasty	595,20	396,80	45,00 + T + M
0619	Shoulder: Partial replacement	858,70	573,50	75,00 + T + M
0620	Shoulder: Total replacement	1 289,60	858,70	75,00 + T + M
0621	Elbow: Excision head of radius	297,60	198,40	45,00 + T + M
0622	Elbow: Excision	595,20	396,80	45,00 + T + M
0623	Elbow: Partial replacement	582,80	387,50	45,00 + T + M
0624	Elbow: Total replacement	874,20	582,80	45,00 + T + M
0625	Wrist: Excision distal end of ulna	297,60	198,40	45,00 + T + M
0626	Wrist: Excision single bone	341,00	226,30	45,00 + T + M
0627	Wrist: Excision proximal row	514,60	344,10	45,00 + T + M
0629	Wrist: Partial replacement	514,60	344,10	45,00 + T + M
0631	Wrist: Total replacement	771,90	514,60	45,00 + T + M
0635	Digital joint: Total replacement	595,20	396,80	45,00 + T + M
0637	Hip: Total replacement	1 289,60	858,70	45,00 + T + M
0639	Hip: Cup	1 289,60	858,70	45,00 + T + M
0641	Hip: Prosthetic replacement of femoral head	892,80	595,20	45,00 + T + M
0643	Hip: Girdlestone	992,00	660,30	45,00 + T + M
0645	Knee: Partial replacement	858,70	573,50	45,00 + T + M
0646	Knee: Total replacement	1 289,60	858,70	45,00 + T + M
0649	Ankle: Total replacement	771,90	514,60	45,00 + T + M
0650	Ankle: Astragalectomy	477,40	319,30	45,00 + T + M
3.2.7 Miscellaneous (joints)				
0661	Aspiration of joint or intra-articular injection (not subject to rule G)	27,90	27,90	45,00 + T
0667	Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable	186,00	124,00	45,00 + T
0669	Manipulation large joint under general anaesthetic (not subject to rule G)	43,40	43,40	Hip 60,00 + T Knee 45,00 + T Shoulder 45,00 + T

	Specialist	General practitioner	Anaesthetic
	R	R	R
0670 The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic	*	*	
0673 Meniscectomy or operation for other internal derangement of knee	337,90	226,30	45,00 + T + M
3.2.8 Joint ligament reconstruction or suture			
0675 Ankle: Collateral	496,00	331,70	45,00 + T + M
0677 Knee: Collateral	496,00	331,70	45,00 + T + M
0678 Knee: Cruciate	496,00	331,70	45,00 + T + M
0679 Ligament augmentation procedure of knee	868,00	579,70	45,00 + T + M
0680 Digital joint ligament	434,00	288,30	45,00 + T + M
3.3 Amputations			
3.3.1 Specific amputations			
M 0059 Primary guillotine amputation: 50% of specific procedure.			
0682 Fore-quarter amputation	991,40	607,60	135,00 + T + M
0683 Through shoulder	458,80	306,90	75,00 + T + M
0685 Upper arm or fore-arm	359,60	238,70	45,00 + T + M
0687 Partial amputation of the hand: One ray	316,20	210,80	45,00 + T + M
0691 Part of/ or whole of finger (skin flap included)	158,10	124,00	45,00 + T + M
0693 Hindquarter amputation	302,00	868,00	90,00 + T + M
0695 Through hip joint region	595,20	396,80	90,00 + T + M
0697 Through thigh	396,80	263,50	90,00 + T + M
0699 Below knee, through knee or Syme	458,80	306,90	75,00 + T + M
0701 Trans metatarsal or transtarsal	279,00	186,00	45,00 + T + M
0703 Foot: One ray	198,40	133,30	45,00 + T + M
0705 Toe (skin flap included)	117,80	117,80	45,00 + T + M
3.3.2 Post-amputation reconstruction			
0706 Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler	232,50	155,00	45,00 + T + M
NOTE: If not performed on thumb or index finger, it must be motivated			
0707 Krukenberg reconstruction	638,60	424,70	45,00 + T + M
0709 Metacarpal transfer	595,20	396,80	45,00 + T + M
0711 Pollicization of the finger (This procedure shall not apply to I.O.D. cases)	—	—	—
0712 Toe to thumb transfer (This procedure shall not apply to I.O.D. cases)	—	—	—
3.4 Muscles, tendons and fasciae			
3.4.1 Investigations			
0713 Electromyography	232,50	155,00	45,00 + T
0714 Electromyographic neuromuscular junctional study, including edrophonium response	176,70	117,80	45,00 + T
0715 Strength duration curve per session	32,60	21,70	45,00 + T
0717 Electrical examination of single nerve or muscle	27,90	18,60	45,00 + T
0721 Voltage integration during isometric contraction	37,20	24,80	45,00 + T
0723 Tonometry with edrophonium	24,80	15,50	45,00 + T
0725 Isometric tension studies with edrophonium	31,00	21,70	45,00 + T
<i>Cranial reflex study (both early and late responses) supra oculofacial or corneofacial or Flabellofacial</i>			
0727 Unilateral	24,80	15,50	45,00 + T
0728 Bilateral	46,50	31,00	45,00 + T
0729 Tendonreflex time	21,70	15,50	45,00 + T
0730 Limb-brain somatosensory studies (per limb)	151,90	99,20	—
0731 Visio and audio-sensory studies	151,90	99,20	—
0733 Motor nerve conduction studies (single nerve)	80,60	52,70	45,00 + T
0735 Examinations of sensory nerve conduction by sweep averages (single nerve)	96,10	62,00	45,00 + T
0737 Biopsy for motor nerve terminals and end plates	62,00	62,00	45,00 + T
0739 Combined muscle biopsy with end plates and nerve terminal biopsy	105,40	105,40	120,00 + T

* Per service (specify)

	Specialist	General practitioner	Anaesthetic
	R	R	R
0740 Muscle fatigue studies	62,00	62,00	120,00 + T
0741 Muscle biopsy	62,00	62,00	120,00 + T
0742 Global fee for all muscle studies, including histo-chemical studies	812,20	—	—
<i>Biochemical estimations on muscle biopsy specimens</i>			
4701 Creatine kinase	20,30	—	—
4703 Adenylate kinase	33,30	—	—
4705 Pyruvate kinase	5,70	—	—
4707 Lactate dehydrogenase	1,60	—	—
4709 Adenylate deaminase	9,90	—	—
4711 Phosphoglycerate kinase	13,70	—	—
4713 Phosphoglycerate mutase	25,90	—	—
4715 Enolase	32,70	—	—
4717 Phosphofructokinase	37,70	—	—
4719 Aldolase	15,80	—	—
4721 Glyceraldehyde 3 Phosphate Dehydrogenase	11,10	—	—
4723 Phosphorylase	34,70	—	—
4725 Phosphoglucosomutase	40,30	—	—
4727 Phosphohexose Isomerase	28,80	—	—
3.4.2 Decompression Operations			
0743 Major Compartemental Decompression	409,20	272,80	45,00 + T
0744 Fasciotomy only	186,00	124,00	45,00 + T
3.4.3 Muscle and tendon repair			
0745 Biceps humeri	337,90	226,30	45,00 + T
0746 Removal of calcification in Rotator cuff	297,60	198,40	45,00 + T + M
0747 Rotator cuff	415,40	275,90	60,00 + T
0755 Infrapatellar or quadriceps tendon	396,80	263,50	45,00 + T
0757 Achilles tendon	396,80	263,50	60,00 + T
0759 Other single tendon	238,70	158,10	45,00 + T
0763 Tendon or ligament injection	27,90	27,90	45,00 + T
0765 Suture multiple tendons (maximum)	514,60	344,10	60,00 + T
<i>Hand:</i>			
<i>Flexor tendon suture</i>			
0767 Primary	396,80	263,50	45,00 + T
0769 Secondary	496,00	331,70	45,00 + T
<i>Extensor tendon suture</i>			
0771 Primary	198,40	133,30	45,00 + T
0773 Secondary	248,00	164,30	45,00 + T
0774 Repair of Boutonnière deformity or Mallet Finger	378,20	251,10	45,00 + T
3.4.4 Tendon graft			
0775 Free tendon graft	496,00	331,70	45,00 + T
0776 Reconstruction of pulley for flexor tendon	155,00	124,00	45,00 + T
<i>Finger</i>			
0777 Flexor	595,20	396,80	45,00 + T
0779 Extensor	378,20	251,10	45,00 + T
0780 Two-stage flexor tendon graft using silastic rod	744,00	496,00	45,00 + T
3.4.5 Tenolysis			
0781 Tendon freeing operation, except where specified elsewhere	198,40	133,30	45,00 + T
0782 Carpal tunnel syndrome	198,40	133,30	45,00 + T
0783 De Quervain	117,80	117,80	45,00 + T
0784 Trigger finger	117,80	117,80	45,00 + T
0785 Flexor tendon freeing operation following free tendon graft or suture	465,00	310,00	45,00 + T
0787 Extensor tendon freeing operation following graft or suture	356,50	238,70	45,00 + T
0788 Intrinsic tendon release per finger	198,40	133,30	45,00 + T
0789 Central tendon tenotomy for Boutonnière deformity	198,40	133,30	45,00 + T
3.4.6 Tenodesis			
0790 Digital joint	279,00	186,00	45,00 + T

* Per service (specify)

	Specialist	General practitioner	Anaesthetic
	R	R	R
3.4.7 Muscle, tendon and fascia transfer			
0791 Single tendon transfer	297,00	198,40	45,00 + T
0792 Multiple tendon transfer	396,80	263,50	45,00 + T
0793 Hamstring to quadriceps transfer	437,10	291,40	45,00 + T
0794 Pectoralis major or Latissimus dorsi transfer to biceps tendon	992,00	660,30	75,00 + T
0795 Tendon transfer at elbow	359,60	238,70	45,00 + T
0796 Iliopsoas at hip	694,40	461,90	75,00 + T
0797 Knee (Eggers)	437,10	291,40	45,00 + T
<i>Hand tendons</i>			
0803 Single tendon transfer	297,60	198,40	45,00 + T
0809 Substitution for intrinsic paralysis of hand	694,40	461,90	45,00 + T
0811 Opponens transfers	396,80	263,50	45,00 + T
3.4.8 Muscle slide operations and tendon lengthening			
0812 Percutaneous Tenotomy: All sites	117,80	117,80	45,00 + T
0813 Torticollis	297,60	198,40	75,00 + T
0815 Scalenotomy	409,20	272,80	75,00 + T
0817 Scalenotomy with excision of first rib	589,00	393,70	45,00 + T + M
0823 Excision or slide for Volkmann's Contracture	595,20	396,80	45,00 + T
0825 Hip: Open muscle release	359,60	238,70	105,00 + T
0829 Knee: Quadricepsplasty	496,00	331,70	45,00 + T
0831 Knee: Open tenotomy	437,10	291,40	45,00 + T
0835 Calf	297,60	198,40	60,00 + T
0837 Open Elongation Tendon Achilles	297,60	198,40	60,00 + T
0845 Foot: Plantar fasciotomy	217,00	145,70	45,00 + T
3.5 Bursae and ganglia			
<i>Excision</i>			
0847 Semimembranosus	279,00	186,00	60,00 + T
0849 Prepatellar	139,50	124,00	45,00 + T
0851 Olecranon	139,50	124,00	45,00 + T
0853 Small bursa or ganglion	158,10	124,00	45,00 + T
0855 Compound palmer ganglion or synovectomy	396,80	263,50	45,00 + T
0857 Aspiration or injection (not subject to rule G)	27,90	27,90	45,00 + T
3.6 Miscellaneous			
0861 Leg lengthening	1 289,60	858,70	45,00 + T + M
3.6.2 Removal of internal fixatives or prosthesis			
0883 Readily accessible	99,20	99,20	As per bone + M
0884 Less accessible	198,40	133,30	As per bone + M
0885 Removal of prosthesis for infection soon after operation	396,80	263,50	As per bone + M
0886 Late removal of infected total joint replacement prosthesis (including six weeks after-care). Fee for total joint replacement of the specific joint plus R198,40 (general practitioner R130,20)			90,00 + T + M
3.7 Plasters (not subject to rule G)			
NOTE: The initial application of a plaster cast is included in the scheduled fee.			
NOTE: The Commissioner will only consider payment i.r.o. splinting material (Scotchcast, Dynacast, etc.) in the following cases:			
Where extremity splints are applied for at least 5 weeks:			
A maximum of <i>one</i> application for an upper extremity injury.			
A maximum of <i>two</i> applications for a lower extremity injury.			
<i>Extremity</i>			
0887 Long	40,30	40,30	45,00 + T
0888 Short	21,70	21,70	45,00 + T
0889 Spica, plaster jacket or hinged cast brace	99,20	99,20	60,00 + T

* Per service (specify)

		Specialist	General practitioner	Anaesthetic
		R	R	R
3.8 Specific areas				
3.8.1 Toes				
<i>Multiple claw toes:</i>				
<i>Radical operation:</i>				
0897	One foot	434,00	288,30	45,00 + T + M
0901	Tenotomy extensor tendons	117,80	117,80	45,00 + T + M
0903	Hammertoe or overlapping toe	158,10	124,00	45,00 + T + M
0905	Filleting toe or syndactyly	158,10	124,00	45,00 + T + M
3.8.2 Big toe				
0906	Arthrodesis Hallux	238,70	158,10	45,00 + T + M
0909	Excision arthroplasty	238,70	158,10	45,00 + T + M
0910	Prosthetic replacement big toe	248,00	164,30	45,00 + T + M
0911	Osteotomy of McBride with or without bunionectomy	316,20	210,80	45,00 + T + M
3.8.3 Reimplantations				
0912	Replantation operation proximal to the wrist	930,00	620,00	45,00 + T + M
0913	Replantation of a single digit	775,00	514,60	45,00 + T + M
0915	Replantation operation through the palm	1 240,00	824,60	45,00 + T + M
3.8.4 Hands				
NOTE: Skin: See Integumentary System				
0919	Enclusion cysts	108,50	108,50	45,00 + T + M
0920	Ganglion or fibroma	158,10	124,00	45,00 + T + M
<i>Removal of foreign bodies requiring incision</i>				
0922	Under local anaesthetic	58,90	58,90	45,00 + T + M
0923	Under general or regional anaesthetic	99,20	99,20	45,00 + T + M
<i>Crushed hand injuries</i>				
0924	Initial extensive soft tissue tollet under general anaesthetic (sliding scale)	114,70	114,70	45,00 + T + M
		341,00	226,30	45,00 + T + M
0925	Subsequent dressing changes under general anaesthetic	49,60	49,60	45,00 + T + M
0926	Initial treatment of fractures, tendons, nerves, loss of skin and blood vessels, including removal of dead tissue under general anaesthesia and six weeks after-care	833,90	554,90	45,00 + T + M
3.8.5 Spine				
0929	Manipulation of spine with anaesthetic (not including after-care), Modifier 0005 not applicable	43,40	43,40	75,00 + T + M
0931	Spinal fusion: One level	992,00	660,30	45,00 + T + M
0934	Spinal fusion: Multiple levels	1 091,20	728,50	45,00 + T + M
0935	Occipito-cervical fusion	992,00	660,30	45,00 + T + M
0937	Sacro-iliac fusion	694,40	461,90	45,00 + T + M
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	496,00	331,70	45,00 + T + M
0940	Transthoracic anterior exposure of the spine if done by a second surgeon	496,00	331,70	45,00 + T + M
0943	Lumbar discectomy	744,00	496,00	45,00 + T + M
0945	Lumbar discectomy: Multiple levels or both sides	849,40	567,30	45,00 + T + M
0947	Surgical removal cervical or thoracic disc: One level ..	818,40	545,60	45,00 + T + M
0949	Surgical removal cervical or thoracic disc: Multiple levels	930,00	620,00	45,00 + T + M
0951	Removal disc plus spinal fusion: One level	1 097,40	731,60	45,00 + T + M
0953	Removal disc plus spinal fusion: Multiple levels	1 196,60	796,70	45,00 + T + M
0959	Excision of coccyx	297,60	198,40	45,00 + T + M
0961	Costo-transversectomy	613,80	409,20	45,00 + T + M
0963	Antero-lateral decompression of spinal cord or anterior debridement	1 010,60	672,70	45,00 + T + M
0969	Skull or skull-femoral traction including two weeks after-care	198,40	133,30	—
0975	Internal mechanical fixation and spinal fusion (removal of osteophyte and/or neurolysis included)	1 364,00	908,30	60,00 + T + M

* Per service (specify)

	Specialist	General practitioner	Anaesthetic
	R	R	R
0979 Revision of fusion and repair of pseudoarthrosis at one or more levels: Posterior approach	930,00	620,00	45,00 + T + M
0985 Removal of internal mechanical fixation	217,00	145,70	90,00 + T + M
0986 Removal of internal mechanical fixation: Multiple levels	310,00	207,70	90,00 + T + M
3.9 Facial bone procedures			
0987 Repair of orbital floor (blowout fracture)	564,20	375,10	60,00 + T + M
0988 Genioplasty	†	†	60,00 + T + M
<i>Central mid-third facial fracture with displacement</i>	†	†	
0989 Le Fort I	†	†	60,00 + T + M
0990 Le Fort II	†	†	60,00 + T + M
0991 Le Fort III	†	†	60,00 + T + M
0992 Le Fort I Osteotomy	†	†	60,00 + T + M
0993 Palatal Osteotomy	†	†	60,00 + T + M
0994 Le Fort II Osteotomy (team fee)	†	†	60,00 + T + M
0995 Le Fort III Osteotomy (team fee)	†	†	60,00 + T + M
0996 Fracture of maxilla without displacement	*	*	—
<i>Mandible</i>			
0997 Open reduction and fixation	†	†	45,00 + T + M
0999 Closed reduction with inter-maxillary fixation	†	†	45,00 + T + M
1001 Temporo-mandibular joint: Reconstruction for dysfunction	638,60	424,70	60,00 + T + M
1003 Manipulation: Immobilisation and follow-up of fractured nose	108,50	108,50	45,00 + T + M
1005 Nasal fracture without manipulation	*	*	—
1007 Mandibulectomy	635,50	424,70	75,00 + T + M
1009 Maxillectomy	1 041,60	694,40	60,00 + T + M
1011 Bone graft to mandible	638,60	424,70	60,00 + T + M
1012 Adjustment of occlusion by ramisection	703,70	468,10	60,00 + T + M
1013 Fracture of arch of zygoma without displacement	*	*	—
1015 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; recent fractures (within four weeks)	†	†	45,00 + T + M
1017 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; delayed fractures (after four weeks)	*	*	45,00 + T + M
4. RESPIRATORY SYSTEM			
4.1 Nose and sinuses			
1019 Nasaldoscopy in rooms (may only be charged for together with a first consultation)	37,20	—	—
1020 Septum perforation repair by any method	387,50	257,30	60,00 + T
1022 Septum plasty with or without caudal deflection	341,00	226,30	60,00 + T
1024 Insertion of silastic obturator into nasal septum perforation (<i>excluding material</i>)	84,60	84,60	60,00 + T
1025 Intranasal antrostomy, uni- or bilateral	186,00	124,00	60,00 + T
1027 Dacrocystorhinostomy	651,00	434,00	75,00 + T
1029 Turbinectomy, uni- or bilateral	139,50	124,00	60,00 + T
1034 Autogenous nasal bone transplant: Bone removal included	310,00	207,70	60,00 + T
1035 Unilateral intranasal ethmoidectomy with or without removal of polyps and/or intranasal frontal operation and/or intranasal sphenoid operation (bilateral: + 50%)	350,30	232,50	60,00 + T
<i>Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral</i>			
1037 Under local anaesthetic	24,80	15,50	—
1039 Under general anaesthetic	65,10	65,10	60,00 + T
<i>Severe epistaxis, requiring hospitalisation</i>			
1041 Anterior plugging (including after-care)	124,00	124,00	90,00 + T
1043 Anterior and posterior plugging	186,00	124,00	90,00 + T
1045 Ligation anterior Ethmoidal artery	182,90	124,00	90,00 + T
1047 Cladwell-Luc operation (unilateral)	285,20	189,10	60,00 + T
1049 Ligation internal maxillary artery	403,00	266,60	90,00 + T
1055 External frontal ethmoidectomy	601,40	399,90	60,00 + T

* Per service (specify)

† Refer to corresponding items in dental tariff

	Specialist	General practitioner	Anaesthetic
	R	R	R
1057 External ethmoidectomy and/or sphenoidectomy	508,40	337,90	60,00 + T
1059 Frontal osteomyelitis	601,40	399,90	60,00 + T
1061 Lateral rhinotomy	508,40	337,90	60,00 + T
1063 Removal of foreign bodies from nose at rooms	31,00	31,00	—
1065 Removal of foreign body from nose under general anaesthetic	65,10	65,10	60,00 + T
1067 Proof puncture, unilateral at rooms	31,00	31,00	60,00 + T
1069 Proof puncture, uni- or bilateral under general anaesthetic	65,10	65,10	60,00 + T
1073 Steroid infiltration of turbinates, uni- or bilateral	12,40	12,40	—
1075 Multiple intranasal procedures: Not to exceed (see Modifier 0068)	601,40	399,90	60,00 + T
1077 Septum abscess, at room, including after-care	24,80	24,80	—
1079 Septum abscess, under general anaesthetic	65,10	65,10	60,00 + T
1081 Oro-antral fistula (without Caldwell-Luc)	266,60	176,70	60,00 + T
1083 Choanal atresia: Intranasal approach	350,30	232,50	75,00 + T
1084 Choanal atresia: Transpalatal approach	601,40	399,90	105,00 + T
1085 Total reconstruction of the nose: Including reconstruction of nasal septum (septoplasty) nasal pyramid (osteotomies) and nasal tip	1 085,00	722,30	75,00 + T
1087 Sub-total reconstruction consisting of any two of the following: Septoplasty, osteotomies, nasal tip reconstruction	651,00	434,00	75,00 + T
1088 If only one of the procedures in 1085 is done	294,50	195,30	75,00 + T
<i>Forehead rhinoplasty (all stages)</i>			
1089 Total	1 711,20	1 140,80	75,00 + T
1091 Partial	1 283,40	855,60	75,00 + T
4.3 Larynx			
SPECIFIC MODIFIER GOVERNING THIS SECTION OF THE TARIFF:			
M 0067 Micro-surgery of the larynx; to the fee of the operation performed add 25%.			
1117 Laryngeal intubation	31,00	31,00	—
<i>Laryngectomy</i>			
1119 Without block dissection of the neck	1 085,00	722,30	105,00 + T
1127 Tracheostomy	248,00	164,30	135,00 + T
1129 External laryngeal operation, e.g. laryngeal stenosis, laryngocoele, abductor, paralysis, laryngofissure	610,70	406,10	120,00 + T
<i>Direct laryngoscopy</i>			
1130 Diagnostic laryngoscopy including biopsy (to be applied when a flexible fibre-optic laryngoscope was used)	93,00	93,00	90,00 + T
1131 Plus foreign body removal	142,60	124,00	90,00 + T
4.4 Bronchial procedure			
<i>Bronchoscopy</i>			
1132 Diagnostic bronchoscopy without removal of foreign object	201,50	133,30	90,00 + T
1133 With removal of foreign body	248,00	164,30	120,00 + T
1135 With bronchograph	248,00	164,30	120,00 + T
1137 Bronchial lavage	—	—	120,00 + T
1138 Thoracotomy: for bronchopleural fistula (including ruptured bronchus, any cause)	1 085,00	722,30	180,00 + T
4.5 Pleura			
1139 Pleural needle biopsy	65,10	65,10	45,00 + T
1141 Insertion of intercostal catheter (underwater drainage)	155,00	124,00	90,00 + T
1143 Paracentesis chest: Diagnostic	24,80	24,80	45,00 + T
1145 Paracentesis chest: Therapeutic	40,30	40,30	45,00 + T
1147 Pneumothorax: Induction (diagnostic)	77,50	77,50	—
1149 Pleurectomy	775,00	517,70	165,00 + T
1151 Decortication of lung	1 085,00	722,30	165,00 + T
1153 Pleurodesis without thoracotomy (e.g. instillation of silver nitrate)	170,50	124,00	45,00 + T

	Specialist	General practitioner	Anaesthetic
	R	R	R
4.6 Pulmonary procedures			
4.6.1 Surgical			
1155 Needle biopsy: Lung	77,50	77,50	75,00 + T
1157 Pneumonectomy	1 085,00	722,30	165,00 + T
1159 Pulmonary Lobectomy	1 085,00	722,30	165,00 + T
1161 Segmental lobectomy	1 131,50	753,30	165,00 + T
<i>Excision tracheal stenosis</i>			
1163 Cervical	1 162,50	775,00	120,00 + T
1164 Intra thoracic	1 085,00	722,30	180,00 + T
1165 Complete	1 085,00	722,30	180,00 + T
1171 Drainage empyema (including six weeks after-treatment)	527,00	350,30	165,00 + T
1173 Drainage of lung abscess (including six weeks after-treatment)	527,00	350,30	165,00 + T
<i>Thoracotomy</i>			
1175 Limited: for lung or pleural biopsy	356,50	238,70	165,00 + T
1177 Major: Diagnostic	666,50	443,30	165,00 + T
1179 Thoracoscopy Diagnostic	179,80	124,00	165,00 + T
4.6.2 Pulmonary function tests			
See Modifier 0069			
1187 Pulmonary function test with vitallometer	62,00	62,00	Fees as for specialists
1189 Forced expiratory volumes (F.E.V.O.5 / F.E.V.1.0. etc.)	12,40	12,40	Fees as for specialists
1191 Gas distribution: Closed circuit method (lung clearance method or single breath nitrogen curve)	31,00	31,00	Fees as for specialists
1193 Lung volumes: Closed circuit method or body plethysmograph	74,40	74,40	Fees as for specialists
1195 Air-way resistance and conductance using body plethysmograph	74,40	74,40	Fees as for specialists
1197 Compliance and resistance using oesophageal balloon	74,40	74,40	Fees as for specialists
1198 Histamine/metacholine inhalation test	124,00	124,00	Fees as for specialists
1199 Exercise testing with a combination of the reading: Pulse, oxygen uptake, ventilation, respiratory quotient-blood gases, compliance and resistance	74,40	74,40	Fees as for specialists
1201 For complete pulmonary function battery including the above	266,60	176,70	Fees as for specialists
1203 Diffusion test or equivalent	74,40	74,40	Fees as for specialists

* Per service (specify)

† Refer to corresponding items in dental tariff

4.6.3 Tariff items for intensive care: Respiratory therapy, cardiac, general**4.6.4 MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF**

0071 Where this work is done after hours, over a weekend or on public holidays, a further R37,20 may be charged.

RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

Tariff in respect of items 1205 to 1217 exclude the following:

R. (a) Anaesthetic and/or surgical fees for any condition or procedure.**(b)** Cost of any drugs and/or materials.

- (c) Any other cost which may be incurred before, during or after the consultation and/or the therapy.
- (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen.
- S. The units for items 1205, 1207, 1209, 1211, 1213, 1215 and 1217 include the following (unless specifically excluded).
 - (a) Measurement of minute volume, vital capacity, time and vital capacity studies. These items are not included in items 1215 and 1217.
 - (b) Resuscitation of the patient: General, systemic and respiratory.
 - (c) Testing and connecting the machine.
 - (d) Putting patient on machine: setting machine, synchronising patient with machine.
 - (e) Instruction to nursing staff.
 - (f) All subsequent visits for 24 hours.
- T. If after intermittent therapy a patient is put on continuous therapy, items 1205 and 1207 will apply.
- U. Item S(a) does not apply to items 1215 and 1217.

	Specialist	General practitioner	Anaesthetic
	R	R	R
1205 First day	331,70	220,10	—
1207 Per day, after first day	139,50	124,00	—
1209 Maximum for seven days after the first day (days 2—8)	868,00	579,80	—
<i>Intermittent therapy for acute condition</i>			
1211 Therapy for the first day	195,30	130,20	—
1213 Therapy for subsequent days, per day	93,00	93,00	—
<i>Intermittent respiratory therapy for chronic conditions</i>			
1215 Therapy for the first day	83,70	83,70	—
1217 Therapy for subsequent days, per day	37,20	37,20	—
5. MEDIASTINAL PROCEDURES			
1221 Mediastinoskopie	294,50	195,30	75,00 + T
6. CARDIOVASCULAR SYSTEM			
MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF			
0073 Intensive therapy (general, cardiovascular and/or respiratory): Visits: Add R37,20 for holidays, weekends and night visits.			
<i>6.1 General</i>			
<i>General practitioner's fee for the taking of an ECG only.</i>			
Where an ECG is done by a general practitioner and the tracing is interpreted by a physician, the general practitioner is entitled to his full consultation fee, plus half of fee determined for ECG.			
1229 Without effort: 1/2 (1237)	—	14,00	—
1231 Without and with effort: 1/2 (1239)	—	20,20	—
<i>Physician's fee for interpreting an ECG</i>			
A specialist physician is entitled to the full fee determined for an ECG for interpretation of an ECG tracing referred to him by a general practitioner.			
1233 Without effort	18,60	—	—
1235 With and without effort	31,00	—	—
<i>Electrocardiogram</i>			
1237 Without effort	27,90	27,90	—
1239 Without and with effort	40,30	40,30	—
1242 Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	124,00	124,00	—
1244 Multi-stage treadmill test	186,00	124,00	—
1247 X-ray screening (Chest)	12,40	12,40	—
1255 Oscillometric readings	17,10	17,10	—
1257 Angiography cerebral: First two series	106,30	106,30	60,00 + T
1259 Angiography peripheral: Per limb	77,50	77,50	60,00 + T
1261 Paracentesis of pericardium	155,00	124,00	135,00 + T

	Specialist	General practitioner	Anaesthetic
	R	R	R
<i>Intensive coronary care</i>			
1267 Intensive coronary care: Prolonged attendance in case of emergencies: Per hour or part thereof	93,00	93,00	—
1268 Arterial pressure cannulation for monitor	77,50	77,50	—
6.3 Cardiac surgery			
1311 Pericardial drainage	434,00	288,30	195,00 + T
6.3.1 Open heart surgery			
1322 Attendance at other operations or monitoring at bed-side, by physician e.g. heart block, etc.: Per hour	62,00	—	—
6.4 Peripheral vascular system			
6.4.2 Arterio-venous-abnormalities			
1369 Fistula or aneurysm (as for grafting of various arteries)	—	—	—
6.4.3 Arteries			
6.4.3.1 Aorta-iliac and major branches			
<i>Abdominal aorta and iliac artery</i>			
1373 Ruptured	1 860,00	1 240,00	225,00 + T
6.4.3.2 Iliac artery			
1379 Prosthetic grafting	930,00	620,00	195,00 + T
6.4.3.3 Peripheral			
1385 Prosthetic grafting	790,50	527,00	75,00 + T
<i>Grafting vein</i>			
1387 Proximal to knee joint	930,00	620,00	75,00 + T
1388 Distal to knee joint	1 376,40	917,60	75,00 + T
1389 Endarterectomy when not part of another specified procedure	818,40	545,60	75,00 + T
1390 Carotid endarterectomy	930,00	620,00	150,00 + T
<i>Embolectomy</i>			
1393 Peripheral embolectomy transfemoral	520,80	347,20	75,00 + T
1395 Arterial suture: trauma	387,50	257,30	75,00 + T
1397 Profundoplasty	651,00	434,00	75,00 + T
1399 Distal tibial (ankle region)	1 413,60	942,40	75,00 + T
1401 Femoro-femoral	787,40	527,00	75,00 + T
1402 Carotid-subclavian	892,80	595,20	120,00 + T
1403 Axillo-femoral	892,80	595,20	120,00 + T
6.4.4 Veins			
1407 Ligation of saphenous vein	155,00	124,00	45,00 + T
<i>Ligation of inferior vena cava</i>			
1410 Abdominal	558,00	372,00	120,00 + T
<i>"Umbrella" operation on inferior vena cava</i>			
1412 Abdominal	310,00	207,70	120,00 + T
<i>Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including ligation of perforating veins as indicated</i>			
1413 Unilateral	437,10	291,40	45,00 + T
1415 Bilateral	669,60	446,40	45,00 + T
1417 Extensive sub-fascial ligation of perforating veins	387,50	257,30	45,00 + T
1419 Lesser varicose vein procedures	96,10	96,10	45,00 + T
<i>Compression sclerotherapy of varicose veins</i>			
1421 Per injection	27,90	27,90	—
1423 Maximum per leg (excluding cost of material)	248,00	164,30	—
<i>Thrombectomy</i>			
1425 Inferior vena cava (Trans abdominal)	744,00	496,00	165,00 + T
1427 Ilio-femoral	542,50	362,70	90,00 + T

	Specialist	General practitioner	Anaesthetic
	R	R	R
7. LYMPHO RETICULAR SYSTEM			
7.1 Spleen			
1435 Splenectomy (trauma)	542,50	362,70	135,00 + T
<i>Bone marrow biopsy</i>			
1457 By trephine	40,30	40,30	45,00 + T
1458 Simple aspiration of marrow by means of trocar or cannula	24,80	24,80	—
8. DIGESTIVE SYSTEM			
8.1 Oral cavity			
1467 Drainage of intraoral abscess	96,10	96,10	60,00 + T
1483 Closure of oro-antral fistula with Caldwell-Luc	427,80	285,20	60,00 + T
8.2 Lips			
1485 Local excision of benign lesion of lip	83,70	83,70	60,00 + T
1499 Lip reconstruction following an injury: Direct repair	282,10	189,10	60,00 + T
<i>Lip reconstruction following an injury</i>			
1501 Flap repair	638,60	424,70	60,00 + T
1503 Total reconstruction (first stage)	638,60	424,70	60,00 + T
1504 Subsequent stages (<i>see item 0299</i>)	322,40	213,90	60,00 + T
8.3 Tongue			
1505 Partial glossectomy	437,10	291,40	90,00 + T
1507 Local excision of lesion of tongue	83,70	83,70	60,00 + T
8.4 Palate, uvula and salivary glands			
1531 Drainage of parotid abscess	77,50	77,50	60,00 + T
8.5 Oesophagus			
1545 Oesophagoscopy with rigid instrument: First and subsequent	145,70	124,00	60,00 + T
1550 With removal of foreign body	217,00	145,70	60,00 + T
<i>Hiatus hernia and diaphragmatic hernia repair</i>			
1563 With anti-reflux procedure	930,00	620,00	165,00 + T
1565 With Collis Nissen oesophageal lengthening procedure	1 085,00	722,30	165,00 + T
8.6 Stomach			
1587 Upper gastro-intestinal fibre-optic endoscopy — Own equipment	201,50	133,30	60,00 + T
1591 Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach)	279,00	186,00	60,00 + T
1597 Gastrostomy or Gastrotomy	359,60	238,70	90,00 + T
<i>Vagotomy</i>			
1615 Suture of perforated gastric or duodenal ulcer or wound or injury	403,00	269,70	105,00 + T
1617 Partial gastrectomy	930,00	620,00	105,00 + T
1619 Total gastrectomy	1 162,50	775,00	105,00 + T
8.7 Duodenum			
1627 Duodenal intubation (under X-ray screening)	24,80	—	—
8.8 Intestine			
1634 Enterotomy or Enterostomy	359,60	238,70	90,00 + T
1637 Operation for relief of intestinal obstruction	437,10	291,40	105,00 + T
1639 Resection of small bowel with enterostomy or anastomosis	542,50	362,70	90,00 + T
1645 Suture of intestine (small or large): Wound or injury	359,60	238,70	90,00 + T
1647 Closure of intestinal fistula	799,80	533,20	90,00 + T
1657 Right or left hemicolectomy or segmental colectomy	1 007,50	672,70	90,00 + T
1661 Colotomy: Including removal of foreign body	418,50	279,00	90,00 + T
1663 Total colectomy	1 209,00	806,00	90,00 + T

	Specialist	General practitioner	Anaesthetic
	R	R	R
1665 Colostomy or ileostomy isolated procedure	279,00	186,00	90,00 + T
1667 Colostomy: Closure	279,00	186,00	75,00 + T
1668 Revision of ileostomy pouch	1 162,50	775,00	90,00 + T
8.10 Rectum and anus			
1677 Sigmoidoscopy: First and subsequent, with or without biopsy	40,30	40,30	45,00 + T
<i>Repair of prolapsed rectum: Abdominal</i>			
1705 Incision and drainage of perianal abscess	124,00	124,00	45,00 + T
1707 Drainage of submucous abscess	124,00	124,00	45,00 + T
1737 Dilatation of ano-rectal stricture	38,80	38,80	45,00 + T
8.11 Liver			
1743 Needle biopsy of liver	77,50	77,50	45,00 + T
1745 Biopsy of liver by laparotomy	279,00	186,00	60,00 + T
1747 Drainage of liver abscess	437,10	291,40	105,00 + T
<i>Hemi-hepatectomy</i>			
1749 Right	1 364,00	908,30	135,00 + T
1751 Left	930,00	620,00	135,00 + T
1753 Partial or segmental hepatectomy	465,00	310,00	135,00 + T
1757 Suture of liver wound or injury	558,00	372,00	135,00 + T
8.12 Biliary tract			
1763 With explortion of common bile duct (choledochus) ..	852,50	567,30	90,00 + T
1765 Exploration of common bile duct: Secondary operation: (choledochus)	902,10	601,40	90,00 + T
1767 Reconstruction of common bile duct (choledochus) ...	1 240,00	827,70	90,00 + T
8.13 Pancreas			
1778 Pancreas: ERCP: Endoscopy + catheterisation of pancreas duct or choledochus	300,70	198,40	—
<i>Pancreatic functions tests</i>			
1783 Drainage of pancreatic abscess	558,00	372,00	90,00 + T
1791 Local, partial or subtotal pancreatectomy	775,00	517,70	120,00 + T
1793 Distal pancreatectomy with internal drainage	930,00	620,00	120,00 + T
8.14 Peritoneal cavity			
<i>Pneumo-peritoneum</i>			
1797 First	40,30	40,30	60,00 + T
1799 Repeat	18,60	18,60	60,00 + T
1800 Peritoneal lavage	62,00	62,00	—
1801 Diagnostic paracentesis: Abdomen	24,80	24,80	—
1803 Therapeutic paracentesis: Abdomen	40,30	40,30	—
1807 Laparoscopy (see items 2493—2501)	186,00	124,00	75,00 + T
1809 Laparotomy	325,50	217,00	60,00 + T
1811 Suture of burst abdomen	310,00	207,70	105,00 + T
1812 Laparotomy for control of surgical haemorrhage	—	—	135,00 + T
1813 Drainage of subphrenic abscess	558,00	372,00	105,00 + T
<i>Drainage of other intraperitoneal abscess (excluding appendix abscess)</i>			
1815 Per abdomen	558,00	372,00	75,00 + T
1817 Transrectal drainage of pelvic abscess	155,00	124,00	60,00 + T
9. HERNIAE			
1819 Inguinal or femoral hernia (trauma)	387,50	257,30	60,00 + T
1825 Recurrent inguinal or femoral hernia	480,50	319,30	60,00 + T
1827 Strangulated hernia requiring resection of bowel	737,80	492,90	105,00 + T
1831 Umbilica hernia	434,00	288,30	60,00 + T
1835 Incisional	496,00	331,70	60,00 + T

	Specialist	General practitioner	Anaesthetic
	R	R	R
10. URINARY SYSTEM			
10.1 Kidney			
1839 Renal biopsy, per kidney, open	220,10	145,70	75,00 + T
1841 Renal biopsy (needle)	93,00	93,00	45,00 + T
<i>Peritoneal dialysis</i>			
1843 First day	102,30	102,30	—
1845 Every subsequent day	102,30	102,30	—
<i>Haemodialysis</i>			
1847 Per hour or part thereof	65,10	65,10	—
1849 Maximum: Eight hours	520,80	347,20	—
1851 Thereafter per week	170,50	124,00	—
<i>Nephrectomy</i>			
1853 Primary nephrectomy	585,90	390,60	75,00 + T
1855 Secondary nephrectomy	716,10	477,40	75,00 + T
1863 Nephro-ureterectomy	833,90	554,90	75,00 + T
1865 Nephrotomy with drainage nephrostomy	585,90	390,60	90,00 + T
1873 Suture renal laceration (renorrhaphy)	598,30	399,90	90,00 + T
1879 Closure renal fistula	585,90	390,60	75,00 + T
1881 Pyeloplasty	781,20	520,80	75,00 + T
1885 Pyelolithotomy	585,90	390,60	75,00 + T
1891 Perinephric abscess or renal abscess: Drainage	350,30	232,50	105,00 + T
10.2 Ureter			
1897 Ureterorrhaphy: Suture of ureter	455,70	303,80	75,00 + T
1898 Lumbar approach	585,90	390,60	75,00 + T
1899 Ureteroplasty	561,10	375,10	75,00 + T
1903 Ureterectomy only	424,70	282,10	75,00 + T
1919 Closure of ureteric fistula	455,70	303,80	75,00 + T
1921 Immediate deligation of ureter	455,70	303,80	75,00 + T

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

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
1945 Instillation of radio-opaque material for cystography or urethrocystography	15,50	15,50	45,00 + T
1949 Cystoscopy	108,50	108,50	45,00 + T
1951 And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	31,00	31,00	45,00 + T
1959 With manipulation of ureteral calculus	62,00	62,00	45,00 + T
1961 With removal of foreign body or calculus from urethra or bladder	62,00	62,00	45,00 + T
1976 Optic urethrotomy	248,00	164,30	45,00 + T
<i>Internal urethrotomy</i>			
1979 Female	155,00	124,00	45,00 + T
1981 Male	155,00	124,00	45,00 + T

		Specialist	General practitioner	Anaesthetic
		R	R	R
<i>Transurethral resection of bladderneck</i>				
1985	Female	325,50	217,00	75,00 + T
1986	Male	387,50	257,30	75,00 + T
1987	Litholapaxy	248,00	164,30	75,00 + T
1989	Cystometrogram	77,50	77,50	45,00 + T
1991	Flometric bladder, studies with videocystography	124,00	124,00	45,00 + T
1992	Without videocystography	77,50	77,50	45,00 + T
1993	Voiding cystro-urethrogram	65,10	65,10	45,00 + T
1995	Percutaneous aspiration of bladder	31,00	31,00	45,00 + T
1997	Trocar cystostomy or Bonano catheter	62,00	62,00	45,00 + T
1999	Percutaneous cystostomy	74,40	74,40	45,00 + T
<i>Total cystectomy</i>				
2013	Diverticulectomy (independent procedure): Multiple or single	424,70	282,10	75,00 + T
2015	Suprapubic cystostomy	207,70	139,50	75,00 + T
<i>Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required)</i>				
2035	Cutaneous vesicostomy	365,80	244,90	75,00 + T
2039	Operation for ruptured bladder	424,70	282,10	90,00 + T
2047	Drainage of perivesical or prevesical abscess	198,40	133,30	75,00 + T
<i>Evacuation of clots from bladder</i>				
2049	Other than post-operative	124,00	124,00	45,00 + T
2050	Post-operative	—	—	60,00 + T
2051	Simple bladder lavage: Including catheterisation	37,20	37,20	45,00 + T
2058	Non-surgical supervision of paraplegic patients. All urodynamic studies excluded and charged for separately under items 1979, 1981, 1991, 1992 of the Tariff	362,70	241,80	—
10.4 Urethra				
<i>Dilatation of urethral stricture: By passage of sound</i>				
2063	Initial (male)	62,00	62,00	45,00 + T
2065	Subsequent (male)	31,00	31,00	45,00 + T
2067	By passage of filiform and follower (male)	62,00	62,00	45,00 + T
2071	Urethrorrhaphy: Suture of urethral wound or injury	430,90	288,30	60,00 + T
<i>Urethraplasty</i>				
<i>Pendulous urethra</i>				
2075	First stage	220,10	145,70	60,00 + T
2077	Second stage	449,50	300,70	60,00 + T
2081	Reconstruction or repair of male anterior urethra (one stage)	496,00	331,70	60,00 + T
<i>Reconstruction or repair of prostatic or membranous urethra</i>				
2083	First stage	520,80	347,20	90,00 + T
2085	Second stage	520,80	347,20	90,00 + T
2086	If done in one stage	911,40	607,60	90,00 + T
<i>Total Urethrectomy</i>				
2095	Drainage of simple localised perineal urinary extravasation	130,20	124,00	75,00 + T
2097	Drainage or extensive perineal urinary extravasation	424,70	282,10	75,00 + T
2103	Simple urethral meatotomy	46,50	46,50	45,00 + T
<i>Incision of deep peri-urethral abscess</i>				
2105	Female	130,20	124,00	45,00 + T
2107	Male	77,50	77,50	45,00 + T
2109	Badenoch pull-through for intractable stricture or incontinence	561,10	375,10	75,00 + T
2111	External sphincterotomy	334,80	223,20	75,00 + T
2115	Operation for correction of male urinary incontinence with or without introduction of prosthesis (excluding cost of prosthesis)	520,80	347,20	75,00 + T
2116	Urethral meatoplasty	136,40	124,00	45,00 + T
2117	Closure of urethrostomy or urethrocutaneous fistula (independant procedure)	89,90	89,90	45,00 + T

		Specialist	General practitioner	Anaesthetic
		R	R	R
11. MALE GENITAL SYSTEM				
11.1 Penis				
2141	Plastic operation for insertion of prosthesis	313,10	207,70	45,00 + T
2147	Plastic operation for injury: Including fracture of penis and skin graft if required	520,80	347,20	45,00 + T
11.2 Testis and epididymis				
<i>Orchidectomy (total or subcapsular)</i>				
2191	Unilateral	117,80	117,80	45,00 + T
2193	Bilateral	192,20	127,10	45,00 + T
2213	Suture or repair of testicular injury	105,40	105,40	60,00 + T
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	105,40	105,40	60,00 + T
2227	Incision and drainage of scrotal wall abscess	52,70	52,70	45,00 + T
11.3 Prostate				
2245	Trans-urethral resection of prostate	781,20	520,80	90,00 + T
14. NERVOUS SYSTEM				
14.1 Diagnostic procedures				
2709	Full spinogram including bilateral median and posterior-tibial studies	434,00	—	—
2711	Electro-encephalography	80,60	80,60	—
2712	Electro-encephalography — interpretation	37,20	37,20	—
2713	Lumbar puncture and/or intrathecal injections	46,50	46,50	—
2714	Cisternal puncture and/or intrathecal injections	46,50	46,50	—
<i>Electromyography</i>				
2717	First	232,50	155,00	—
2718	Subsequent	232,50	155,00	—
<i>Angiography Carotis</i>				
2725	Unilateral	77,50	77,50	60,00 + T
2726	Bilateral	124,00	124,00	60,00 + T
2727	Vertebral artery: Direct needling	155,00	124,00	60,00 + T
2729	Vertebral catheterisation	155,00	124,00	60,00 + T
<i>Air encephalography and Posterior fossa tomography</i>				
2731	Injection of air (independent procedure)	45,00	—	60,00 + T
2733	Attendance at radiology by clinician	63,60	*	—
2735	Posterior fossa tomography attendance by clinician ...	97,70	*	—
2737	Visual field charting on Bjerrum Screen	21,70	21,70	—
<i>Ventricular needling without burring</i>				
2739	Tapping only	49,60	49,60	60,00 + T
2741	Plus introduction of air and/or contrast dye for ventriculography	133,30	124,00	60,00 + T
<i>Subdural tapping</i>				
2743	First sitting	46,50	46,50	60,00 + T
2745	Subsequent	31,00	31,00	60,00 + T
14.2 Introduction of burr holes for				
2747	Ventriculography	465,00	310,00	120,00 + T
2749	Catheterisation for ventriculography and/or drainage	465,00	310,00	120,00 + T
2753	Subdural haematoma	465,00	310,00	120,00 + T
2755	Subdural empyema	465,00	310,00	120,00 + T
2757	Brain abscess	465,00	310,00	120,00 + T
14.3 Nerve procedures				
2765	Nerve conduction studies (see items 0733 and 3295) ...	80,60	52,70	60,00 + T
14.3.1 Nerve repair or suture				
2767	Suture Brachial Plexus (see also items 2837 and 2839)	930,00	620,00	90,00 + T

* Per hospital visit

	Specialist	General practitioner	Anaesthetic
	R	R	R
<i>Suture</i>			
<i>Large nerve</i>			
2769 Primary	415,40	275,90	75,00 + T
2771 Secondary (* Per hospital visit)	626,20	418,50	75,00 + T
<i>Digital nerve</i>			
2773 Primary	201,50	133,30	45,00 + T
2775 Secondary	297,60	198,40	45,00 + T
<i>Nerve graft</i>			
2777 Simple	626,20	418,50	60,00 + T
<i>Fascicular</i>			
2779 First fasciculus	626,20	418,50	60,00 + T
2781 Each additional fasciculus	155,00	124,00	60,00 + T
2783 Nerve flap: To include all stages	694,40	461,90	60,00 + T
2787 Grafting of facial nerve	666,50	443,30	75,00 + T
14.3.2 Neurectomy			
2799 Intrathecal injections for pain	111,60	111,60	60,00 + T
2801 Epidural injection for pain	111,60	111,60	—
<i>Alcohol injection in peripheral nerves for pain</i>			
2803 Unilateral	62,00	62,00	45,00 + T
2805 Bilateral	93,00	93,00	45,00 + T
2809 Peripheral nerve section for pain	139,50	124,00	45,00 + T
2815 Interdigital	158,10	124,00	45,00 + T
2825 Excision: Neuroma: Peripheral	198,40	133,30	45,00 + T
14.3.3 Other nerve procedures			
2827 Transposition of ulnar nerve	310,00	207,70	45,00 + T
<i>Neurolysis</i>			
2829 Minor	158,10	124,00	45,00 + T
2831 Major	409,20	272,80	45,00 + T
2833 Digital	297,60	198,40	45,00 + T
2835 Scalenotomy	409,20	272,80	90,00 + T
2837 Brachial plexus, suture or neurolysis (item 2767)	930,00	620,00	90,00 + T
2839 Total Brachial plexus exposure with graft neurolysis and transplantation	1 395,00	930,00	90,00 + T
2841 Carpal Tunnel	198,40	133,30	45,00 + T
<i>Lumbar sympathectomy</i>			
2843 Unilateral	474,30	316,20	60,00 + T
2845 Bilateral	709,90	474,30	90,00 + T
<i>Sympathetic block</i>			
<i>Other levels</i>			
2849 Unilateral	62,00	62,00	45,00 + T
2851 Bilateral	93,00	93,00	45,00 + T
14.4 Skull procedures			
<i>Repair of depressed fracture of skull</i>			
<i>Without brain laceration</i>			
2859 Major	620,00	412,30	120,00 + T
2860 Small	527,00	350,30	120,00 + T
<i>With brain lacerations</i>			
2861 Small	620,00	412,30	120,00 + T
2862 Major	1 162,50	775,00	120,00 + T
2863 Cranioplasty	868,00	579,70	120,00 + T
2875 Theco-peritoneal C.S.F. shunt	868,00	579,70	120,00 + T
14.6 Aneurysm repair			
2876 Repair of aneurysm or arterio-venous anomalies (Intra cranial)	2 170,00	1 444,60	225,00 + T

		Specialist	General practitioner	Anaesthetic
		R	R	R
14.7 Posterior fossa surgery				
<i>Neurectomy</i>				
2879	Glosso-pharyngeal nerve	1 488,00	992,00	90,00 + T
<i>Eighth nerve</i>				
2881	Intracranial	1 488,00	992,00	120,00 + T
2887	Vestibular nerve	1 488,00	992,00	135,00 + T
14.7.1 Supratentorial procedures				
2899	Craniectomy for extra-dural haematoma or empyema	1 162,50	775,00	165,00 + T
14.8 Craniotomy for				
2900	Extra-dural orbital decompression	2 170,00	1 444,60	165,00 + T
2903	Abscess	1 395,00	930,00	165,00 + T
2904	Haematoma, foreign body: Cerebral or cerebellar	1 395,00	930,00	165,00 + T
2905	Focal epilepsy: Excision of cortical scar	1 395,00	930,00	165,00 + T
2906	With anterior fossa meningocoele and repair of bony skull defect	1 162,50	775,00	165,00 + T
2909	CSF-leaks	1 395,00	930,00	165,00 + T
14.8.1 Stereo-tactic cerebral and spinal cord procedures				
2918	Non-operative supervision of paraplegics for all disciplines except urologists	756,40	505,30	—
14.9 Spinal operations				
2919	Laminectomy for spinal stenosis at multiple levels	1 196,00	796,70	45,00 + T + M
<i>Laminectomy</i>				
2921	One level	694,40	461,90	45,00 + T + M
2922	Multiple levels	793,60	530,10	45,00 + T + M
<i>Chordotomy</i>				
2923	Unilateral	551,80	368,90	45,00 + T + M
2925	Open	1 085,00	722,30	45,00 + T + M
<i>Rhizotomy</i>				
2927	Extradural but intraspinal	992,00	660,30	45,00 + T + M
2928	Intradural	1 085,00	722,30	45,00 + T + M
<i>Extramedullary, but intradural</i>				
2940	Lumbar osteophyte removal	579,70	387,50	45,00 + T + M
2941	Cervical or thoracic osteophyte removal	883,50	589,00	45,00 + T + M
14.10 Arterial ligations				
<i>Carotis</i>				
2951	Trauma	372,00	248,00	120,00 + T

14.11 Medical psychotherapy**NOTE:**

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

GENERAL RULE GOVERNING THIS SECTION OF THE TARIFF

- Va.** Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for besides fees for the procedure.
- Vb.** Duration of a medical psychotherapeutic session is set at 20 minutes except where otherwise indicated. This set duration is also applicable for psychiatric examination methods.

MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY

0079 When a first consultation proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated at R37,20 per 20 minutes.

	Specialist	General practitioner	Anaesthetic
	R	R	R
2957 Individual psychotherapy (specify type) — per session	74,40	49,60	—
2958 Psychoanalytic therapy — per 60 min. session	223,20	148,80	—
2959 Hypnotherapy — per session	74,40	49,60	—
2960 Behaviour therapy (specify) — per session	74,40	49,60	—
14.12 Physical treatment methods			
2970 Electro-convulsive treatment (ECT) — each time	37,20	24,80	45,00 + T
2971 Intravenous anti-depressive medication through infusion — per push in (maximum 1 push in per 24 hours)	18,60	12,40	—
14.13 Psychiatric examination methods			
2972 Narco-analysis (maximum of 3 sessions per treatment) — per session	74,40	49,60	—
2973 Psychometry (by psychiatrist — specify examination) (maximum of 3 sessions per examination) — per session	74,40	49,60	—
15. GENERAL			
3001 Implantation of pelleta (excluding cost of material)	9,30	9,30	—
16. EYE			
16.1 Procedures performed in rooms			
Eye investigations and photography refer to one or both eyes except where otherwise indicated.			
Material is excluded.			
The tariff for photography is not related to the number of photographs taken.			
3002 Gonioscopy	21,70	21,70	—
3013 Ocular mobility assessment comprehensive examination	37,20	37,20	—
3014 Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	21,70	21,70	—
3015 Charting of visual field with manual perimeter	86,80	86,80	—
<i>Special eye investigations</i>			
3016 Retinal threshold test without storage facilities	93,00	93,00	—
3017 Retinal threshold test inclusive of computer disc storage	229,40	151,90	—
3018 Retinal threshold trend evaluation (additional to 3017)	49,60	49,60	—
3020 Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	142,60	124,00	—
3021 Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	27,90	27,90	—
3025 Electronic tonography	58,90	58,90	—
3027 Fundus photography	65,10	65,10	—
3029 Anterior segment microphotography	65,10	65,10	—
3031 Fluorescein angiography (excluding colour photography)	139,50	124,00	—
3032 Eyelid and orbit photograph	27,90	27,90	—
3033 Interpretation of 3031 referred by other clinician	49,60	49,60	—
3034 Determination of lens implant power per eye	46,50	46,50	—
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	68,20	68,20	As per procedure
3036 Photokeratotomy: For pathological corneas only. Excluding cases for R.K. assessment. Only on special motivation	111,60	111,60	—

	Specialist	General practitioner	Anaesthetic
	R	R	R
16.2 Retina			
3037 Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	868,00	579,70	90,00 + T
3039 Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	325,50	217,00	90,00 + T
3041 Pan retinal photocoagulation (per eye): Done in one sitting	465,00	310,00	90,00 + T
(Subsequent sittings: Modifier 0005)			
3044 Removal of encircling band and/or buckling material	325,50	217,00	90,00 + T
16.3 Lens			
3045 Intra-capsular extraction	651,00	434,00	105,00 + T
3046 Intra-ocular lens material	713,00	474,30	—
3047 Extra-capsular (including capsulotomy)	651,00	434,00	105,00 + T
3049 Insertion of lenticulus in addition to 3045 or 3047 (cost of lens excluded). Modifier 0005 not applicable	176,70	124,00	105,00 + T
3050 Handling and financing of intraocular lens material ...	176,70	124,00	—
3051 Needling or capsulotomy	403,00	269,70	60,00 + T
3052 Laser capsulotomy	325,50	217,00	60,00 + T
3057 Removal of lenticulus	651,00	434,00	105,00 + T
3059 Insertion of lenticulus when 3045 or 3047 was not executed (cost of lens excluded)	651,00	434,00	105,00 + T
16.4 Glaucoma			
3061 Drainage operation	651,00	434,00	90,00 + T
3063 Cyclocryotherapy or cyclodiathermy	325,50	217,00	90,00 + T
3064 Laser trabeculoplasty	325,50	217,00	90,00 + T
3065 Removal of blood from anterior chamber	325,50	217,00	60,00 + T
3067 Goniotomy	651,00	434,00	105,00 + T
16.5 Intra-ocular foreign body			
3071 Anterior to Iris	393,70	263,50	60,00 + T
3073 Posterior to Iris (including prophylactic thermal treatment to retina)	651,00	434,00	90,00 + T
16.6 Strabismus			
<i>(Whether operation performed on one eye or both)</i>			
3075 Operation on one or two muscles	496,00	331,70	75,00 + T
3076 Operation on three or four muscles	620,00	412,30	75,00 + T
3077 Subsequent operation one or two muscles	372,00	248,00	75,00 + T
3078 Subsequent operation on three or four muscles	465,00	310,00	75,00 + T
16.7 Globe			
3081 Treatment of <i>minor</i> perforating injury	316,20	210,80	90,00 + T
3083 Treatment of <i>major</i> perforating injury	700,60	468,10	90,00 + T
3085 Enucleation or Evisceration	325,50	217,00	75,00 + T
3087 Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	496,00	331,70	75,00 + T
3089 Subconjunctival injection if not done at time of operation	31,00	31,00	75,00 + T
3091 Retrobulbar injection (if not done at time of operation)	49,60	49,60	60,00 + T
3092 External laser treatment for superficial lesions	164,30	124,00	—
3096 Adding of air or gas in vitreous as a post-operative procedure	403,00	269,70	105,00 + T
3097 Anterior vitrectomy	868,00	579,70	90,00 + T
3098 Removal of silicon from globe	868,00	579,70	90,00 + T
3099 Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	1 298,90	864,90	90,00 + T
3100 Lensectomy done at time of posterior vitrectomy	93,00	93,00	105,00 + T
16.8 Orbit			
3101 Drainage of orbital abscess	325,50	217,00	75,00 + T
3105 Exenteration	852,50	567,30	75,00 + T

		Specialist	General practitioner	Anaesthetic
		R	R	R
3107	Orbitotomy requiring bone flap	744,00	496,00	75,00 + T
3109	Eye socket reconstruction	638,60	424,70	75,00 + T
16.9 Cornea				
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits	*	*	—
3113	Fitting of contact lenses and instructions to patient: includes eye examination, first fitting of the contact lenses and further post-fitting visits for one year	620,00	412,30	—
3115	Fitting of only one contact lens and instructions to the patient: eye examination, first fitting of the contact lens and further post-fitting visits for one year included	514,60	344,10	—
3117	Removal of foreign body: On the basis of fee per consultation	*	*	60,00 + T
3118	Curettage of cornea after removal of foreign body	31,00	31,00	—
3119	Tattooing	80,60	80,60	60,00 + T
3121	Graft (Lamellar of full thickness)	895,90	598,30	90,00 + T
3123	Insertion of intra-corneal prosthesis	787,40	523,90	90,00 + T
3125	Keratotomy or conjunctival flap	393,70	263,50	90,00 + T
3127	Cauterization of Cornea (by chemical, thermal or cryo-therapy methods)	31,00	31,00	60,00 + T
3130	Pterygium	164,30	124,00	60,00 + T
3131	Paracentesis	164,30	124,00	60,00 + T
16.10 Ducts				
3133	Probing and/or syringing, per duct	31,00	31,00	60,00 + T
3135	Insertion of polythene tubes (additional): Unilateral ..	40,30	40,30	60,00 + T
3137	Excision of lacrimal sac: Unilateral	409,20	272,80	60,00 + T
3139	Dacryocystorhinostomy (single) with or without polythene sac	651,00	434,00	75,00 + T
3141	Sealing of puncture	62,00	62,00	60,00 + T
3143	Three-snip operation	31,00	31,00	60,00 + T
<i>Repair of canaliculus</i>				
3145	Primary procedure	409,20	272,80	60,00 + T
3147	Secondary procedure	542,50	362,70	60,00 + T
16.11 Iris				
3149	Iridectomy or iridotomy by open operation as isolated procedure	409,20	272,80	60,00 + T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	325,50	217,00	60,00 + T
3157	Division of anterior synechiae as isolated procedure ..	409,20	272,80	60,00 + T
16.12 Lids				
3161	Tarsorrhaphy	145,70	124,00	60,00 + T
3165	Repair of skin lacerations of the lid	145,70	124,00	60,00 + T
3175	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	579,70	387,50	60,00 + T
16.12.1 Entropion or ectropion				
3177	Cautery	31,00	31,00	60,00 + T
3179	Suture	145,70	124,00	60,00 + T
3181	Open operation	325,50	217,00	60,00 + T
3183	Free skin, mucosal grafting or flap	638,60	424,70	60,00 + T
16.12.2 Reconstruction of eyelid				
<i>Staged procedures for partial or total loss of eyelid</i>				
3185	First stage	638,60	424,70	60,00 + T
3187	Subsequent stage	638,60	424,70	60,00 + T
3189	Full thickness eyelid laceration for injury: Direct repair	409,20	272,80	60,00 + T
3191	Blepharoplasty: Upper lids for improvement in function	409,20	272,80	60,00 + T
16.12.3 Ptosis				
3193	Repair by superior rectus, levator or frontalis muscle operation	589,00	393,70	60,00 + T

* Per service (specify)

	Specialist	General practitioner	Anaesthetic
	R	R	R
<i>Ptosis: By lesser procedure e.g. sling operation</i>			
3195 Unilateral	294,00	195,30	60,00 + T
3197 Bilateral	427,80	285,20	60,00 + T
16.13 Conjunctiva			
3199 Repair of conjunctiva by grafting	409,20	272,80	60,00 + T
3200 Repair of lacerated conjunctiva	145,70	124,00	60,00 + T
16.14 General			
3201 YAG laser apparatus (hire fee)	337,90	—	—
3202 PHAKO emulcification apparatus (hire fee)	337,90	—	—
17. EAR			
3203 Removal of foreign body at rooms	*	*	—
3205 Removal of foreign body under general anaesthetic ...	65,10	65,10	60,00 + T
3207 Unilateral myringotomy	86,80	86,80	60,00 + T
3209 Bilateral myringotomy	105,40	105,40	60,00 + T
3211 Unilateral myringotomy with insertion of ventilation tube	105,40	105,40	60,00 + T
3212 Bilateral myringotomy with insertion of unilateral ventilation tube	130,20	124,00	60,00 + T
3213 Bilateral myringotomy with insertion of bilateral ventilation tubes	155,00	124,00	60,00 + T
<i>Meatus atresia</i>			
3215 Traumatic	508,40	337,90	60,00 + T
3219 Removal of osteoma from meatus: Solitary	238,70	158,10	60,00 + T
3221 Removal of osteoma from meatus: Multiple	666,50	443,30	60,00 + T
3223 Removal of keratosis obturans under general anaesthetic	167,40	124,00	60,00 + T
3225 Internal auditory meatus surgery (Transtemporal or middle fossa approach): Total fee including fee for neurosurgeon	1 193,50	796,70	165,00 + T
<i>Exploration of facial nerve</i>			
3227 Tympano mastoid segment	858,70	573,50	75,00 + T
3229 Labyrinthine segment	1 193,50	796,70	75,00 + T
3231 Labyrinthotomy	474,30	316,20	75,00 + T
3233 Aseptic destruction of the labyrinth for Menière's Disease	474,30	316,20	75,00 + T
3237 Exploratory tympanotomy	182,90	124,00	75,00 + T
3239 Removal of acoustic neuroma trans-labyrinthine approach	1 054,00	703,70	75,00 + T
3243 Myringoplasty	427,80	285,20	75,00 + T
3245 Tympanoplasty with or without muscle grafting	858,70	573,50	75,00 + T
3251 Labyrinthine tests (excluding consultation fee)	31,00	31,00	—
3253 Electro-nystagmography for spontaneous and positional nystagmus	77,50	77,50	—
3255 Caloric test done with electro-nystagmography	217,00	145,00	—
3257 Cortical mastoidectomy	403,00	266,60	75,00 + T
3259 Radical mastoidectomy (excluding minor procedures)	604,50	403,00	75,00 + T
3265 Reconstruction of posterior canal wall, following radical mastoidectomy	992,00	660,30	75,00 + T
<i>Major reconstruction of external ear</i>			
3271 Partial or total reconstruction for traumatic absence of external ear	*	—	—

* By arrangement

3203 — * Per service (specify)

3271 — * By arrangement

17.1 Audiometry**RULES GOVERNING THIS SUBSECTION OF THE TARIFF**

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

All post-operative audiograms may be charged for.

	Specialist	General practitioner	Anaesthetic
	R	R	R
3273 Pure tone audiometry (air conduction).....	20,20	13,30	—
3274 Pure tone audiometry (bone conduction with masking)	20,20	13,30	—
3277 Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score)	10,00	6,60	—

18. PHYSICAL TREATMENT

SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT

M 0077 (a) When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged.

(b) The number of treatments to a patient for which the Commissioner shall accept responsibility is limited to 20. If further treatments are necessary payment therefor must be arranged with the Commissioner.

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
3279 Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	+ 2,30	—	—
3280 Consultation units for specialists in physical medicine when treatment is given (per treatment)	41,90	—	—
3281 Ultrasonic therapy	31,00	—	—
3282 Shortwave diathermy	31,00	—	—
3283 Vaginal ultrasound therapy	14,00	—	—
3284 Sensory nerve conduction studies	96,10	—	—
3285 Motor nerve conduction studies	80,60	—	—
3286 Electrical examination of single muscle or nerve	27,90	—	—
3287 Sclerosing injections	41,90	—	—
3288 Epidural injection	111,60	—	—
3289 Multiple injections — First joint	23,30	—	—
3290 Each additional joint	14,00	—	—
3291 Tendon or ligament injection	27,90	—	—
3292 Aspiration of joint or interarticular injection	27,90	—	—
3293 Aspiration or injection of bursa or ganglion	27,90	—	—
3294 Paracervical nerve block	62,00	—	—
3295 Paravertebral root block — unilateral	62,00	—	—
3296 Paravertebral root block — bilateral	93,00	—	—
3297 Manipulation of spine	43,40	—	—
3298 Spinal traction	18,60	—	—
3299 Manipulation of large joints under general anaesthesia	43,40	—	—
3300 Manipulation of large joints without anaesthetic	*	—	—
3301 Muscle fatigue studies	62,00	—	—
3302 Strength duration curve per session	32,60	—	—
3303 Electromyography	232,50	—	—
3304 All other physical treatments carried out: Complete physical treatment	31,00	—	—

* Per service (specify)

19. RADIOLOGY

*Diagnostic procedures***MODIFIERS GOVERNING THIS SECTION OF THE TARIFF**

M 0080 Multiple examinations: Full fees.

M 0081 Repeat examinations: No reduction.

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

M 0083 When a Radiologist makes use of hospital equipment, only 33,33% (one-third) of the fee for the examination is chargeable.

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

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

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

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

M 0085 In cases where a radiological examination is not preceded by a consultation by the radiologist, he may charge the nett cost of disposable material used. Each item must be clearly indicated on the account.

		Specialist	General practitioner	Anaesthetic
		R	R	R
19.1 Skeleton				
19.1.1 Limbs				
3305	Finger, toe	31,40	20,80	—
3307	Limb per region e.g. shoulder, elbow, knee, foot, hand, wrist, or ankle (an adjacent part which does not require an additional set of views should not be added e.g. wrist or hand)	38,30	25,70	—
3309	Smith-Petersen or equivalent control, in theatre	191,40	125,40	—
3311	Stress studies, e.g. joint	38,30	25,40	—
3313	Length studies per right and left pair of long bones	38,30	25,40	—
3317	Skeletal survey	138,60	92,40	—
3319	Arthrography per joint	76,20	50,80	—
3320	Introduction of contrast medium or air: Add	+ 68,30	+ 45,50	—

	Specialist	General practitioner	Anaesthetic
	R	R	R
19.1.2 Spinal column			
3321 Per region, e.g. cervical, sacral, coccygeal, one region thoracic	54,80	36,30	—
3323 Lumbar spine and pelvis	90,80	60,40	—
3325 Stress studies	54,80	36,30	—
3327 Whole spine and pelvis	164,00	109,20	—
3331 Pelvis (Sacro-iliac or hip joints to be added where an extra set of views is required)	54,80	36,30	—
<i>Myelography</i>			
3333 Lumbar	142,90	95,40	60,00 + T
3334 Thoracic	109,90	73,30	60,00 + T
3335 Cervical	175,90	117,20	60,00 + T
3336 Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	—	—	60,00 + T
<i>Internal auditory meatus demonstration by positive contrast cisternography</i>			
3341 Unilateral	127,10	84,80	—
3343 Bilateral	169,30	112,90	—
3344 Introduction of contrast medium: Add	+ 92,70	+ 61,70	—
3345 Discography	171,30	114,20	60,00 + T
3347 Introduction of contrast medium: Add	+ 139,60	+ 93,10	—
19.1.3 Skull			
3349 Skull studies	77,60	51,50	—
3351 Paranasal sinuses	54,50	36,30	—
3352 Skull and sinuses	132,00	89,10	—
3353 Facial bones and/or orbits	62,40	41,60	—
3355 Mandible	46,50	31,00	—
3357 Nasal bone	38,60	25,70	—
3359 Mastoid: Bilateral	89,10	59,40	—
<i>Teeth</i>			
3361 One quadrant	18,20	12,20	—
3363 Two quadrants	31,40	20,80	—
3365 Full mouth	54,50	36,30	—
3366 Rotation tomography of the teeth and jaws	66,00	43,90	—
3367 Temporo-mandibular joints	54,50	36,30	—
3369 Tomography: Total fee	135,00	90,10	—
3371 Localisation of foreign body in the eye	77,60	51,50	—
3373 Orbitography with contrast medium or air	57,10	38,00	60,00 + T
3375 Plus introduction of contrast medium or air: Add	+ 164,00	+ 108,90	—
3377 Encephalography	153,80	102,60	60,00 + T
3379 For introduction of air add	+ 117,20	+ 78,20	—
3381 Ventriculography	135,00	90,10	60,00 + T
3383 Positive-contrast ventriculography	135,00	90,10	60,00 + T
3385 Post-nasal studies	31,40	20,80	—
3387 Maxillo-facial cephalometry	43,60	29,00	—
3389 Dacrocystography	54,60	36,30	60,00 + T
3391 For introduction of contrast medium add	+ 54,60	+ 36,30	—
19.2 Alimentary tract			
3393 Bowel washout: Add	+ 23,80	+ 15,80	—
3395 Sialography (plus 80% for each additional gland)	62,70	41,90	60,00 + T
3397 Introduction of contrast medium (plus 80% for each additional gland) Add	+ 54,80	+ 36,30	—
3399 Pharynx and oesophagus	62,70	41,90	—
3403 Oesophagus, stomach and duodenum (control film of abdomen included)	89,10	59,40	—
3405 Double contrast: Add	+ 36,30	+ 24,40	—
3406 Small bowel meal (control film of abdomen included except when part of item 3408)	89,10	59,40	—
3408 Gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	142,90	95,40	—
3409 Barium enema (control film of abdomen included)	90,80	60,40	—
3411 Air contrast study (add)	+ 95,70	+ 63,70	—
3417 Gastric-/oesophageal/duodenal intubation control	29,00	19,50	—

		Specialist	General practitioner	Anaesthetic
		R	R	R
3419	Gastric-/oesophageal intubation insertion of tube (add)	+ 27,70	+ 18,50	—
3421	Duodenal intubation: Insertion of tube (add)	+ 54,50	+ 36,30	—
3423	Hypotonic duodenography (3403 and 3405 included) (add)	+ 145,20	+ 96,70	—
19.3 Biliary tract				
<i>Cholangiography</i>				
3427	Intravenous	108,90	72,60	—
3429	Intravenous drip technique: Add item 0205	108,90	72,60	—
3431	Operative: First series: Add item 3607 only when the Radiologist attends personally in the theatre	104,30	69,30	—
3432	Subsequent series	52,10	34,70	—
3433	Post-operative	82,50	55,10	—
3435	Introduction of contrast medium (Add)	+ 27,70	+ 18,50	—
3437	Trans hepatic, percutaneous	90,80	60,40	—
3439	Introduction of contrast medium (add)	+ 164,00	+ 109,20	—
3441	Tomography of biliary tract (add)	+ 46,50	+ 31,00	—
19.4 Chest				
3443	Larynx (Tomography included)	62,00	41,60	—
3445	Chest	46,50	31,00	—
3447	Chest and cardiac studies	62,40	41,60	—
3449	Ribs	61,10	40,60	—
3450	Chest plus ribs	77,60	51,50	—
3451	Sternum or sternoclavicular joints	62,40	41,60	—
<i>Bronchography</i>				
3453	Unilateral	62,40	41,60	120,00 + T
3455	Bilateral	95,70	63,70	120,00 + T
3457	Introduction of contrast medium included	176,90	117,80	—
3461	Pleurography	62,40	41,60	45,00 + T
3463	For introduction of contrast medium: Add	+ 13,90	+ 9,20	—
3465	Laryngography	54,50	36,30	—
3467	For introduction of contrast medium: Add	+ 49,50	+ 33,00	—
3468	Thoracic Inlet	31,40	20,80	—
19.5 Abdomen				
3477	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	46,50	31,00	—
3479	Acute abdomen or equivalent studies	77,60	51,50	—
3483	Pneumoperitoneography	80,50	48,80	—
3485	Introduction of gas: Add	+ 54,50	+ 36,30	—
19.6 Urinary tract				
<i>Intravenous pyelogram</i>				
3487	Control film included and bladder views before and after micturition	104,30	69,30	—
3489	Drip technique (add item 0205)	104,30	69,30	—
3491	Intravenous pyelogram time sequence (for hypertension study only) (add)	+ 33,00	+ 22,10	—
3493	Waterload test: Add	+ 60,40	+ 40,30	—
3497	Cystography only or urethrography only (retrograde)	95,70	63,70	—
<i>Cysto-urethrography</i>				
3499	Retrograde	157,70	105,30	—
3503	Introduction of contrast medium: Add	+ 18,20	+ 12,20	—
3505	Retrograde-prograde pyelography	90,80	60,40	45,00 + T
<i>Pre-sacral pneumography</i>				
3507	With tomography	145,50	97,00	—
3509	Including introduction of air or gas	287,40	191,70	—
3511	Renal cyst/pelvic puncture: Add	+ 74,30	+ 49,50	—
3513	Tomography of renal tract: Add	+ 46,50	+ 31,00	—
3514	Intra-operative sterile examination of the kidney: Add	+ 14,90	+ 9,90	—

19.8 Vascular studies**MODIFIER GOVERNING VASCULAR STUDIES**

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

19.8.1 Film Series**MODIFIER GOVERNING "FILM SERIES"**

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

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

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
Cerebral angiography			
3527 First two series	124,40	83,20	60,00 + T
3529 Additional series: Each	46,50	31,00	—
3531 Peripheral angiography: per limb: First series	90,80	60,40	60,00 + T
3533 Other arteriography: per field: First series	129,70	86,50	—
3534 Digital vascular subtraction	561,00	372,90	60,00 + T
3535 Aortography: First series	129,70	86,50	60,00 + T
3537 Cine cardiac angiography: Per series for first 6 series	181,50	121,10	135,00 + T
3543 Vena cavography: First series	114,20	76,20	—
3545 Venography: Per field or limb	90,80	60,40	—
3547 Splenoportography	129,70	86,50	60,00 + T
19.8.2 Introduction of contrast medium			
3553 Femoral artery: Direct injection	74,30	49,50	—
3555 Other artery or aorta: Direct injection	109,60	72,90	—
3557 Catheterisation of artery or aorta (including percutaneous catheterisation of the axillary artery): Add	+ 164,00	+ 109,20	—
3559 Selective catheterisation of artery or ascending aorta (manipulation of a catheter from a large vessel, usually the aorta into a smaller branch under fluoroscopy)	218,80	145,90	60,00 + T
MODIFIER GOVERNING CORONARY CINE ANGIOGRAPHY			
0088 Multiple selective catheterisation: For each additional selective catheterisation after the first selective catheterisation, reduce the fee with 50%.			
3561 Selective catheterisation of vena-renal and vena-cava for renin determination	218,80	145,90	60,00 + T
3563 Direct intravenous for limb: Add	+ 36,60	+ 24,40	—
3571 Splenoportography: Direct injection or catheter: Add	+ 104,30	+ 69,30	—
3573 Splenoportography: With pressure studies: Add	+ 54,60	+ 36,30	—
3575 "Cut-downs" for venography: Add	+ 54,60	+ 36,30	—
19.9 Tomography and cinematography			
3577 Tomography (conventional except where otherwise specified): Add 100% provided that if it is more than one dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations.			
3579 Tomography (multi-dimensional in motion): Add 150%			
3581 Cinematography: For first stages: Add 100%.			
3583 Cinematography: For each series after the first: Add 80% of the primary fee			

19.9.1 Computed Tomography**MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF**

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
3585 Head, single examination, full series	480,00	—	75,00 + T
3587 Head, repeat examination at the same visit, after contrast, full series	165,00	—	75,00 + T
3589 Chest	555,00	—	75,00 + T
3591 Abdomen (including base of chest and/or pelvis)	645,00	—	75,00 + T
3593 Multiple examinations: For an additional part the lesser fee shall be reduced to	150,00	—	75,00 + T
3595 Limbs and other limited examinations	150,00	—	75,00 + T
3597 Contrast media: General Rule Y applies			

19.10 Miscellaneous**GENERAL RULES: Y and Z**

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

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
3601 Fluoroscopy: Per half hour: Add (Items 3445 and 3447 include fluoroscopy)	+ 38,30	+ 25,70	—
3602 Where a C-arm portable X-ray unit is used in hospital or theatre: per half hour: Add	+ 52,80	+ 35,30	—
3603 Sinography: Includes fee for injection	91,40	60,70	—
3607 Attendance at operation in theatre or a radiological procedure performed by a surgeon or physician in X-ray department except 3309: Per half hour: Plus fee for examination performed	27,70	18,20	—
3609 Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done	—	—	—
3611 Foreign body localisation: Introduction of sterile needle markers: Add	+ 54,50	+ 36,30	—
3613 Setting of sterile trays	10,90	10,90	—

19.11 Ultrasonic investigations**MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS**

0152 B-Mode Static Greyscale examinations	10% of the fee
0154 Linear Array Greyscale Realtime	40% of the fee
0155 Linear Array Phased Focus Greyscale	40% of the fee
0156 Mechanical Realtime Sector Scan (Greyscale)	100% of the fee
0157 Phased Array Electronic Sector Scan	100% of the fee

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

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
3619 Pelvic organs (abdominal probe)	150,00	99,00	—
3621 Cardiac examination (M. Mode)	75,00	51,00	—
3622 Cardiac examination: 2 Dimensional	150,00	99,00	—
3623 Cardiac examination + effort: Add	+ 30,00	+ 20,10	—
3624 Cardiac examinations + contrast: Add	+ 30,00	+ 20,10	—
3625 Cardiac examinations + doppler: Add	+ 150,00	+ 99,00	—
3626 Cardiac examinations + phonocardiography: Add	+ 30,00	+ 20,10	—
3627 Examination of the whole abdomen (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area)	150,00	99,00	—
3628 Renal tract	150,00	99,00	—
3630 Examination of a mass (extra abdominal)	150,00	99,00	—
3631 Ophthalmic examination	150,00	99,00	—
3632 Axial length measurement and calculation of intra-ocular lens power	150,00	99,00	—
3634 Peripheral vascular scan	117,00	78,00	—
3635 + Doppler	117,00	78,00	—
3636 Colour doppler	150,00	99,00	—
3637 Duplex scan	234,00	156,00	—
19.12 Portable unit examinations			
3638 Where X-ray unit has to be transported: Add	+ 85,80	+ 57,40	—
3639 Where portable X-ray unit is kept and used in the hospital: Add	+ 33,00	+ 23,10	—
3640 Theatre investigations (with portable unit or fixed installation)	+ 14,90	+ 9,90	—

Note: In regard to multiple examinations see modifier 0080.

19.13 Diagnostic procedures requiring the use of radio-isotopes

RULE GOVERNING THIS SUBSECTION OF THE TARIFF

AA. Procedures to exclude cost of Isotope.

	Specialist	General practitioner	Anaesthetic
	R	R	R
3641 Tracer test	109,60	72,90	—
3642 Repeat of further tracer tests for same investigation ...	53,10	35,30	—
3643 If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee			
3645 Other organ scanning with use of relevant radio isotopes	271,30	180,80	—

	Specialist	General practitioner	Anaesthetic
	R	R	R
19.14 Interventional radiological procedures			
MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES			
0090 Radiologist's fee for participation in a team: R82,50 per 1/2 hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasoundscanning or X-ray procedures.			

	Specialist	General practitioner	Anaesthetic
	R	R	R
5022 Embolisation of extracranial arteries for bleeding	247,50	—	135,00 + T
5028 Antegrade pyelography with insertion of the drainage catheter into the renal pelvis or ureter	165,00	—	90,00 + T
5034 Fine needle aspiration or biopsy	82,50	—	90,00 + T
5036 Insertion of drainage catheter into abdominal abscess under ultrasound or CT control	82,50	—	90,00 + T
19.15 Magnetic Resonance Imaging			
Notes:			
(i) In cases where a <i>second</i> Magnetic Resonance Imaging of the spine is deemed necessary, or a Magnetic Resonance Imaging of another anatomical region is requested, proper motivation must be submitted upon which the Commissioner will consider approval.			
(ii) When a MRI with contrast is done, the second MRI will be subjected to modifier 0005 — i.e. 50% of the tariff.			
3649 Magnetic resonance imaging of a specific single anatomical region performed with the applicable radio frequency coil including T1 and T2 weighted images	1 650,00	1 098,00	—
Specific anatomical regions set for MRI-investigations: Head, including brain, cranio cervical junction and pituitary fossa; cervical spine; thoracic spine; lumbar spine; abdomen; pelvis; orbit; joints, including temporo-mandibular joints; ear; limbs; larynx; testicles; neck, including thoracic inlet.			

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

20. RADIOTHERAPY

MODIFIERS GOVERNING THIS SECTION OF THE TARIFF

- 0092 If both tracer test and therapeutic procedures are conducted, half of the fee for the tracer test plus the fee for the therapeutic procedure shall be charged.
- 0093 The fees for radiotherapy shall apply only where a specialist in radiotherapy uses his own apparatus.
- 0094 Where a specialist in radiotherapy use hospital equipment, the fee is reduced by two-thirds.

RULE GOVERNING THIS SECTION OF THE TARIFF

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

	Specialist	General practitioner	Anaesthetic
	R	R	R
20.1 Superficial therapy			
<i>Benign lesions per treatment</i>			
3651 One or two fields	19,80	—	—
Additional fields each.			
3653 Minimum	7,20	—	—
3655 Maximum	194,40	—	—

21. PATHOLOGY

MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

0097 Where items under Pathology and Anatomical Pathology fall within the province of other Specialists or General Practitioners, then the fee is to be charged at two-thirds of the pathologist's fee.

* **NOTES:** For fees for Histology and Cytology refer to items 4561—4593 under Section 22: Anatomical Pathology.

	Pathologists	Other specialists and general practitioner
	R	R
21.1 Haematology		
3701 ACTH or adrenalin-eosinophil response	21,60	14,40
3703 Autohaemolysis: Quantitative	17,60	11,70
3704 Antithrombin III	21,60	14,40
3705 Alkali resistant haemoglobin	13,50	9,00
3706 Coombs' consumption	21,60	14,40
3708 Drug-induced Coombs' test	21,60	14,40
3709 Antiglobulin test (Coombs' or trypsinized red cells)	11,00	7,40
3710 Antibody titration	21,60	14,40
3711 Arneth count	6,80	4,50
3712 Antibody identification	25,40	17,00
3713 Bleeding time (does not include the cost of the simplate device)	6,80	4,50
3715 Buffy layer examination - "Buffy"	59,70	39,80
3717 Bone marrow cytological examination only	59,70	39,80
3719 Bone marrow: Aspiration	25,20	16,80
3720 Bone marrow trephine biopsy (excluding aspiration and histological examination)	41,00	27,30
3721 Capillary fragility: Hess	4,10	2,70
3723 Circulating anticoagulants	17,60	11,70
3724 Coagulation factor inhibitor assay	28,40	18,90
3725 Clot retraction	5,40	3,60
3727 Coagulation time	6,80	4,50
3729 Cold agglutinins	10,80	7,20
3731 Compatibility for blood transfusion	10,80	7,20
3735 Donath-Landsteiner (qualitative)	10,80	7,20
3739 Erythrocyte count	6,80	4,50
3741 Coagulation factor assay: functional	28,40	18,90
3743 Erythrocyte sedimentation rate	7,50	5,00
3744 Fibrin stabilizing factor (urea test)	13,50	9,00
3745 Fibrinolysin	13,50	9,00
3746 Febrin monomers	8,10	5,40
3747 Folic acid clearance test	48,60	32,40

	Pathologists	Other specialists and general practitioner
	R	R
3749 Folic acid absorption test	48,60	32,40
3751 Osmotic fragility (screen)	6,80	4,50
3753 Osmotic fragility (before and after incubation)	54,00	36,00
3755 Full blood count (including items 3739, 3762, 3783, 3785, 3791)	31,50	21,00
3756 Full cross match	21,60	14,40
3757 Coagulation factors (quantitative)	60,80	40,50
3759 Coagulation factor correction study	28,40	18,90
3760 Coagulation studies, maximum	326,10	217,50
3761 Grouping (A-, B-, O- and Rh antigens)	10,80	7,20
3762 Haemoglobin estimation	5,40	3,60
3763 Contact activated product assay	48,60	32,40
3767 Euglobulin lysis time	21,60	14,40
3768 Haemoglobin A (column chromatography)	45,00	30,00
3769 Haemoglobin electrophoresis	28,40	18,90
3770 Haemoglobin-S (solubility test)	10,80	7,20
3773 Ham's acidified serum test	24,00	15,90
3775 Heinz bodies	6,80	4,50
3777 Heparin estimation	28,40	18,90
3779 Heparin-protamine titration	21,60	14,40
3781 Heparin tolerance	21,60	14,40
3783 Leucocyte differential count	18,60	12,50
3785 Leucocytes: total count	5,40	3,60
3789 Neutrophil alkaline phosphatase	84,00	56,10
3791 Packed cell volume: Haematocrit	5,40	3,60
3793 Plasma haemoglobin	20,30	13,50
3795 Platelet aggregation per aggregant	17,60	11,70
3796 Platelet antibodies: agglutination	16,20	10,80
3797 Platelet count	6,80	4,50
3798 Platelet antibodies: Coombs' consumption	21,60	14,40
3799 Platelet adhesiveness	13,50	9,00
3801 Prothrombin consumption	17,60	11,70
3803 Prothrombin determination (two stages)	17,60	11,70
3805 Prothrombin index	15,60	10,40
3807 Reclassification time	6,80	4,50
3809 Reticulocyte count	9,00	6,00
3814 Sucrose lysis test for PNH	10,80	7,20
3815 Strypven or reptilase time: each	6,80	4,50
3816 T and B-cells EAC markers (per marker)	60,80	40,50
3817 Thromboplastin generation	39,20	26,10
3819 Thromboplastin Inhibition	48,60	32,40
3821 Viscosity: whole blood or plasma	10,80	7,20
3825 Fibrinogen titre	10,80	7,20
3827 Fibrinogen test	10,80	7,20
3830 Glucose 6-phosphate-dehydrogenase: quantitative	48,00	32,10
3831 Red cell pyruvate kinase: qualitative	24,00	16,10
3833 Glutathione: red cells	24,30	16,20
3835 Haemoglobin F in blood smear	17,60	11,70
3837 Partial thromboplastin time	17,60	11,70
3839 Plasminogen assay	37,80	25,20
3841 Thrombin time (screen)	6,80	4,50
3843 Thrombin time (serial)	23,00	15,30
3845 Thromboplastin generation (screen)	24,30	16,20
3847 Haemoglobin H	6,80	4,50
3849 Fibrinolysin: diffusion plate	17,60	11,70
3851 Fibrin degeneration products (diffusion plate)	31,10	20,70
3853 Fibrin degeneration products (latex slide)	13,50	9,00
3855 Hemagglutination inhibition	29,70	19,80
3861 Nitro blue tetrazolium leucocyte function	28,40	18,90
21.2 Microscopic examinations		
3865 Parasites in blood smear	16,80	11,20
3866 Bilharzia: hatch test	9,00	6,00
3867 Miscellaneous (body fluids, urine, exudate, fungi, pus, scrapings, sputum, wounds, etc.)	12,60	8,40
3869 Faeces (including parasites)	14,70	9,80
3871 Addis count	17,60	11,70
3873 Transmission electron microscopy	255,00	171,00
3874 Scanning electron microscopy	300,00	201,00

	Pathologists	Other specialists and general practitioner
	R	R
3875 Inclusion bodies	13,50	9,00
3878 Crystal identification polarized light microscopy	13,50	9,00
3880 Antigen detection with polyclonal antibodies	13,50	9,00
3881 Mycobacteria	9,00	6,00
3882 Antigen detection with monoclonal antibodies	32,40	21,60
3883 Concentration techniques for parasites	9,00	6,00
3884 Dark field, phase — or interference contrast microscopy, Nomarski or Fontana	18,90	12,60
3885 Cytochemical stain	16,40	11,00
21.3 Bacteriology (culture and biological examination)		
3886 Autogenous vaccine	37,80	25,20
3887 Antibiotic susceptibility: MIC, MBC, + % kill	33,60	22,50
3888 Antibiotic susceptibility test (Kirby-Bauer, Stokes)	11,40	7,60
3889 Rapid semiquantitative antibiogram	16,50	11,10
3890 Antibiotic assay of tissues and fluids	41,70	27,80
3891 Blood Culture: aerobic	17,60	11,70
3892 Blood culture: anaerobic	17,60	11,70
3893 Bacteriological culture: miscellaneous	18,90	12,60
3894 Radiometric blood culture	32,40	21,60
3895 Bacteriological culture: fastidious organisms	29,70	19,80
3896 In vivo culture: bacteria	48,00	32,00
3897 In vivo culture: virus	48,00	32,00
3898 Bacterial exotoxin production (in vitro assay)	13,50	9,00
3899 Bacterial exotoxin production (in vivo assay)	62,10	41,40
3901 Fungal culture	13,50	9,00
3903 Antibiotic level: biological fluids	35,10	23,40
3904 Antibiotic sensitivity assay multiple strains (plate method)	35,70	23,80
3905 Identification of virus rickettsia	62,70	41,40
3906 Identification: chlamydia	48,00	32,00
3907 Culture for staphylococcus aureus	6,80	4,50
3908 Anaerobic culture: comprehensive	29,70	19,80
3909 Anaerobic culture: limited procedure	13,50	9,00
3910 Biological fluid assay: Bact. Stat + % kill	33,80	22,50
3912 Bacteriophage typing	13,50	9,00
3915 Mycobacterium culture	13,50	9,00
3917 Mycoplasma culture: limited	6,80	4,50
3918 Mycoplasma culture: comprehensive	29,70	19,80
3919 Identification of mycobacterium	29,70	19,80
3920 Mycobacterium: antibiotic sensitivity	29,70	19,80
3921 Antibiotic synergistic study	62,10	41,40
3922 Viable cell count	4,10	2,70
3923 Biochemical ident. of bacterium: abridged	9,50	6,30
3924 Biochemical ident. of bacterium: extended	37,50	25,00
3925 Serological ident. of bacterium: abridged	9,50	6,30
3926 Serological ident. of bacterium: extended	30,60	20,40
3927 Grouping of streptococci	21,90	14,60
21.4 Serology		
3933 IgE: Total; EMIT or ELISA	35,10	23,40
3934 Auto antibodies by labelled antibodies	48,00	32,00
3938 Precipitation test per antigen	13,50	9,00
3939 Agglutination test per antigen	16,50	11,00
3940 Haemagglutination test: per antigen	29,70	19,80
3941 Modified Coombs' test for brucellosis	13,50	9,00
3943 Antibody titer to bacterial exotoxin	10,80	7,20
3944 IgE: specific antibody titer: ELISA/EMIT: per Ag	37,20	24,80
3945 Complement fixation test	17,60	11,70
3946 IgM: specific antibody titer: ELISA or EMIT: per Ag	42,20	28,10
3947 C-reactive protein	10,80	7,20
3948 IgG: specific antibody titer: ELISA/EMIT: per Ag	38,90	25,90
3949 Qualitative Kahn, VDRL or other flocculation	6,80	4,50
3950 Neutrophil phagocytosis	75,60	50,40
3952 Neutrophil chemotaxis	203,90	135,90
3953 Tube agglutination test	12,50	8,30
3954 Neutrophil killing ability	108,00	72,00
3955 Paul Bunnell: presumptive	6,80	4,50

	Pathologists	Other specialists and general practitioner
	R	R
3956 Infectious Mononucleous latex slide test (Monospot or equivalent)	25,50	17,00
3957 Paul Bunnell: absorption	13,50	9,00
3958 Panel typing for tissue matching	108,00	72,00
3959 Rose Waaler agglutination test	13,50	9,00
3960 Gonococcal antibodies: slide agglutination	16,20	10,80
3961 Slide agglutination test	7,90	5,30
3962 Rebeck skin window	16,20	10,80
3963 Serum complement level: each component	9,50	6,30
3964 Stimulated NBT test	18,90	12,60
3966 Tissue typing: per HLA locus	81,00	54,00
3967 Auto-antibody: sensitized erythrocytes	13,50	9,00
3969 Western blot technique	222,00	147,00
3970 Epstein-Barr virus antibody titer	20,30	13,50
3971 Immuno-diffusion test: per antigen	9,50	6,30
3973 Immuno electrophoresis: per immune serum	28,40	18,90
3974 Indirect immunofluorescence test (HIV)	37,20	24,80
3975 Indirect immuno-fluorescence test (Bacterial, viral, parasitic)	17,60	11,70
3976 LIF or MIF production: per stimulant	236,10	157,50
3977 Counter immuno-electrophoresis	20,30	13,50
3978 Lymphocyte transformation	155,10	103,50
21.5 Skin tests		
3979 Miscellaneous antigens: each	6,80	4,50
3981 Bacteria	13,50	9,00
3983 Bee venom	8,10	5,40
3985 Foods: 15 antigens	28,40	18,90
3987 Inhalants: 10 antigens	16,20	10,80
3989 Additional antigens: each	1,80	1,20
21.6 Biochemical tests: Blood		
3991 Abnormal pigments: qualitative	13,50	9,00
3993 Abnormal pigments: quantitative	27,00	18,00
3995 Acid phosphatase	15,50	10,40
3997 Acid phosphatase fractionation	5,40	3,60
3999 Albumin	9,30	6,20
4000 Alcohol	20,30	13,50
4001 Alkaline phosphatase	15,50	10,40
4002 Alkaline phosphatase-iso-enzymes	35,10	23,40
4003 Ammonia: enzymatic	23,10	15,40
4004 Ammonia: monitor	13,50	9,00
4005 Alpha-antitrypsin	21,60	14,40
4006 Amylase	15,50	10,40
4009 Bilirubin: total	14,30	9,50
4010 Bilirubin: conjugated	10,90	7,20
4011 Bromides	13,50	9,00
4014 Cadmium: atomic absorp	18,90	12,60
4017 Calcium: spectrophotometric	10,90	7,20
4018 Calcium: atomic absorption	21,80	15,40
4019 Carotene	6,80	4,50
4023 Chloride	7,80	5,20
4025 Cholesterol: total, free and esters	28,40	18,90
4027 Cholesterol total	10,90	7,20
4028 HLD cholesterol	15,50	10,40
4029 Cholinesterase: serum or erythrocyte: each	22,40	15,00
4031 Total CO ₂	15,50	10,40
4032 Creatinine	10,90	7,20
4042 D-Xylose absorption test: two hours	39,50	26,30
4045 Fibrinogen: quantitative	10,80	7,20
4047 Hollander test	74,30	49,50
4049 Glucose tolerance test (2 specimens)	26,90	17,90
4050 Glucose strip-test with photometric reading	5,40	3,60
4051 Galactose	33,80	22,50
4052 Glucose tolerance test (3 specimens)	39,50	26,30
4053 Glucose tolerance test (4 specimens)	52,10	34,70
4057 Glucose	10,90	7,20
4061 Glucose tolerance test (5 specimens)	64,70	43,10

	Pathologists	Other specialists and general practitioner
	R	R
4064 Glycated haemoglobin: chromatography	21,60	14,40
4065 Glucose tolerance: intravenous	46,60	31,10
4067 Lithium: flame ionization	15,50	10,40
4068 Lithium: atomic absorption	22,40	15,00
4069 Ionized calcium	20,30	13,50
4071 Iron	20,30	13,50
4073 Iron-binding capacity	23,00	15,30
4077 Astrup: pH, pCO ₂ , stand, bicarb + base excess	40,50	27,00
4079 Ketones in plasma: qualitative	6,80	4,50
4081 Drug level-biological fluid: quantitative	32,40	21,60
4083 Leucine aminopeptidase	13,50	9,00
4085 Lipase	15,50	10,40
4089 Lipid study, maximum	68,10	45,50
4091 Lipoprotein electrophoresis	27,00	18,00
4093 Osmolality: serum or urine	20,30	13,50
4094 Magnesium: spectrophotometric	10,90	7,20
4095 Magnesium: atomic absorption	21,80	14,50
4096 Mercury: atomic absorption	21,80	14,50
4097 Copper: spectrophotometric	10,90	7,20
4098 Copper: atomic absorption	21,80	14,50
4100 Para-aminohippuric acid	27,00	18,00
4105 Protein electrophoresis	27,00	18,00
4106 IgG sub-class 1, 2, 3, or 4: Per sub-class	60,00	39,60
4109 Phosphate	10,90	7,20
4111 Phospholipids	9,50	6,30
4113 Potassium	10,90	7,20
4114 Sodium	10,90	7,20
4117 Protein: total	9,30	6,20
4121 pH, pCO ₂ of pO ₂ : each	20,30	13,50
4123 Pyruvic acid	13,50	9,00
4125 Salicylates	13,50	9,00
4126 Secretin-pancreozymin responds	78,30	52,20
4127 Caeruloplasmin	13,50	9,00
4128 Phenylalanine: quantitative	33,80	22,50
4129 Glutamate dehydrogenase (GDH)	16,20	10,80
4130 Aspartate aminotransferase (AST)	16,20	10,80
4131 Alanine aminotransferase (ALT)	16,20	10,80
4132 Creatine kinase (CK)	16,20	10,80
4133 Lactate dehydrogenase (LD)	16,20	10,80
4134 Gamma glutamyl transferase (GGT)	16,20	10,80
4135 Aldolase	16,20	10,80
4136 Angiotensin converting enzyme (ACE)	27,00	18,00
4137 Lactate dehydrogenase isoenzyme	32,40	21,60
4138 Creatinekinase isoenzyme	32,40	21,60
4139 Adenosine deaminase	16,20	10,80
4141 Tolbutamide test: intravenous	40,50	27,00
4142 Redcell enzymes: each	23,40	15,60
4143 Serum/plasma enzymes: each	16,20	10,80
4144 Transferrin	35,10	23,40
4145 Lead: spectrophotometric	13,50	9,00
4146 Lead: atomic absorption	90,00	66,00
4147 Triglyceride	18,60	12,40
4151 Urea	10,90	7,20
4155 Uric acid	11,30	7,60
4157 Vitamin A-saturation test	45,90	30,60
4158 Vitamin E (tocopherol)	10,80	7,20
4159 Vitamin A	18,90	12,60
4160 Vitamin C (ascorbic acid)	6,80	4,50
4171 Sodium + potassium + chloride + CO ₂ + urea	47,50	31,70
4172 ELIZA or EMIT technique (drug assay)	37,30	24,80
4181 Quant. protein estimation: Mancini method	23,30	15,50
4182 Quant. protein estimation: nephelometer	24,80	16,60
4183 Quant. protein estimation: labelled antibody	37,30	24,80
4185 Lactose	32,40	21,60
4187 Zinc: atomic absorption	18,90	12,60

		Pathologists	Other specialists and general practitioner
		R	R
21.7 Biochemical tests: Urine			
4189	Abnormal pigments	13,50	9,00
4191	Haemosiderin in urinary sediment	6,80	4,50
4193	Alkapton test: homogentisic acid	13,50	9,00
4195	Amino laevulinic acid	54,00	36,00
4197	Amylase	15,50	10,40
4199	Ascorbic acid	6,80	4,50
4201	Bence-Jones protein	8,10	5,40
4202	Bence-Jones protein: Bradshaw's test	6,80	4,50
4203	Phenol	10,80	7,20
4204	Calcium: atomic absorption	21,80	14,50
4205	Calcium: spectrophotometric	10,90	7,20
4206	Calcium: absorption and excretion studies	75,00	50,10
4207	Catecholamines fluorimetric screen test	33,80	22,50
4208	Lead: spectrophotometric	13,50	9,00
4209	Lead: atomic absorption	150,00	100,00
4211	Bile pigments: qualitative	6,80	4,50
4212	Qualitative glucose and protein (dipstick method)	3,00	2,00
4213	Protein: quantitative	6,80	4,50
4214	Mercury	21,80	14,50
4215	Metapyrone response	67,50	45,00
4216	Mucopolysaccharides: qualitative	10,80	7,20
4217	Oxalates	13,50	9,00
4218	Glucose: quantitative	6,80	4,50
4219	Steroids: chromatography (each)	21,60	14,40
4221	Creatinine	10,90	7,20
4223	Creatinine clearance	23,00	15,30
4225	Xylose	9,50	6,30
4227	Electrophoreses: qualitative	13,50	9,00
4229	Uric acid clearance	23,00	15,30
4234	Histidine: qualitative	6,80	4,40
4235	Howard test: four specimens	59,40	39,60
4237	5-Hydroxy-indole-acetic acid: screen	8,10	5,40
4239	5-Hydroxy-indole-acetic acid: quantitative	20,30	13,50
4241	Indican or indole: qualitative	9,50	6,30
4243	Kepler test	20,30	13,50
4245	Vitamin A-screen test	16,20	10,80
4247	Ketones: exluding dip-stick method	6,80	4,50
4248	Reducing substances	5,40	3,60
4249	Melanogen (melanin)	13,50	9,00
4251	Metanephries: column chromatography	66,20	44,10
4254	Nitrosonaphtol test for tyrosine	6,80	4,50
4257	Orthostatic albuminuria: three assays	5,40	3,60
4263	pH: Excluding dip-stick method	2,70	1,80
4265	Thin layer chromatography: one way	20,30	13,50
4266	Thin layer chromatography: two way	33,80	22,50
4269	Phenylpyruvic acid: ferric chloride	6,80	4,50
4271	Phosphate excretion index	66,20	44,10
4282	Qualitative test for metabolic disorders	36,00	24,00
4283	Magnesium: spectrophotometric	10,90	7,20
4284	Magnesium: atomic absorption	21,80	14,50
4285	Identification of carbohydrate	23,00	15,30
4287	Identification of drug: qualitative	13,50	9,00
4288	Identification of drug: quantitative	32,40	21,60
4293	Urea clearance	16,20	10,80
4297	Copper: spectrophotometric	10,90	7,20
4298	Copper: Atomic absorption	21,80	14,50
4299	Indoles: quantitative	20,30	13,50
4301	Chloride	7,80	5,20
4307	Ammonium chloride loading test	66,20	44,10
4309	Urobilinogen: quantitative	20,30	13,50
4313	Phosphate	10,90	7,20
4315	Potassium	10,90	7,20
4316	Sodium	10,90	7,20
4319	Urea	10,90	7,20
4321	Uric acid	10,90	7,20
4322	Fluoride	15,50	10,40
4323	Total protein and protein electrophoresis	33,80	22,50

	Pathologists	Other specialists and general practitioner
	R	R
4325 VMA: quantitative	33,80	22,50
4335 Cystine: quantitative	37,80	25,20
4336 Dinitrophenol hydrazine test: ketoacids	6,80	4,50
4337 Hydroxyproline: quantitative	56,70	37,80
4338 Hydroxyproline: qualitative	20,30	13,50
21.8 Biochemical tests: Faeces		
4339 Chloride	7,80	5,20
4343 Fat: qualitative	9,50	6,30
4345 Fat: quantitative	66,20	44,10
4347 pH	2,70	1,80
4351 Occult blood: chemical test	6,80	4,50
4357 Potassium	10,90	7,20
4358 Sodium	10,90	7,20
4361 Stercobilin	6,80	4,50
4363 Stercobilinogen: quantitative	20,30	13,50
4365 Tryptic activity	6,80	4,50
21.9 Biochemical tests: Miscellaneous		
4371 Amylase in exudate	15,50	10,40
4375 Calcium in fluid: spectrophotometric	10,90	7,20
4376 Calcium in fluid: atomic absorption	21,80	14,50
4381 Gastric contents: per specimen	6,80	4,50
4388 Gastric contents: maximal stimulation	81,00	54,00
4389 Gastric fluid: total acid	6,80	4,50
4391 Renal calculus: chemistry	16,20	10,80
4392 Renal calculus: crystallography	48,80	32,40
4393 Saliva: potassium	10,90	7,20
4394 Saliva: sodium	10,90	7,20
4395 Sweat: sodium	10,90	7,20
4396 Sweat: potassium	10,90	7,20
4397 Sweat: chloride	7,80	5,20
4398 Sweat imprint: screening test	13,50	9,00
4399 Sweat collection by iontophoresis	13,50	9,00
4400 Tryptophane loading test	66,20	44,10
21.10 Cerebrospinal fluid		
4401 Cell count	10,40	6,90
4407 Cell count, protein, glucose and chloride	23,00	15,30
4409 Chloride	7,80	5,20
4415 Potassium	10,90	7,20
4416 Sodium	10,90	7,20
4417 Protein: qualitative	2,70	1,80
4419 Protein: quantitative	9,30	6,20
4421 Glucose	10,90	7,20
4423 Urea	10,90	7,20
4425 Protein electrophoresis	37,80	25,20
21.11 Miscellaneous tests		
4426 Specimen handling fee	6,80	—
4427 Collection material (per patient)	1,50	—
4429 Attendance in theatre	81,00	—
4430 Recombinant DNA technique	75,00	50,00
4432 Entomological examination	31,10	20,70
21.12 Isotopes		
4528 Ferritin	37,30	24,80
21.13 After-hour service and travelling fees (applicable to pathologists only)		
4541 Attendance fee outside the laboratory within six kilometre radius including travelling	9,50	—
Travelling fee outside six kilometre radius from laboratory or house (whichever is the nearest) per kilometre, one way (see item 5003)		

	Pathologists	Other specialists and general practitioner
	R	R
4547 After-hour service: (Monday to Friday) 17:00 to 07:00, Saturday 13:00 to Monday 07:00 and Public holidays	Tariff + 50%	
4548 Minimum fee during normal hours	9,00	—
4549 Minimum fee for after-hour service	18,90	—
4551 Fees not detailed above will be based on the fee for a comparable service in the Tariff of fees	—	—
4553 The maximum fee for the first complete investigation of liver functions of a patient will be	155,30	103,50
22. ANATOMICAL PATHOLOGY		
<i>Note:</i> Histological examinations entailing more than five blocks should receive special consideration.		
Exfoliative cytology		
<i>Sputum and all body fluids</i>		
4561 First unit	44,20	29,40
4563 Each additional unit	12,90	8,60
4567 Histology, per unit or sample	66,00	42,90
4569 Histology, two blocks	82,50	56,10
4571 Histology (more than two units), per additional block	8,30	5,30
4572 Karyotyping: Blood of relative (1 culture)	247,50	165,00
4575 Histology and frozen section in laboratory	74,90	49,80
4577 Histology and tissue examination in theatre	135,00	90,10
4579 Attendance in theatre — no examination	86,80	57,80
4582 Serial step sections (including 4567)	76,90	51,50
4587 Histology consultation	33,30	22,10
4589 Special stains	22,10	14,90
4591 Immuno-fluorescence/Immuno-proxidase studies	68,30	45,50
4593 Electron microscopy examination	310,20	207,90

IV. TRAVELLING EXPENSES**REFER TO GENERAL RULE P**

When a doctor has to travel more than 5 kilometres to visit a patient, the fees shall be calculated as follows:

Consultation, visit or surgical fee: Plus

5001 Cost of public transport and travelling time OR

5003 R0,38 per km for each kilometre in excess of 10 kilometres total travelled in *own* car: 19 km total = 9 x 0,38 cent = R3,42 cents (no travelling time).

Where distances exceed 30 km the fee shall be calculated at a rate of R0,60 for each kilometre in excess of 10 km total: 31 km total = 21 x 60 cents = R12,60 (*No travelling time*).

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

5005 Specialist: R55,80 per hour or part thereof.

5007 General Practitioner: R37,20 per hour or part thereof.

5009 After hours: Specialist: R83,70 per hour or part thereof.

5011 After hours: General Practitioners: R55,80 per hour or part thereof.

5013 Travelling fees are not payable to medical practitioners when they travel from a distance to assist at an operation on cases referred to surgeons by them.

5015 Travelling expenses may be charged from the medical practitioner's residence for calls received at night or during weekends in cases where travelling fees are allowed. (For distances of 5 kilometres or more from starting point).