



Government Gazette

REPUBLIC OF SOUTH AFRICA

Vol. 480 Pretoria 1 June 2005 No. 27632



AIDS HELPLINE: 0800-0123-22 Prevention is the cure

GENERAL NOTICE ALGEMENE KENNISGEWING

NOTICE 866 OF 2005

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASED ACT, 1993 (ACT NO. 130 OF 1993)

1. I, Membathisi Mphumzi Shepherd Mdladlana, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under the powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No, 130 of 1993), I prescribe the scale of "Fees for Medical **Aid**" payable under section 76, inclusive of the General Rules applicable thereto, appearing in the Schedule to this notice, with effect **from 1 April 2005**.
2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2005** and **Exclude VAT**.



MEMBATHISI MPHUMZI SHEPHERD MDLADLANA
MINISTER OF LABOUR

GENERAL INFORMATION / ALGEMENE INLIGTING.**(i) THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER.**

The employee is permitted to choose freely his own service provider e.g. doctor, pharmacy, physiotherapist, hospital, etc. and no interference with this privilege is permitted as long as it is exercised reasonably and without prejudice to the employee himself or the Compensation Fund. The only exceptions to this rule are those cases where employers, with the Compensation Commissioner's approval, provide their own medical aid facilities in toto, i.e. including hospital, nursing and other services—section 78 of the Act refers.

In terms of section 42 either the Compensation Commissioner or an employer may send the injured employee to another doctor chosen by him (Compensation Commissioner or employer) for a special examination and report. Special fees are payable for this service. This examination and report is usually done only by specialists.

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 employee is in need of emergency treatment, the doctor should act in the same manner as he would to any patient who needs his urgent help. He should not, however, ask the Compensation Commissioner to authorise such treatment before the claim has been admitted as falling within the scope of the Act.

It should be remembered that an employee seeks medical advice at his own risk. If, therefore, an employee represents to his medical service provider that he is a Compensation for Occupational Injuries and Diseases Act case and yet fails to claim the benefits of the Act, leaving the 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 if the claim is not reported in the prescribed manner. The Compensation Commissioner can also have reason not to accept the claim lodged against the Fund. In such circumstances the employee would be in the same position as any other member of the public as regards payment of his medical expenses.

The amounts published in the tariff for COIDA for medical services are calculated without VAT. The only exclusion is the "per diem" tariff for Private Hospitals, that includes VAT. The account for services rendered will be assessed and calculated without VAT. If VAT is applicable and a VAT registration number was indicated, it will be calculated and added to the payment without being rounded off.

(i) **DIE WERKNEMEREN DIE MEDIESE DIENSVERSKAFFER**

Die werknemer het 'n vrye keuse van diensverskaffer bv. Dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat solank dit redelik en sonder nadeel vir die werknemer self of die Vergoedingsfonds uitgeoefen word nie. Die enigste uitsonderings op hierdie reel is in daardie gevalle waar die werkgewers met die goedkeuring van die Vergoedingskommissaris hul eie geneeskundige dienste in die geheel voorsien, d.i. insluitende hospitaal- verplegings- en ander dienste—artikel 78 van die Wet verwys.

Kragtens die bepalings van artikel 42 mag die Vergoedingskommissaris of die werkgewer na gelang van die geval, 'n beseerde werknemer na 'n ander geneesheer deur hom (Vergoedingskommissaris of werkgewer) aangewys, stuur vir 'n spesiale ondersoek en verslag. Spesiale gelde is betaalbaar vir hierdie dienste. Hierdie ondersoek word uit die aard van die saak feitlik uitsluitlik deur spesialiste gedoen.

In die geval van verandering van geneeshere wat 'n geval behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die geval aan 'n spesialis oorhandig is, as die lasgewer beskou word en betaling sal normaalweg aan hom gemaak word. **Ten einde geskille te voorkom, moet geneeshere hul daawan weerhou om 'n geval wat reeds onder behandeling is te behandel sonder om dit eers met die eerste geneesheer te bespreek.** Oor die algemeen word veranderings van geneeshere, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

In gevalle waar 'n beseerde werknemer noodbehandeling benodig, moet die geneesheer op dieselfde wyse as teenoor enige pasient wat sy hulp dringend nodig het optree. Hy moet egter nie die Vergoedingskommissaris vra om sulke behandeling goed te keur alvorens aanspreeklikheid vir die eis kragtens die Wet aanvaar is nie. Dit moet in gedagte gehou word dat 'n werknemer geneeskundige behandeling op sy eie risiko soek. As 'n werknemer dus aan 'n geneesheer voorgee dat hy 'n geval is onder die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die voordele van die Wet te eis deur die Vergoedingskommissaris of sy werkgewer in die duister te laat van enige moontlike gronde vir 'n eis, kan die betrokke versekeringsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie as die besering nie aangemeld is op die voorgeskrewe wyse nie. Die Vergoedingskommissaris kan ook rede he om nie die eis teen die Fonds te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

Die bedrae gepubliseer in die tarief vir COIDA is BTW uitgesluit. Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit. Die rekening vir dienste gelewer word aangeslaan en bereken sonder BTW. Indien BTW van toepassing is en 'n BTW registrasie nommer aangedui is, word dit bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •**

EISE TEEN DIE VERGOEDINGSFONDS WORD HANTEER SOOS VOLG:

1. If the claim is **accepted** as a COIDA claim, reasonable medical expenses will be paid by the Compensation Commissioner • *As die eis teen die Fonds **aanvaar** word, word redelike mediese koste betaal deur die VergoedingsKommissaris.*

2. If the claim is **rejected (repudiated)**, services will not be paid by the Compensation Commissioner. **All** parties are informed of this decision, including the service providers. The injured employee will be liable for payment. • *As die eis teen die Fonds afgekeur word (**gerepudieer**), word dienste nie **deur** die VergoedingsKommissaris betaal nie. Die betrokke partye word in kennis gestel van die besluit, ingesluit die diensverskaffers. Die beseerde werknemer is dan aanspreeklik vir die rekening.*

If **no decision** can be made due to a lack of information, the outstanding information is requested and upon receipt, the claim will again be adjudicated. Depending on the outcome, the accounts from the service provider, will be handled as set **out** in 1 and 2. Unfortunately, there are claims for which a decision might never be made due to a lack of forthcoming information • *Indien geen besluit geneem kan word nie, weens 'n gebrek aan inligting, word die uitstaande inligting aangevra. Met ontvangs word die eis heroorweeg. Afhangende van die uitslag, word die rekening hanteer soos uiteengesit in nommer 1 en 2. Ongelukkig is daar eise waar 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nie verskaf word nie*

BILLING PROCEDURE • EIS PROSEDURE:

1. The **first account** for services rendered to the injured employee (INCLUDING the First medical report) must be submitted to the employer who will collate all the documents (from other service providers etc.) and submit them to the Compensation Commissioner • *Die eerste rekening (INSLUITEND die Eerste mediese verslag) vir diens gelewer aan die beseerde werknemer, moet aan die werkgewer gestuur word, wat die eise (van ander diensverskaffers ens.) bymekaar sal sit en dit aanstuur na die Vergoedingskommissaris.*
2. New claims are registered by the Commissioner and the **employer is notified of the claim number** allocated to the claim. Enquiries for claim numbers should be directed to the employer and not to the Commissioner. The employer will be able to give you the claim number for the patient as well as indicate whether the Compensation Commissioner accepted the claim as a COIDA case • *Nuwe eise word geopen deur die Kommissaris en die werkgewer word in kennis gestel van die eisnommer. Navrae vir eisnommers moet aan die werkgewer gerig word en nie aan die Kommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Kommissaris die eis teen die Fonds aanvaar het of nie.*
3. All new accounts are captured on the Commissioners database and a summarized notice is posted weekly to the service provider. This is only an **acknowledgement of receipt** and not a payment or a guarantee thereof • *Alle nuwe rekeninge word vasgelê op die Kommissaris se databasis en 'n opsomming van rekeninge ontvang word weekliks aan die diensverskaffer gestuur. Dit is slegs 'n erkenning van ontvangs en nie 'n betaling of waarborg daawan nie.*
4. If accounts are still outstanding after **60 days** following submission and acknowledgement by the Commissioner Service providers should complete an enquiry form, W.CL 20, and submit it ONCE to the Commissioner. **DO NOT SUBMIT DUPLICATE ACCOUNTS WHEN AN ACKNOWLEDGEMENT WAS RECEIVED FOR THE PARTICULAR ACCOUNT** • *Indien die rekening nog uitstaande is na 60 dae na indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.CL 20 voltooi en EENMALIG indien na die Kommissaris. MOENIE 'N DUPLIKAAT REKENING INDIEN AS ONTVANGS ERKEN IS VIR DIE BETROKKE REKENING NIE.*
5. If **no acknowledgement** was received and the account is unpaid **60 days after** it was submitted to the employer, a **duplicate account** must be submitted to the Commissioner directly. The account must be accompanied by any supporting documents e.g. PART B of the Employers Report of an Accident (W.CL 2), First (W.CL 4), and Progress/Final (W.CL 5/5F) medical reports • *Indien ontvangs nie erken is 60 dae na versending aan die werkgewer, moet 'n duplikaatrekening ingedien word by die Vergoedingskommissaris. Die rekening moet vergesel word van ander dokumentasie bv. DEEL B van die Werkgewer se Verslag oor 'n Ongeval (W.CL 2), Eerste (W.CL 4) en Vordering/Finale (W.CL 5/5F) mediese verslae.*
6. If the account is **partially paid** with no reason therefore indicated on the remittance advise, a duplicate account with the unpaid services clearly indicated must be submitted, accompanied

by a WCI 20 form. (*see website for example) • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die kortbetaling duidelik aangedui, vergesel van 'n WCI 20 form ingedien word (*sien webblad vir voorbeeld van vorm).*

7. **Information NOT to be reflected** on the account: Details of the employee's medical aid and the practice number of the referring practitioner • *Inligting wat NIE aangedui moet word op die rekening nie: Besonderhede van die werknemer se mediese fonds en die venvysende geneesheer se praktyknommer.*

8. Service provider **should not generate** • *Diensverskaffer moenie die volgende genereer:*

- a. **Multiple accounts** for services rendered on the **same date i.e.** one account for medication and a second account for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. Medikasie op een rekening en ander dienste op 'n tweede rekening.*
- b. **Accumulative accounts** but rather submit a separate account for every month • *Aaneenlopende rekeninge: aparte rekeninge per maand word verkies.*
- c. **Accounts on the old documents** (W.CL 4/5/51;) **A** *New First Medical Report (W.CL 4) and Progress/Final Report (W.CL 5/5F) forms are available. The old forms combined with the account (W.CL11), were replaced. **Accounts on the old medical reports will not be entertained** • *Rekeninge op die ou voorgeskrewe dokumente van die Vergoedingskommissaris. 'n *Nuwe Eerste mediese verslag (W.CL4) en Vordering/Finale verslag (W.CL5) is beskikbaar. Die vorige vorms gekombineer met die rekening (W.CL11) is vervang. Rekeninge op die ou vorms is nie aanvaarbaar nie.*

* **Examples of the new forms (W.CL 4/5/5F) are available on the website**
www.labour.gov.za •

* *Voorbeelde van die nuwe vorms (W.CL 4/5/5F) is beskikbaar op die webblad www.labour.gov.za*

1. MINIMUM VEREISTES VIR REKENING

1. **Minimum information** to be indicated on the account submitted to the Commissioner • *Minimum besonderhede wat aangedui moet word op 'n rekening vir die Vergoedingskommissaris:*
 - a. Name of employee and ID number • *Naam van werknemer en ID nommer.*
 - b. Name of employer and registration number if available. • *Naam van werkgewer en registrasie nommer indien beskikbaar.*
 - c. CC claim numbed alternatively employer's registration number • *CC eisnommer/alternatiewelik die werkgewer se registrasie nommer.*
 - d. DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
 - e. Service provider's reference number • *Diensverskaffer se rekening nommer*
 - f. The practice number (In case of address change, BHF must be notified) • *Die praktyknommer (ingeval van adresverandering moet dit by BHF verander word)*
 - g. VAT registration number (**The Compensation Commissioner will not pay VAT if a VAT registration number is not indicated on the account**) • *BTW registrasie nommer (die Kommissaris sal nie BTW betaal as die BTW registrasie nommer nie aangedui word nie)*
 - h. Date of service (Actual service date must be indicated. Invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word. Rekening datum is nie aanvaarbaar)*
 - i. Items according to the official published tariffs • *Items soos aangedui in die amptelik gepubliseerde tariewe.*
 - j. Amount claimed per item and total for account • *Bedrag ge-eis vir item en totaal van rekening.*

2. Please note that **as from 1 January 2004 a certified copy of an employee's identity document will be required** in order to register a claim with the Compensation Fund. If a copy of the identity document is not submitted the claim will not be registered but will be returned to you/the employer to attach a certified copy of the employee's identity document. Furthermore, all supporting documentation sent to this office must reflect the identity number as well. If it is not reflected, the documents will not be processed but will be returned to the sender to add the ID number. • *Neem asseblief kennis dat 'n gesertifiseerde afskrif van van die werknemer se identiteits dokument benodig word vanaf 1 Januarie 2004 om 'n eis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgewer/uself vir die aanheg van die dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet die identiteitsnommer aangedui hê. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.*

RULES GOVERNING THE TARIFF / REËLS VAN TOEPASSING OP DIE TARIEF**A. Consultations: Definitions/Konsultasies: Definisies**

- (a) **New and established patients:** A consultation/visit refers to a clinical situation where a medical practitioner personally elicits a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration/**Nuwe en bestaande pasiënte:** 'n Konsultasie/besoek verwys na 'n kliniese situasie waar 'n mediese praktisyn persoonlik 'n pasiënt se siektegeskiedenis afneem, 'n toepaslike kliniese ondersoek uitvoer en indien aangedui 'n behandeling toedien of voorskryf, of die pasiënt van raad bedien. Hierdie dienste moet met die pasiënt persoonlik wees en sluit die tyd gebruik om spesiale ondersoeke uit te voer, waarvoor bykomende vergoeding geëis kan word, uit.
- (b) **Subsequent visits:** Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling/**Opvolgbesoeke:** Verwys na 'n willekeurig geskeduleerde besoek wat binne vier (4) maande na 'n eerste konsultasie uitgevoer word. Dit kan die afneem van 'n siektegeskiedenis en/of kliniese ondersoek en/of die voorskryf of toedien van 'n behandelingsen/of raadgeving behels.
- (c) **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 (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code/**Hospitaalbesoeke:** In gevalle waar 'n prosedure of operasie deur 'n geneesheer uitgevoer is, word hospitaalbesoeke beskou as deel van die normale nasorg en mag geen gelde gehef word nie (behalwe waar anders aangedui). In gevalle waar daar nie 'n prosedure of operasie uitgevoer is nie, mag gelde volgens die toepaslike hospitaalopvolgbesoek item gehef word.

- B. Normal hours and after hours:** Normal working hours comprise the periods 08:00 to 17:00 on Mondays to Fridays, 08:00 to 13:00 on Saturdays, and 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 work performed on these 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 a earlier or later opportunity. **Please note: Items 0146 and 0147 (emergency consultations) as well as modifier 0011 (emergency theatre procedures) are only applicable in the after hours period)/Normale ure en na-ure:** Normale werksure verwys na die tydperk 08:00 tot 17:00 op Maandae tot Vrydae, 08:00 tot 13:00 op Saterdag, en alle ander tye wat die geneesheer willekeurig skeduleer (al is dit vir die pasiënt se gerief) vir die lewering van dienste. Alle ander tye geld as na-ure. Opnabare vakansiedae geld nie as normale werksdae nie en werk wat op hierdie dae verrig word, geld as na-uurse werk. Dienste word onwillekeurig geskeduleer vir 'n spesifieke tyd indien die geneesheer om mediese redes nie die diens by 'n vroeëre of latere geleentheid behoort te lewer nie. **Let wel: Items 0146 en 0147 (noodkonsultasies) sowel as wysiger 0011 (nood teaterprosedures) is slegs van toepassing aedurende die na-ure periode).**

- C. Comparable services:** The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees, or in the SAMA guideline shall be based on the fee in respect of a comparable service. For procedures/services not in this tariff of fees but in the SAMA guideline, item 6999 (Unlisted procedure or service code), should be used with the SAMA code. Note: Rule C and item 6999 may not be used for comparable pathology services (sections 21, 22 and 23 /**Vergelykbare dienste:** Die bedrag wat gehef kan word ten opsigte van die lewering van 'n diens wat nie in hierdie gelde tarief of in die SAMA riglyn ingesluit is nie, moet gebaseer wees op die bedrag vir 'n vergelykbare diens. Vir prosedures en dienste nie in hierdie tarief maar wel in die SAMA riglyn, moet item 6999: (Ongespesifiseerde prosedure/diens), gebruik word saam met die SAMA item om hierdie diens aan te dui. **Let Wel:** Reël C en item 6999 is nie van toepassing op vergelykbare patologiese dienste (afdeling 21, 22 en 23) nie.

- D. Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee may be charged. (*For COVID patients: In the case of injured workmen, the relevant consultation fee is payable by the employee.) In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be/**Kansellasie** van afspraak: *Tensy stappe vroegtydiggedoen word om 'n afspraak vir 'n konsultasie te kanselleer, kan die betrokke konsultasiegelde gehef word. (Vir BAD pasiënte: Ingeval van beseerde werknemer, is die werknemeraanspreeklik vir die konsultasiegelde.) In die geval van 'n algemene praktisyn beteken "vroegtydig" twee ure en in die geval van 'n spesialis 24 ure voor die afspraak. Elke geval word egter op meriete beskou en, indien omstandighede dit regverdig, word geen gelde gehef nie. Indien 'n pasiënt nie opgedaag het vir 'n prosedure nie, is elke lid van die chirurgiese span geregtig om gelde te hef vir 'n besoek by of weg van die dokter se spreekkamers na gelang van die geval.*
- E. **Pre-operative** visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital/**Pre-operatiewe** besoeke: *Die toepaslike gelde mag gehef word vir alle pre-operatiewe besoeke met die uitsondering van 'n roetine pre-operatiewe besoek by die hospitaal.*
- F. Administering of injections and/or infusions: Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself/**Toediening** van inspuittings **en/of infusies**: *Waar toepaslik, mag gelde vir die toediening van inspuittings en/of infusies alleenlik gehef word indien deur die praktisyn self toegedien.*
- G. Post-operative care/Post-operatiewe sorg:
- Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding FOUR months (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed)/*Tensy anders vermeld, sluit die gelde ten opsigte van 'n operasie of prosedure normale nasorg in oor 'n tydperk wat nie VIER maande oorskry nie (nasorg is uitgesluit van suiwer diagnostiese prosedures waartydens geen terapeutiese prosedures uitgevoer is nie).*
 - If the normal after-care is delegated to any other registered health professional and not completed by the surgeon it shall be his/her own responsibility to arrange for this to be done without extra charge/*Indien die normale nasorg aan 'n ander geregistreerde gesondheidswerker gedelegeer word en nie deur die chirurg voltooi word nie, sal dit sy/haar verantwoordelikheid wees om te reël dat dit gedoen word sonder enige bykomende vordering.*
 - When the care of post-operative treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the scheme or the patient (in case of a private account) may be charged/*Wanneer na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard benodig word, mag gelde waaroor die chirurg en die skema of die pasiënt (in geval van 'n privaatrekening) ooreengekom het, gehef word.*
 - Normal after-care refers to an uncomplicated post-operative period not requiring any further incisions/*Normale nasorg verwys na 'n ongekompliseerde na-operatiewe verloop wat nie verdere ingrepe verg nie.*
- H. Removal of lesions: Items involving removal of lesions include follow-up treatment for four months/**Verwydering** van letsels: *Waar 'n letsel venvyder word, sluit die vergoeding ook vier maande opvolging in.*
- I. Pathology investigations performed by clinicians: Fees for all pathology investigations performed by members of other disciplines (where permissible) refer to modifier 0097: Items that fall under Clinical and Anatomical Pathology: See section for Pathology/**Patologieondersoeke** uitgevoer deur **klinici**: *Gelde vir alle patologie ondersoeke wat uitgevoer word deur lede van ander dissiplines (waar toelaatbaar)*

verwys na wysiger 0097: Items wat onder Kliniese en Anatomiese Patologie ressorteer: Raadpleeg afdeling Patologie.

- J. *Disproportionately low fees: In exceptional cases where the 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*)/**Buite verhouding lae gelde:** In buitengewone gevalle waar die gelde buite verhouding laag is in vergelyking met die werklike dienste deur 'n geneesheer gelewer, is hoër gelde onderhandelbaar. Aan die anderkant, as die gelde buite verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dié wat in die geldetarief aangegee word, gevra word).
- K. *Services of a Specialist, upon referral : 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*/**Dienste van Spesialis, na verwysing** :Behalwe in buitengewone gevalle is die dienste van 'n spesialis beskikbaar slegs op aanbeveling van die huisarts wat oor die geval gaan. Geneeshere wat pasiënte na ander geneeshere veiwys, moet, indien hulle daatvan bewus is dat die pasiënt in 'n "ongeval" beseer is, dit in die verwysing meld en dieselfde geld ten opsigte van monsters wat na patoloë gestuur word.
- L. *Procedures performed at time of visits: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged*/Prosedures uitgevoer tydens besoeke: Indien 'n prosedure uitgevoer word tydens 'n konsultasie/besoek, word die bedrag vir die besoek SOWEL AS die bedrag vir die prosedure gehef
- M. *Procedure planned to be performed later: In cases where, during a consultation/visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion*/Prosedure beplan om later uit te voer: In gevalle waar 'n prosedure tydens 'n konsultasiebesoek beplan word om by 'n latere geleentheid uitgevoer te word, mag by sodanige latere uitvoering van die prosedure nie weer gelde gehef word vir 'n besoek nie.
- N. *Rendering of accounts for occupational injuries and diseases*/Lewering van rekeninge vir beroepsbeserings en -siektes
- (a) *"Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention*/"Per konsultasie": Geen bykomende gelde kan vir dienste waarvoor die gelde aangegee word as 'per konsultasie', gehef word nie. Sulke dienste word gereken as deel van die konsultasie/besoek waartydens die toestand onder die geneesheer se aandag gebring word
- (b) *Where a fee for any service, is prescribed herein, the medical practitioner shall not be entitled to payment calculated on a basis of visits or examinations made where such calculation would result in the prescribed fee being exceeded*/Waar gelde ten opsigte van enige diens wat hierin voorgeskryf word, is die geneesheer nie op betaling, bereken op die getal besoeke afgelê of die getal ondersoeke gedoen, geregtig as so 'n berekening 'n hoër bedrag as die voorgeskrewe gelde beteken nie.
- (c) *The number of consultations/visits must be in direct relation to the seriousness of the injury and should more than 20 visits be necessary, the Commissioner must be furnished with a detailed motivation*/Die aantal konsultasies/besoeke moet in direkte verhouding staan tot die erns van die besering en indien meer as 20 besoeke nodig is, moet volledige motiverings aan die Kommissaris verskaf word.
- (d) *A single fee for a consultation/visit shall be paid to a medical practitioner who gives a single treatment to an injured employee who thereafter passes to the permanent care of another medical practitioner, not being a partner or assistant of the first. The responsibility for furnishing the first medical report in such a case ordinarily rests with the second practitioner*/'n Bedrag ten opsigte van een konsultasiebesoek word aan 'n geneesheer betaal vir 'n enkele behandeling van 'n beseerde werknemer wat daarna onder die permanente sorg kom van 'n ander geneesheer wat nie 'n vennoot

of assistent van eersgenoemde geneesheer *is nie*. In so 'n geval *berus* die verantwoordelikheid om die eerste mediese verslag te verstrek gewoonlik by die tweede praktisyn.

O. Costly or prolonged medical services or procedures:

- (a) A employee should be hospitabed only if and for such a period his condition justifies full-time "medical aid"/*Hospitalisasie* van 'n werknemer moet slegs geskied indien en vir *solank* as wat sy toestand *volydse* "geneeskundige behandeling" vereis.
- (b) Occupational therapy/Physiotherapy: The same principals set out in modifier 0077: Two areas treated simultaneously for totally different conditions, will apply when a employee is referred to a therapist/*Arbeidsterapie/Fisioterapie*: Indien 'n werknemer *verwys* word na 'n terapeut sal dieselfde *beginsels* geld *soos* by wysiger 0077: Twee *afsonderlike* areas *tegelykertyd* behandel vir heeltemal *verskillende* toestande.
- (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*/*In* geval van duur of langdurige mediese dienste of *prosedures*, moet die geneesheer *skriftelik* vooraf by die Kommissaris, vasstel *watter geldelike verantwoordelikheid* die Kommissaris sal aanvaar ten opsigte van die behandeling van daardie spesifieke *pasiënt*.

P. Travelling fees/Reisgelde:

- (a) Where, *in cases of emergency*, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to section on travelling expenses (section IV) if he had to travel more than 16 kilometres in *total*/*Waar* 'n praktisyn *in noodgevalle* vanaf *sy* huis of kamers na 'n *pasiënt* se *woning* of 'n hospitaal *uitgeroep* word, kan reisgelde gehef word volgens die afdeling aangaande reiskoste (afdeling IV) *indien* hy meer as 16 kilometers in totaal moet reis.
- (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant *patients*/*Indien* meer as een *pasiënt* tydens 'n *reis* aandaag *geniet*, moet die volle *reisgeld* pro rata tussen die *pasiënte* verdeel word.
- (c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms/*n Praktisyn is nie* geregtig om gelde te hef vir enige reiskoste of *reistyd* na sy kamers nie.
- (d) Where a practitioner's residence would be more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except *in cases of emergency* (services not voluntarily *scheduled*)/*Waar* 'n praktisyn se woning meer as 8 kilometers vanaf 'n hospitaal *geleë is*, mag geen reisgelde gehef word vir dienste gelewer in sodanige *hospitale nie*, behalwe *in noodgevalle* (onwillekeurig geskeduleerde dienste).
- (e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except *in cases of emergency* (services not voluntarily *scheduled*)/*Waar* 'n praktisyn 'n *rondreispraktyk bedryf, is hy nie* geregtig om *reisgelde* te hef nie, behalwe *in noodgevalle* (onwillekeurig geskeduleerde dienste).

INTENSIVE CARE/INTENSIEWE SORG

RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF/REËLS VAN TOEPASSING OP HIERDIE BESONDERE AFDELING VAN DIE TARIEF

- Q. Intensive care:** Units in respect of item 1204 to 1210 (Categories 1 to 3)/*Intensiewe sorg*: Eenhede vir items 1204 tot 1210 (Kategoriee 1 tot 3) **EXCLUDE the following/SLUIT die volgende UIT:**

- (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive fee covers the daily

care in the intensive care unit/*Narkose en/of chirurgiesegelde vir enige toestand of pmsedure, sowel as 'n eerste konsultasiehesoek wat die evaluering van die pasient behels terwyl die intensiewe sorg item die daaglikse sorg in die intensiewe sorgeenheid dek.*

- (b) Cost of any drugs and/or materials/*Koste van medisyne en/of materiaal.*
- (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy/*Enige ander koste wat ontstaan voor, tydens of na die konsultasiehesoeken/of terapie.*
- (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen/*Bloedgasondersoeke of chemiese bloedtoetse, arteriële punksie om bloedmonster te verkry, ingeslote.*
- (e) Procedural items 1202 and 1212 to 1221/*Prosedure items 1202 en 1212 tot 1221.*

but INCLUDE the following/*maar SLUIT die volgende IN:*

- (f) Performing and interpretation of a resting ECG/*Uitvoering en vertolking van 'n rustende EKG.*
- (g) Interpretation of chemistry tests and x-rays/*Vertolking van biochemie toetse en x-strale.*
- (h) Intravenous treatment (items 0206 and 0207)/*Intraveneuse behandeling (items 0206 en 0207)*

R. Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)/*Veelvuldige orgaan ineenstorting: Eenhede vir items 1208, 1209 en 1210 (Kategorie 3: Gevalle met veelvuldige orgaan ineenstorting) sluit resussitasie in (i.e. item 1211: Kardio-respiratorieseresussitasie).*

S. Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following/*Ventilasie: Eenhede vir items 1212, 1213 en 1214 (ventilasie) sluit die volgende in:*

- (a) Measurement of minute volume, vital capacity, time- and vital capacity studies/*Bepaling van minuutvolume, vitale kapasiteit, tyd- en vitale kapasiteitsondersoeke.*
- (b) Testing and connecting the machine/*Toets en verbinding van masjien.*
- (c) Putting patient on machine: setting machine, synchronising patient with machine/*Pasiënt met die masjien verbind: stel van masjien en sinchronisering van pasiënt met masjien.*
- (d) Instruction to nursing staff/*Opdragte aan verplegingspersoneel.*
- (e) All subsequent visits for 24 hours/*Alle daaropvolgende besoeke gedurende die eerste 24 uur.*

T. Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Category 1: Cases requiring intensive monitoring/*Ventilasie (items 1212 tot 1214) maak nie deel uit van normale na-operatiewe sorg nie, maar mag nie by item 1204: Kategorie 1: Gevalle wat intensiewe monitering vereis gevoeg word nie.*

RULES GOVERNING THE SECTION RADIOLOGY : MAGNETIC RESONANCE IMAGING/REËLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE : MAGNETIESE RESONANSIE BEELDING

W. Magnetic Resonance Imaging • Magnetiese Resonansie Beelding

- a. In cases where a second Magnetic Resonance Imaging of the spine (items 6210, 6211, 6212 and 6213 refers) is deemed necessary, or a Magnetic Resonance Imaging of another anatomical region is requested, proper motivation must be submitted upon which the Commissioner will consider approval./ *Indien 'n tweede Magnetiese Resonansie Beelding van die rug (items 6210, 6211, 6212 en 6213 verwys) benodig word of 'n eerste Magnetiese Resonansie Beelding van 'n ander liggaamsdeel aangevra word, moet motivering voorgelê word, waarna goedkeuring deur die Kommissaris oorweeg word.*

- b. Item 6270 - Proper motivation must be submitted upon which the Commissioner will consider approval. Item 6270 - Mediese motivering moet *voorgelê* word waarna goedkeuring deur die Kommissaris *oorweeg* sal word.

RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY/REËLS VAN TOEPASSING OP DIE AFDELING MEDIËSE PSIGOTERAPIE

Note • Opmerking :

- (a) **Prior approval must be obtained from the Commissioner** before any treatment under this section is carried out. / *Enige* behandeling ingevolge hierdie afdeling moet **vooraf goedkeuring van die Kommissaris** verkry word
- (b) 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. / Waar goedkeuring verleen word moet die **sessies beperk word tot 72 sessies** waarna die pasient na die verwysende geneesheer *terugverwys* moet word vir evaluering en verslag aan die Kommissaris.
- Va. **Electro-convulsive treatment:** Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. / **Elektro-konvulsiewe behandeling:** Besoeke by 'n hospitaal of verpleeginrigting tydens 'n kursus van elektro-konvulsiewe behandeling is geregverdig en gelde kan daarvoor gehef word, bo en behalwe die gelde vir die prosedure.
- Vb. Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods. / *Behalwe* waar anders aangedui, **is** die duur van 'n mediese psigoterapeutiese sessie **20** minute of gedeelte daarvan op voorwaarde dat sodanige gedeelte 50% of meer van die tyd van 'n sessie uitmaak. Hierdie *afbakening* geld ook vir psigiatrisse ondersoekmetodes.

RULES GOVERNING THE SECTION RADIOLOGY/REËLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE

- Y. Except where otherwise indicated, radiologists are entitled to charge for contrast material used. / *Behalwe* waar anders aangedui, mag radioloë *eis* vir die koste van *kontrasmateriaal* wat gebruik *is*.
- Z. No fee to is subject to more than one reduction. / *Geen* gelde is onderworpe aan meer as een vermindering *nie*.

RULE GOVERNING THE SUBSECTION ON DIAGNOSTIC PROCEDURES REQUIRING THE USE OF RADIO-ISOTOPES/REËL VAN TOEPASSING OP DIAGNOSTIESE PROSEDURES WAT DIE GEBRUIK VAN RADIO-ISOTOPE VEREIS

- AA. Procedures to exclude cost of isotope. / *Prosedures* sluit nie die koste van die *isotoop* in *nie*.

RULE GOVERNING THE SECTION RADIATION ONCOLOGY/REËL VAN TOEPASSING OP DIE AFDELING STRALINGS ONKOLOGIE

- BB. The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes. / *Die* gelde in hierdie afdeling (stralingsonkologie) *sluit NIE* die koste van radium of isotope in *NIE*.

RULE GOVERNING ULTRASONIC EXAMINATIONS/REËL VAN TOEPASSING OP ULTRASONIESE ONDERSOEKE

- EE. (a) 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 patient (by the radiologist or the other practitioner doing the scan) and must be

attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. In geval van 'n verwysing, moet die verwyssende geneesheer 'n skriftelike motivering verskaf aan die radioloog of ander geneesheer wat die ondersoek doen. 'n Kopie van die motivering moet aangeheg word aan die eerste rekening wat aan die pasiënt gelewer word (deur die radioloog of ander geneesheer wat die ondersoek doen) en moet aangeheg word aan die eerste rekening wat aan die mediese skema voorgelê word deur die pasiënt of die geneesheer, na gelang van die geval.

- (b) In case of a referral to a radiologist, no motivation should be required from the radiologist. In geval van 'n verwysing na 'n radioloog, moet geen motivering van die radioloog vereis word nie.

RULES GOVERNING THE SECTION URINARY SYSTEM/REËLS VAN TOEPASSING OP DIE AFDELING URIENSTELSEL

- FF. (a) When a cystoscopy precedes a related operation, modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (T U R) prostatectomy/Wanneer 'n sistoskopiese 'n verwante operasie voorafgaan, geld wysiger 0013: Endoskopiese ondersoek uitgevoer by 'n operasie, byvoorbeeld sistoskopiese gevolg deur transurethrale prostatektomie.
- (b) When a cystoscopy precedes an unrelated operation, modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair/Wanneer 'n sistoskopiese 'n onverwante operasie voorafgaan, geld wysiger 0005: Meer as een prosedure/operasie onder dieselfde narkose, byvoorbeeld sistoskopiese vir urinêre infeksie gevolg deur liesbreuk herstel.
- (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973/Geen wysiger is van toepassing op item 1949: Sistoskopiese, wanneer saam met enige van items 1951 tot 1973 uitgevoer word nie.

RULE GOVERNING THE SECTION RADIOLOGY/REËL VAN TOEPASSING OP DIE AFDELING RADIOLOGIE

- GG. Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years/Vaslegging en opname van onderroeke: Beelde van alle radiologiese, ultraklank-, en magnetiese resonansiebeeldingprosedures moet tydens elke ondersoek vasgelê word en 'n permanente rekord moet deur middel van film, papier, of magnetiese media voortgebring word. 'n Verslag van die ondersoek, insluitende die bevindings en diagnostiese kommentaar, moet opgestel en vir vyf jaar gestoor word.

MODIFIERS GOVERNING THE TARIFF/WYSIGERS VAN TOEPASSING OP DIE TARIEFMODIFIER GOVERNING THE RADIOLOGY AND RADIATION ONCOLOGY SECTIONS OF THE TARIFF/WYSIGER VAN TOEPASSING OP DIE RADIOLOGIE- EN STRALINGS ONKOLOGIE-AFDELINGS VAN DIE TARIEF

0001 After-hours emergency radiological services: For involuntarily scheduled after-hours emergency radiological services (see general rule B: Normal hours and after hours), the additional premium shall be 50% of the fee for the particular services (section 19.12: Portable unit examinations, excluded). For after-hours MR scans, a maximum levy of 100,00 Radiological units (R 1127.00) is applicable/**Na-ure** radiologiese nooddienste: Vir onwillekeurig geskeduleerde na-ure radiologiese nooddienste (raadpleeg algemene reël B: Normale ure en na-ure), is die addisionele premie 50% van die gelde vir die spesifieke diens (afdeling 19.12: Ondersoeke met mobiele eenhede, uitgesluit). Vir na-ure MR-skanderings is 'n maksimum heffing van 100,00 Radiologiese-eenhede (R 1127.00) van toepassing.

MODIFIER GOVERNING A RADIOLOGIST REQUESTED TO GIVE A REPORT ON X-RAYS/WYSIGER VAN TOEPASSING OP 'N RADIOLOOG WAT VERSOEK IS OM 'N VERSLAG OOR X-STRALE TE VERSKAF

0002 Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere/**Geskrewe** verslag oor X-strale: Die laagste vlak kode vir 'n nuwe pasiënt spreekkamer besoek, is van toepassing slegs wanneer 'n radioloog gevra word om 'n skriftelike verslag te gee oor X-strale wat elders geneem is en aan hom voorgelê word. Die bogemelde item en die laagste vlak aanvanklike hospitaal besoek kode, moet nie gebruik word vir roetine verslaggewing van X-strale wat elders geneem is nie.

0005 Multiple therapeutic procedures/operations under the same anaesthetic/**Meer as een terapeutiese procedure/operasie onder dieselfde narkose:**

- (a) Unless otherwise identified in the tariff when multiple procedures/operations add significant time and/or complexity, and when each procedure/operation is clearly identified and defined, the following values shall prevail: 100% (full value) for the first or major procedure/operation, plus 50% (half of) the tariff fee in respect of each additional operation or procedure with a maximum of four additional operations or procedures/**Wanneer meer as een procedure/operasie heelwat addisionele tyd en/of ingewikkeldheid meebring, en elke procedure/operasie duidelik geïdentifiseerbaar en gedefinieer is, sal die volgende waardes daaraan toegeken word, behalwe waar anders gespesifiseer is in die tarief: 100% (volle tarief) vir die eerste of groter procedure/operasie plus 50% (helfte van) tariefgelde ten opsigte van elke bykomende operasie of procedure tot 'n maksimum van vier bykomende operasies of procedures.**
- (b) In the case of multiple fractures and/or dislocations the above values shall prevail/**In die geval van meer as een frakturen/of ontwrigting sal bostaande waardes van toepassing wees.**
- (c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedures performed, are performed under the same general anaesthetic, modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for after-care. Specify unrelated endoscopic procedure and provide diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other (therapeutic) procedures performed under the same anaesthetic/**Wanneer suiwer diagnostiese endoskopiese procedures of diagnostiese endoskopiese procedures onverwant tot enige terapeutiese procedure onder dieselfde narkose uitgevoer word, is wysiger 0005 nie van toepassing op die gelde van sodanige diagnostiese endoskopiese procedures nie aangesien die gelde vir endoskopiese procedures nie nasorg insluit nie. Spesifiseer onverwante endoskopiese procedure en voorsien diagnose om die diagnostiese endoskopiese procedure(s) wat onverwant tot ander (terapeutiese) procedures wat onder dieselfde narkose uitgevoer is, aan te dui.**
- (d) Please note: When more than one small procedure is performed and the tariff makes provision for items for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) modifier 0005 is not applicable as the fee is already a reduced fee/**Neem**

asseblief kennis: Wanneer meer as een klein prosedure uitgevoer word en die tarief voorsiening maak vir items vir "daaropvolgende" of "maksimum vir veelvuldige bykomende prosedures" (raadpleeg Afdeling 2. Huidstelsel) is wysiger 0005 nie van toepassing nie, aangesien die tarief reeds verminder is.

- (e) "+" Means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to modifier 0005 (see also modifier 0082)/"++" Beteken dat hierdie item bykomend tot 'n ander bepalende prosedure item gebruik word en daarom nie aan vermindering onderworpe is volgens wysiger 0005 nie (raadpleegook wysiger 0082).

APPLICATION OF MODIFIER 0005 IN CASES WHERE BONE GRAFT PROCEDURES AND INSTRUMENTATION ARE PERFORMED IN COMBINATION WITH ARTHRODESIS (FUSION) / TOEPASSING VAN WYSIGER 0005 IN GEVALLE WAAR BEENOORPLANTINGS PROSEDURES EN INSTRUMENTASIE IN KOMBINASIE MET ARTHRODESE (FUSIE) UITGEVOER WORD :

- (f) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together / Wysiger 0005 (veelvuldige prosedures/operasies onder dieselfde narkose), is nie van toepassing wanneer die volgende prosedures saam uitgevoer word nie:

1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis / Beenoorplantingsprosedures en instrumentasie word bykomend tot artrodese gehef
2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition / Indien vertebrale prosedures uitgevoer word deur artrodese, mag beenoorplantings en instrumentasie addisioneel voor gehef word.

- (g) Modifier 0005 (Multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. osteotomy, laminectomy / Wysiger 0005 (veelvuldige prosedures onder dieselfde narkose), sal van toepassing wees waar artrodese saam met 'n ander prosedure bv. osteotomie, laminektomie, uitgevoer word.

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./'n 25% vermindering in die gelde van 'n daaropvolgende operasie, binne een maand, vir dieselfde siektetoestand, is van toepassing indien die operasies deur dieselfde chirurg uitgevoer word ('n operasie wat volg op 'n diagnostiese prosedure is uitgesluit). Indien 'n daaropvolgende operasie na meer as een maand uitgevoer word, is die volle gelde betaalbaar.

0007 (a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation - 15,00 clinical procedure units (R 161.70) irrespective of the number of items of equipment provided/**Gebruik van eie monitering toerusting in die kamers:** Vergoeding vir die gebruik van enige tipe eie monitering toerusting in kamers vir prosedures wat onder intraveneuse sedasie uitgevoer word - 15,00 kliniese prosedure eenhede (R 161.70), ongeag die aantal items toerusting wat voorsien word,

- (b) **Use of own equipment in hospital or unattached theatre unit:** Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15,00 clinical procedure units (R161.70) irrespective of the number of items of equipment provided/**Gebruik van eie toerusting in hospitaalteater of losstaande teatereenheid:** Vergoeding vir die gebruik van enige tipe eie toerusting vir prosedures wat in 'n hospitaalteater of losstaande teatereenheid uitgevoer word, indien sodanige toerusting nie deur die hospitaal verskaf word nie - 15,00 kliniese prosedure eenhede (R 161.70) , ongeag die aantal items toerusting wat voorsien word.

0008 Specialist surgeon assistant: Where a procedure requires a registered specialist surgeon assistant, the fee is 33,33% (1/3) of the fee for the specialist surgeon/**Spesialis-chirurg assistant:**

Waar 'n prosedure 'n geregistreerde spesialis-chirurg assistent vereis, is die gelde 33,33% (1/3) van die spesialis-chirurg se gelde.

0009 Assistant: The fee for an assistant is 20% of the fee for the specialist surgeon, with a minimum of 36,00 clinical procedure units (R388.10) /Assistant: Die gelde vir 'n assistent is 20% van die spesialis-chirurg se gelde met 'n minimum van 36,00 kliniese prosedure eenhede (R388.10)

0010 Local anaesthetic/Lokale verdowing:

- (a) A fee for a local anaesthetic administered by the operator may only be charged for (1) an operation or a procedure having a value greater than 30,00 clinical procedure units (i.e. 31,00 or more clinical procedure units (R 323.40) allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a value greater than 50 clinical units (R539.00)/Gelde mag gehief word vir plaaslike verdowing toegedien deur die persoon wat die operasie uitvoer, maar slegs vir 'n operasie of prosedure met 'n waarde van meer as 30,00 kliniese prosedure eenhede (d.i. 31,00 of meer kliniese prosedure eenhede (R 323.40) toegeken aan 'n enkele item of (2) waar meer as een operasie of prosedure op dieselfde tyd uitgevoer, 'n waarde van meer as 50.00 kliniese prosedure eenhede (R539.00) het).
- (b) The fee shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per modifier 0036: Anaesthetic administered by a general practitioner, shall be applicable in such a case/Die gelde word bereken volgens die basiese narkose-eenhede van die spesifieke operasie, met weglating van die narkose fydsfaktor, maar die minimum tarief soos per wysiger 0036: Narkose deur 'n algemene praktisyn toegedien, sal van toepassing wees in sodanige geval.
- (c) Not applicable to radiological procedures (such as angiography and myelography/Nie van toepassing op radiologiese prosedures (soos angiografie en miëlografie) nie.
- (d) No fee may be levied for topical application of local anaesthetic/Geen gelde mag gehief word vir die topiese aanwending van lokale verdowing nie.
- (e) Please note: modifier 0010: Local anaesthetic administered by the operator, may not be added on the surgeon's account for procedures that were performed under general anaesthetic/Let wel: wysiger 0010: Plaaslike verdowing toegedien deur die persoon wat die operasie uitvoer, mag nie op die chirurg se rekening gehief word vir prosedures wat onder algemene narkose uitgevoer is nie.

0011 Emergency surgery for theatre procedures: Any bona fide, justifiable emergency procedure : only applicable during after-hour periods – see general rule **B**, undertaken in an operating theatre, will attract an additional 12,00 clinical procedure units (R 129.40) per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists (PLEASE INDICATE TIME IN MINUTES)/Noodchirurgie vir teaterprosedures: Vir enige bona fide, regverdigbare noodprosedure- slegs van toepassing gedurende na-ure periodes – vergelyk algemene reël **B**) wat in 'n operasietheater uitgevoer word, kan 'n bykomende 12,00 kliniese prosedure-eenhede (R 129.40) per halfuur of gedeelte daarvan, van die operasietyd gehief word deur alle lede van die chirurgiese span. Wysiger 0011 is nie van toepassing op van pasiente op geskeduleerde lyste nie. (DUI ASSEMBLIEF DIE TYD IN MINUTE AAN)

0013 Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged/Endoskopiese ondersoeke fydens prosedures: Waar 'n verwante endoskopiese ondersoek uitgevoer word by 'n operasie deur die chirurg wat die operasie uitvoer of die anesthesioloog, mag slegs 50% van die gelde vir die endoskopiese ondersoek gehief word.

0014 Operations previously performed by other surgeons: 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: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff/**Operasies voorheen** uitgevoer deur ander **chirurg**: Wanneer 'n operasie uitgevoer word wat vantevore deur 'n ander chirurg uitgevoer is, byvoorbeeld 'n hersteloperasie of herhaling van 'n operasie, word die gelde bereken volgens die volle operasietarief plus addisionele gelde bepaal volgens onderhandeling ingevolge algemene reel J: In buitengewone gevalle waar die gelde buite verhouding laag is in vergelyking met die werklike dienste gelewer, behalwe in gevalle waar dit alreeds gespesifiseer is in die tarief.

INJECTIONS, INFUSIONS AND INHALATION SEDATION/INSPUITINGS, INFUSIES EN INHALASIE SEDASIE

MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF/WYSIGERS VAN TOEPASSING OP HIERDIE BESONDEREAFDELING VAN DIE TARIEF

- 0015** Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions/**Binne-aarse infusies**: Waar binne-aarse infusie (bloed en bloedselprodukte ingeslote) as deel van die nabehandeling van die operasie of bevalling toegedien word, word geen ekstra gelde daarvoor gehef nie, omdat dit by die globale operasie- of bevallingsgelde ingesluit is. Indien die geneesheer wat die operasie of bevalling hanteer, verkies om 'n ander geneesheer te vra om binne-aarse infusie na die operasie of bevalling toe te dien, is hyself (en nie die pasiënt nie) teenoor sodanige geneesheer vir sy vergoeding vir die infusies verantwoordelik.
- 0017** Injections administered by practitioners: When desensitization, intravenous, intramuscular or subcutaneous injections are administered by the practitioner himself to patients who attend the consulting rooms, a first injection forms a part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.5 consultative services units (**R80.90**) using modifier 0017 to reflect the amount. (not chargeable together with a consultation item) /**Inspuitings** deur **praktisyns** toegedien: Wanneer desensitiserings-, binne-aarse, binnespieerse of onderhuidse inspuitings deur die praktisyn self aan pasiënte toegedien word wat die spreekkamers besoek, vorm toediening van 'n eerste inspuiting deel van die konsultasiehesoeken vir alle daaropvolgende inspuitings vir dieselfde toestand word 7.5 konsultasie eenhede (**R80.90**) gehef met gebruik van 0017 om dit aan te dui. (nie betaalbaar saam met 'n konsultasie kode nie)

MODIFIER GOVERNING SURGERY ON PERSONS WITH A BODY MASS INDEX (BMI) OF MORE THAN 35/WYSIGER VAN TOEPASSING OP CHIRURGIE OP PERSONE MET 'N LIGGAAMSMASSAINDEX (LMI) VAN MEER AS 35

- 0018** Surgical modifier for persons with a **BMI** of 35> (calculated according to kg/m^2 weight in kilograms divided by height in metres squared): Fee for procedure +50% for surgeons and a 50% increase in anaesthetic time units for **anaesthesiologists/Chirurgiese wysiger vir persone met 'n LMI van 35>** (bereken volgens kg/m^2): Gelde vir prosedure +50% vir chirurgie en 'n verhoging van 50% in narkosetydseenhede vir anesthesioloë.

MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETIC FOR ALL THE PROCEDURES AND OPERATIONS INCLUDED IN THIS TARIFF/WYSIGERS WAT BETREKKING HET OP DIE TOEDIENING VAN NARKOSE VIR ALLE PROSEDURES EN OPERASIES WAT IN HIERDIE TARIEF OPGENEEM IS

- 0021** Determination of anaesthetic fees: Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units (allocated to each procedure that might be performed under anaesthetic indicated in the anaesthetic column) plus the time units (calculated according to the formula in modifier 0023) and the appropriate modifiers (see modifiers 0037-0044). In cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures or dislocations add units as laid down by modifiers 5441 to 5448/**Bepaling van narkosegelde**:

Narkosegelde word bereken deur die som te verkry van die basiese narkose-eenhede (toegeken aan elke prosedure wat onder narkose uitgevoer kan word en aangedui in die Narkose kolom) plus tydeenhede (bereken volgens die formule in wysiger 0023) en die toepaslike wysigers (verwys na wysigers 0037-0044). In gevalle van operatiewe prosedures op die spier-skeletstelsel, oop frakture en oop reduksie van frakture en ontwrigtings, tel ook eenhede by soos neergelê deur wysigers 5441 tot 5448.

0023

The basic anaesthetic units are laid down in the tariff and are reflected in the anaesthetic column. These basic anaesthetic units reflect the additional anaesthetic risk, the technical skill required of the anaesthesiologist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis/Die basiese narkose-eenheid word in die tarief voorgeskryf en word in die narkose kolom aangedui. Hierdie basiese narkose-eenhede is 'n weergawe van die addisionele narkoserisiko, die tegniese vaardigheid van die anesthesioloog en die omvang van die chirurgiese prosedure, maar nie van die waarde van die werklike tyd wat deur die toediening van narkose in beslag geneem word nie. Tydeenhede (aangedui deur "T") sal in alle gevalle by voorgeskrewe basiese narkose-eenhede gevoeg word, en wel op die volgende wyse:

Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic, i.e. 2,00 anaesthetic units (R 100.70) per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one (1) hour the number of units shall, after one (1) hour, be 3,00 anaesthetic units (R151.10) per 15 minute period or part thereof/Narkosetyd: Vergoeding vir narkosetyd geskied per 15-minuutperiode of deel daarvan, bereken vanaf die aanvang van die narkose, dit is 2,00 narkose-eenhede (R 100.7) per 15-minuutperiode of deel daarvan, met dien verstande dat indien die narkose langer as een (1) uur duur, die aantal eenhede, na een (1) uur 3,00 narkose-eenhede (R151.10) per 15 minute of deel daarvan is.

0024

Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist is not followed by an operation it will be regarded as a visit at hospital or nursing home and the appropriate hospital visit item should be charged/Voor-narkose evaluerend wat nie deur operasies gevolg word nie: Indien 'n voor-narkose evaluerend van 'n pasiënt deur die anesthesioloog nie gevolg word deur 'n operasie nie, word dit as 'n besoek by die hospitaal of verpleeginrigting beskou en die toepaslike hospitaal besoek item behoort gehê te word.

0025

Calculation of anaesthetic time: Anaesthetic time is calculated from the time the anaesthesiologist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient/Berekening van narkosetyd: Narkosetyd word bereken vanaf die tyd waarop die anesthesioloog die pasiënt begin voorberei vir die induksie van narkose in die operasietheater of in 'n soortgelyke area en eindig wanneer die persoonlike en professionele aandag van die anesthesioloog aan die pasiënt nie meer nodig is nie, dit is wanneer die pasiënt binne redelike perke van veiligheid aan gewone na-operatiewe sorg toevertrou kan word. Waar persoonlike, professionele aandag vir die beswil en veiligheid van die pasiënt vir 'n langer tydperk nodig is, sal die waarde daarvan bereken word soos hierbo uiteengesit in opsigte van narkosetyd. Die anesthesioloog moet op sy/haar rekening die presiese narkosetyd, insluitende die versorgingstyd met die pasiënt aandui.

0027

More than one procedure under the same anaesthetic: Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units/Meer as een operasie onder dieselfde narkose: Wanneer meer as een operasie onder dieselfde narkose uitgevoer word, sal die basiese narkose-eenhede gelykstaan met dié van die groter operasie wat die hoogste aantal eenhede dra.

- 0029 Assistant anaesthesiologists:** When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a general practitioner administers the anaesthetic/**Assistent-anesthesioloog:** Wanneer die omvang van 'n narkose dit vereis, kan gebruik gemaak word van die dienste van 'n *assistent-anesthesioloog*. Die *assistent-anesthesioloog* se vergoeding sal op dieselfde basis bereken word as in die geval van 'n algemene praktisyn wat narkose toedien.
- 0031 Intravenous drips and transfusions:** Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time/**Intraveneuse infusies en transfusies:** Behandeling met *intraveneuse* infusies en transfusies word as deel van die normale behandeling geag by die toediening van 'n narkose. Geen bykomende gelde mag vir sodanige dienste gehef word wanneer dit voor, of gedurende werklike *teater-* of *operasietyd* gelewer is *nie*.
- 0032 Patients in prone position:** Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit (R50.40) should be added. If the basic anaesthetic units for the procedure is 4,00 or more (R201.50), no extra units should be added/**Pasiënte in buikliggende posisie:** Narkose toegedien aan *pasiënte* in die buikliggende posisie sal 'n minimum van 4,00 basiese narkose-eenhede dra. Wanneer die basiese narkose-eenhede vir die prosedure 3,00 is, word een addisionele narkose-eenheid (R 50.40) bygevoeg. Indien die basiese narkose-eenhede wat toegeken is aan die prosedure 4,00 of meer is (R 201.50), word geen bykomende eenhede bygevoeg *nie*.
- 0033 Participating in general care of patients:** When an anaesthesiologist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisos of modifier 0035: Anaesthetic administered by a specialist anaesthesiologist/**Deelname aan algemene sorg van pasiënte:** Wanneer dit van 'n anesthesioloog *verlang* word om deel te hê aan die algemene *sorg* van 'n *pasiënt* gedurende 'n chirurgiese prosedure, maar hy nie narkose toedien *nie*, mag sodanige dienste vergoed word teen die volle narkose tarief; *onderworpe* aan die bepalings van wysiger 0035: Narkose toegedien deur 'n *spesialis-anesthesioloog*.
- 0034 Head and neck procedures:** All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit (R 50.40) should be added. If the basic anaesthetic units for the procedure is 4,00 or more (R 201.50), no extra units should be added/**Kop- en nekprosedures:** Alle narkoses wat toegedien word vir diagnostiese, chirurgiese of X-straal prosedures aan die kop en nek, sal 'n minimum van 4,00 basiese narkose-eenhede *hê*. Wanneer die basiese narkose-eenhede vir die prosedure 3,00 is, word een addisionele narkose-eenheid (R50.40) bygevoeg. Indien die basiese narkose-eenhede wat toegeken is aan die prosedure 4,00 of meer is (R 201.50), word geen bykomende eenhede bygevoeg *nie*.
- 0035 Anaesthetic administered by specialist anaesthesiologists:** No anaesthetic administered by a specialist anaesthesiologist shall have a total value of less than 7,00 anaesthetic units (R 352.60) (basic units, time units plus appropriate modifiers)/**Narkose toegedien deur spesialis-anesthesioloog:** Geen narkose deur 'n *spesialis-anesthesioloog* toegedien, sal 'n *totale waarde* laer as 7,00 narkose-eenhede *hê* nie (R 352.60) (basiese eenhede, tydseenhede plus toepaslike wysigers).
- 0036 Anaesthetic administered by general practitioners:** The units (basic units plus time plus the appropriate modifiers) used to calculate the fee for an anaesthetic administered by a general practitioner lasting one hour or less shall be the same as that for a specialist anaesthesiologist. For anaesthetic lasting more than one hour, the units used to calculate the fee for an anaesthetic administered by a general practitioner will be 4/5 (80%) of the total number of units (basic units plus

time (refer to modifier 0021) plus the appropriate modifiers (refer to modifiers 0037-0044 and 5441-5448)) applicable to the specialist anaesthesiologist provided that no anaesthetic shall have a total value of less than 7,00 anaesthetic units (R 352.60). The monetary value of the unit is the same for both a specialist anaesthesiologist and a general practitioner anaesthetist/**Narkose** toegedien deur algemene praktisyns: *Gelde vir narkose deur 'n algemene praktisyn wat een uur of korter duur sal bereken word volgens dieselfde hoeveelheid eenhede (basiese eenhede plus tyd plus die toepaslike wysigers) van toepassing op die spesialis-anestesioloog. Vir narkose wat langer as een uur duur sal die gelde van die algemene praktisyn bereken word teen 4/5 (80%) van die totale aantal eenhede (basiese eenhede plus tyd (verwys na wysiger 0021) plus die toepaslike wysigers (verwys na wysigers 0037-0044 en 5441-5448)) van toepassing op die spesialis-anestesioloog met die voorbehoud dat geen narkose 'n totale waarde laers as 7,00 narkose-eenhede (R 352.60) sal hê nie. Die geldwaarde van 'n eenheid is dieselfde vir beide die spesialis-anestesioloog en die algemene praktisyn narkotiseur.*

Note: Modifying units may be added to the basic anaesthetic unit value according to the following modifiers (0037-0044, 5441-5448):/ Opmerking: *Wysigingseenhede mag tot die basiese narkose-eenhede bygevoeg word volgens die volgende wysigers (0037-0044, 5441-5448):*

0037 Body **hypothermia**: Utilisation of total body hypothermia: Add 3,00 anaesthetic units (R 151.10) /**Liggaamshipotermie**: Aanwending van totale liggaams-hipotermie: Voeg **3,00** narkose-eenhede by (R 151.10).

0038 **Peri-operative** blood salvage: Add 4,00 anaesthetic units (R 201.50) for intra-operative blood salvage and 4,00 anaesthetic units for post-operative blood salvage/**Peri-operatiewe** bloed herwinning: Voeg 4,00 narkose-eenhede (R 201.50) by vir intra-operatiewe bloed herwinning en 4,00 narkose-eenhede vir post-operatiewe bloed herwinning.

0039 Control of blood pressure: Deliberate control of the blood pressure: All cases up to one hour: Add 3,00 anaesthetic units (R 151.10), thereafter add 1,00 (one) additional anaesthetic unit (R 50.40) per quarter hour or part thereof (PLEASE INDICATE THE TIME IN MINUTES) /**Bloeddrukbeheer**: Doelbewuste beheer van bloeddruk: Alle gevalle tot en met een uur: Voeg 3,00 narkose-eenhede by (R 151.10), daarna word 1,00 (een) bykomende narkose-eenheid (R 50.40) bygevoeg per kwartier of gedeelte daarvan. (DUI ASSEBLIEF DIE TYD IN MINUTE AAN)

0041 Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units (R 151.10) /**Hiperbariese drukreëls**: Aanwending van hiperbariese drukreëls: Voeg 3,00 narkose-eenhede by (R 151.10).

0042 Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units (R 151.10) /**Buiteliggaamlike sirkulasie**: Aanwending van buiteliggaamlike sirkulasie: Voeg 3,00 narkose-eenhede by (R 151.10).

MUSCULOSKELETAL SYSTEMISPIER-SKELETSTELSEL

MODIFIERS GOVERNING ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS/WYSIGERS VAN TOEPASSING OP NARKOSE GELDE VIR ORTOPEDIESE OPERASIES

Modifiers 5441 to 5448/Wysigers 5441 tot 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)/*Wysiging van die narkosetarief in gevalle van operatiewe prosedures op die spier-skeletstelsel, oop frakture en oop reduksie van frakture en ontwrigtings word gereël deur byvoeging van eenhede soos deur wysigers 5441 tot 5448 aangegee. (Die letter "M" is aangeteken by die eenhede van die toepaslike items, ten einde identifikasie van die betrokke items te vergemaklik.)*

- 5441** Add one (1,00) anaesthetic unit (R 50.40) , except where the procedure refers to the bones named in modifiers 5442 to 5448/Voeg een (1,00) narkose-eenheid(R 50.40) by, behalwe waar die prosedure betrekking het op die bene wat genoem word in wysigers 5442 tot 5448.
- 5442** Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add two (2,00) anaesthetic units (R 100.70) /Skouer, skapula, klavikula, humerus, elmbooggewrig, boonste 1/3 van tibia, kniegewng, patella, mandibula en temporo=mandibulêre gewrig: Voeg twee (2,00) narkose-eenhede(R 100.70) by.
- 5443** Maxillary and orbital bones: Add three (3,00) anaesthetic units (R 151.10) /Maksillêre en orbitale bene: Voeg drie (3,00) narkose-eenhedeby. (R 151.10)
- 5444** Shaft of femur: Add four (4,00) anaesthetic units (R 201.50) /Skag van femur: Voeg vier(4,00) narkose-eenhede by (R 201.50) .
- 5445** Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units (R 251.90) /Werwelkolom (behalwe koksiks), pelvis, heup, nek van femur: Voeg vyf (5,00) narkose-eenhede (R 251.90) by.
- 5448** Sternum and/or ribs and musculoskeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units (R 403.00) /Sternum en/of ribbe en spier-skeletprosedures wat h intra-torakaletoegang behels: Voeg agt(8,00) narkose-eenhede(R 403.00) by.
- 0045** **Post-operative alleviation of pain/Na-operatiewe pynverligting**
- (a) When a **regional or nerve block procedure** is performed, the appropriate procedure item to patient in ward or nursing facility, can be charged, provided that it is not the primary anaesthetic technique/Wanneer 'n **streeksblok of senuweeblok** uitgevoer word, kan die toepaslike prosedure item vir *pasiënt* by hospitaal of verpleeginrigting gehef word, solank genoemde blok nie die *primêre* narkosetegniek is nie.
 - (b) When a **second medical practitioner** has administered the regional or nerve block for post-operative alleviation of pain it shall be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit **to** patient in ward or nursing facility/Wanneer 'n **tweede mediese praktisyn** die streeksblok of senuweeblok vir na-operatiewe *pynverligting* toedien, sal gelde gehef word volgens die betrokke prosedure vir die toedien van die terapie. Herbesoeke word volgens die toepaslike opvolgbesoek aan *pasiënt* by hospitaal of verpleeginrigtinggehef
 - (c) None of the above is applicable for **routine post-operative pain management** i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (nonsteroidal anti-inflammatory drug)/Geeneen van die bogemelde is van toepassing op **roetine na-operatiewe behandeling vir pyn** nie, bv. binnespierse, binnearse of *subkutane* toediening van opiate, of NSAIDS (*non-steroïde anti-inflammatoriese* middel)

MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULARSYSTEM/WYSIGER VAN TOEPASSING OP GELDE VIR 'N ANESTESIOLOOG VIR BEHEER VAN INTRA-AORTIESE BALLONPOMP (KARDIO-VASKULêRESTELSEL

- 0100** **Intra-aortic balloon pump:** Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units (R 808.50) is applicable/**Intra-aortiese ballonpomp:** Waar 'n anesthesioloog verantwoordelik is vir beheer van 'n *intra-aortiese* ballonpomp is 'n tarief van 75,00 kliniese *prosedure* eenhede (R 808.50) van toepassing.

MUSCULO-SKELETAL SYSTEM/SPIER-SKELETSTELSEL

**MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF/WYSIGERS VAN TOEPASSING OP
HIERDIEBEPAALEAFDELING VAN DIE TARIEF**

- 0046** Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed **within one month** by an open reduction, internal fixation, external skeletal fixation or bone grafting **on** the same bone, the fee **for** the initial treatment of that fracture **or** dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, a full fee as for the initial treatment, is **applicable/Waar** in die behandeling van 'n spesifieke fraktuur of ontwrigting (oop of geslote) 'n aanvanklike prosedure **binne een maand** gevolg word deur 'n **oop** reduksie of interne fiksasie, **buite-skeletfiksasie** of beenoorplanting aan dieselfde been, word die gelde vir die aanvanklike behandeling van die spesifieke fraktuur **of** ontwrigting met 50% verminder. Let **wel**: Hierdie vermindering sluit nie die assistentsgelde in waar van toepassing nie. Na verloop van 'n maand is die volle gelde, soos vir die aanvanklike behandeling betaalbaar.
- 0047** **A fracture NOT requiring reduction** shall be charged on a fee per service basis (*PROVIDED that the cumulative amount does NOT exceed the charges for a reduction)/Vir 'n **fraktuur wat NIE reduksie vereis** nie word 'n bedrag bereken volgens die gelde per diens gelewer (^oMITS die kumulatiewe bedrag NIE die gelde vir 'n reduksie oorskry nie).
- 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 27,00 clinical procedure units (R291.10) (not including **after-care**)/Indien die aanvanklike geslote behandeling van 'n fraktuur of ontwrigting **binne een maand** opgevolg word deur verdere geslote reduksies onder algemene narkose, sal die gelde vir sodanige reduksies 27,00 kliniese prosedure eenhede (R 291.10) wees (nasorg nie ingesluit nie).
- 0049** Except where otherwise specified, in cases of **compound fractures**, 77,00 clinical procedure units (R 830.10) (specialists) and 77.00 (R830.10) clinical procedure units (general practitioners) are to be added to the units for the fractures including **debridement**/In gevalle van **oop frakture** word 77,00 kliniese prosedure eenhede (R830.10) (spesialiste) en 77.00 kliniese prosedure eenhede (algemene praktisyns) (R830.10) **bygetel** by die eenhede vir die fraktuur, **behalwe** waar elders **anders gespesifiseer**, debridement ingesluit.
- 0050** In cases of a **compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet)**, the full amount according to either modifier 0049: Cases of compound fractures, or modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either modifier 0049: Cases of compound fractures or modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as **applicable**)/In geval van 'n **oop fraktuur waar 'n debridement gevolg word deur interne fiksasie (uitgesluit fiksasie met Kirschner drade, sowel as frakture van hande en voete)**, mag die volle bedrag volgens wysiger **0049**: Gevalle van **oop frakture**, of wysiger **0051**: **Frakture** wat **oop** reduksie, interne fiksasie, buite-skeletfiksasie **en/of** beenoorplanting vereis, by die gelde vir die **betrokke** prosedure gevoeg word, plus die helfte van die bedrag volgens die tweede wysiger (**of** wysiger **0049**: Gevalle van **oop frakture**, of wysiger **0051**: **Frakture** wat **oop** reduksie, interne fiksasie, buite-skeletfiksasie **en/of** beenoorplanting vereis, soos toepaslik).
- 0051** Fractures requiring **open reduction, internal fixation, external skeletal fixation and/or bone grafting**: Specialists add 77.00 clinical procedure units (R830.10) general practitioners add 77.00 clinical procedure units (R 830.10) **/Frakture wat oop reduksie, interne fiksasie, buite-skeletfiksasie en/of beenoorplanting** vereis: Spesialiste voeg 77.00 **kliniese** prosedure eenhede (R830.10) by. Algemene praktisyns voeg 77.00 kliniese prosedure (R 830.10) eenhede by.
- 0053** Fracture requiring **percutaneous internal fixation** [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists **and** general practitioners add 32,00 clinical procedure units (R 345.00) **/Fraktuur wat perkutane interne fiksasie** vereis [**inplasing en**

verwydering van fikseermiddels (drade) ten opsigte van vingers en tone ingesluit]: **Spesialiste en algemene praktisyns** voeg by 32,00 kliniese prosedure eenhede (R 345.00) .

- 0055** **Dislocation** requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units (R830.10) for specialists and add 77.00 clinical procedure units for general practitioners (R830.10) **Ontwrigting** wat oop reduksie vereis: *Eenhede vir die spesifieke gewrig plus 77,00 kliniese prosedure eenhede (R830.10) vir spesialiste. Algemene praktisyns voeg 77.00 kliniese prosedure (R830.10) eenhede by.*
- 0057** **Multiple procedures on feet:** In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 50% and add to the total for the first foot/**Veelvuldige prosedures op voete:** *Met veelvuldige prosedures op voete word die gelde vir die eerste voet volgens wysiger 0005: Meer as een prosedure/operasie onder dieselfde narkose uitgewerk. Gelde vir die tweede voet word op dieselfde manier uitgewerk, die tweede totaal word na 50% verminder en by die totaal vir die eerste voet getel.*
- 0058** **Revision operation for total joint replacement** and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%/**Hersieningsoperasie vir totale gewrigsvervanging** en onmiddellike herinplanting (met of sonder infeksie): gelde soos vir totale gewrigsvervanging +100%.

MODIFIER GOVERNING COMBINED PROCEDURES ON THE SPINE/WYSIGER VAN TOEPASSING OP GEKOMBINEERDE PROSEDURES OP DIE WERWELKOLOM

- 0061** **Combined procedures on the spine:** 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/**Gekombineerde prosedures op die werwelkolom:** *In gevalle van gekombineerde prosedures op die werwelkolom, is beide die ortopediese chirurg en die neurochirurg geregtig op die volle gelde vir die deel van die operasie deur elkeen verrig.*

MODIFIERS GOVERNING THE SUBSECTION REPLANTATION OPERATION/WYSIGERS VAN TOEPASSING OP DIE ONDERAFDELING REPLANTASIE-OPERASIE

- 0063** Where **two specialists work together on a replantation procedure**, each shall be entitled to two-thirds of the fee for the procedure/As **twee spesialiste saam aan 'n replantasieprosedure** werk, is elkeen geregtig op twee derdes van die gelde vir die prosedure.
- 0064** Where the **replantation is unsuccessful** (or toe to thumb transfer), no further surgical fee is payable for amputation of the non-viable parts/*Indien 'n replantasieoperasie onsuksesvol (Of toon na duim verplanting) is, word geen verdere chirurgiese gelde betaal vir amputasie van die nie-lewensvatbare dele nie.*

MODIFIER GOVERNING THE SECTION LARYNX/WYSIGER VAN TOEPASSING OP DIE AFDELING LARINKS

- 0067** **Microsurgery 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)/**Mikrochirurgie aan die larinks:** *Die bedrag soos vir die operasie gedoen plus 25 %. (Die gelde vir ander operasies waarby 'n operasie-mikroskoop gebruik moet word, moet die gebruik van 'n operasie-mikroskoop insluit, behalwe waar elders anders in die Tarief gespesifiseer is).*

MODIFIERS GOVERNING NASAL SURGERY/WYSIGERS VAN TOEPASSING OP CHIRURGIE VAN DIE NEUS

- 0069** When **endoscopic instruments are used during intranasal surgery**: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083/Wanneer **endoskopiese instrumente tydens intranasale chirurgie gebruik** word: Voeg 10% van die gelde vir die prosedure wat uitgevoer is by. Slegs van toepassing op items 1025, 1027, 1030, 1033, 1035, 1036 1039, 1047, **1054** en 1083.

MODIFIER GOVERNING OPEN PROCEDURE(S) WHEN PERFORMED THROUGH THORASCOPE/WYSIGER VAN TOEPASSING OP OOP PROSEDURE(S) WANNEER TORAKOSKOPIES UITGEVOER WORD

- 0070** Add 45,00 clinical procedure units (R 485.10) to procedure(s) performed through a **thoroscope/Voeg 45,00 kliniese prosedure-eenhede (R 485.10) by oop prosedure(s) wat torakoskopies uitgevoer word.**

MODIFIER GOVERNING GASTROENTEROLOGY PROCEDURES/WYSIGER VAN TOEPASSING OP GASTROENTEROLOGIESEPROSEDURES

- 0074** A reduction of 33,33% (1/3) of the fee will apply to all **fibre optic procedures** performed by means of hospital equipment/*Vermindering* van 33,33% (1/3) van die gelde sal van toepassing wees op alle **veseloopiese prosedures** wat by wyse van hospitaaltoerusting uitgevoer word.

MODIFIER GOVERNING FEES FOR FIBRE OPTIC PROCEDURES/WYSIGER WAN TOEPASSING OP GELDE VIR VESELOPTIESE PROSEDURES

- 0075** The fee plus 21,00 clinical procedure units (R 226.40) will apply where **fibre optic procedures** are performed in rooms with own equipment. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff/*Die gelde plus 21,00 kliniese prosedure eenhede (R 226.40) sal van toepassing wees waar veseloopiese prosedures in spreekkamers met 'n apparaat uitgevoer word. Let wel: Wysiger 0075 is nie van toepassing op enige items vir diagnostiese prosedures in die otorinolaringologie-afdelings van die tarief.*

MODIFIER GOVERNING THE SECTION ON PHYSICAL TREATMENT/WYSIGER WAN TOEPASSING OP DIE AFDELING FISIESE BEHANDELING

- 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 (Only applicable if services are provided by a specialist in physical medicine)/ Wanneer twee afsonderlike areas *tegelykertyd* vir *heeltemal* verskillende toestande behandel word, word sodanige behandeling beskou as twee *behandelings* waarvoor afsonderlike gelde gehef kan word (Slegs van toepassing indien dienste deur 'n spesialis in *fisiese* geneeskunde gelewer word).
- (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/*Die aantal behandelings vir 'n pasient waarvoor die Kommissaris aanspreeklikheid sal aanvaar, word tot 20 beperk. Indien verdere behandeling benodig is, moet vir betaling daarin spreek met die Kommissaris onderhandel word.*

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

Opmerking: Betaling vir fisioterapie wat toegedien word deur 'n geneesheer wat nie 'n spesialis is nie en wat reeds vir die algemene behandeling van die betrokke werknemer verantwoordelik is, of wat toegedien word deur 'n vennoot, assistent of werknemer van so 'n geneesheer of enige

ander algemene praktisyn of radioloog, geskied slegs met 'n uitdruklike goedkeuring van die Kommissaris: Indien moontlik, moet daar vooraf aansoek om goedkeuring gedoen word.

MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY/WYSIGER VAN TOEPASSING OP DIE AFDELING MEDIESE PSIGOTERAPIE

- 0079** When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (Items 2957, 2974 or 2975): Individual psychotherapy (specify type) //Indien h eerste konsultasie/visit onmiddellik gevolg word deur, of oorgaan in 'n mediese psigoterapeutiese prosedure, sal die gelde vir die prosedure bereken word volgens die toepaslike individuele psigoterapie kode (Items 2957, 2974 of 2975).

MODIFIERS GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY/WYSIGERS VAN TOEPASSING OP DIE AFDELING DIAGNOSTIESE RADIOLOGIE

- 0001** After-hours emergency radiological services: For involuntarily scheduled after-hours emergency radiological services (see general rule B: Normal hours and after hours), the additional premium shall be 50% of the fee for the particular services (section 19.12: Portable unit examinations, excluded). For after-hours MR scans (items 6200 to 6255), a maximum levy of 100,00 radiological units (R 1127.00) is applicable. *Na-ure radiologiese nooddienste: Vir onwillekeurig geskeduleerde na-ure radiologiese nooddienste (raadpleeg algemene reël E: Normale ure en na-ure), is die addisionele premie 50% van die gelde vir die spesifieke diens (afdeling 19.12: Ondersoek met mobiele eenhede, uitgesluit). Vir na-ure MR-skanderings (items 6200 tot 6255) is 'n maksimum heffing van 100,00 radiologiese-eenhede (R 1127.00) van toepassing.*
- 0002** Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere. *Geskrewe verslag oor X-strale: Die laagste vlak kode vir 'n nuwe pasiënt spreekkamer besoek, is van toepassing slegs wanneer 'n radioloog gevra word om 'n skriftelike verslag te gee oor X-strale wat elders geneem is en aan hom voorgelê word. Die bogenemde item en die laagste vlak aanvanklike hospitaal besoek kode, moet nie gebruik word vir roetine verslaggewing van X-strale wat elders geneem is nie.*
- 0080** Multiple examinations: Full Fee/*Veelvuldige* ondersoeke: *Volletarief.*
- 0081** Repeat examinations: No reduction/*Her-ondersoeke*: *Geen vermindering.*
- 0082** "+" Means that this item is complementary to a preceding item and is therefore not subject to reduction. "+" *Beteken dat hierdie item saam met 'n vorige item val en daarom nie aan vermindering onderworpe is nie.*
- 0083** A reduction of 33,33% (113) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used. *'n Vermindering van 33,33% (1/3) van die gelde sal van toepassing wees op radiologiese ondersoeke, soos aangedui in afdeling 19: Radiologie, wat met hospitaaltoerusting uitgevoer word.*

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

Opmerking met betrekking tot betaling van gelde waar *X-strale* deur *huisartse* geneem word:

(If the services of a radiologist are normally available, it is expected that they should be utilise. 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 employee for him to have taken the plates. Subsequent X-ray plates of the same injury, however, must be taken by a radiologist who has to submit the relevant reports in the normal manner). *(As die dienste van 'n radioloog normaalweg beskikbaar is word verwag dat daarvan gebruik gemaak word As omstandighede ten tyde van die eerste konsultasie ongunstig is om sodanige dienste te bekom, kan die huisarts self die eerste X-stale neem mits hy 'n sertifikaat indien fe dien effekte dat dit in die beste belang van die werknemer was dat die plate deur hom geneem is. Daaropvolgende plate van dieselfde besering moef egter deur 'n radioloog geneem word wat die toepaslike verslae op die gebruikelike wyse moef indien).*

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 / *Indien 'n huisarts X-strale met sy eie apparaat neem waar die dienste van 'n spesialis radioloog onverkrygbaar is, mag hy die voorgeskrewe tarief vir die neem van die plate eis.*
2. (i) If a general practitioner orders an X-ray examination at a provincial hospital where the service of a specialist radiologist are available, it is expected that the radiologist shall read the photos for which he may claim at one third of the prescribed fee • *Indien 'n huisarts 'n X-straalonderscek by 'n provinsiale hospitaal aanvra waar die dienste van 'n spesialis radioloog beskikbaar is word verwag dat die radioloog die plate sal lees waarvoor hy teen een derde van die voorgeskrewe tarief mag eis.*
 (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 • *As die hospitaal se radiografiste nie beskikbaar is nie en die huisarts moet self die plate neem, kan hy teen 50% van die voorgeskrewe tarief vir daardie diens eis. In so 'n geval egter moet die radioloog so gou doenlik die huisarts se X-straalbevinding in 'n aparte verslag bevestig waarvoor die radioloog dan teen een derde van die voorgeskrewe tarief mag eis.*
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. *Indien die huisarts 'n X-straalonderscek by 'n provinsiale hospitaal aanvra waar daar geen dienste deur 'n spesialis radioloog gelewer word nie sal hy nie vir die lees van die plate vergoed word nie aangesien dit as 'n integrale deel van die ondersoek beskou word, maar indien hy deur die Kommissaris versoek word om 'n skriftelike verslag oor die geval in te dien, kan hy twee derdes van die voorgeskrewe tarief daarvoor eis.*
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 • *Indien 'n huisarts self plate moet neem en lees by 'n provinsiale hospitaal waar die dienste van 'n radiografiste en 'n spesialis radioloog nie beskikbaar is nie kan hy/sy teen 50% van die voorgeskrewe tarief vir daardie diens eis.*

0084

Film costs: 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 (This information is obtainable from **the** Radiological Society of SA). **Filmkoste:** *In die geval van radiologiese items waar van films gebruik gemaak word moet praktisyns die gelde opwaarts of afwaarts regstel in ooreenstemming met veranderinge in die prys van films in vergelyking met November 1979: die berekening moet gedoen word op die basis dat 10% van die geldwaarde van die eenhede uit filmkoste bestaan (Hierdie inligting is verkrygbaar van die Radiologiese Vereniging van SA).*

- 0085** Left side : add to items 6500-6519, as appropriate, when the left side is examined. Absence of modifier indicates right side is examined • **Linkerkant** : voeg by items 6500-6519, soos toepaslik, wanneer die linkerkant ondersoek is. Afwesigheid van die wysiger dui aan dat die regterkant ondersoek is

MODIFIER GOVERNING VASCULAR STUDIES/WYSIGER VAN TOEPASSING OP VASKULORE 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: Multiple examinations/**Vaskulêre groepe:** "Filmreeks" en "Inplaas van Kontras-mediums" vul mekaar aan en vorm saam 'n enkele ondersoek: die gelde betaalbaar vir hierdie items is gevolglik nie onderworpe aan verhoging ooreenkomstig die bepalinge van wysiger 0080: Veelvuldige ondersoeke, nie.

PLEASE NOTE: Modifier 0083 is not applicable to Section 19.8 of the tariff

LET WEL : Wysiger 0083 is nie van toepassing op Afdeling 19.8 van die tarief nie.

Rules applicable to vaskular studies • Reëls van toepassing op vaskulêre studies

- (a) The machine fee (items 3536 to 3550) includes the cost of the following / Die gelde vir toerusting gebruik (items 3536 tot 3550) sluit die koste van die volgende in:
- All runs (runs may not be billed for separately) / Alle lopies (daar mag nie afsonderlik vir lopies gelde gehef word nie)
- All film costs (modifier 0084 is not applicable) / Alle filmkoste (wysiger 0084 is nie van toepassing nie).
- All fluoroscopies (item 3601 does not apply) / Alle fluoroskopieë (item 3607 is nie van toepassing nie).
- All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media) / Alle mindere wegdoenbare materiale (gedefinieer as enige item anders as katers, gidsdrade, inplasingstoestelle, gespesialiseerde kateters, ballon kateters, stente, emboliese middels, verdowingsmiddels en kontrasmedia).
- (b) The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices / Die toerustingstarief (item 3536 tot 3550) mag slegs eenkeer per geval per dag deur die eienaar van die apparaat gehef word en is slegs van toepassing vir radiologiese praktyke.
- (c) If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable codes / Indien 'n prosedure deur 'n nie-radioloog en 'n radioloog as 'n span uitgevoer is in 'n fasiliteit wat deur die radioloog besit word, sal elke lid van die span sy respektiewe volle gelde hef volgens wysigers en die toepaslike kodes.
- (d) If a procedure is performed by a non-radiologist and a radiologist as a team, in a facility not owned by the radiologist, modifier 6301 and modifier 6302 applies / Indien 'n prosedure uitgevoer word deur 'n nie-radioloog en 'n radioloog as 'n span in 'n fasiliteit wat nie deur die radioloog besit word nie, is wysiger 6301 en wysiger 6302 van toepassing.

MODIFIERS GOVERNING VASCULAR STUDIES AND INTERVENTIONAL RADIOLOGY PROCEDURES/WYSIGERS VAN TOEPASSING OP VASKULÊRE STUDIES EN INTERVENSIENELE RADIOLOGIE PROSEDURES

- 6300** *If a procedure lasts less than 30 minutes only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)/Indien 'n prosedure minder as 30 minute duur word slegs 50% van die toerusting gelde vir items 3536-3550 toegelaat (spesifiseer duur van prosedure op rekening).*
- 6301** *If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)/Indien 'n prosedure uitgevoer word deur 'n radioloog in 'n fasiliteit wat nie deur hom/haar besit word nie, word gelde met 40% verminder (d.w.s. 60% van die gelde word gehef).*
- 6302** *When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)/Wanneer 'n prosedure deur 'n nie-radioloog uitgevoer word, word die gelde met 40% verminder (d.w.s. 60% van die gelde word gehef).*
- 6303** *When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure/Wanneer 'n prosedure in sy geheel deur 'n nie-radioloog uitgevoer word in 'n fasiliteit wat deur 'n radioloog besit word, hef die radioloog wat die fasiliteit besit 55% van die prosedure eenhede wat gebruik word. Wysiger 6302 is van toepassing op die nie-radioloog wat die prosedure uitvoer.*
- 6305** *When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value/Wanneer veelvuldige kateterisasie items gebruik word (items 3557, 3559, 3560, 3562) en 'n angiogramondersoek op elke vlak gedoen word, word die aantal eenhede van elke sodanige prosedure met 20,00 radiologiese eenhede verminder na die aanvanklike kateterisasie. Die volle gelde (100%) word vir die eerste kateterisasie gehef.*

MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS/WYSIGERS VAN TOEPASSING OP DIE AFDELING ULTRASONIESE ONDERSOEKE

- 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 units/Aspirasie van biopsie prosedure uitgevoer onder direkte ultrasoniese kontrole d.m.v. 'n ultrasoniese aspirasie biopsie klankkop (Statiese Reëletyd): Gelde vir die deel wat ondersoek word plus 30% van die eenhede.*
- 0165** *Use of contrast during ultrasound study: add 6.00 ultrasound units (R 63.90) /Gebruik van kontras gedurende ultraklank studie: voeg 6,00 ultraklankeenhede (R 63.90) by.*

MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES/WYSIGER VAN TOEPASSING OP INTERVENSIENELE RADIOLOGIESE PROSEDURES

- 0090** *Radiologist's fee for participation in a team: 30,00 radiology units (R 338.10) per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)/Radioloog se gelde vir deelname in 'n span: 30,00 radiologiese eenhede (R 338.10) per ½ uur of gedeelte daarvan vir alle intervensionele radiologiese prosedures. Voor- of na-operatiewe angiografie, kateterisasie, rekenaartomografie, ultraklank- of x-straalondersoeke is uitgesluit. (Mag slegs ahef word indien die radioloog "hands-on" deelneem. en kan nie ahef word vir die vertolkings van beelde alleen nie.)*

MODIFIERS GOVERNING MAGNETIC RESONANCE IMAGING/WYSIGERS VAN TOEPASSING OP MAGNETIESE RESONANSIEBEELDING

- 6100** *In order to charge the full fee (600,00 magnetic resonance units (R6762.00) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil*

including T1 and T2 weighted images on at least two planes/Om die volle gelde (600,00 magnetiese resonansie-eenhede (R6762.00) vir 'n ondersoek van 'n bepaalde enkele anatomiese liggaamsdeel te hef moet dit uitgevoer word met die toepaslike radio frekwensielus wat T1 en T2 opnames insluit en op ten minste twee vlakke.

- 6101** Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region/Waar 'n beperkte reeks van 'n spesifieke anatomiese liggaamsdeel uitgevoer word (been tumor uitgesluit) bv. vir 'n okkulte stres fraktuur, mag nie meer as twee-derdes (2/3) van die gelde gehef word nie. Ook van toepassing op alle radioterapiebeplanningstudies, per streek.
- 6102** All post-contrast studies (except bone tumour) including perfusion studies to be charges at 50% of the fee/Alle na-kontras studies (behalwe been tumor) perfusiestudies ingesluit moet teen 50% van die gelde gehef word.

Note: In cases where a **second Magnetic Resonance Imaging of the spine** (items 6210, 6211, 6212 and 6213 refers) is deemed necessary, or a Magnetic Resonance Imaging of another anatomical region is requested, proper motivation must be submitted upon which the Commissioner will consider approval. **Opmerking:** Indien 'n tweede Magnetiese Resonansie Beelding van die rug (items 6210, 6211, 6212 en 6213 verwys) benodig word of 'n eerste Magnetiese Resonansie Beelding van 'n ander liggaamsdeel aangevra word, moet motivering voorgelê word, waarna goedkeuring deur die Kommissaris oorweeg word.

MODIFIERS GOVERNING THE SECTION RADIATION ONCOLOGY/WYSIGERS VAN TOEPASSING OP DIE AFDELING STRALINGS= ONKOLOGIE

- 0001** **After-hours emergency radiological services:** For involuntarily scheduled after-hours emergency radiological services (see general rule B: Normal hours and after hours), the additional premium shall be 50% of the fee for the particular services (section 19.12: Portable unit examinations, excluded/**Na-ure radiologiese nooddienste:** Vir onwillekeurig geskeduleerde na-ure radiologiese nooddienste (raadpleeg algemene reël B: Normale ure en na-ure), is die addisionele premie 50% van die gelde vir die spesifieke diens (afdeling 19.12: Ondermoeke met mobiele eenhede, uitgesluit).
- 0093** The fees for radiation oncology shall apply only where a specialist in radiation oncology uses his **own apparatus**/Die gelde vir stralingsonkologiegeld net waar die spesialis in stralingsonkologiesy eie apparaat gebruik.

MODIFIERS GOVERNING THE SECTION PATHOLOGY/WYSIGERS VAN TOEPASSING OP DIE AFDELING PATOLOGIE

- 0097** **Pathology tests performed by non-pathologists:** Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee/**Patologietoetse uitgevoer deur nie-patoloë:** Wanneer items wat onder Kliniese Patologie (afdeling 21) en Anatomiese Patologie (afdeling 22) ressorteer, ook deur ander spesialiste of algemene praktisyns gedoen word, moet die rekening teen twee derdes van die patoloog se tarief gehef word.
- 0099** **Stat basis tests:** For tests performed on a stat basis, an additional premium of 50% of the fee for the particular pathology service shall apply, with the following **provisos/Statbasistoetse:** Vir toetse uitgevoer op 'n stat basis, sal 'n bykomende premie van 50% van die gelde vir die betrokke patologie diens van toepassing wees, met die volgende voorwaardes:
- o **Stat** test requesting may only be done by the referring practitioner and not by the pathologist/Versoeke vir toetse op 'n stat basis mag slegs deur die verwysende praktisyn gerig word en nie deur die patoloog nie.
 - o Specimens must be collected on a stat basis where applicable/Monsters moet, waar van toepassing, op 'n stat basis bekom word.
 - o Test must be performed on a stat basis/Toetse moet op 'n stat basis uitgevoer word.

- o Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained/*Dokumentasie* (of 'n kopie daawan) met betrekking tot die *versoek van* die verwysende *praktisyn*, moet bewaarword.
- o This modifier will only apply during normal working hours and **will** never be used in combination with item 4547: After-hours service/*Hierdie* wysiger sal slegs van toepassing wees gedurende normale *werkure* en sal nooit saam met item **4547**: Diens buite normale *werkure*, gebruik *word* nie.

Notes: For fees for Histology and Cytology refer to items **4561** to 4593 under section 22: Anatomical Pathology/ **Opmerkings:** Vir *Histologie-* en *Sitologie-tariewe* verwys na items **4561** tot **4593** onder Afdeling 22: Anatomiese Patologie.

		Specialist	General		Anaesthetic	
		R	U/E	R	U/E	R/T/
CONSULTATIONS ● KONSULTASIES						
Note : The use of items 0181-0188 is limited to general practitioners only. Specialists:Refer to items 0141-0144						
Opmerking : Die gebruik van items 0181-0188 is beperk tot algemene praktisyne alleenlik. Spesialiste:Verwys na items 0141-0144						
CONSULTATIONS :GENERAL PRACTITIONERS ● KONSULTASIES : ALGEMENE PRAKTISYNS						
a. Only one of items 0181-0188 as appropriate may be charged for a single service and not combinations thereof a Slegs een van items 0181-0188 wat toepaslik is mag gehef word vir 'n diens en nie kombinasies daarvan nie						
b. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration ● Hierdie dienste moet met die pasiënt persoonlik wees en sluit die tyd gebruik om spesiale ondersoeke uit te voer, waawoor bykomende vergoeding geëis kan word, uit.						
c. Only one of the items 0145, 0146 or 0147 may be charged as appropriate and not combinations thereof ● Slegs een van die items 0145, 0146 of 0147 soos toepaslik mag gehef word en nie 'n kombinasie daarvan nie.						
d. A subsequent visit refers to a voluntarily scheduled visit performed for the same condition within four (4) months after the first visit (although the symptoms or complains may differ from those presented during the first visit) ● 'n Opvolgbesoek verwys na 'n willekeurig geskeduleerde besoek wat binne vier (4) maande na 'n eerste besoek in verband met dieselfde sieketoeestand uitgevoer word						
NEW PATIENT. NUWE PASIENT						
0181	Visit for a new problem/new patient with problem focused history, examination and management during which the doctor spends approximately up to 10 minutes with the patient ● Besoek vir 'n nuwe probleem Nuwe pasiënt met probleem- gefokusde geskiedenis, ondersoek en hantering waartydens die dokter tot 10 minute met die pasiënt spandeer	—	15	161.70		
0182	Visit for a new problem/new patient with expanded problem focused history examination and management during which the doctor spends 10 to 20 minutes with the patient ● Besoek vir 'n nuwe probleem/nuwe pasiënt met uitgebreide probleemgefokusde geskiedenis, ondersoek en hantering waartydens die dokter 10 tot 20 minute met die pasiënt spandeer	--	22	237.20		
0183	Visit for a new problem/new patient with detailed history, examination and management during which the doctor spends 20 to 30 minutes with the patient ● Besoek vir 'n nuwe probleem/nuwe pasiënt met breedvoerige geskiedenis, ondersoek en hantering waartydens die dokter 20 tot 30 minutes met die pasiënt spandeer	--	29	312.60		
0184	Visit for a new problem/new patient with comprehensive history, examination and management during which the doctor spends 30-45 minutes with the patient ● Besoek vir 'n nuwe probleem/nuwe pasiënt met omvattende geskiedenis, ondersoek en hantering waartydens die dokter 30-45 minute met die pasiënt spandeer	--	36	388.10		
0185	Visit for a new problem/new patient with comprehensive history, examination and management during which the doctor spends 45-60 minutes with the patient ● Besoek vir 'n nuwe probleem/nuwe pasiënt met omvattende geskiedenis, ondersoek en hantering waartydens die dokter 45-60 minute met die pasiënt spandeer	--	43	163.50		

		Specialist		General		Anaesthetic
		U/E	R	U/E	R	U/E
FOLLOW-UP VISITOOPVOLGBESOEK						
0186	Follow-up visit for the evaluation and management of a patient during which the doctor spends up to 10 minutes with the patient • Opvolg- besoek vir die evaluering en hantering van 'n pasient waartydens die dokter tot 10 minute met die pasient spandeer		--	12	129.41	
0187	Follow-up visit for the evaluation and management of a patient during which the doctor spends 10-20 minutes with the patient • Opvolgbesoek vir die evaluering en hantering van 'n pasient waartydens die dokter 10-20 minute met die pasient spandeer		--	18	194.01	
0188	Follow-up visit for the evaluation and management of a patient during which the doctor spends longer than 20 minutes with the patient • Opvolgbesoek vir die evaluering en hantering van 'n pasient waartydens die dokter meer as 20 minute met die pasient spandeer		--	24	258.71	
CONSULTATIONS : SPECIALISTS • KONSULTASIES : SPESIALISTE						
a. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration • Hierdie dienste moet met die pasient persoonlik wees en sluit die tyd gebruik om spesiale ondersoeke uit te voer, waarvoor bykomende vergoeding geëis kan word, uit. b. Only one of the items 0145, 0146 or 0147 may be charged and not combinations thereof • Slegs een van die items 0145, 0146 of 0147 mag gehef word en nie 'n kombinasie daarvan nie						
NEW AND ESTABLISHED PATIENTS • NUWE EN BESTAANDE						
0141	Consultation/visit of new and established patient with problem focused history, clinical examination and straightforward decision making for minor problem. Typically occupies the doctor personally with the patient for between 10 and 20 minutes • Konsultasie/besoek vir nuwe en bestaande pasient met probleemtoegespitste pasientgeskiedenis. kliniese ondersoek en eenvoudige besluitneming aangaande 'n geringe probleem. Die dokter kan tussen 10 en 20 minute persoonlik met die pasient besig wees.	15	161.70		--	
0142	Consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision making and counselling. Typically occupies the doctor personally with the patient for between 20 and 35 minutes • Konsultasiebesoek van nuwe en bestaande pasiente met omstandigheidsgeskiedenis, kliniese ondersoek met voor-die-handliggende besluitneming en berading. Die dokter kan tussen 20 en 35 minute persoonlik met die pasient besig wees	30	323.40		--	
0143	Consultation/visit of new and established patient with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the doctor personally with the patient for between 30 and 40 minutes • Konsultasie/besoek van nuwe en bestaande pasient met omstandigheds- geskiedenis, volledige kliniese ondersoek en matig komplekse besluitneming en. berading. Die dokter kan persoonlik tussen 30 en 40 minute met die pasient besig wees	45	485.10		--	
0144	Consultation/visit of new and established patient with comprehensive history and clinical examination for complex problem requiring complex decision making and counselling. Typically occupies a doctor personally with the patient for between 45 and 60 minutes • Konsultasiebesoek van nuwe en bestaande pasient met uitgebreidegeskiedenis kliniese ondersoek vir 'n komplekse probleem wat ewe kompleksebesluitnemingen berading vereis. Die dokter kan tussen 45 en 60 minute met die pasient persoonlik besig wees.	60	346.80		--	

	Specialist		General		Anaesthetic
	U/I	R	U/E	R	U/E
CONSULTATIONS: SPECIALISTS AND GENERAL PRACTITIONERS • KONSULTASIES : SPESIALISTE EN ALGEMENE PRAKTISYNS					
0145 For consultation/visit away from the doctor's home or rooms: ADD to any of items 0141-0144 (specialists) or items 0181-0188 (general practitioners) as appropriate. Confirm where visit took place. Please note that item 0145 is not applicable for pre-anaesthetic assessments and may not be added to any of items 0151-0153 • Vir konsultasie/besoek weg van die dokter se huis of kamers: VOEG BY enige van items 0141-0144 (spesialiste) of items 0181-0188 (algemene praktisyne) soos toepaslik. Bevestig waar besoek plaasgevind het. Let asseblief daarna op dat item 0145 nie toepaslik is vir voor-narkose evalueringe nie en mag nie by enige van items 0151-0153 bygevoeg word nie.	6	64.70	6	64.70	
0145 is not applicable for travelling to doctor's own satellite rooms • 0145 is nie van toepassing vir reis na dokter se eie sateliet spreekkamers nie.					
0146 For after hours emergency or unscheduled consultation/visit at the doctor's home or rooms: ADD to any of items 0141-0144 (specialists), items 0150-0153 or items 0181-0188 (general practitioners) as appropriate (General Rule B refers) • Vir 'n na-ure noodgeval of ongeskeduleerde konsultasiebesoek by die dokter se huis of kamers: VOEG BY enige van items 0141-0144 (spesialiste); items 0151-0153 of items 0181-0188 (algemene praktisyne) soos toepaslik (Algemene Reël B verwys)	8	86.20	8	86.20	
0147 For after hours emergency or unscheduled consultation/visit away from the doctor's home or rooms: ADD to any of items 0141-0144 (specialists), items 0150-0153 or items 0181-0188 (general practitioners) as appropriate (General Rule B refers) • Vir 'n na-ure noodgeval of ongeskeduleerde konsultasie/besoek weg van die dokter se huis of kamers: VOEG BY enige van items 0141-0144 (spesialiste), items 0150-0153, of items item 0181-0188 (algemene praktisyne) soos toepaslik (Algemene Reël B verwys)	14	150.90	14	150.90	
0109 Hospital follow-up visit to patient in ward or nursing facility (once per day) •	12	129.40	12	129.40	
0129 Prolonged first follow-up consultation/visit per each 15 minutes (to be added to item 0144 (specialist) or item 0185 (general practitioner) only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes • Verlengde eerste/ opvolg konsultasiebesoek per elke 15 minute (voeg slegs by item 0144 (spesialis) of item 0185 (algemene praktisyne) indien diens 10 minute of meer in die volgende 15-minute periode strek wat volg op die eerste 60 minute)	15	161.70	15	161.70	
PRE-ANAESTHETIC ASSESSMENT • VOORNARKOSE EVALUERING					
(a) Pre-anaesthetic consultations for all major vascular, cardio-thoracic and orthopaedic cases will attract a unit value of at least 15,00 units • Vir voornarkose konsultasies van alle groot vaskulêre, kardiotorokale en ortopediese gevalle sal ten minste 'n eenheidswaarde van 15,00 eenhede gehef word.					
(b) Only one of the items 0146 or 0147 may be charged and not combinations thereof. Please note: Item 0145 is not applicable to pre-anaesthetic assessments • Slegs een van die items 0146 of 0147 mag gehef word en nie 'n kombinasie daarvan nie. Let wel: Item 0145 is nie toepaslik vir voornarkose evaluering nie.					

	Specialist		General		Anaesthetic		
	U/E	R	U/E	R	U/E	R	T/M
0151 Pre-anaesthetic assessment of patient(all hours). Problem focused history and clinical examination and straightforward decision making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes • Voor-narkose evaluering van pasiënt (alle ure). Probleemtoegespitste pasiëntgeskiedenis en kliniese ondersoek en eenvoudige besluitneming aangaande'n geringe probleem. Die dokter kan tussen 10 en 20 minute met die pasiënt persoonlik besig wees	16	172.50	16	172.50			
0152 Pre-anaesthetic assessment of patient(all hours). Detailed history and clinical examination and straightforward decision making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes • Voor-narkose evaluering van pasiënt(alle ure). Omstandigheidsgeskiedenis volledige kliniese ondersoek en eenvoudige besluitneming en berading. Die dokter kan tussen 20 en 35 minute met die pasiënt persoonlik besig wees	30	323.40	30	323.40			
0153 Pre-anaesthetic assessment of patient or other consultative service. Consultation with detailed history, complete examination and moderate complex decision making and counselling. Typically occupies the doctor face-to-face for between 30 and 45 minutes • Voor-narkose evaluering van 'n pasiënt of ander konsultatiewe diens. Konsultasie met omstandigheids-geskiedenis, volledige kliniese ondersoek en matig komplekse besluitneming en berading. Die dokter kan tussen 30 en 45 minute met die pasiënt persoonlik besig wees	45	485.10	45	485.10			
GENERAL • ALGEMEEN							
0136 Special medical examination requested by the Compensation Commissioner • Spesiale mediese ondersoek versoek deur die Vergoedingskommissaris :							
• Amount applicable from 2003/03/03 until 2005/01/27 (VAT inclusive) • Bedrag van toepassing vir ondersoeke vanaf 2003/3/3 tot 2005/01/27 (BTW Ingesluit)		1,100.00					
- Amount applicable from 2005/01/28 until further notice (VAT inclusive) • Bedrag van toepassing vir ondersoeke vanaf 2005/01/28 tot verdere kennisgewing(BTW Ingesluit)		1,800.00					
MEDICINE, MATERIAL, AND SUPPLIES • MEDIKASIE, MATERIAAL EN VOORRAAD							
0196 Chronic medicine and/or material indicator: Use this item to indicate medicine and/or material that are dispensed for chronic conditions. • Kroniese medikasie en/of materiaal indikator : Gebruik hierdie item om kroniese medikasie en/of materiaalverskaf vir kroniese toestande aan te dui							
0200 Cost of prostheses and/or internal fixation cost price + 20% with a maximum markup of R2244.60 • Koste van prosteses en/of interne fiksie apparaat. Kosprys + 20% met 'n maksimum winsgrens van R2244.60							
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 • Koste van materiaal: Hierdie item maak voorsiening vir die hef van gelde vir materialen spesiale medisyne wat gedurende behandeling gebruik word. Kosprys plus 35% kan gehef word vir materiaal. Heffings vir medisyne gebruik by behandeling mag nie die Etiese Prysllys se kleinhandelsprys oorskry nie. (b) External fixation apparatus (disposable): An amount equivalent to 25% of the purchase price of the apparatus may be charged where such apparatus is used • Eksteme fiksie-apparaat (wegdoenbaar): 'n Bedrag gelyk aan 25% van die aankoopprys van die apparaat kan gehef word waar sulke apparaat gebruik word.							

	Specialist		General		Anaesthetic		
	U/E	R	U/E	R	U/E	R	T/M
(c) External fixation apparatus (non-disposable): An amount equivalent to 20% of the purchase price of the apparatus may be charged where such apparatus is used. • Eksterne fiksasie apparaat (nie-wegdoenbaar): 'n Bedrag gelyk aan 20% van die aankoopprys van die apparaat kan gehef word waar sulke apparaat gebruik word. (d) In case of minor injuries requiring additional material (e.g. suturing material) payment shall be considered provided the claim is motivated. • In gevalle van geringe beserings wat bykomstige materiaal (bv. hegtingsmateriaal) benodig sal betaling oorweeg word mits die eis van 'n motivering vergesel word. (e) 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 of Medisyn, verbande en noodsaaklike materiaal vir tuisgebruik deur die pasiënt, word op voorskrif van 'n apteek bekom en as 'n apteek nie gereedlik beskikbaar is nie, kan die geneesheer dit uit sy eie voorraad voorsien, mits hy 'n toepaslike voorskrif vir die medisyne aan sy rekening heg. Heffings vir medisyne gebruik by behandeling mag nie die Etiese Pryslys se kleinhandelsprysoorskry nie.							
0202 Setting of sterile tray: A fee of 10,00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201. • Stel van 'n steriele blad: 'n Tarief van 10,00 kliniese prosedure eenhede kan gehef word vir die stel van 'n steriele blad waar 'n steriele prosedure in die spreekkamers uitgevoer word. Koste van hegtingsmateriaal, indien van toepassing, word volgens item 0201 gehef	10	103.40	10	103.40			

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	TIM
6999 Unlisted procedure/service code: A procedure/service may be provided that not listed in the CC tariffs. Please quote the correct SAMA code with code 6999 o Ongespesifiseerde prosedure/diens kode: 'n Prosedure/diens m gelewer word wat nie in die CC tarief gelys word nie. Dui asseblief die korrekte SAMA kode aan saam met item 6999. 1. INTRAVENOUS TREATMENT / BINNEAARSE-BEHANDELING 0206 Intravenous infusions (push-in) Insertion of cannula—chargeable once per hour • Intraveneuse infuus (instoot) Inplaas van kannule-gelde hefbaar een uitvoering per 24 uur 0207 Intravenous infusions (cut-down): Cut-down and insertion cannula—chargeable once per 24 hours o Intraveneuse infuus (Insnyding, Insny en inplaas van kannule-gelde hefbaar vir een uitvoering per 24 uur VENESECTION • VENESEKSIE 0208 Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations) • Terapeutiese veneseksie (Kan nie gebruik word wanneer bloed getrek word met die oog op laboratorium ondersoek nie) <i>Note:</i> 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 the service once every 24 hours) For managing the infusion as such e.g. check 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 consultation <i>Opmerking:</i> Hoe om gelde te hef vir Intraveneuse infusies: Praktisyne is geregtig om gelde volgens die toepaslike item te hef elke keer wanneer hulle persoonlik die kannule inplaas (maar mag nie meer dikwels as een maal per 24 uur vir hierdie diens hef nie. Geen gelde mag gehef word v slegs die instandhouding van die infuus nie, byvoorbeeld kontrolering van die vloei of voorskryf van die inhoud. aangesien dit gereken word as deel van die dienste wat tydens konsultasies gelewer word 0210 Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection • Verkryging van bloed monster(s) deur mediese praktisyn vir patologiese ondersoek, per veneseksie 2. INTEGUMENTARY SYSTEM • HUIDSTELSEL 2.1 Allergy • Allergie Patch Tests • Plaktoetse; 0217 First patch • Eerste plaktoets 0219 Each additional patch o Elke bykomende toets Skin Prick Tests • Velpriktoetse: 0218 Skin-prick testing: Insect venom, latex and drugs o Velpriktoelaag: Insekgif, latex en geneesmiddels 0220 Immediate hypersensitivity testing (Type I reaction): per antigen: Inhalant and food allergens o Onmiddellike hipersensitiwiteitstoetsing (Type I reaksie): per antigeen, inaseming en voedsel allergeene. 0221 Delayed hypersensitivity testing (Type IV reaction): per antigen o Vertraagde hipersensitiwiteitstoetsing (Type IV reaksie): per antigeen 2.2 Skin (general) • Vel (algemeen) 0255 Drainage of subcutaneous abscess, onychia, paronychia, pulp space o avulsion of nail o Dreinerig van onderhuidse abses. onikie, paronikie o avulsie van nael	6	64.70	6	64.70			
	8	86.20	8	86.20			
	6	64.70	6	64.70			
	3.25	36.00	3.25	36.00			
	4	43.10	4	43.10			
	2	21.60	2	21.60			
	2.8	30.20	2.8	30.20			
	7.9	20.60	7.9	20.60			
	2.8	30.20	2.8	30.20			
	20	216.60	20	216.60	3	151.10+T+M	

		Specialist Spesialis		General practitioner isarts		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	TIM
0257	Drainage of major hand or foot infection; drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement: complete excision of pilonidal cyst or sinus o Dreinerings van groot hand- of voetinfeksies; dreinerings van groot abses met nekrose van weefsel. wat diep fascia betrek of wat debridement benodig; algehele uitsnyding van pilonidale sist of sinus	87	937.90	87	937.90	3	151.10 +T	
0259	Removal of foreign body superficial to deep fascia (except hands). o Vetwydering van vreemde voorwerp oppervlakkig tot diep-fascia (buiten hande)	20	215.60	20	215.60	3	151.10 +T	
0261	Removal of foreign body deep to deep fascia (except hands). o Vetwydering van vreemde voorwerp diep-tot-diepfascia(buiten hande)	31	334.20	31	334.20	3	151.10 +T	
(Note: See item 0922 and 0923 for removal of foreign bodies in hands o Let wel: Sien item 0922 en 0923 vir ver-wydering van vreemde liggaampies uit hand)								
2.3 Major plastic repair • Groot plastiese herstel								
Note: The tariff does not cover elective or cosmetic operations, since these procedures may not have the effect of reducing the percentage of permanent disablement as laid down in the Second Schedule to the Act. It is incumbent upon the treating doctor to obtain the prior consent of the Commissioner before embarking upon such treatment o Opmerking: Hierdie tarieflys voorsien nie vir elektiewe of kosmetiese operasies nie aangesien sodanige prosedures nie altyd 'n vermindering in die graad van blywende arbeidsongeskiktheid, soos in die Tweede Bylae tot die Wet beoog, tot gevolg mag hê nie. Die geneesheer is verplig om vooraf die Kommissaris se goedkeuring te verkry, alvorens met sulke behandeling begin word								
0289	Large skin graft, composite skin graft, large full thickness free skin graft • Groot veltransplantaat, saamgestelde vel- transplantaat, groot volle dikte vry veltransplantaat	234	2,522.50	87.2	2,018.00	4	201.50 +T	
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap o Rekonstruktiewe prosedures (alle stadiums ingesluit) en veloorplanting met behulp van miokutane- of fassiokutane flap	410	4,419.80	328	3,535.80	4	201.50 +T	
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re anastomosis • Rekonstruktiewe prosedures (insluitende alle stadiums) weefseloordraging met behulp van mikrovaskulêre heraanastomoses	800	8,624.00	340	6,899.20	4	201.50 +T	
0292	Distant flaps: First stage o Velflappe uit afgeleë posisie: Eerste stadium	206	2,220.70	64.8	1,776.50	4	201.50 +T	
0293	Contour grafts (excluding cost of material) o Kontoertransplantasie (uitgesonderd kostevan materiaal)	206	2,220.70	64.8	1,776.50	4	201.50 +T	
0294	Vascularised bone graft with or without soft tissue with one or more sets micro-vascular anastomoses o Gevaskulariseerde beenoordrag met of sonder sagteweefsel met een of meer stelle mikro-vaskulêre anastomoses	1200	12,936.00	360	10,348.80	6	302.20 +T	
0295	Local skin flaps (large, complicated) o Plaaslike velflappe (groot, kompleks)	206	2,220.70	54.8	1,776.50	4	201.50 +T	
0296	Other procedures of major technical nature • Ander groot tegniese prosedures	206	2,220.70	54.8	1,776.50	4	201.50 +T	
0297	Subsequent major's procedures for repair of same lesion (M0006 not applicable) o Daaropvolgende groot prosedures vir herstel van dieselfde letsel (W 0006 nie van toepassing nie)	104	1,121.10	104	1,121.10	4	201.50 +T	
2.4 Lacerations, scars, cysts and other skin lesions/Stitching of soft tissue injuries • Laserasies, littekens, siste en ander wondwondse/Hechting van sagteweefsel beserings								
Stitching of soft tissue injuries / Hechting van sagteweefselbeserings								
0300	Stitching of wound (with or without local anaesthesia): Including normal after-care o Hegting van wond (met of sonder lokale verdoving): Normale nasorg ingesluit.	14	150.90	14	150.90	3	151.10 +T	
0301	Additional wounds stitched at same session (each) • Bykomende wonde geheg tydens dieselfde geleentheid (elk).	7	75.50	7	75.50	3	151.10 +T	
0302	Deep laceration involving limited muscle damage • Diep laserasie met beperkte spierskade.	64	689.90	34	689.90	4	201.50 +T	
0303	Deep laceration involving extensive muscle damage o Diep laserasie met uitgebreidespierskade.	128	1,379.80	20	1,293.60	4	201.50 +T	
NOTE: Length of procedure of theatre time must be reflected on the account								

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	TIM
OPMERKING: Duur van prosedure of teatertyd moet op die rekening aangedul word.							
0304 Major debridement of wound, sloughectomy or secondary suture Uitgebreide debridement van wond. nekroektomie of sekondêre hegting	50	633.00	50	639.00	3	151.10 + T	
0306 Needle biopsy—soft tissue o Naaldbiopsie—sagte weefsel	25	269.60	25	269.60	3	151.10 + T	
0307 Excision and repair by direct suture; excision nail fold or other nail procedures of similar magnitude o Uitsnyding en herstel deur middel van direkte hegting; eksisie naelvou of ander kleiner prosedures van dieselfde	27	291.10	27	291.10	3	151.10 + T	
0308 Each additional small procedure done at the same time o Elke bykomende klein prosedure wat gelyktydig gedoen word	14	160.90	14	160.90	3	151.10 + T	
0310 Radical excision of nailbed o Radikale verwydering van naelbed	38	409.60	38	409.60	3	151.10 + T	
0314 Requiring repair by large skin graft or large local flap or other procedures similar magnitude o Waar herstel deur middel van groot veltransplantaat groot plaaslike velflap benodig word, of ander prosedures van soortgelyke omvang	104	1,121.10	104	1,121.10	4	201.50 + T	
0316 Requiring repair by small skin graft or small local flap or other procedures similar magnitude o Waar herstel deur middel van klein veltransplantaat klein plaaslike velflap benodig word, of ander prosedures van soortgelyke	55	692.90	55	692.90	3	151.10 + T	
2.6 Burns o Brandwonde							
0345 Minor burns o Klein brandwonde							
0347 Moderate burns o Matige brandwonde							
0361 Major burns: Resuscitation (including supervision and intravenous therapy first 48 hours) o Ernstige brandwonde: Resussitasie (met inbegrip van toer en binne-aarse terapie — eerste 48 uur)	276	2,975.30	220.8	2,380.20	5	251.90 + T	
0363 Tangential excision and grafting: Small o Tangensiale eksisie en oorplanting Klein	100	1,078.00	100	1,078.00	5	251.90 + T	
0364 Tangential excision and grafting: Large o Tangensiale eksisie en oorplanting Groot	200	2,166.00	160	1,724.80	6	251.90 + T	
2.7 Hands (skin) o Hande (vel)							
0366 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 o Velflap akute handbeserings waar die flap geneem word van 'n liggaamsdele verre van die beseerde vinger of in gevalle van verplasing velflap t Cutler	147.44	1,589.00	120	1,293.60	4	201.50 + T	
0367 Small skin graft in acute hand injury o Klein veloorplanting by aku	45	486.10	45	486.10	3	151.10 + T	
0359 Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing o Losmaak van groot velkontraktuur en/ uitsnyding van littekenweefsel met bedekking deur veloorplanting	192	2,069.80	53.6	1,655.80	3	151.10 + T	
0361 Z-plasty o Z-plastie	220.1	2,372.70	76.06	1,898.10	3	151.10 + T	
0363 Local flap and skin graft o Lokale flap en veloorplanting	150	1,617.00	120	1,293.60	3	151.10 + T	
0366 Cross finger flap (all stages) o Kruisvingerflap (alle stadia)	192	2,069.80	53.6	1,655.80	3	151.10 + T	
0367 Pinnare flap (all stages) o Pinnareflap (alle stadia)	192	2,069.80	53.6	1,655.80	3	151.10 + T	
0369 Distant flap: First stage o Afgeleë flap: Eerstestadium	158	1,703.20	26.4	1,362.60	3	151.10 + T	
0371 Distant flap: Subsequent stage (not subject to General Modifier 0006) Afgeleë flap: Opvolgende stadia (nie onderhewig aan Algemene Wysigings)	77	830.10	77	830.10	3	151.10 + T	
0373 Transfer neurovascular island flap o Verplasing van neuro-vaskulêre	230.5	2,434.80	84.4	1,987.80	3	151.10 + T	
0374 Syndactyly: Separation of, including skin graft for one web (with skin flap and graft) o Sindaktilie: Losmaak van, insluitende veltransplantasie vir een web (met velflap en verplanting)	242.4	2,613.10	13.92	2,090.50	3	151.10 + T	
Dupuytren's contracture o Dupuytren se kontraktuur							
0376 Fasciotomy o Fassiotomie	51	549.80	51	549.80	3	151.10 + T	
0376 Fasciectomy o Fassiektomie	218	2,350.00	74.4	1,880.00	3	151.10 + T	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	TIM
3. MUSCULOSKELETAL SYSTEM / SPIER-SKELETSTELSEL							
3.1 BONES • BENE							
3.1.1 Fractures o Frakture							
0383 Scapula o Skapula					3	151.10+T+N	
0387 Clavicle o Klavikel	77	830.10	77	830.10	3	151.10+T+N	
0388 Percutaneous pinning supracondylar fracture elbow - stand alone procedure o Perkutane fiksering van suprakondulere fraktuur - elmboog - alleenstaand prosedure	175.7	1,894.00	140.5	1,515.20	3	151.10+T+N	
0389 Humerus o Humerus	77	830.10	77	830.10	3	151.10+T+N	
0391 Radius and/or Ulna o Radius en/of Ulna	77	830.10	77	830.10	3	151.10+T+N	
0392 Open reduction of both radius and ulna (Modifier 0051 not applicable) o O reduksie beide radius en ulna (Wysiger 0051 nie van toepassing nie)	210	2,263.80	168	1,811.00	3	151.10+T+N	
0402 Carpal bone • Karpale been	64	689.90	64	689.90	3	151.10+T+N	
0403 Bennett's fracture-dislocation o Bennett se fraktuur-ontwrigting	51	549.80	51	549.80	3	151.10+T+N	
0405 Fracture reduction under general anaesthetic: Open treatment Metacarpal: Simple o Fraktuur reduksie onder algemene narkose : Oo behandeling van Metakarpaal: Eenvoudig	118.5	1,275.30	118.3	1,275.30	3	151.10+T+N	
Finger phalanx o Vinger falanks							
Distal • Distaal							
0409 Simple • Eenvoudig					3	151.10+T+M	
0411 Compound • Oop	52	660.60	52	560.60	3	151.10+T+M	
Proximal or middle • Proksimaal of middel							
0413 Simple • Eenvoudig	48	617.40	48	517.40	3	151.10+T	
0416 Compound • Oop	102	1,099.60	102	1,099.60	3	151.10+T+M	
Pelvis • Pelvis							
0417 Closed o Geslote					3	151.10+T	
0419 Operative reduction and fixation o Operatiewe reduksie en fiksasie	320	3,449.60	256	2,769.70	3	151.10+T+M	
0421 Femur: Neck or Shaft o Femur: Nek of Skag	192	2,069.80	153.6	1,655.80	3	151.10+T+M	
0425 Patella • Patella	51	549.80	51	549.80	3	151.10+T+M	
0429 Tibia with or without Fibula o Tibia met of sonder Fibula	128	1,379.80	120	1,293.60	3	151.10+T+M	
0433 Fibula shaft • Fibulaskag					3	151.10+T+M	
0435 Malleolus of ankle • Malleolus van enkelgewrig	58	625.20	58	625.20	3	151.10+T+M	
0437 Fracture-dislocation of ankle o Fraktuurontwrigting van enkelgewrig	128	1,379.80	120	1,293.60	3	151.10+T+M	
0438 Open reduction Talus fracture (Modifier 0051 not applicable) o Oo reduksie Talus fraktuur (Wysiger 0051 nie van toepassing nie)	198.7	2,142.00	58.9	1,713.60	3	151.10+T+M	
0439 Fracture (reduction under general anaesthetic) : Tarsal bones (excluding talus and calcaneus) • Fraktuur (reduksie onder algemene narkose) : Tarsal bene (uitgesluit talus en kalkaneum).	64	689.90	64	689.90	4	201.50+T+M	
0440 Open reduction Calcaneus fracture (Modifier 0051 not applicable) • Oo reduksie Kalkanius fraktuur (Wysiger 0051 nie van toepassing nie)	103.5	4,349.70	122.5	3,476.60	3	151.10+T+M	
0441 Metatarsal o Metatarsaal	41.8	450.60	41.8	450.60	3	151.10+T+M	
Toe phalanx o Toonfalanks							
0443 Distal: Simple o Distaal: Eenvoudig					3	151.10+T	
0445 Compound • Oop	32	345.00	32	345.00	3	151.10+T+M	
Other • Ander							
0447 Simple • Eenvoudig	26	280.30	26	280.30	3	151.10+T	
0449 Compound • Oop	52	560.60	52	560.60	3	151.10+T+M	
Sternum and (or) Ribs • Sternum en (of) Ribbe							
0461 Closed • Geslote					3	151.10+T	
0452 Open reduction and fixation of multiple fractured ribs for flail chest o Oop reduksie en fiksasie van veelvuldige ribfrakture vir vleuel borskas	230	2,479.40	184	1,983.60	3	151.10+T+M	
Spine • Wewelkolom							
With or without paralysis o Met of sonder verlamming							
0455 Cervical o Nek					3	151.10+T+M	
0456 Rest o Res					3	151.10+T+M	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	TIM
0459 Open reduction and internal fixation for fracture and/or dislocation of spine o Oop reduksie en interne fiksasie vir frak- tuur en/of dislokasie van werwelkom Compression fracture • <i>Kompressiefraktuur</i>	320	3,449.60	256	2,759.70	3	151.10+T+N	
0461 Cervical o Nek					3	151.10+T+N	
0462 Rest • Res <i>Spinous/ transverse processes • Spineuse af transverse prosesse</i>					3	151.10+T+N	
0463 Cervical o Nek					3	151.10+T+N	
0464 Rest • Res					3	151.10+T+N	
3.1.1.1 Operations for fractures • Operasies vir frakture							
0465 Fractures involving large joints • Frakture wat groot gewrigte aantas	288	3,104.60	230.4	2,483.70	3	151.10+T+N	
0473 Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pin (Not subject to rule G) (M0005 not applicable) o Perkutane inplasing en daaropvolgende verandering van Kirschner drade of Steinmann penne (Nie onderhewig aan reël G nie) (W0005 nie van toepassing)	43	463.50	43	463.50	3	151.10+T+N	
<i>Bonegrafting or Internal fixation for mal- or non-union o Beenoorplanting of interne fiksasie vir wan- of nie-hegting</i>							
0475 Femur, Tibia, Humerus, Radius and Ulna o Femur, Tibia, Humerus, Radius	282	3,040.00	225.6	2,432.00	3	151.10+T+N	
0479 Other bones (not applicable on fingers and toes) o Ander bene (nie van toepassing op vingers en tone nie)	154	1,660.10	123.2	1,328.10	3	151.10+T+N	
3.1.2 Bony operations • Benige operasies							
3.1.2.1 Bone grafting • Beenoorplanting							
0497 Resection of bone with or without grafting o Reseksie van been met of sonder oorplanting	282	3,040.00	225.6	2,432.00	3	151.10+T+M	
0498 Resection of bone or tumour (malignant) with or without grafting (does not include digits) • Reseksie van been of tumor met of sonder beenoorplanting (maligne) -ingers uitgesluit	340	3,665.20	272	2,932.20	3	151.10+T+M	
0499 Grafts to cysts : Large bones o Oorplanting by siste : Groot bene	192	2,069.80	153.6	1,655.80	3	151.10+T+M	
0501 Grafts to cysts : Small bones o Oorplanting by siste : Klein beentjies	128	1,379.80	120	1,293.60	3	151.10+T+M	
0503 Grafts to cysts : Cartilage graft • Oorplanting by siste : Kraakbeenoorplanting	206	2,220.70	164.8	1,776.50	3	151.10+T+M	
0505 Grafts to cysts : Inter-metacarpal bone graft o Oorplanting by siste : Inter-metakarpace beenoorplanting	147	1,584.70	120	1,293.60	3	151.10+T+M	
0507 Removal of autogenous bone for grafting (not subject to modifier 0005) o Verandering van outogene been vir oorplanting (nie-onderhewig aan wysiger 0005)	50	539.00	50	539.00	3	151.10+T+M	
3.1.2.2 Acute/chronic osteomyelitis. Akute/ kroniese osteomielitis							
0509 Conservative treatment o Konservatiewe behandeling						-	
0511 Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care o Operasie: Gelde van toepassing op 'n saamgestelde fraktuur van die betrokke been, insluitend ses weke na-operatiewe behandeling						-	
0512 Sternum sequestrectomy and drainage: Including six weeks after-care. o Sternumsekwestrektomie en dreinerings: Ses weke nasorg ingesluit	128	1,379.80	120	1,293.60	3	151.10+T+M	
3.1.2.3 Osteotomy • Osteotomie							
0514 Sternum: Repair of pectus-excavatum o Sternum: Herstel van pectus	330	3,557.40	264	2,845.90	3	151.10+T+M	
0515 Sternum: Repair of pectus carinatum o Sternum: Herstel van pectus	330	3,557.40	264	2,845.90	3	151.10+T+M	
0516 Pelvic • Van die Pelvis	320	3,449.60	256	2,759.70	3	151.10+T+M	
0521 Femoral: Proximal o Femoraal: Proksimaal	320	3,449.60	256	2,759.70	3	151.10+T+M	
0527 One leg/knee region o Een been/kniestreek	320	3,449.60	256	2,759.70	3	151.10+T+M	
0528 Os Calcis (Dwyer operation) • Kalkaneum (Dwyer operasie)	115	1,239.70	91.5	1,239.70	3	151.10+T+M	
0530 Metacarpal and phalanx: Corrective for mal-union or rotation o Metakarpaal en falanks: Korrektief vir wanhegting of rotasie	120	1,293.60	96	1,293.60	3	151.10+T+M	
0531 Rotational osteotomy tibia and fibula - stand alone procedure o Rotasie osteotomie - tibia en fibula - alleenstaande prosedure	278.90	3,006.50	212.8	2,405.20	3	151.10+T+M	
0532 Rotation osteotomy of the Radius, Ulna or Humerus • Rotasie osteotomie van Radius, Ulna of Humerus	160	1,724.80	128	1,379.80	3	151.10+T+M	
0533 Osteotomy single metatarsal o Osteotomie. enkele metatarsaal	60	646.80	50	646.80	3	151.10+T+M	
0634 Multiple metatarsal osteotomies o Veelvuldige metatarsale osteotomie	150	1,617.00	120	1,293.60	3	151.10+T+M	

	Specialist Specialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	TIM
3.1.2.4 Exostosis o Eksostose							
Excision .Eksisie							
0535 Readily accessible sites o Toeganklike areas	60	646.80	60	646.80	3	151.10+T+M	
0537 Less accessible sites • Minder toeganklike areas	96	1,034.90	96	1,034.90	3	151.10+T+M	
3.1.2.5 Biopsy o Biopsie							
0539 Needle Biopsy: Spine (no after-care), Modifier 0005 not applicable Naaldbiopsie: Werwelkolom (geen nasorg), Wysiger 0005 nie van toepassing	50	539.00	50	539.00	4	201.50+T	
0541 Needle Biopsy: Other sites (no after-care), Modifier 0005 not applicable Naaldbiopsie: Ander areas (geen na-sorg). Wysiger 0005 nie van toepassing OPEN (MODIFIER 0005 NOT APPLICABLE • OOP (WYSIGER 0005 NI VAN TOEPASSING NIE)	32	345.00	32	345.00	4	201.50+T	
0543 Readily accessible site o Maklik bereikbaar	64	689.90	64	689.90		Per bone Soos per been	
0545 Less accessible site • Moeilik bereikbaar	96	1,034.90	96	1,034.90		Per bone Soos per been	
3.2 Joints o Gewrigte							
3.2.1 Dislocations o Ontwrigtings							
0547 Clavicle: either end o Klavikel: enige punt	38	409.60	38	409.60	3	151.10+T+M	
0549 Shoulder o Skouer	51	549.80	51	549.80	3	151.10+T+M	
0551 Elbow o Elmoog	51	549.80	51	549.80	3	151.10+T+M	
0552 Wrist o Polsgewrig	77	830.10	77	830.10	3	151.10+T+M	
0553 Perilunar transscaphoid fracture dislocation o Perilunêr transkafoiddefraktuurontwrigting	130	1,401.40	120	1,293.60	3	151.10+T+M	
0555 Lunate o Lunatum	77	830.10	77	830.10	3	151.10+T+M	
0556 Carpo-metacarpal dislocation o Karpometakarpaleontwrigting	51	549.80	51	549.80	3	151.10+T+M	
0557 Metacarpal-phalangeal or interphalangeal joints (hand) o Metakarpofalangeaal of interfalangealegewrigte (hand)	26	280.30	26	280.30	3	151.10+T+M	
0559 Hip o Heup	109	1,175.00	109	1,175.00	3	151.10+T+M	
0661 Knee o Knie	96	1,034.90	96	1,034.90	3	151.10+T+M	
0563 Patella o Patella	32	345.00	32	345.00	3	151.10+T+M	
0565 Ankle o Enkel	90	970.20	90	970.20	3	151.10+T+M	
0567 Sub-Talar dislocation • Sub-Talare ontwrigting	90	970.20	90	970.20	3	151.10+T+M	
0569 Intertarsal or Tarsometatarsal or Mid-tarsal • Intertarsaal o Tarsometatarsaal of Midtarsaal	77	830.10	77	830.10	3	151.10+T+M	
0571 Meta-tarsophalangeal or interphalangeal joints (foot) o Metatarsofalangeaal of interfalangealegewrigte (voet)	14	150.90	14	150.90	3	151.10+T+M	
0573 Spine with or without paralysis o Werwelkolom met of sonder verlamming						--	
3.2.2 Operations for dislocations o Operasies vir ontwrigting							
0578 Recurrent dislocation of shoulder o Herhaalde skouer-ontwrigting	200	2,156.00	160	1,724.80	3	151.10+T+M	
0579 Recurrent dislocation of large joints o Herhalende ontwrigting van groot gewrigte	161	1,735.60	128	1,388.50	3	151.10+T+M	
3.2.3 Capsular operations o Kapsulereoperasies							
Capsulotomy or arthrotomy or biopsy or drainage of joint • Kapsulotomie o artrotomie of biopsie of dreinasie van gewrig							
0582 Small joint (including three weeks after-care) o Klein gewrig (drie weke nasorg ingesluit)	51	549.80	51	549.80	3	151.10+T+M	
0583 Large joint (including three weeks after-care) o Groot gewrig (drie weke nasorg ingesluit)	96	1,034.90	96	1,034.90	3	151.10+T+M	
0585 Capsulectomy digital joint • Kapsulektomie digitale gewrig	64	689.90	64	689.90	3	151.10+T+M	
0586 Multiple percutaneous capsulotomies of metacarpal-phalangeal joints • Veelvuldige perkutane kapsulotomieë van metakarpofalangealegewrigte	90	970.20	90	970.20	3	151.10+T+M	
0587 Release of digital joint contracture • Losmaak van falan gealegewrigskontraktuur	128	1,379.80	120	1,293.60	3	151.10+T+M	
3.2.4 Synovectomy o Sinovektomie							
0589 Digital joint o Digitale gewrig	77	830.10	77	830.10	3	151.10+T+M	
0592 Large joint o Grootgewrig	160	1,724.80	128	1,379.80	3	151.10+T+M	
0593 Tendon synovectomy • Tendon sinovektomie	103.7	2,195.90	52.96	1,756.70	3	151.10+T+M	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/I	R	U/I	R	U/	R	TIM
3.2.5 Arthrodesis • Artrodesse							
0597 Shoulder o Skouer	224	2,414.70	179	1,931.80	3	151.10+T+I	
0598 Elbow • Elmboog	180	1,940.40	144	1,652.30	3	151.10+T+I	
0699 wrist o Polsgewrig	180	1,940.40	144	1,552.30	3	151.10+T+I	
0600 Digital joint o Digitale gewrig	126	1,379.80	120	1,293.50	3	151.10+T+I	
0601 Hip o Heup	320	3,449.60	256	2,759.70	3	151.10+T+I	
0602 Knee o Knie	180	1,940.40	144	1,552.30	3	151.10+T+I	
0603 Ankle • Enkel	180	1,940.40	144	1,552.30	3	151.10+T+I	
0604 Sub-talar o Sub-talaar	130	1,401.40	120	1,293.60	3	151.10+T+I	
0605 Stabilization of foot (triple-arthrodeses) o Stabilisering van voet (drievoudige arthrodeses)	180	1,940.40	144	1,552.30	3	151.10+T+I	
0807 Mid-tarsal wedge resection • Midtarsalewigreseksie	180	1,940.40	144	1,552.30	3	151.10+T+I	
3.2.6 Arthroplasty a Artroplastie							
0614 Debridement large joints o Debridement groot gewrigte	160	1,724.80	128	1,379.80	3	151.10+T+I	
0616 Excision medial or lateral end of clavicle • Eksisie mediale of laterale pun van klavikel	116	1,250.50	116	1,250.50	3	151.10+T+I	
0617 Shoulder: Acromioplasty • Skouer: Akromioplastie	192	2,069.80	153	1,655.80	3	151.10+T+I	
0619 Shoulder: Partial replacement o Skouer: Gedeeltelike vervanging	277	2,986.10	221	2,388.80	5	251.90+T+I	
0620 Shoulder: Total replacement o Skouer: Totale vervanging	416	4,484.50	321	3,587.60	5	251.90+T+I	
0621 Elbow: Excision head of radius • Elmboog: Eksisie kop van radius	96	1,034.90	96	1,034.90	3	151.10+T+I	
0622 Elbow: Excision o Elmboog: Eksisie	192	2,069.80	153	1,655.80	3	151.10+T+I	
0623 Elbow: Partial replacement o Elmboog: Gedeeltelike vervanging	188	2,026.60	150	1,621.30	3	151.10+T+I	
0624 Elbow: Total replacement • Elmboog: Totale vervanging	282	3,040.00	225	2,432.00	3	151.10+T+I	
0625 Wrist: Excision distal end of ulna • Polsgewrig: Eksisie distale end van ulna	96	1,034.90	96	1,034.90	3	151.10+T+I	
0626 Wrist: Excision single bone o Polsgewrig: Eksisie een beentjie	110	1,185.80	110	1,185.80	3	151.10+T+I	
0627 Wrist: Excision proximal row • Polsgewrig: Eksisie proksimale ry	166	1,789.50	132	1,431.60	3	151.10+T+I	
0631 Wrist: Total replacement • Polsgewrig: Totale vervanging	249	2,684.20	199	2,147.40	3	151.10+T+I	
0635 Digital joint Total replacement o Digitale gewrig: Totale vervanging	192	2,069.80	153	1,655.80	3	151.10+T+I	
0637 Hip: Total replacement o Heup: Totale vervanging	416	4,484.50	326	3,587.60	3	151.10+T+I	
0641 Hip: Prosthetic replacement of femoral head • Heup: Vervanging van kop van femur met prothese	288	3,104.60	230	2,483.70	3	151.10+T+I	
0643 Hip: Girdlestone o Heup: Girdlestone	320	3,449.60	256	2,759.70	3	151.10+T+I	
0645 Knee: Pallial replacement o Knie: Gedeeltelike vervanging	277	2,985.10	216	2,388.80	3	151.10+T+I	
0646 Knee: Total replacement o Knie: totale vervanging	416	4,484.50	328	3,587.60	3	151.10+T+I	
0649 Ankle: Total replacement • Enkel: Totale vervanging	90	3,130.50	72	2,504.40	3	151.10+T+I	
0650 Ankle: Astragalectomy • Enkel: Astragalektomie	154	1,660.10	123	1,328.10	3	151.10+T+I	
3.2.7 Miscellaneous (Joints) o Diverse (gewrigte)							
0661 Aspiration of joint or intra-articular injection (not subject to rule G) (M 0005 not applicable) • Aspirasie van gewrig of intra-artikulêre inspuiting (nie onderhewig aan reël G nie) (W 0005 nie van toepassing)	9	97.00	9	97.00	3	151.10+T+M	
0667 Arthroscopy (excluding after-care), modifiers 0005 and 0013 not applicable o Artroskopies (nasorg uitgesluit), wysigers 0005 en 0013 nie van toepassing nie	60	646.80	60	646.80	3	151.10+T+M	
0669 Manipulation large joint under general anaesthetic (not subject to rule G) (M 0005 not applicable) • Manipulasie van groot gewrig onder algemene narkose (nie onderhewig aan reël G nie) (W 0005 nie van toepassing)	14	150.90	14	150.90	4	201.50 Hip+T	
					3	151.10 Knee+T	
					3	151.10 Shoulder+T	
0670 The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic o Slegs konsultasiegeldes mag gehef word wanneer 'n groot gewrig gemanipuleer word met of sonder lokale narkose					3	151.10 Knee / Shoulder + T	
0673 Meniscectomy or operation for other internal derangement of knee o Menisektomie of operasie vir ander interne verstoring van knie	109	1,175.00	99	1,175.00	4	201.50 Hip+T	
					3	151.10+T+M	
3.2.8 Joint ligament reconstruction or suture a Rekonstruksie of hegting van ligamente							
0675 Ankle: Collateral • Enkel: Kollateraal	760	7,724.80	28	1,379.80	3	151.10+T+M	
0677 Knee: Collateral • Knie: Kollateraal	160	7,724.80	28	1,379.80	3	151.10+T+M	

		Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
		U/E	R	U/I	R	U/I	R	TIM
0678	Knee: Cruciate o Knie: Kruisligament	160	1,724.80	121	1,379.80	3	151.10+T+I	
0679	Ligament augmentation procedure of knee o Versterkte knie ligament herstel	280	3,018.40	224	2,414.70	3	151.10+T+I	
0680	Digital joint ligament o Digitale gewrig ligament	160	1,778.70	132	1,423.00	3	151.10+T+I	
3.3 Amputations o Amputasies								
3.3.1 Specific amputations o Spesifieke amputasies								
0682	Forequarter amputation o Voorkwartamputasie	294	3,169.30	235	2,535.50	9	453.30+T+I	
0683	Through shoulder o Deur skouer	146	1,595.40	120	1,293.60	5	251.90+T+I	
0685	Upper arm or fore-arm o Bo-arm of voorarm	116	1,250.50	116	1,250.50	3	151.10+T+I	
0687	Partial amputation of the hand One ray o Amputasie van gedeelte van hand: Een straal	102	1,099.60	102	1,099.60	3	151.10+T+I	
0691	Part of/ or whole of finger (skin flap included) o Gedeelte van/of volle vinger (sluit vel flap in)	116.8	1,259.10	116.1	1,259.10	3	151.10+T+I	
0693	Hindquarter amputation o Agterkwart amputasie	420	4,527.60	336	3,622.10	6	302.20+T+I	
0695	Through hip joint region o Deur heupgewrigstreek	192	2,069.80	153.1	1,655.80	6	302.20+T+I	
0697	Through thigh o Deur dybeen	205	2,209.90	164	1,767.90	6	302.20+T+I	
0699	Below knee, through knee/Syme o Onder knie, deur knie of Syme	194	2,091.30	155	1,673.10	5	251.90+T+I	
0701	Trans-metatarsal or trans-tarsal o Transmetatarsaal of transtarsaal	142	1,530.80	120	1,293.60	3	151.10+T+I	
0703	Foot: One ray o Voet: Een straal	97	1,045.70	97	1,045.70	3	151.10+T+I	
0705	Toe (skin flap included) o Toon (vel flap ingesluit)	66	711.50	66	711.50	3	151.10+T+I	
3.3.2 Post-amputation reconstruction o Rekonstruksie na amputasie								
0706	Skin flap taken from a site remote from the injured finger or in cases of advanced flap e.g. Cutler o Waar vel flap geneem word van 'n liggaamsdeel verwyder van die beseerde vinger of in gevalle van verplasing flap bv. Cutler Note: If not performed on thumb or Index finger it must be motivated o Opmerking: Indien nie uitgevoer op duim of wysvinger nie moet dit gemotiveer word	75	808.50	75	808.50	3	151.10+T+I	
0707	Krukenberg reconstruction o Krukenbergrekonstruksie	206	2,220.70	164.1	1,776.50	3	151.10+T+I	
0709	Metacarpal transfer o Metakarpale verplanting	192	2,069.80	153.1	1,655.80	3	151.10+T+I	
0711	Pollicization of the finger (Prior permission must be obtained from the Commissioner at all times) o Pollisisasie van vinger (Vooraf goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	282	3,040.00	225.4	2,432.00	3	151.10+T+I	
0712	Toe to thumb transfer (Prior permission must be obtained from the Commissioner at all times) o Toon na duim verplanting (Vooraf goedkeuring moet ten alle tye vanaf die Kommissaris verkry word)	800	8,624.00	640	6,899.20	3	151.10+T+I	
3.4 Muscles, tendons and fascias o Spiere, tendons en fasciae								
3.4.1 Investigations o Ondersoeke								
0713	Electromyography o Elektromiografie	75	808.50	75	808.50	3	151.10+T	
0714	Electro-myographic neuro-muscular junctional study, including edrophonium respons o Elektromiografiese neuro- muskulêre verbindingstudie. ingeslote edrophonium respons	57	614.50	57	614.50	3	151.10+T	
0715	Strength duration curve per session o Kragduur-kromme per sessie	10.5	113.20	10.5	113.20	3	151.10+T	
0717	Electrical examination of single nerve or muscle o Elektriese ondersoek van enkele senuwee of spier	9	97.00	9	97.00	3	151.10+T	
0721	Voltage integration during isometric contraction o Stroomspanningsintegrasie tydens isometriese kontrakasie	12	129.40	12	129.40	3	151.10+T	
0723	Tonometry with edrophonium o Tonometrie met edrophonium	8	86.20	8	86.20	3	151.10+T	
0725	Isometric tension studies with edrophonium o Isometriese spanningstudies met edrophonium Cranial reflex study (both early and late responses) supra occulofacia or corneofacial or Flabellifacia o Kraniale reekstudie (vroë en laat reaksie) supra-occulofacias or corneo-facialis or Flabellifacial	10	107.80	10	107.80	3	151.10+T	
0727	Unilateral o Unilateraal	8	86.20	8	86.20	3	151.10+T	
0728	Bilateral o Bilateraal	14	160.90	14	150.90	3	151.10+T	
0729	Tendon reflex time o Tendon refleks-tyd	7	75.60	7	75.50	3	151.10+T	
0730	Limb-brain somatosensory studies (per limb) o Ledemaat-brein somatosensoriese studies (per ledemaat)	49	528.20	49	528.20	3	151.10+T	
0731	Vision and audiosensory studies o Visuele en audiosensoriese toetse	49	528.20	49	528.20			
0733	Motor nerve conduction studies (single nerve) o Bestudering van geleiding deur motoriesesenuwee (enkesenuwee)	26	280.30	26	280.30			

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/	R	TIM
0735 Examinations of sensory nerve conduction by sweep averages (single ner o Ondersoek van sensoriese senuwee-geleiding met golwingsgemiddeld (enkele senuwee)	31	334.20	31	334.20	3	151.10 +T	
0737 Biopsy for motor nerve terminals and end plates o Biopsie vir motorsenuw eindpunte en eindplate	20	215.60	20	215.60	3	151.10 +T	
0739 Combined muscle biopsy with end plates and nerve terminal biopsy Gekombineerde spierbiopsie met eindplate en senuwee-eindpunt biopsie	34	366.50	34	366.50	8	403.00 +T	
0740 Muscelfatigue studies o Spienultputtingsonderseke	20	215.60	20	215.60	3	151.10 +T	
0741 Muscle biopsy o Spierbiopsie	20	216.60	20	215.60	8	403.00 +T	
0742 Global fee for all muscle studies, including histochemical studies o Globale tarief vir alle spierstudies. histochemiestudies ingeslote Biochemical estimations on muscle biopsy specimens • Biochemie toetse op spierbiopsie-monsters	262	2,824.40	--	--	--	--	
4701 Creatine kinase o Kreatienekinas	20.25	218.30	--	--	--	--	
4703 Adenylate kinase o Adenylate kinase	33.3	359.00	--	--	--	--	
4705 Pyruvate kinase o Pyruvate kinase	5.7	61.40	--	--	--	--	
4707 Lactate dehydrogenase o Laktate dehydrogenase	1.6	17.20	--	--	--	--	
4709 Adenylate deaminase o Adenylate deaminase	9.9	106.70	--	--	--	--	
4711 Phosphoglycerate kinase o Fosfoglykerate kinase	13.7	147.70	--	--	--	--	
4713 Phosphoglycerate mutase o Fosfoglykerate mutase	25.9	279.20	--	--	--	--	
4715 Enolase o Enolase	32.7	352.60	--	--	--	--	
4717 Phosphofructokinase o Fosfofruktokinase	37.7	406.40	--	--	--	--	
4719 Aldolase o Aldolase	15.75	169.80	--	--	--	--	
4721 Glyceraldehyde 3 Phosphate Dehydrogenase o Glykeraldehide 3 Fosfa Dehydrogenase	11.06	119.20	--	--	--	--	
4723 Phosphorylase o Fosforylase	34.7	374.10	--	--	--	--	
4725 Phosphoglucosutase o Fosfoglukosutase	40.3	434.40	--	--	--	--	
4727 Phosphohexosomerase o Fosfohexose isomerase	28.8	310.50	--	--	--	--	
3.4.2 Decompression Operations • Dekompressie Operasies							
0743 Major Compartmental Decompression o Ekstensiewe Kompartemente Dekompressie	132	1,423.00	120	1,293.60	3	151.10 +T	
0744 Fasciotomy only o Fasciotomie alleenlik	60	646.80	60	646.80	3	151.10 +T	
3.4.3 Muscle and tendon repair • Spier- en pees-herstel							
0745 Biceps humeri o Biceps humeri Supra-spinitus • Supra-splnatus	109	1,175.00	109	1,175.00	3	151.10 +T	
0746 Removal of calcification in Rotator cuff o Verwydering van verkalking Rotatorkraag	96	1,034.90	96	1,034.90	3	151.10 +T+M	
0747 Rotator cuff o Rotatorkraag	134	1,444.50	120	1,293.60	4	201.50 +T	
0748 Debridement rotator cuff o Debridement rotatorkraag	139.7	1,506.00	120	1,293.60	4	201.50 +T	
0749 Scapulopexy - stand alone procedure • Skapulopeksie - alleenstaand prosedure	71.90	2,931.10	7.52	2,344.90	4	201.50 +T	
0755 Infrapatellar or quadriceps tendon o Infrapatellere of kwadrisepees	128	1,379.80	120	1,293.60	3	151.10 +T	
0757 Achilles tendon repair o Achilles pees herstel	97.6	2,130.10	8.08	1,704.10	4	201.50 +T	
0759 Other single tendon o Ander enkele pees	77	830.10	77	830.10	3	151.10 +T	
0763 Tendon or ligament injection o Pees- of ligamentinspuiting Hand • Hand Flexor tendon suture o Fleksor peeshegting	9	97.00	9	97.00	3	151.10 +T	
0767 Primary (per tendon) • Primêr (per pees)	128	1,379.80	120	1,293.60	3	151.10 +T	
0769 Secondary (per tendon) o Sekondêr (per pees) Extensor tendon suture • Ekstensor pees hegting	160	1,724.80	128	1,379.80	3	151.10 +T	
0771 Primary (per tendon) o Primer (per pees)	129.7	1,398.20	120	1,293.60	3	151.10 +T	
0773 Secondary (per tendon) • Sekondêr (per pees)	80	862.40	80	862.40	3	151.10 +T	
0774 Repair of Boutonniere deformity or Mallet Finger with graft o Herstel van Boutonnière-deformiteit of Mallet-vingermet peesverplanting	183.7	1,980.30	16.96	1,584.20	3	151.10 +T	
3.4.4 Tendon graft • Pees oorplanting							
0775 Free tendon graft • Vrye peesoorplanting	160	1,724.80	128	1,379.80	3	151.10 +T	
0776 Reconstruction of pulley for flexor tendon. Rekonstruksie van katrol van fleksorpees	50	639.00	50	539.00	3	151.10 +T	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
Finger • Vinger							
0777 Flexor • Fleksor	192	2,069.80	153.6	1,655.80	3	151.10+T	
0779 Extensor o Ekstensor	122	1,315.20	120	1,293.60	3	151.10+T	
0780 Two stage flexor tendon graft using silastic rod o Fleksor pees oorplanting silastiese stafies in twee stadia	240	2,587.20	192	2,069.80	3	151.10+T	
3.4.5 Tenolysis • Tenolise							
0781 Tendon freeing operation. except where specified elsewhere o Tenolise indienne elders gespesifiseer nie	64	689.90	64	689.90	3	151.10+T	
0782 Carpal tunnel syndrome • Karpale tunnel-sindroom	98.7	1,064.00	98.7	1,064.00	3	151.10+T	
0783 DeQuervain o DeQuervain	38	409.60	38	408.60	3	151.10+T	
0784 Trigger finger o Snellervinger	38	409.60	38	409.60	3	151.10+T	
0785 Flexor tendon freeing operation following free tendon graft or suture o Fleksorpeesbevryding na vrye pees oorplanting of hegting	186.1	2,013.70	149.6	1,611.00	3	151.10+T	
0787 Extensor tendon freeing operation following graft or suture in finger, hand or forearm o Bevryding van ekstensorpees na oorplanting of hegting in vinger, hand of voorarm	180.1	1,950.10	144.7	1,560.10	3	151.10+T	
0788 Intrinsic tendon release per finger o Intrinsieke tenolise per vinger	64	689.90	64	689.90	3	151.10+T	
0789 Central tendon tenotomy for Boutonniere deformity o Sentrale tendon tenomie vir Boutonniere deformiteit	64	689.90	64	689.90	3	151.10+T	
3.4.6 Tenodesis • Tenodese							
0790 Digital joint • Digitale gewrig	90	970.20	90	970.20	3	151.10+T	
3.4.7 Muscle, tendon and fascia transfer • Spier-, pees- en fascia-verplanting							
0791 Single tendon transfer o Enkele peesverplanting	96	1,034.90	96	1,034.90	3	151.10+T	
0792 Multiple tendon transfer • Veelvuldige peesverplanting	128	1,379.80	120	1,293.60	3	151.10+T	
0793 Hamstring to quadriceps transfer o Hampese na kwadriceps-verplanting	141	1,520.00	120	1,293.60	3	151.10+T	
0794 Pectoralis major or Latissimus dorsi transfer to biceps tendon o Pectoralis major of Latissimus dorsi verplanting na bicipstendon	320	3,449.60	256	2,759.70	5	251.90+T	
0795 Tendon transfer at elbow o Peesverplanting by elmboog	116	1,250.50	116	1,250.50	3	151.10+T	
Hand tendons • Handpees							
0803 Single tendon transfer • Een peesverplanting	96	1,034.90	96	1,034.90	3	151.10+T	
0809 Substitution for intrinsic paralysis of hand o Vervanging vir intrinsieke spierverlamming van hand	224	2,414.70	179.2	1,931.80	3	151.10+T	
0811 Opponens tendon transfer (including obtaining of graft) o Opponens tendonverplanting (sluit verkryging van verplanting in)	220.6	2,378.10	176.48	1,902.50	3	151.10+T	
3.4.8 Muscle slide operations and tendon lengthening • Spierstropingsoperasies en peesverlenging							
0812 Percutaneous Tenotomy: All sites o Perkutane Tenotomie: Alle areas	38	409.60	38	409.60	3	151.10+T	
0813 Torticollis • Tortikollis	96	1,034.90	96	1,034.90	5	251.90+T	

		Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
		U/I	R	U/I	R	U/I	R	TIM
0815		131	1,423.00	121	1,293.60	8	251.90 +T	
0817	Scalenotomy with excision of first rib o Skalenotomie met eksisie van eers rib	191	2,048.20	151	1,638.60	3	151.10+T+H	
0822	Open release elbow (Mitals) -stand alone procedure o Elmboog loslating oop prosedure (Mitals) • alleenstaande prosedure	278.20	2,999.00	222.1	2,399.20	3	151.10+T+H	
0823	Excision or slide for Volkmann's Contracture • Eksisie of prosedure v Volksmannse Kontraktuur	191	2,069.80	153.	1,655.80	3	151.10+T	
0825	Hip: Open muscle release o Heup: Ope spierloslating	111	1,250.50	111	1,250.50	7	352.60+T	
0829	Knee: Quadricepsplasty o Knie: Kwadrisepsplastiek	161	1,724.80	121	1,379.80	3	151.10 +T	
0831	Knee: Open tenotomy o Knie: Oop tenotomie	141	1,520.00	121	1,293.60	3	151.10+T	
0835	Calf • Kuit	96	1,034.90	96	1,034.90	4	201.50 +T	
0837	Open Elongation Tendon Achilles • Ope Verlenging Achillespees	96	1,034.90	96	1,034.90	4	201.50 +T	
0838	Percutaneous "Hoke" elongation tendoachilles - stand alone procedure Perkutane verlenging tendo achilles ("Hoke")-alleenstaande prosedure	79.3	854.90	79.3	854.90	4	201.50+T	
0845	Foot: Plantar fasciotomy • Voet: Plantare fasciotomie	70	754.60	70	754.60	3	151.10+T	
3.6 Bursae and ganglia • Bursas en ganglions								
Excision • Uitsnyding								
0847	Semi-membranosus o Semi-membranosus	90	970.20	90	970.20	4	201.50 +T	
0849	Prepatellar o Prepatellêr	45	485.10	45	485.10	3	151.10+T	
0851	Olecranon o Olekranon	81.6	881.80	81.8	881.80	3	151.10+T	
0853	Small bursa or ganglion • Klein bursa of ganglion	80.5	872.10	80.9	872.10	3	151.10+T	
0865	Compound palmar ganglion or synovectomy • Saamgestelde ganglion i handpalm of sinovektomie	128	1,379.80	120	1,293.60	3	151.10 +T	
0857	Aspiration or injection (not subject to rule G) (M 0005 not applicable) i Aspirasie of inspuiting (nie onderhewig aan reël G) (W 0005 nie va	9	97.00	9	97.00	3	151.10+T	
3.6 Miscellaneous o Diverse								
0851	Leg lengthening o Beenverlenging	416	4,484.50	1321	3,587.60	3	151.10+T+H	
3.6.2 Removal of internal fixatives or prosthesis o Vewydering van prostese of inwendige hegmiddels								
0883	Readily accessible • Maklik bekombaar	32	345.00	32	345.00		As per bone	
0884	Less accessible o Moeilik bekombaar	64	689.90	64	689.90		+ M	
0885	Removal of prosthesis for infection soon after operation o Vewydering van prostese vir infeksie kort na operasie	128	1,379.80	120	1,293.60		Soos per been+M	
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care Fee for total joint replacement of the specific joint plus 64.00 clinical procedure units (general practitioner 60.00 clinica units) o Laat vewydering van geïnfecteerde of nie geïnfecteerde totale gewrigsprostese insluitendes ses weke nasorg. Gelde gelyk aan die vir totale vervanging van betrokke gewrig plus 64,00 kliniese prosedure eenhede (algemene praktisyen 60.00 kliniese prosedure eenhede)	64	689.90	64	589.90	6	302.20 +T+M	
3.7 Plasters (not subject to rule G) • Gips (nie onderhewig aan reël G)								
<i>Note: The Initial application of a plaster cast is Included in the scheduled fee</i>								
• Opmerking: Die eerste aanwending van gips is by die oorspronklike gelde ingesluit								
<i>Note: The Commissioner will only consider payment i.r.o. splinting material (Scotchcast, Dynacast, etc.) in the following cases (not applicable when Plaster of Paris is used):</i>								
<i>Where extremity splints are applied for at least five weeks:</i>								
<i>A maximum of one application for an upper extremity injury</i>								
<i>A maximum of two applications for a lower extremity injury</i>								
Opmerking: Die Kommissaris sal slegs betalling oorweeg t.o.v. spalkingsmateriaal (Scotchcast, Dynacast, ens) in die volgende gevalle (nie van toepassing wanneer gips gebruik word nie):								
<i>Waar ledemaatgipse vir ten minste 5 weke aanbly:</i>								
<i>Maksimum van een aanwending vir boonste ledemaatbesering</i>								
<i>in Maksimum van twee aanwendings vir 'n onderste ledemaatbesering</i>								

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
Extremity o Ledemate							
0887 Long limb cast (excluding after-care) (modifier 0005 not applicable) o Ledemaatgips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)	13	140.10	13	140.10	3	151.10+T	
0888 Short limb cast (excluding after-care) (modifier 0005 not applicable) o Kortledemaatgips (nasorg uitgesluit) (wysiger 0005 nie van toepassing)	6.6	71.10	6.6	71.10	3	151.10+T	
0889 Spica, plaster jacket or hinged cast brace o Spika, gipsbaadjie geskarnierde stut	32	345.00	32	345.00	4	201.50+T	
3.8 Specific areas • Spesifieke areas							
3.8.1 Foot and ankle o Voet en Enkel							
0900 Excision tarsal coalition - stand alone procedure o Verwydering van tarsale koalisie - alleenstaande prosedure	141.5	1,525.40	120.01	1,293.50	3	151.10+T+M	
0901 Tenotomy single tendon o Tenotomie een pees	63.3	682.40	63.3	682.40	3	151.10+T+M	
0903 Hammer toe: one toe o Hamertoon: een toon	99.5	1,072.60	99.5	1,072.60	3	151.10+T+M	
0905 Fillet of toe or Ruiz-Mora procedure o Toonontbening of Ruiz-Mora prosedure	99.5	1,072.60	99.5	1,072.50	3	151.10+T+M	
0906 Arthrodesis Hallux • Artrodese Hallux	148	1,595.40	120	1,293.60	3	151.10+T+M	
0909 Excision arthroplasty • Eksisie artroplastie	145.2	1,565.30	120	1,293.60	3	151.10+T+M	
0910 Cheilectomy or metatarsophalangeal implant Hallux o Cheilektomie, metatarso-falangiale vervang Hallux	183	1,972.70	146.4	1,578.20	3	151.10+T+M	
0911 Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure • Metatarsale osteotomie of Lapidus of dergelijke prosedure, Chevron - alleenstaande prosedure	189.2	2,039.60	151.30	1,631.70	3	151.10+T+M	
5730 Hallux valgus double osteotomy etc • Hallux valgus dubbele osteotomie	182.60	1,968.40	146.01	1,574.70	3	151.10+T+M	
5731 Distal soft tissue procedure for Hallux Valgus • Distale sagteweefselsprosedure vir Hallux Valgus	173.6	1,871.40	138.81	1,497.10	3	151.10+T+M	
5732 Aitkin procedure or similar • Aitkin operasie of dergelijke ingreep	166.8	1,798.10	133.4	1,438.50	3	151.10+T+M	
5734 Removal bony prominence foot (bunionette not applicable on COID) Verwyder benige prominensie aan voet (bunionette nie van toepassing op COID)	91	981.00	91	981.00	3	151.10+T+M	
5735 Repair angular deformity toe (lessor toes) • Herstel wanbelyning too (kleinertone)	97.2	1,047.80	97.2	1,047.80	3	151.10+T+M	
5735 Sesamoidectomy • Eksisie sesamoid been	97.8	1,054.30	97.8	1,054.30	3	151.10+T+M	
5737 Repair major foot tendons e.g. Tib Post o Heg groot pees in voet b.v. Tib post	147.30	1,587.90	120	1,293.60	3	151.10+T	
5738 Repair of dislocating peroneal tendons • Herstel ontwrigting peronius pees	173.2	1,867.10	138.56	1,493.70	3	151.10+T	
5740 Steindler strip - plantar fascia o Steindler stroping - plantare fascia	97.2	1,047.80	97.2	1,047.80	3	151.10+T	
5742 Tendon transfer foot • Pees verplanting voet	172	1,854.20	137.6	1,483.30	3	151.10+T	
5743 Capsulotomy metatarsophalangeal joints - foot/Kapsulotomie metatarsofalangiale gewrigte - voet	86.8	935.70	86.8	935.70	3	151.10+T	
3.8.3 Reimplantation • Herinplantings							
0912 Replantation of amputated upper limb proximal to wrist joint o Replantasi van geamputeerde boonste ledemaatproximaal tot polsgewrig	730	7,869.40	584	6,295.50	3	151.10+T+M	
0913 Replantation of thumb o Replantasie van duim	670	7,222.60	536	5,778.10	3	151.10+T+M	
0914 Replantation of a single digit (to be motivated), for multiple digits, modifier 0005 applicable • Replantasie van 'n enkel vinger (moet gemotiveer word), vir veelvuldige vingers is wysiger 0005 toepaslik	580	6,252.40	464	5,001.90	3	151.10+T+M	
0915 Replantation operation through the palm o Replantasie-operasie deur die handpalm	1270	13,590.60	1016	10,952.60	3	151.10+T+M	
3.8.4 Hands: (Note: Skin: See Integumentary system) o Hande: (Let wel: Vel: Kyk Huidstelsel)							
0919 Epidermoid cysts o Epidermoïde siste	35	377.50	35	377.30	3	151.10+T+M	
Removal of foreign bodies requiring incision o Verwydering van vreemde liggaampies wat insnyding vereis							
0922 Under local anaesthetic o Ondertokale verdoving	19	204.80	19	204.80	3	151.10+T+M	
0923 Under general or regional anaesthetic o Onder algemene of streeksnarkose	32	345.00	32	345.00	3	151.10+T+M	
Crushed hand injuries o Vergruisde handbeserings							
0924 Initial extensive soft tissue toilet under general anaesthetic (sliding scale) Eersteekstensiewe sagteweefseltoilet onder algemene narkose (glyskaal)	37	398.90	37	398.90			
	to/tot	to/tot	to/tot	to/tot			
	110	1,185.80	110	1,185.80	3	151.10+T+M	
0925 Subsequent dressing changes under general anaesthetic o Daaropvolgende verbandhemuwings onder algemene narkose	16	172.50	16	172.50	3	151.10+T+M	

	Specialist Spesialis		General practitioner iisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	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 ● Aanvanklike behandeling van frakture, pese, senuwees, verlies en bloedvate, insluitende verwydering van dooie weefsel onder algemene narkose en ses weke se nasorg	265	2,899.80	215	2,319.90	3	151.10+T+N	
3.8.5 Spine ● Werwelkolom							
0927 Excision of one vertebral body for a lesion within the body (no decompression) ● Eksisie van een werwelggaam vir 'n letsel in die werwel (geen dekompressie nie)	207	2,231.50	165	1,785.20	3	151.10+T+N	
0928 Excision of each additional vertebral segment for a lesion within the body (no decompression) ● Vir elke bykomende werwel vir 'n letsel in die werwel (geen dekompressie nie)	42	452.80	42	452.80	3	151.10+T+N	
0929 Manipulation of spine with anaesthetic (not including after-care), modifier 0005 not applicable ● Manipulasie van werwelkolom met narkose (nasorg uitgesluit wysiger 0005 nie van toepassing nie)	14	150.90	14	150.90	5	251.90+T	
0930 Posterior osteotomy of spine: One vertebral segment ● Posterior spinale osteotomie: Een vertebrale segment	339	3,654.40	271.1	2,923.50	3	151.10+T+N	
0931 Posterior spinal fusion: One level ● Posterior spinale fusie: Een vlak	385	4,150.30	308	3,320.20	3	151.10+T+N	
0932 Posterior osteotomy of spine: Each additional vertebral segment ● Posterior spinale osteotomie: Elke bykomende segment	103	1,110.30	103	1,110.30	3	151.10+T+N	
0933 Anterior spinal osteotomy with disc removal: One vertebral segment ● Anterior spinale osteotomie met diskus verwydering: Een bewegingssegment	315	3,395.70	252	2,716.60	3	151.10+T+N	
0936 Anterior spinal osteotomy with disc removal: Each additional vertebral segment ● Anterior spinale osteotomie met diskus verwydering: Elke bykomende bewegingssegment	+103	1,110.30	+103	1,110.30	3	151.10+T+N	
0938 Anterior fusion base of skull to C2 ● Anterior fusie skedelbasis tot C2	449	4,840.20	359.2	3,872.20	4	201.50+T+N	
0939 Trans-abdominal anterior exposure of the spine for spinal-fusion only if done by a second surgeon ● Transabdominale anterior blootlegging van die werwelkolom vir spinale fusie slegs indien dit deur 'n tweede chirurg gedoen word	160	1,724.80	128	1,379.80	3	151.10+T+M	
0940 Transthoracic anterior exposure of the spine if done by a second surgeon ● Trans-torakale anterior blootlegging van die werwelkolom indien dit deur 'n tweede chirurg gedoen word	160	1,724.80	128	1,379.80	3	151.10+T+M	
0941 Anterior interbody fusion: One level ● Anterior tussenwerwel fusie: Een vlak	360	3,880.80	288	3,104.60	3	151.10+T+M	
0942 Anterior interbody fusion: Each additional level ● Anterior tussenwerwelfusie: Elke bykomende vlak	+102	1,099.60	+102	1,099.60	3	151.10+T+M	
0943 Laminectomy with decompression of nerve roots and disc removal: One level ● Laminektomie met dekompressie van senuweewortels of diskus verwydering: Een vlak	240	2,587.20	192	2,069.80	3	151.10+T+M	
0944 Posterior fusion: Occiput to C2 ● Posterior fusie Occiput tot C2	390	4,204.20	312	3,363.40	4	201.50+T+M	
0946 Posterior spinal fusion: Each additional level ● Posterior spinale fusie: Elke bykomende vlak	+111	1,196.60	+111	1,196.60	3	151.10+T+M	
0948 Posterior interbody lumbar fusion: One level ● Posterior tussenwerwel lumbale fusie: Een vlak	364	3,923.90	291.2	3,139.10	3	151.10+T+M	
0950 Posterior interbody lumbar fusion: Each additional interspace ● Posterior tussenwerwel lumbale fusie: Elke bykomende interspasie	+95	1,024.10	+95	1,024.10	3	151.10+T+M	
0959 Excision of coccyx ● Uitsnyding van koksiks	96	1,034.90	96	1,034.90	3	151.10+T+M	
0960 Posterior non-segmental instrumentation ● Posterior non-segmentale instrumentasie	167	1,800.30	133.6	1,440.20	5	251.90+T+M	
0961 Cosio-transversectomy ● Kosto-transversektomie	198	2,134.40	158.4	1,707.60	3	151.10+T+M	
0962 Posterior segmental instrumentation: 2 to 6 vertebrae ● Posterior segmentale instrumentasie: 2 tot 6 werwels	176	1,897.30	140.8	1,517.80	5	251.90+T+M	
0963 Antero-lateral decompression of spinal cord or anterior debridement ● Antero-laterale dekompressie van rugmurg of anterior debridement	326	3,514.30	260.8	2,811.40	3	151.10+T+M	
0964 Posterior segmental instrumentation: 7 to 12 vertebrae ● Posterior segmentale instrumentasie: 7 tot 12 werwels	201	2,166.80	160.8	1,733.40	5	251.90+T+M	
0966 Posterior segmental instrumentation: 13 or more vertebrae ● Posterior segmentale instrumentasie: 13 of meer werwels	245	2,641.10	196	2,112.90	5	251.90+T+M	
0968 Anterior instrumentation: 2 to 3 vertebrae ● Anterior instrumentasie: 2 tot 3 werwels	159	1,714.00	27.2	1,371.20	5	251.90+T+M	
0969 Skull or skull-femoral traction including two weeks after-care ● Skedel of skedelfemorale traksie plus twee weke nasorg	64	689.90	64	689.90	-		
0970 Anterior instrumentation: 4 to 7 vertebrae ● Anterior instrumentasie: 4 tot 7 werwels	185	1,994.30	148	1,595.40	5	251.90+T+M	
0972 Anterior instrumentation: 8 or more vertebrae ● Anterior instrumentasie: 8 of meer werwels	206	1,220.70	64.8	1,776.50	5	251.90+T+M	
0974 Additional pelvic fixation of instrumentation other than sacrum ● Bykomende pelvisse fiksasie, sakrum uitgesluit	108	1,164.20	108	1,164.20	5	251.90+T+M	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/I	R	U/I	R	U/I	R	T/M
5750 Reinsertion of instrumentation o Herposisionering van instrumentasie	271	2,976.30	220.	2,380.20	6	302.20+T+M	
5751 Removal of posterior non-segmental instrumentation o Verwydering van posterior non-segmentale instrumentasie	17:	1,864.90	138	1,492.00	6	302.20+T+M	
5752 Removal of posterior segmental instrumentation o Verwydering van posterior segmentale instrumentasie	17:	1,886.50	140	1,509.20	6	302.20+T+M	
5753 Removal of anterior instrumentation o Verwydering van anterior	204	2,199.10	163.	1,759.30	6	302.20+T+M	
5755 Laminectomy for spinal stenosis (exclude disectomy, foraminotomy and spondylolisthesis): One or two levels o Laminektomie vir spinale stenose (uitgesluit disektomie, foraminotomie en spondilolistese): Een of twee vlakke	29:	3,180.10	235	2,544.10	3	151.10+T+M	
5756 Laminectomy with full decompression for spondylolisthesis (Gill procedure) o Laminektomie met volle dekompresie vir spondilolistese (Gill prosedure)	304	3,277.10	243.	2,621.70	3	151.10+T+M	
5757 Laminectomy for decompression without foraminotomy or disectomy more than two levels o Laminektomie vir dekompresie sonder foraminotomie of disektomie meer as twee vlakke	321	3,460.40	256.	2,768.30	3	151.10+T+M	
5758 Laminectomy with decompression of nerve roots and disc removal: Each additional level o Laminektomie met dekompresie van senuweewortels en diskus verwydering: Elke bykomende vlak	63	679.10	63	679.10	3	151.10+T+M	
5759 Laminectomy for decompression disectomy etc., revision operation o Laminektomie vir dekompresie disektomie ens., herhalings operasie	352	3,794.60	281.	3,035.60	4	201.50+T+M	
5760 Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level o Laminektomie, fasetektomie, dekompresie van laterale reses stenose plus spinale stenose: Een vlak	301	3,244.80	240.	2,595.80	3	151.10+T+M	
5761 Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level o Laminektomie, fasetektomie, dekompresie van laterale reses stenose plus spinale stenose: Elke bykomende vlak	68	733.00	68	733.00	3	151.10+T+M	
5763 Anterior disc removal and spinal decompression cervical: One level o Anterior diskus verwydering en spinale dekompresie servikaal: Een vlak	344	3,708.30	275.	2,966.70	3	151.10+T+M	
5764 Anterior disc removal and spinal decompression cervical: Each additional level o Anterior diskus verwydering en spinale dekompresie servikaal: Elke bykomende vlak	81	873.20	81	873.20	3	151.10+T+M	
5765 Vertebral corpectomy for spinal decompression: One level o Vertebrale korpektomie vir spinale dekompresie: Een vlak	466	5,023.50	372.1	4,018.80	3	151.10+T+M	
5766 Vertebral corpectomy for spinal decompression: Each additional level o Vertebrale korpektomie vir spinale dekompresie: Elke bykomende vlak	88	948.60	88	948.60	3	151.10+T+M	
5770 Use of microscope in spinal and intracranial procedures (modifier 0005 not applicable) o Gebruik van mikroskoop vir spinale of intrakraniale prosedures (wysiger 0005 is nie toepaslik nie)	71	765.40	71	765.40			
3.9 Facial bone procedures o Gesigsbeenprosedures							
Please note: Modifiers 0046 to 0058 are not applicable to section 3.9 of the tariff o Let wel: Wysigers 0046 tot 0058 is nie van toepassing op afdeling 3.9 van die tarief nie							
0987 Repair of orbital floor (blowout fracture) o Herstel van orbitale vloer (uitbars fraktuur)	184.0	1,990.00	47.6	1,592.00	4	201.50+T+M	
0988 Genioplasty o Genioplastie	263	2,835.10	210.4	2,268.10	4	201.50+T+M	
0989 Le Fort I o Le Fort I	202.2	2,179.70	61.71	1,743.80	4	201.50+T+M	
0990 Le Fort II o Le Fort II	302	3,255.60	241.6	2,604.40	4	201.50+T+M	
0991 Le Fort III o Le Fort III	433	4,667.70	146.4	3,734.20	4	201.50+T+M	
0992 Le Fort I Osteotomy o Le Fort I Osteotomie	970	10,456.60	776	8,365.30	4	201.50+T+M	
0993 Palatal Osteotomy o Verhemelte Osteotomie	302	3,255.60	241.6	2,604.40	4	201.50+T+M	
0994 Le Fort II Osteotomy (team fee) o Le Fort II Osteotomie (gelde vir span)	1103	11,890.30	182.4	9,512.30	4	201.50+T+M	
0995 Le Fort III Osteotomy (team fee) o Le Fort III Osteotomie (gelde vir span)	1654	17,830.10	323.1	14,264.10	4	201.50+T+M	
0996 Fracture of maxilla without displacement o Fraktuur van maksilla sonder verplasing Mandible: Fractured nose and zygoma o Mandibula: Fraktuur van neus en slgroom							
0997 Open reduction and fixation o Oop reduksie en fiksering	302	3,255.60	241.6	2,604.40	3	151.10+T+M	
0999 Closed reduction by intra-maxillary fixation o Geslote reduksie d.m.v. intermaksillêre fiksering	184	1,983.50	47.2	1,586.80	3	151.10+T+M	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/i	R	U/i	R	TIM
1001 Temporo-mandibular joint: Reconstruction for dysfunction o Temporo-mandibulêre gewrig: Rekonstruksieweens abnormale funksie:	206	2,220.70	164	1,776.50	4	201.50 +T+I	
1003 Manipulation: Immobilisation and follow-up of fractured nose o Manipulasie: Immobilisering en nabehandeling van gebreekte neus	35	377.30	35	377.30	3	151.10 +T+I	
1005 Nasal fracture without manipulation o Neusfraktuur sonder manipulasie				*		--	
1007 Mandibulectomy o Mandibulektomie	320	3,449.60	256	2,759.70	5	251.90 +T+I	
1009 Maxillectomy o Maksillektomie	382.4	4,123.40	306	3,298.70	4	201.50 +T+I	
1011 Bone graft to mandible o Beentransplantasie aan onderkaak	206	2,220.70	164	1,776.50	4	201.50 +T+I	
1012 Adjustment of occlusion by ramisection o Regstel van afsluiting d.m.v. ramiseksie.	227	2,447.10	181	1,967.60	4	201.50 +T+I	
1013 Fracture of arch of zygoma without displacement o Fraktuur van sigoma sonder verplasing						--	
1016 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; recent fractures (within four weeks) o Onlangse fraktuur van sigoma (binne vier weke) met verplasing wat operatiewe manipulasie benodig, gepaardgaande fraktuur uitgesluit	131	1,412.20	126	1,293.60	3	151.10 +T+I	
1017 Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; delayed fractures (after four weeks) o Vertraagde fraktuur van sigoma (na vier weke) met verplasing wat operatiewe manipulasie benodig, gepaardgaande fraktuur uitgesluit	262	2,824.40	209	2,259.60	3	151.10 +T+I	
4. RESPIRATORY SYSTEM o ASEMHALINGSTELSEL							
4.1 Nose and sinuses o Neus en sinuses							
1018 Flexible nasopharyngolaryngoscope examination o Nasofaringeale en larinksondersoek met buigbare teleskoop	51.94	659.90	--	--			
1019 ENT endoscopy in rooms with rigid endoscope o ONK endoskopie in kamers met onbuigbare endoskoop	12	129.40	--	--		--	
1020 Septum perforation repair by any method o Herstel van Septumperforasie deur middel van enige metode	125	1,347.60	120	1,293.60	4	201.50 +T	
1022 Functional reconstruction of nasal septum o Funksionele rekonstruksie van neusseptum	121.2	1,306.60	120	1,293.60	4	201.50 +T	
1024 Insertion of silastic obturator into nasal septum perforation (excluding material) o Inplaas van 'n silastiese abturator in 'n perforasie van die neusseptum (materiaal uitgesluit)	30	323.40	30	323.40	4	201.50 +T	
1025 Intranasal antrostomy (modifier 0005 to apply to opposite side) o Intranasale antrostomie (wysiger 0005 van toepassing op teenoorgestelde kant)	64.6	696.40	64.6	696.40	4	201.50 +T	
1027 Dacryocystorhinostomy o Dakrosistorinostomie	210	2,263.80	168	1,811.00	5	251.90 +T	
1029 Turbinectomy (modifier 0005 to apply to opposite side) o Turbinektomie (wysiger 0005 van toepassing op teenoorgestelde kant)	62.6	674.80	62.6	674.80	4	201.50 +T	
1030 Endoscopic turbinectomy: laser or microdebrider o Endoskopiese turbinektomie: laser of mikrodebrider	90	970.20	90	970.20	5	251.90 +T	
1034 Autogenous nasal bone transplant: Bone removal included (M0005 not applicable) o Outogene beentransplantasie van die neus: Verwydering van been ingeslote (W0005 nie van toepassing)	100	1,078.00	100	1,078.00	4	201.50 +T	
1035 Unilateral functional endoscopic sinus surgery (unilateral) o Funksionele endoskopiese sinus chirurgie (unilateraal)	140	1,509.20	120	1,293.60	4	201.50 +T	
1036 Bilateral functional endoscopic sinus surgery o Bilaterale funksionele endoskopiese sinus chirurgie. <i>Diathermy to nose of pharynx exclusive of consultation fee, uni- or bilateral / Diatermie van neus of farinks, konsultasie-geelde uitgesluit, uni- of bilateraal</i>	245	2,641.10	196	2,112.90	4	201.50 +T	
1037 Under local anaesthetic o Met plaaslike verdoving	8	86.20	8	66.20			
1039 Under general anaesthetic o Met algemene verdoving Seven, epistaxis, requiring hospitalisation I Erge epistakse wat hospitalisasie vereis	35	377.30	35	377.30	4	201.50 +T	
1041 Control severe epistaxis requiring hospitalisation: Anterior plugging o Erge epistakse kontrole wat hospitalisasie vereis: Anterior tamponade	40	431.20	40	431.20	6	302.20 +T	
1043 Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging o Erge epistakse kontrole wat hospitalisasie vereis: Anterior en posterior tamponade	60	646.80	60	646.80	6	302.20 +T	
1045 Ligation anterior ethmoidal artery o Afbind van arteria etmoidales anterior	59	636.00	59	636.00	6	302.20 +T	
1047 Cladwell-Luc operation (unilateral) o Cladwell-Luc operasie (unilateraal)	137.3	1,480.10	120	1,293.60	4	201.50 +T	
1049 Ligation internal maxillary artery o Afbind van arteria maxillaris interna:	130	1,401.40	120	1,293.60	6	302.20 +T	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic	
	U/E	R	U/E	R	U/I	
1050 Vidian neurectomy (transantral or transnasal) • Neurektomie van nervus (transantraal of transnasaal)	113	1,218.10	113	1,218.10	4	
1054 Antroscopy through the canine fossa (modifier 0005 to apply to opposites) • Antroscopie deur die caninus fossa (wysiger 0005 van toepassing teenoorgestelde kant)	37.3	402.10	--	--	--	
1055 External frontal ethmoidectomy • Ekstemefronto-etmoïdektomie	190.1	2,055.70	152.5	1,644.60	4	201.50 + T
1057 External ethmoidectomy and/or sphenoidectomy • Eksterne etmoïdektomie en/of sfenoïdektomie	164	1,767.90	131.1	1,414.30	4	201.50 + T
1059 Frontal osteomyelitis • Frontale osteomiëlitis	194	2,091.30	155.2	1,679.10	4	201.50 + T
1061 Lateral rhinotomy • Laterale rhinotomie	164	1,767.90	131.1	1,414.30	4	201.50 + T
1063 Removal of foreign bodies from nose at rooms • Verwydering van vreemde voorwerpe uit neus by spreekkamer	10	107.80	10	107.80		
1065 Removal of foreign body from nose under general anaesthetic • Verwydering van vreemde voorwerp uit die neus onder algemene narkose	35	377.30	35	377.30	4	201.50 + T
1067 Proof puncture, unilateral at rooms • Sinusspoeling, unilateraal	10	107.80	10	107.80	4	201.50 + T
1069 Proof puncture, uni- or bilateral under general anaesthetic • Sinusspoeling uni- of bilateraal onder algemene narkose	35	377.30	35	377.30	4	201.50 + T
1075 Multiple intranasal procedures: Not to exceed (see Modifier 0068) • Veelvuldige intranasale prosedures: Maksimum bedrag (sien Wysiger 0068)	194	2,091.30	155.2	1,679.10	4	201.50 + T
1077 Septum abscess, at room, including after-care • Septumabses, spreekkamer, nabeehandeling ingesluit	8	86.20	8	86.20		
1079 Septum abscess, under general anaesthetic • Septumabses, on algemene verdoving	35	377.30	35	377.30	4	201.50 + T
1081 Oro-antral fistula (without Caldwell-Luc) • Oro-antraalfistel (sonder Caldwell Luc)	86	927.10	86	927.10	4	201.50 + T
1083 Choanal atresia: Intranasal approach • Atresie van agterste neusopeni Intranasale metode	113	1,218.10	113	1,218.10	5	251.90 + T
1084 Choanal atresia: Transpalatal approach • Atresie van agterste neusopeni Transpalatienmetode	194	2,091.30	155.2	1,679.10	7	352.60 + T
1085 Total reconstruction of the nose: Including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomy) and nasal tip • Rekonstruksie van die neus: Insluitende rekonstruksie van die septum (septumplasty), piramide (osteotomie) en neuspunt	350	3,773.00	280	3,018.40	5	251.90 + T
1087 Subtotal reconstruction consisting of any two of the following: Septumplasty, nasal tip reconstruction • Subtotale rekonstruksie, bestaande enige twee van die volgende: Septumplastie, osteotomie, neuspunt rekonstruksie	210	2,263.80	168	1,811.00	5	251.90 + T
Forehead rhinoplasty (all stages) • Voorhoofd-rhinoplastie (alle stadium)						
1089 Total • Volledig	552	5,950.60	441.6	4,760.40	5	251.90 + T
1091 Partial • Gedeeltelik	414	4,462.90	31.2	3,570.30	5	251.90 + T
43 Larynx • Larink						
1117 Laryngeal intubation • Laringeale intubasie	10	107.80	10	107.80		
Laryngectomy • Laringektomie						
1118 Laryngeal stroboscopy with video capture • Laringeale stroboskopie met video vaslegging	39	420.40	39	420.40	6	302.20 + T
1119 Without block dissection of the neck • Sonder blokdisseksie van die nek	430	4,635.40	344	3,708.30	7	352.60 + T
1127 Tracheostomy • Trageostomie	90	370.20	90	970.20	9	453.30 + T
1129 External laryngeal operation, e.g. laryngeal stenosis, laryngocoele, abductor paralysis, laryngofissure • Eksterne laringeale operasie, bv. vir laringeale stenose, laringeoseel-abduktor-paralise, laringo-fissuur	294.4	3,173.60	15.52	2,538.90	8	403.00 + T
Direct laryngoscopy • Direkte laringoskopie						
1130 Diagnostic laryngoscopy including biopsy • Diagnostiese laringoskopie insluitende biopsie	41.4	446.30	17.4	446.30	6	302.20 + T
1131 Plus foreign body removal • Plus vreemde voorwerp verwydering	64.6	696.40	14.6	696.40	6	302.20 + T
44 Bronchial procedure • Bronchiale prosedures						
Bronchoscopy • Brongoskopie						
1132 Diagnostic bronchoscopy without removal of foreign object • Diagnostiese brongoskopie sonder verwydering van vreemde voorwerp	65	700.70	65	700.70	6	302.20 + T
1133 With removal of foreign body • Met verwydering van vreemde voorwerp	80	862.40	80	862.40	8	403.00 + T

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/A	R	U/E	R	T/M
1134 Bronchoscopy with laser o Brongoskopieme laser	75	808.50	--		8	403.00 +T	
1136 Nebulisation (in rooms) Nebulisering (in kamers)	12	129.40	12	129.40	8	403.00 +T	
1137 Bronchial lavage o Brongiale spoeling	--	--	--	--	8	403.00 +T	
1138 Thoracotomy: for bronchopleural fistula (including ruptured bronchus, cause) o Torakotomie: vir brongo-pleurale fistel (ruptuur van die brongus, alle oorsake, ingeslote)	350	3,773.00	281	3,018.40	12	604.40 +T	
4.5 Pleura o Pleura							
1139 Pleural needle biopsy (not including aftercare): modifier 0005 not applicable Naaldbiopsie van pleura (nasorg uitgesluit): wysiger 0005 nie van toepassing	50	539.00	50	539.00	3	151.10 +T	
1141 Insertion of intercostal catheter (under water drainage) o Inplanting 'tussenribse kateter (met onderwater-dreinasie)	50	539.00	50	539.00	6	302.20 +T	
1143 Paracentesis chest: Diagnostic o Parasenteseborskas: Diagnosties	8	86.20	8	86.20	3	151.10 +T	
1145 Paracentesis chest: Therapeutic o Parasenteseborskas: Terapeuties	13	140.10	13	140.10	3	151.10 +T	
1147 Pneumothorax: Induction (diagnostic) o Pneumotoraks: Induksie (diagnosties)	25	269.50	25	269.50	--	--	
1149 Pleurectomy o Pleurektomie	250	2,695.00	201	2,156.00	11	554.10 +T	
1151 Decortication of lung o Dekortikasie van long	350	3,773.00	281	3,018.40	11	554.10 +T	
1153 Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc) Chemiesepleurodesis (instillering silwernitraat, tetrasiklien, talk, ens)	55	592.90	55	592.90	3	151.10 +T	
4.6 Pulmonary procedures o Longprosedures							
4.6.1 Surgical o Chirurgies							
1155 Needle biopsy lung (not including after-care): modifier 0005 not applicable Naaldbiopsie long (nasorg uitgesluit): wysiger 0005 nie van toepassing nie	32	345.00	32	345.00	5	251.90 +T	
1157 Pneumonectomy o Pneumonektomie	350	3,773.00	281	3,018.40	11	554.10 +T	
1159 Pulmonary lobectomy o Pulmonêre lobektomie	389.5	4,188.80	111	3,359.00	11	554.10 +T	
1161 Segmental lobectomy o Segmentale lobektomie	365	3,934.70	292	3,147.80	11	554.10 +T	
Excision tracheal stenosis o Eksisie van stenose van trachea							
1163 Cervical o Servikaal	375	4,042.50	300	3,234.00	8	403.00 +T	
1164 Intra-thoracic o Intratorakaal	350	3,773.00	280	3,018.40	12	604.40 +T	
1171 Drainage empyema (including six weeks after-treatment) o Dreineringsv empieem (insluitende ses weke nabehandeling)	170	1,832.60	136	1,465.10	11	554.10 +T	
1173 Drainage of lung abscess (including six weeks after-treatment) o Dreineringsv longabses (insluitende ses weke nabehandeling)	170	1,832.60	136	1,466.10	11	554.10 +T	
Thoracotomy o Torakotomie							
1175 Limited: For lung or pleural biopsy o Beperk: Vir biopsie van long of pleura	115	1,239.70	115	1,239.70	11	554.10 +T	
1177 Major: Diagnostic o Groot: Diagnosties	215	2,317.70	172	1,854.20	11	554.10 +T	
1179 Thoracoscopy o Torakoskopie	89	959.40	89	959.40	11	554.10 +T	
4.6.2 Pulmonary function tests o Longfunksietoetse							
1186 Flow volume test: Inspiration/expiration o Vloeivolumetoets: Inspirasie/ekspirasie	30	323.40	30	323.40	ees as for specialist, elde soos 'n spesialis		
1188 Flow volume test: Inspiration/expiration pre- and post-bronchodilator (to be charged for only with first consultation—thereafter item 1186 applies) Vloeivolumetoets: Inspirasie/ekspirasie voor- en na-bronchodilator (hefba slegs tydens eerste konsultasie—daarna is item 1186 toepaslik)	50	539.00	50	539.00	ees as for specialist, elde soos 'n spesialis		
1189 Forced expirogram only o Forseerde ekspiogram alleenlik	10	107.80	10	107.80	ees as for specialist, elde soos 'n spesialis		
1191 N2 single breath distribution o N2 enkel asem verspreiding	10	107.80	10	107.80	ees as for specialist, elde soos 'n spesialis		
1197 Compliance and resistance, using oesophageal balloon o Rekbaarheid en weerstand d.m.v. esofageale ballon	24	258.70	24	258.70	ees as for specialist, elde soos 'n spesialis		
1198 Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent or after exercise, with subsequent spirometrics o Verlengde na-blootstelling bepaling van brongospasme met spirometrie voor en na antigen, koue lug, meta cholin of ander chemiese agent, of na oefening met	15.89	602.50	15.89	602.50	ees as for specialist, elde soos 'n spesialis		

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Anesthetiek Narkose		
	U/E	R	U/E	R	U/E	R	T/M
1199 Pulmonary stress testing : For determination of VO ₂ max o Pulmonale inspanningstoets : vir bepaling van maksimum VO ₂	96.5	1,040.30	96.5	1.040.30			
1201 Maximum inspiratory/expiratory pressure • Maksimum inspiratoriese/ekspiratoriese druk	5	63.90	5	63.90			
	Pulmonologists and Practitioner accredited to SATS/ Pulmonok en praktisyns geakrediteer deur SATS		Other Specialist and General practitioner I Ander Spesialist en Algemene Praktisyn				
	U/E	R	U/E	R	U/E	R	T/M
1193 Functional residual capacity or residual volume: helium method, nitrogen open circuit method, or other method o Funksionele residuële kapasiteit of residuele volume: helium, stikstof opebaan of ander metode	37.76	407.10		-			
1196 Thoracic gas volume • Intra torakale gas volume		408.90		-			
	37.93			-			
1196 Determination of resistance to airflow, oscillatory or plethysmographic methods o Bepaling van lugweg weerstand ossillasie of met plethysmograaf	45.31	488.40		-			
1200 Carbon monoxide diffusing capacity, any method o Kool monoksied diffusie, enige metode	38.06	410.30		-			
	Specialist Spesialis		General practitioner Huisarts				
	U/E	R	U/E	R	U/E	R	T/M
4.7 Intensive care (in intensive care or high care unit): Respiratory, cardiac, general • Intensiewe sorg (in intensiewe of hoë sorgeenheid) : Respiratories, kardiaal, algemeen.							
4.7.1 Tariff items for intensive care • Tarief items vir intensiewe sorg							
Category 1: Cases requiring intensive monitoring (to include cases where physiological instability is anticipated, e.g. diabetic pre-coma, asthma, gastrointestinal haemorrhage, etc). Please note that item 1204 may not be charged by the responsible surgeon for monitoring a patient postoperatively in ICU or in the high-care unit since post-operative monitoring is included in the fee for the procedure							
Kategorie 1: Gevalle wat intensiewe monitoring vereis (sluit spesifieke gevalle in waar fisiologiese onstabielheid vermoed word, bv. diabetiese pre-koma, asma, gastrointestinale bloeding, ens). Let asseblief daarna op dat item 1204 nie deur die verantwoordelike chirurg gehef mag word vir monitoring van die pasiënt na-operatief in die intensiewe sorg-eenheid of in die hoe sorg aangesien na-operatiewe monitoring ingesluit is in die gelde vir die procedure							
1204 Category 1: Per day • Kategorie 1: Per dag	30	323.40	30	323.40			Fees as for specialist. Gelde soos vir spesialis
Category 2 Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction; diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc.) Ventilation may or may not be part of the active system support.							
Kategorie 2: Gevalle wat aktiewe sisteem bystand vereis (waar aktiewe gespesialiseerde intervensie vereis word. byvoorbeeld akute miokardiale infarksie, diabetiese koma, hoofbesering, ernstige asma, akute pankreatitis, eklampsie, vloeel borskas, ens.) Ventilasië mag deel uitmaak of nie deel uitmaak van die aktiewe sisteem bystand nie							

	Specialist Spesialis		General practitioner Huisarts				
	U/E	R	U/E	R	U/E	R	TIM
1205 Category 2: First day o Kategorie 2: Eerste dag	100	1,078.00	100	1,078.00		Fees as for specialist Gelde soos vir spesialis	
1206 Category 2: Subsequent days. per day o Kategorie 2: Daaropvolgende da per dag	50	539.00	50	539.00		Fees as for specialist. Gelde soos vir spesialis	
1207 Category 2: After two weeks, per day o Kategorie 2: Na twee weke, per dag	30	323.40	30	323.40		Fees as for specialist. Gelde soos vir spesialis	
Category 3: Cases with multiple organ failure or Category 2 patients that may require multidisciplinary intervention Kategorie 3: Gevalle met veelvuldige orgaan ineenstorting of Kategorie 2 pasiënte wat multidissiplinêre intervensie mag vereis							
1208 Category 3: First day (principal practitioner) o Kategorie 3: Eerste dag (hoofpraktyk)	137	1,476.90	120	1,293.60		Fees as for specialist. Gelde soos vir spesialis	
1209 Category 3: First day (per involved practitioner) o Kategorie 3: Eerste dag (per betrokke praktyk)	58	626.20	58	625.20		Fees as for specialist. Gelde soos vir spesialis	
1210 Category 3: Subsequent days (per involved practitioner) o Kategorie 3: Opvolgende dae (per betrokke praktyk)	50	539.00	50	539.00		Fees as for specialist. Gelde soos vir spesialis	
1211 Cardio-respiratory resuscitation: Prolonged attendance in cases of emergent (not necessarily in ICU) 50,00 clinical procedure units (R478.50) per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units (R239.30) per half hour up to a maximum of 150,00 clinical procedure units (R1435.50) per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc. rKardio-respiratoriese resussitasie: Verlengde bystand in noodgevalle (niet noodwendig in intensiewe sorg eenheid nie) 50,00 kliniese prosedure eenhede (R478.50) per halfuur of gedeelte daarvan vir die eerste uur per praktisyn. daarna 25,00 kliniese prosedure eenhede (R239.30) per halfuur met 'n maksimum van 150,00 kliniese prosedure eenhede (R1435.50) per praktisyn. Resussitasie sluit alle nodige bykomende prosedures in byvoorbeeld infuus, intubasie, ens.							
VENTILATION • VENTILASIE							
1212 First day • Eerste dag	75	808.60	75	808.50		Fees as for specialist. Gelde soos vir spesialis	
1213 Subsequent days • Opvolgende dae	50	539.00	50	539.00		Fees as for specialist. Gelde soos vir spesialis	
1214 After two weeks, per day • Na twee weke, per dag	25	269.50	25	269.60		Fees as for specialist. Gelde soos vir spesialis	
1215 Insertion of arterial pressure cannula o Inplasing van arteriële druk kannule	25	269.50	25	269.50		Fees as for specialist. Gelde soos vir spesialis	
1216 Insertion of Swan Ganz catheter for haemodynamics monitoring o Inplasing van Swan Ganz kateter vir hemodinamiese monitering	50	539.00	50	539.00		Fees as for specialist. Gelde soos vir spesialis	
1217 insertion of central venous line via peripheral vein o Inplasing van sentrale veneuse lyn via perifere vena	10	107.80	10	107.80		Fees as for specialist. Gelde soos vir spesialis	
1218 Insertion of central venous line via subclavian or jugular veins o Inplasing van sentrale veneuse lyn via subklaviese of jugulêre venas	25	269.50	25	269.50		Fees as for specialist. Gelde soos vir spesialis	
1219 Hyperalimentation (daily fee) o Hiperalimentasie (dagtarief)	15	161.70	15	161.70		Fees as for specialist. Gelde soos vir spesialis	

		Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
		U/E	R	U/E	R	U/E	R	TIM
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient) o Pasiënt-beheerde verdowingspomp: Verhuringsgelde: Per 24 uur (Gelde vir kasset word gehou volgens item 0201 per pasiënt)	30	323.40	30	323.40		Fees as for specialist Gelde soos vir spesialis	
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charge appropriate hospital follow-up consultation) • Professionele gelde vir bestuur van pasiënt-beheerde verdowingspomp: Eerste 24 uur (vir daarnavolgende dae word hospitaal opvolgkonsultasie gehou)	30	323.40	30	323.40		Fees as for specialist Gelde soos vir spesialis	
4.8 Hyperbaric Oxygen Treatment • Hiperbariese Suurstofbehandeling								
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation) : Low pressure table (1,5-1,8 ATA x 46-60 min) PROFESSIONAL COMPONENT o Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in) : Lae druk tabel (1,5-1,8 ATA x 45-60 min): PROFESSIONELE KOMPONENT	30	323.40	30	323.40			
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT • Lae druk tabel (1,5-1,8 ATA x 45-60 min): TEGNIESE KOMPONENT	101.1	1,090.20	101.1	1,090.20			
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): Routine HBO table (2-2.5 ATA x 90-120 min) PROFESSIONAL COMPONENT o Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): Roetine HST tabel (2-2.5 ATA x 90-120 min) PROFESSIONELE KOMPONENT	60	646.80	60	646.80			
4821	Routine HBO table (2-2.5 ATA x 90-120 min): TECHNICAL COMPONENT o Roetine HST tabel (2-2.5 ATA x 90-120 min): TEGNIESE KOMPONENT	131.2	1,415.00	131.2	1,415.00			
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation) : Emergency HBO table (2.5-3 ATA x 90-120 min) PROFESSIONAL COMPONENT • Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in) : Nood HST tabel (2.5-3 ATA x 90-120 min) PROFESSIONELE KOMPONENT	80	862.40	80	862.40			
4822	Emergency HBO table (2.5-3 ATA x 90-120 min): TECHNICAL COMPONENT • Nood HST tabel (2.5-3 ATA x 90-120 min): TEGNIESE KOMPONENT	131.2	1,415.00	131.2	1,415.00			
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT5 (2.8 ATA x 135 min) PROFESSIONAL COMPONENT • Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): USN TT5 (2.8 ATA x 135 min) PROFESSIONELE KOMPONENT	90	970.20	90	970.20			
4825	USN TT5 (2.8 ATA x 135 min): TECHNICAL COMPONENT • USN TT5 (2.8 ATA x 135 min): TEGNIESE KOMPONENT	214.78	2,308.90	214.78	2,308.90			
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT6 (2.8 ATA x 286 min) PROFESSIONAL COMPONENT • Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): USN TT6 (2.8 ATA x 286 min) PROFESSIONELE KOMPONENT	190	2,048.20	190	2,048.20			
4826	USN TT6 (2.8 ATA x 286 min): TECHNICAL COMPONENT o USN TT6 (2.8 ATA x 286 min): TEGNIESE KOMPONENT	386.42	4,165.60	386.42	4,165.60			

	Specialist Specialis		General practitioner isarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	TIM
4811 Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment and post treatment evaluation): USN TT6ext/6A or Cx 30 (2.8-6 ATA x 305-490 min) PROFESSIONAL COMPONENT o Monitoring van 'n pasiënt by die hiperbariese kamer tydens hiperbariese terapie (sluit pre-hiperbariese evaluering, monitoring tydens behandeling en opvolg ondersoek na behandeling in): USN TT6vlg/6A or Cx 30 (2.8-6 ATA x 305-490 min) PROFESSIONELE KOMPONENT	327	3,525.10	327	3,525.10			
4827 USN TT6ext (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT o USN TT6vlg (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	680.8	7,339.60	680.8	7,339.60			
4828 USN 6A (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT o USN 6A (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	678.2	7,311.90	678.2	7,311.90			
4829 USN Cx 30 (2.8-6 ATA x 305-490 min): TECHNICAL COMPONENT o USN Cx 30 (2.8-6 ATA x 305-490 min): TEGNIESE KOMPONENT	671.8	7,242.50	671.8	7,242.50			
4815 Prolonged attendance <u>inside</u> a hyperbaric chamber: 40 clinical procedure units per half hour or part thereof for the first hour. Thereafter 20 clinical procedure units per half hour; minimum 40 clinical procedure units; maximum 320 clinical procedure units (Please indicate time in minutes and not per half hour) o Verlengde bystand <u>binne</u> 'n hiperbariese kamer: 40 kliniese prosedure eenhede per halfuur of gedeelte daarvan vir die eerste uur. Daarna 20 kliniese prosedure eenhede per half uur; minimum 40 kliniese prosedure eenhede; maksimum 320 kliniese prosedure eenhede (dui asseblief tyd aan in minute en nie per halfuur)							
5. MEDIASTINAL PROCEDURES • MEDIASTINALE PROSEDURES							
1223 Mediastinoscopy • Mediastinoskopie	95	1,024.10	95	1,024.10	5	251.90 + T	
6. CARDIOVASCULAR SYSTEM • KARDIO-VASKULIRESISTEEM							
MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM) • WYSIGER VAN TOEPASSING OP GELDE VIR 'N ANESTESIOLOOG VIR BEHEER VAN INTRA-AORTIESE BALLONPOMP							
0100 Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75.00 clinical procedure units (R615.80) is applicable • Waar 'n anesthesioloog verantwoordelik is vir beheer van 'n intra-aortiese ballonpomp is 'n tarief van 75.00 kliniese prosedure eenhede (R615.80) van toepassing							
6.1 General • Algemeen							
General practitioner's fee for the taking of an ECG only • Algemene praktisyn se <u>gelde vir slegs</u> die neem van 'n EKG							
Where an ECG is done by a general practitioner and interpreted by a physician, the general practitioner is entitled to his full consultation fee, plus half of fee determined for ECG • Wanneer 'n EKG deur 'n algemene praktisyn geneem is en deur 'n spesialis vertolk word, is die algemene praktisyn geregtig op konsultasiegelde plus helfte van die bedrag toepaslik							
1228 Without effort: (1232) • Rustend: (1232)			4.5	48.50			
1229 Without and with effort: (1233) • Sonder en met inspanning: (1233)			6.5	70.10			
Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the <u>consultation fee must still</u> be added • Opmerking: <u>items 1228 en 1229 dui slegs</u> die gelde vir die <u>neem</u> van die <u>EKG</u> aan. die <u>konsultasie tarief</u> moet <u>bygevoeg</u> word							
Physician's fee for interpreting an ECG • <u>Internis</u> se gelde vir vertolking van 'n EKG							
A specialist physician is entitled to the following fees for interpretation of an ECG tracing referred for interpretation. o 'n Internis is geregtig op die volgende gelde vir die vertolking van 'n EKG wanneer dit verwys word vir vertolking.							
1230 Without effort • Rustend	6	64.70					
1231 Without and with effort o Sonder en met inspanning	10	107.80					
Electrocardiogram • <u>Elektrokardiogram</u>							
1232 Without effort • Rustend	9	97.00	9	97.00			
1233 Without and with effort • Sonder en met inspanning	13	140.10	13	140.10			

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/I	R	T/M
1234 Effort electrocardiogram with the aid of a special bicycle ergometer; monitoring apparatus and availability of associated apparatus • Inspannings-elektrokardiogram met behulp van 'n spesiale fiets-ergometer monitorapparaat en beskikbaarheid van geassosieerde apparaat	40	431.20	40	431.20			
1235 Multi-stagetreddmill • Meerfasige trapmeultoets	60	646.80	60	646.80			
1241 X-ray screening (Chest) • X-straaldeurligting (Borskas)	4	43.10	4	43.10			
1245 Angiography cerebral: First two series • Angiografie serebraal: Eerste twee reekse	34.3	369.80	34.3	369.80	4	201.50 + T	
1246 Angiography peripheral: Per limb • Angiografie perifeer: Per ledemaat	25	269.50	25	269.50	4	201.50 + T	
1248 Paracentesis of pericardium • Parasensle van perikardium	50	539.00	50	539.00	9	453.30 + T	
6.3 Cardiac surgery • Hartchirurgie							
1311 Pericardial drainage • Dreinerings van perikardium	140	1,509.20	120	1,293.60	13	654.80 + T	
6.3.1 Open heart surgery • Opehart-chirurgie							
1322 Attendance at other operations for monitoring at bedside, by physician heart block, etc: Per hour • Bystand by ander operasies, en toesighouding by siekbed deur internis by vir 'n hartblok, ens.: Per uur	20	215.60					
6.4 Peripheral vascular system • Perifere vaskulêre sisteem							
6.4.2 Arterio-venous abnormalities • Arterio-veneuse afwykings							
1369 Fistula or aneurysm (as for grafting of various arteries) • Fistel of aneurisme (soos vir transplantasies van artêries)							
6.4.3 Arteries • Arteries							
6.4.3.1 Aorta-iliac and major branches • Aorta-iliac en groot takke							
Abdominal aorta and iliac artery • Abdominal aorta en arteria iliaca							
1373 Ruptured • Geruptuur	600	6,468.00	480	5,174.40	15	755.60 + T	
6.4.3.2 Iliac artery • Arteria iliaca							
1379 Prosthetic grafting and/or Thromboendarterectomy • Inplanting van prostese en/of Trombo-endarterektomie	300	3,234.00	240	2,587.20	13	654.80 + T	
6.4.3.3 Peripheral • Perifeer							
1385 Prosthetic grafting • Inplanting van prostese	255	2,748.90	204	2,199.10	5	251.90 + T	
<i>Grafting vein • Transplantasie vena</i>							
1387 Proximal to knee joint • Net bokant kniegewrig	300	3,234.00	240	2,587.20	5	251.90 + T	
1388 Distal to knee joint • Tot onderkant kniegewrig	444	4,786.30	355.2	3,829.10	5	251.90 + T	
1389 Endarterectomy when not part of another specified procedure • Endarterektomie wanneer nie 'n deel van 'n ander gespesifiseerde prosedure	264	2,845.90	211.2	2,276.70	5	251.90 + T	
<i>Embolectomy • Embolektomie</i>							
1393 Peripheral embolectomy transfemoral • Perifere transfemorale	168	1,811.00	134.4	1,448.80	5	251.90 + T	
<i>Miscellaneous arterial procedures • Diverse arteriële prosedures</i>							
1395 Arterial suture: Trauma • Hegting van arterie: Trauma	125	1,347.50	100	1,078.00	5	251.90 + T	
1396 Suture major blood vessel (artery or vein) -trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure). • Hegting van groot bloedvat (arterie of vena) - trauma (groot bloedate word omskryf as aorta innominate arterie, karotis arterie, en vertebrale arterie subklaviese arterie, axillêre arterie, iliaca arterie, gewone femorale en popliteale arterie. Die femorale en popliteale arterie word ingesluit as gevolg van die onbereikbaarheid van die artêries en moeilike chirurgiese blootlegging).	264	2,845.90	211.2	2,276.70	15	755.60 + T	
1397 Profundoplasty • Profundoplastie	210	2,263.80	168	1,811.00	5	251.90 + T	
1399 Distal tibial (ankle region) • Tibiaal distaal (naby enkel)	456	4,915.70	364.8	3,932.50	5	251.90 + T	
1401 Femoro-femoral • Femoro-femoraal	254	2,738.10	203.2	2,190.50	5	251.90 + T	
1402 Carotid-subclavian • Carotis-subklavies	288	3,104.60	230.4	2,483.70	8	403.00 + T	
1403 Axillo-femoral (Bifemoral + 50%) • Aksillo-femoraal (Bifemoraal + 50%)	288	3,104.60	230.4	2,483.70	8	403.00 + T	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/I	R	TIM
6.4.4 Veins • Venas							
1407 Ligation of saphenous vein • Afbinding van vena saphena	50	639.00	50	539.00	3	151.10 + T	
1408 Placement of Hickman catheter or similar • Inplasing van Hickman katete soortgelyk	91	981.00	91	981.00	4	201.50 + T	
1410 Ligation of inferior vena cava • Afbinding van vena cava inferior							
Abdominal • Abdominaal	180	1,940.40	144	1,552.30	a	403.00 + T	
"Umbrella" operation on inferior vena caval • "Sambreël" operasie vena cava inferior							
1412 Abdominal • Abdominaal	100	1,078.00	100	1,078.00	a	403.00 + T	
Combined procedure for varicose veins: Ligation of saphenous vein stripping multiple ligation including ligation of perforating veins as indicated							
Gekombineerde prosedure vir spatate: Afbinding van vena saphena stropi veelvuldige afbinding insluitende afbinding van perforerende venas so aangedui							
1413 Unilateral • Unilateraal	141	1,520.00	120	1,293.60	3	151.10 + T	
1415 Bilateral • Bilateraal	247	2,662.70	197.1	2,130.10	3	151.10 + T	
1417 Extensive sub-fascial ligation of perforating veins • Uitgebreide sub-fasi afbinding van perforerende venas	125	1,347.50	120	1,293.60	3	151.10 + T	
1419 Lesser varicose vein procedure • Klein spatataar prosedures	31	334.20	31	334.20	3	151.10 + T	
Compression sclerotherapy of varicose veins • Skleroseren inspuiting merkompressie vir spatate							
1421 Per injection to a maximum of nine injections per leg (excluding cost material) • Per inspuiting tot 'n maksimum van nege inspuittings per be (koste van materiaal uitgesluit)	9	97.00	9	97.00			
Thrombectomy • Trombektomie							
1426 Inferior vena cava (Trans-abdominal) • Vena cava infer	240	2,587.20	192	2,069.80	11	554.10 + T	
1427 Ilio-femoral • Ilio-femoraal	175	1,886.50	140	1,509.20	6	302.20 + T	
7. LYMPHO RETICULAR SYSTEM • LIMFO RETIKULêRE STELSEL							
7.1 Spleen • Milt							
1435 Splenectomy (trauma) • Splenektomie (trauma)	221.3	2,385.60	77.0	1,908.50	9	453.30 + T	
Bone marrow biopsy • Beenmurg biopsie							
1457 By trephine • Deur middel van trefien	13	140.10	13	140.10	3	151.10 + T	
1458 Simple aspiration of marrow by means of trocar or cannula • Eenvoudig aspirasie van murg trokar of kannula	E	86.20	E	86.20			
8. DIGESTIVE SYSTEM • SPYSVERTERINGSTELSEL							
8.1 Oral cavity • Mondholte							
1467 Drainage of intra-oral abscess • Dreinerings van abses in die mondholte	31	334.20	31	334.20	4	201.50 + T	
1483 Alveolar periosteal or other flaps for arch closure • Alveolêre periosteale ander flappe vir boog sluiting	138	1,487.60	120	1,293.60	4	201.50 + T	
8.2 Lips • Lippe							
1485 Local excision of benign lesion of lip • Lokale uitsnyding van goedaardige letsels van lip	27	291.10	27	291.10	4	201.50 + T	
1499 Lip reconstruction following an injury: Directed repair • Liprekonstruksie na besering: Direkte herstel	105.6	1,138.40	05.6	1,138.40	4	201.50 + T	
Lip reconstruction following an injury only • Liprekonstruksie slegs na besering							
1501 Flap repair • Flap herstel	206	2,220.70	54.6	1,776.50	4	201.50 + T	
1503 Total reconstruction (first stage) • Totale rekonstruksie (eerste stadium)	206	2,220.70	54.8	1,776.50	4	201.50 + T	
1504 Subsequent stages (see item 0297) • Daaropvolgende stadiums (Sien Re 0297)	104	1,121.10	104	1,121.10	4	201.50 + T	
8.3 Tongue • Tong							
1505 Partial glossectomy • Gedeeltelike glossektomie	225	2,425.50	180	1,940.40	6	302.20 + T	
1507 Local excision of lesion of tongue • Lokale uitsnyding van letsels van tong	27	291.10	27	291.10	4	201.50 + T	
8.4 Palate, uvula and salivary gland • Verhemelte, uvula en							
1526 Total parotidectomy with preservation of facial nerve • Totale verwydering van parotis met behoud van fasialis senuwee	58.5	3,864.60	16.8	3,091.70	5	251.90 + T	

	U/	Specialist Spesialis	General practitioner Huisarts		Anaesthetic Narkose		
		R	U/E	R	U/E	R	TIM
1531 Drainage of parotid abscess • Dreinerings van parotisabses	21	269.50	2	269.50	4	201.50 +T	
8.6 Oesophagus • Esofagus							
1545 Oesophagoscopy with rigid instrument: First and subsequent Esofagoskopies met onbuigbare instrument: Eerste herhaal	41	506.70	41	506.70	4	201.50 +T	
1550 With removal of foreign body • Met verwydering van vreemde voorwerp	71	754.60	71	754.60	4	201.50 +T	
Hiatus hernia and <i>diaphragmatic</i> hernia repair ■ <i>Hiatus-breuk</i> <i>diafragmaatiese breukherstel</i>							
1563 With anti-reflux procedure • Met anti-refluksprosedure	301	3,234.01	24	2,587.20	11	554.10 +T	
1565 With Collins Nissen oesophageal lengthening procedure • Met Collins Nissenoesofagusverlenging	350	3,773.01	281	3,018.40	11	554.10 +T	
8.6 Stomach • Maag							
1587 Upper gastro-intestinal fibre-optic endoscopy • Boonste gastro-intestin veseloptiese endoskopies:							
Own equipment • Eie apparaat	65	700.70	65	700.70	4	201.50 +T	
1589 Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract: intestines or large bowel by injection of vasoconstrictor and/or sclerosis (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653) • Endoskopiese beheer van gastro-intestinale bloeding van boonste gastro-intestinale weg, dens, dikderm d.m.v. inspuiting van vatvernouers en/of sklerose (endoskopie hemostase): voeg by gastroskopies (item 1587) of kolonoskopie (item 1653)	15	161.70	15	161.70	6	302.20 +T	
1591 Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (item 1567) • Plus verwydering van vreemde voorwerpe (maag): VOEG by gastro-intestinale endoskopies (item 1567)	+25	269.50	+25	269.50	4	201.50 +T	
1597 Gastrotomy or Gastrotomy • Gastrotomie of Gastrotomie	116	1,250.50	116	1,250.50	6	302.20 +T	
Vagotomy • Vagotomie							
1615 Suture of perforated gastric or duodenal ulcer or wound or injury • Hegting van gepeforseerde maag- of duodenale ulkus of van wond of besering	200	2,156.00	160	1,724.80	7	352.60 +T	
1617 Partial gastrectomy or Gedeeltelike gastrektomie	300	3,234.00	240	2,587.20	7	352.60 +T	
1619 Total gastrectomy • Totale gastrektomie	375	4,042.50	300	3,234.00	7	352.60 +T	
8.7 Duodenum • Duodenum							
1626 Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy) • Endoskopiese ondersoek van die dunderm verder as die duodenojejunaal-fleksuur met biopsie met of sonder stopsetting van bloeding (enteroskopies)	120	1,293.60	120	1,293.60	6	302.20 +T	
1627 Duodenal intubation (under X-ray screening) • Duodenale intubasie (met straal deurligting)	8	86.20					
8.8 Intestines • Diermkanal							
1634 Enterotomy or Enterostomy • Enterotomie of Enterostomie	116	1,250.50	116	1,250.50	6	302.20 +T	
1637 Operation for relief of intestinal obstruction • Operasie vir verligting van intestinale obstruksie	130	2,479.40	104	1,983.50	7	352.60 +T	
1639 Resection of small bowel with enterostomy or anastomosis • Reseksie van dunderm met enterostomie of anastomose	130	2,479.40	104	1,983.50	6	302.20 +T	
1642 Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy) Hire fee (item 0201 applicable for video capsule - disposable single patient use) • (Please note: All patients should have had a normal gastroscopy or colonoscopy) • Spysverteringskanaal beelding, intraluminaal (bv. video kapsule endoskopies): verhuur van apparaat (item 0201 vir videokapsule wegdoenbaar) • (Neem asb kennis dat die pasiënt moet presenteer met normale gastroskopies en kolonoskopiese ondersoek	50	1,617.00	20	1,293.60			
1643 Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy) oesophagus through ileum: Doctor interpretation and report • Spysverteringskanaal beelding, intraluminaal (bv. video kapsule endoskopies), oesofagus deur tot ileum: Interpretasie en verslag deur die geneesheer wat die prosedure uitgevoer het	100	646.80	100	646.80			

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/	R	T/M
1645 Suture of intestine (small or large): Wound or injury • Hegting van dem (dun of dik): Wond of besering	116	1,250.50	116	1,250.50	6	302.20+T	
1647 Closure of intestinal fistula • Sluiting van intestinale fistel	256	2,761.20	206	2,225.00	6	302.20+T	
1657 Right or left hemicolectomy or segmental colectomy • Regter of linker-hemi-kolektomie of segmentele kolektomie	326	3,503.50	283	2,802.80	6	302.20+T	
1661 Colotomy: Including removal of foreign body • Kolotomie: Vewydering van vreemde voorwerp ingeslote	136	1,455.30	120	1,293.60	6	302.20+T	
1663 Total colectomy • Totale kolektomie	396	4,204.20	312	3,363.40	6	302.20+T	
1665 Colostomy or ileostomy isolated procedure • Kolostomie of ileostomie losstaande procedure	196	2,112.90	156	1,690.30	6	302.20+T	
1667 Colostomy: Closure • Kolostomie: Sluiting	150	1,617.00	120	1,293.60	5	251.90+T	
1668 Revision of ileostomypouch • Hersiening van ileostomie sak	375	4,042.50	300	3,234.00	6	302.20+T	
8.10 Rectum and anus • Rektum en anus							
1677 Sigmoidoscopy: First and subsequent, with or without biopsy • Sigmoidoskopies: Eerste en daaropvolgende met of sonder biopsie	13	140.10	13	140.10	3	151.10+T	
Repair of prolapsed rectum: Abdominal • Herstel van rektum prolaps: Abdominaal							
1688 Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy • Totale mesorektale uitsnyding met kolo-anale anastomose en enterostomie of kolostomie	445	4,797.10	356	3,837.70	8	403.00+T	
1705 Incision and drainage of submucous abscess • Insnyding en dreinerings van perianale abses	40	431.20	40	431.20	3	151.10+T	
1707 Drainage of submucous abscess • Dreinerings van sub-mukusale abses	40	431.20	40	431.20	3	151.10+T	
1737 Dilatation of ano-rectal structure • Dilatasie van ano-rektale struktuur	12.5	134.80	12.5	134.80	3	151.10+T	
1742 Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor • Bio-terugvoeroopleiding vir fekale inkontinensie gedurende anorektale manometrie uitgevoer deur dokter	27	291.10					
8.11 Liver • Lewer							
1743 Needle biopsy of liver • Naaldbiopsie van lewer	30.3	326.60	4.24	261.30	3	151.10+T	
1745 Biopsy of liver by laparotomy • Biopsie van lewer deur laparotomie	125	1,347.50	120	1,293.60	4	201.50+T	
1747 Drainage of liver abscess • Dreinerings van lewerabses	179.7	1,930.70	13.2	1,544.60	7	352.60+T	
1748 Body composition measured by bio-electrical impedance • Liggaamsamestelling gemeet deur middel van bio-elektriese impedansie	3	32.30	3	32.30			
Hemi-hepatectomy • Hemi-hepatektomie							
1749 Right • Regs	564	6,079.90	51.2	4,863.90	9	453.30+T	
1751 Left • Links	521.1	5,617.50	16.81	4,494.00	9	453.30+T	
1752 Extended right or left hepatectomy • Uitgebreidelinker of regter hepatektomie	445.0	4,797.10	956	3,837.70	9	453.30+T	
1753 Partial or segmental hepatectomy • Gedeeltelike of segmentale	378	4,074.80	02.4	3,259.90	9	453.30+T	
1757 Suture of liver wound or injury • Hegting van lewerwond of besering	214.2	2,309.10	11.36	1,847.30	9	453.30+T	
8.12 Biliary tract • Galweë							
1763 With exploration of common bile duct • Met eksplorasië van choledochus	264.5	2,851.30	11.6	2,281.00	6	302.20+T	
1765 Exploration of common bile duct: Secondary operation • Eksplorasië van choledochus: Sekondêre operasie	327.7	3,532.60	2.16	2,826.10	6	302.20+T	
1767 Reconstruction of common bile duct • Rekonstruksie van choledochus	371.7	4,006.90	17.36	3,205.50	6	302.20+T	
8.13 Pancreas • Pankreas							
1778 Endoscopic Retrograde Cholangiopancreatography (ERCP) : Endoscopy + Catheterisation of pancreas duct or choledochus • Endoskopiese Retrograde Cholangiopankreatografie (ERCP) : Endoskopiese + kateterisasie van pankreasbuis of choledochus	97	1,045.70	97	1,045.70	4	201.50+T	
1779 Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778) • Endoskopiese retrograde verwydering van stene soos vir galbuis en/of pankreatiese buis. Voeg by ERCP (item 1778)	+10	107.80	10	107.80	4	201.50+T	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
Pancreatic functions tests / Pankreas funksietoets							
1791 Local, partial or subtotal pancreatectomy • Lokale, gedeeltelike of subtotale pankreatektomie	351.3	3,787.00	281.0	3,029.60	8	403.00 + T	
1793 Distal pancreatectomy with internal drainage • Distale pankreatektomie met interne dreinasie	377.4	4,068.40	301.9	3,264.70	8	403.00 + T	
8.14 Peritoneal cavity • Peritoniale holte							
Pneumo-peritoneum / Pneumoperitoneum							
1797 First • Eerste	13	140.10	13	140.10	4	201.50 + T	
1799 Repeat • Daaropvolgende	6	64.70	6	64.70	4	201.50 + T	
1800 Peritoneal lavage • Peritoneale uitspoeling	20	215.60	20	215.60			
1801 Diagnostic paracentesis: Abdomen • Diagnostiese parasentese: Buik	8	86.20	8	86.20			
1803 Therapeutic paracentesis: Abdomen • Terapeutiese parasentese: Buik	13	140.10	13	140.10			
1807 Add to open procedure where procedure was performed through laparoscope (for anaesthetic refer to modifier 0027). • Voeg by o prosedure wanneer 'n prosedure deur 'n laparoskoop uitgevoer word (narkose verwys na wysiger 0027).	45	485.10	45	485.10	5	251.90 + T	
1809 Laparotomy • Laparotomie	196	2,112.90	156.8	1,690.30	4	201.50 + T	
1811 Suture of burst abdomen • Hegting van gebarste abdomen	188.1	2,029.90	150.64	1,623.90	7	352.60 + T	
1812 Laparotomy for control of surgical haemorrhage • Laparotomie vir behe van chirurgiese bloeding	105	1,131.90	105	1,131.90	9	453.30 + T	
1813 Drainage of sub-phrenic abscess • Dreinerings van sub-freniese abses	180	1,940.40	144	1,552.30	7	352.60 + T	
Drainage of other intraperitoneal abscess (excluding appendix abscess) • Dreinerings van ander intraperitoneale abses (appendiksabses uitgesluit)							
1815 Drainage of other intraperitoneal abscess (excluding appendix abscess: Transabdominal • Dreinerings van ander intraperitoneale abses (appendiksabses uitgesluit): Transabdominaal	248.4	2,677.80	98.72	2,142.20	5	251.90 + T	
1817 Transrectal drainage of pelvic abscess • Transrektale dreinerings van bekkenabses	75	808.50	75	808.60	4	201.50 + T	
9. HERNIAE • BREUKE							
1819 Inguinal or femoral hernia • Inguinale of femorale breuk (trauma)	125	1,347.50	120	1,293.60	4	201.50 + T	
1825 Recurrent inguinal or femoral hernia • Herhalende inguinale of femorale	155	1,670.90	124	1,336.70	4	201.50 + T	
1827 Strangulated hernia requiring resection of bowel • Reseksie van darm gestranguleerde breuk	238	2,566.60	190.4	2,052.50	7	352.60 + T	
1831 Umbilical hernia • Navelbreuk	140	1,509.20	120	1,293.60	4	201.50 + T	
1835 Incisional hernia • Snitbreuk	160	1,724.80	128	1,379.80	4	201.50 + T	
1836 Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair) • Inplaas van wondgaas (mesh) of ander protese vir snit- of ventrale breuk herstel (Lis saam met die toepaslike prosedure kode vir snit- of ventrale breuk herstel)	77	830.10	77	830.10	4	201.50 + T	
10. URINARY SYSTEM • URINEWEE							
10.1 Kidney • Nier							
1839 Renal biopsy, per kidney, open • Nierbiopsie, per nier, oop	71	765.40	71	765.40	5	251.90 + T	
1841 Renal biopsy (needle) • Nierbiopsie (naald)	30	323.40	30	323.40	3	151.10 + T	
Peritoneal dialysis • Peritoneale dialise							
1843 First day • Eerstedag	33	355.70	33	365.70			
1845 Every subsequent day • Elke daaropvolgende dag	33	355.70	33	355.70			
Haemodialysis • Hemodialise							
1847 Per hour or part thereof • Per uur of gedeelte daarvan	21	226.40	21	226.40			
1849 Maximum: Eight hours • Maksimum: Agt uur	168	1,811.00	34.4	1,448.80			
1851 Thereafter per week • Daarna per week	55	592.90	55	592.90			
1862 Continuous haemodiafiltration per day in intensive or high care unit • Volgehoute haemodiafiltrasie per dag in intensiewe of hoë sorgseenheid	33	355.70	33	355.70			
Nephrectomy • Nefrektomie							
1853 Primary nephrectomy • Primêre nefrektomie	225	2,425.50	180	1,940.40	5	251.90 + T	
1855 Secondary nephrectomy • Sekondêre nefrektomie	267	2,878.30	13.6	2,302.60	5	251.90 + T	

	Specialist Spesialis		General practitioner iisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/	R	T/M
1863 Nephro-ureterectomy • Nefro-ureterektomie	30:	3,287.90	244	2,630.30	5	251.90 + T	
1865 Nephrotomy with drainage nephrostomy • Nefrotomie met dreineringsnephrostomie	18:	2,037.40	151:	1,629.90	6	302.20 + T	
1873 Suture renal laceration (renorrhaphy) • Hegting renale laserasie (renorraffie)	19:	2,080.50	154:	1,664.40	6	302.20 + T	
1879 Closure renal fistula • Sluiting van nierfistel	181	2,037.40	151:	1,629.90	5	251.90 + T	
1881 Pyeloplasty • Piëloplastie	25:	2,716.60	201.1	2,173.20	5	251.90 + T	
1885 Pyelolithotomy • Piëlolitotomie	181	2,037.40	151:	1,629.90	5	251.90 + T	
1891 Perinephric abscess or renal abscess: Drainage • Perinefriesse abses of nierabses: Dreinasie	20:	2,156.00	160	1,724.80	7	352.60 + T	
10.2 Ureter • Ureter							
1897 Ureterorraphy: Suture of ureter • Ureterorraffie: Hegting van ureter	14:	1,584.70	120	1,293.60	5	251.90 + T	
1898 Ureterorraphy: Lumbar approach • Ureterorraffie: Deur middel van lende snit	181	2,037.40	151.1	1,629.90	5	251.90 + T	
1899 Ureteroplasty • Ureteroplastie	181	1,951.20	144.1	1,560.90	5	251.90 + T	
1903 Ureterectomy only • Ureterektomie alleenlik	137	1,476.90	120	1,293.60	5	251.90 + T	
1919 Closure of ureteric fistula • Sluiting van fistula van ureter	147	1,584.70	120	1,293.60	5	251.90 + T	
1921 Immediate deligation of ureter • Onmiddellike losmaak van afbinding om ureter (deligasie)	147	1,584.70	120	1,293.60	5	251.90 + T	
10.3 Bladder • Blaas							
1945 Installation of radio-opaque material for cystography or urethrocytography • Installering van radio-opaak materiaal vir sistografie of uretrasistografie	5	53.90	5	53.90	3	151.10 + T	
1949 Cystoscopy/Hospital equipment • Sistoskopie/Hospitaal toerusting	44	474.30	44	474.30	3	151.10 + T	
1951 And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral • En retrograde pielograe of retrograde kateterisering van ureter: Unilateraal of bilateraal	10	107.80	10	107.80	3	151.10 + T	
1952 J J Stent catheter • J J Stent kateter	44	474.30	44	474.30	3	151.10 + T	
1954 Ureteroscopy • Ureleroskopie	35	377.30			3	151.10 + T	
1959 With manipulation of ureteral calculus • Met manipulasie van uretersteen	20	215.60	20	215.60	3	151.10 + T	
1961 With removal of foreign body or calculus from urethra or bladder • Met verwydering van vreemde voorwerp of kalkulus van uretra of blaas	20	215.50	20	215.60	3	151.10 + T	
1964 And control of haemorrhage and blood clot evacuation • En kontrolering van bloeding en bloedklont evakuasie	15	161.70	15	161.70	3	151.10 + T	
1976 Optic urethrotomy • Optiese uretrotomie	80	862.40	80	862.40	3	151.10 + T	
Internal urethrotomy • Interne uretrotomie						+ T	
1979 Female • Vroulik	50	539.00	50	539.00	3	151.10 + T	
1981 Male • Manlik	76.2	821.40	76.2	821.40	3	151.10 + T	
Transurethral resection of bladder neck • Transureterale reseksie van blaasnek							
1985 Female • Vroulik	105	1,131.90	105	1,131.90	5	251.90 + T	
1986 Male • Manlik	125	1,347.50	120	1,293.60	5	251.90 + T	
1987 Litholapaxy • Litolapaksie	80	862.40	80	862.40	3	151.10 + T	
1989 Cystometrogram • Sistometrogram	25	269.50	25	269.50	3	151.10 + T	
1991 Flometric bladder studies with videocystography • Vloeimetrie van blaas studies met videosisistografie	40	431.20	40	431.20	3	151.10 + T	
1992 Without videocystography • Sonder videosisistografie	25	269.50	25	269.50	3	151.10 + T	
1993 Voiding cysto-urethrogram • Urinerings sisto-urethrogram	21	226.40	21	226.40	3	151.10 + T	
1995 Percutaneous aspiration of bladder • Perkutane aspirasie van blaas	10	107.80	10	107.80	3	151.10 + T	
1996 Bladder catheterisation—male (not at operation) • Blaas kateterisasie—manlik (nie tydens operasie)	6	64.70	6	64.70	3	151.10 + T	
1997 Bladder catheterisation—female (not at operation) • Blaas kateterisasie—vroulik (nie tydens operasie)	3	32.30	3	32.30			
1999 Percutaneous cystostomy • Perkutane sistostomie	24	258.70	24	258.70	3	151.10 + T	
Total cystectomy • Totale sistektomie						+ T	
2013 Diverticulectomy (independent procedure): Multiple or single • Divertikulektomie (onafhanklike prosedure): Veelvoudig of enkelvoudig	137	1,476.90	120	1,293.60	5	251.90 + T	
2015 Suprapubic cystostomy • Suprapubiese sistostomie	67	722.30	67	722.30	5	251.90 + T	
Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required) • Rekonstruksie van ektopiese blaas met uitsluiting van ortopediese operasie (indien benodig)							
2035 Cutaneous vesicostomy • Kutane vesikostomie	118	1,272.00	118	1,272.00	5	251.90 + T	

		Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
		U/I	R	U/E	R	U/I	R	TIM
2039	Operation for ruptured bladder • Operasie vir ruptuur van blaas	131	1,476.90	120	1,293.60	6	302.20 +T	
2047	Drainage of perivesical or prevesical abscess • Dreinerings van peri-vesikale of prevesikale abses Evacuation of clots from bladder • Verwydering van bloedklonte uit blaas	101	1,131.90	105	1,131.90	5	251.90 +T	
2049	Other than post-operative • Postoperatief uitgesluit	132	1,424.00	120	1,293.60	3	151.10 +T	
2060	Post-operative • Post-operatief					4	201.50 +T	
2061	Simple bladder lavage: Including catheterisation • Eenvoudige blaasspoeling: Kateterisasie ingesluit	12	129.40	12	129.40	3	151.10 +T	
2068	Non-surgical supervision of paraplegic patient All urodynamic studies excluded and charged for separately under items 1979, 1981, 1991 and 1992 of the Tariff • Nie-operatiewe toesig van parapleë. Alle urodinamiese ondersoeke uitgesluit en kan afsonderlik voor gevra word onder items 1979, 1981, 1991 en 1992 in Tarief	111	1,261.30	93.6	1,009.00			
10.4	Urethra • Uretra							
	Dilatation of urethral structure: By passage of sound I Dilatasie van struktuur van uretra: deur middel van 'n sonde							
2063	Initial (male) • Eerste (manlik)	20	215.60	20	215.60	3	151.10 +T	
2065	Subsequent (male) • Opvolg (manlik)	10	107.80	10	107.80	3	151.10 +T	
2067	By passage of filiform and follower (male) • D.m.v. 'n filiform en opvolger (manlik)	20	215.60	20	216.60	3	151.10 +T	
2071	Urethrorraphy: Suture of urethral wound & injury • Urethrorrae: Hegting van wond of besering van uretra Urethraplasty I: Uretraplastie Pendulous urethra I: Penduleuse uretra	139	1,498.40	120	1,293.60	4	201.50 +T	
2076	First stage • Eerste stadium	71	766.40	71	765.40	4	201.50 +T	
2077	Second stage • Tweede stadium	145	1,663.10	120	1,293.60	4	201.50 +T	
2081	Reconstruction or repair of male anterior urethra (one stage) • Rekonstruksie of herstel van anterior manlike uretra (een stadium) Reconstruction or repair of prostatic or membranous urethra I: Rekonstruksie of herstel van prostatiese of membraneuse uretra	261.1	2,820.00	09.21	2,266.00	4	201.50 +T	
2083	First stage • Eerste stadium	168	1,811.00	34.4	1,448.80	6	302.20 +T	
2085	Second stage • Tweede stadium	168	1,811.00	34.4	1,448.80	6	302.20 +T	
2086	If &ne in one stage • Indien dit 'n een stadium operasie is Total Urethrectomy I: Totale Uretrektomie	294	3,169.30	35.2	2,636.60	6	302.20 +T	
2096	Drainage of simple localised perineal urinary extravasation • Dreinerings van eenvoudige gelokaliseerde perineale urinêre ekstrasvasasie	128.1	1,388.60	120	1,293.60	5	251.90 +T	
2097	Drainage of extensive perineal and/or abdominal urinary extravasation • Dreinerings van uitgebreide perineale en/of abdominale urinêre ekstrasvasasie	137	1,476.90	120	1,293.60	5	251.90 +T	
2103	Simple urethral meatotomy • Eenvoudige uretrale meatotomie Incision of deep peri-urethral abscess I Insnyding van diep pen-uretrale abses	39.4	426.30	945	426.30	3	151.10 +T	
2106	Female • Vroulik	123.1	1,327.00	120	1,293.60	3	151.10 +T	
2107	Male • Manlik	123.1	1,327.00	120	1,293.60	3	151.10 +T	
2109	Badenoch pull-through for intractable structure or incontinence • Badenoch deurtrek operasie vir moeilike struktuur of inkontinensie	181	1,951.20	144.8	1,660.90	5	251.90 +T	
2111	External sphincterotomy • Eksterne sfinkterotomie	108	1,164.20	108	1,164.20	5	251.90 +T	
2115	Operation for correction of male urinary incontinence with or without introduction of prosthesis (excluding cost of prosthesis) • Operasie vir regstel van manlike urinêre inkontinensie met of sonder die aanbring van protese (sonder koste van protese)	168	1,811.00	134.4	1,448.80	5	251.90 +T	
2116	Urethral meatoplasty • Uretrale meatoplastiek	101.5	1,094.20	101.50	1,094.20	3	151.10 +T	
2117	Closure of urethrostomy or urethrocutaneous fistula (independent procedure) • Sluiting van uretrostomie of uretrokutane fistel (onafhanklike prosedure)	150.3	1,620.20	120.24	1,296.20	3	151.10 +T	
11.	MALE GENITAL SYSTEM • MANLIKE GESLAGSTELSEL							
11.1	Penis • Penis							
2141	Plastic operation for insertion of prosthesis • Plastiek operasie vir inplaas van protese	101	1,088.80	101	1,088.80	3	151.10 +T	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	TIM
2147 Reconstructive operation of penis: for injury: Including fracture of penis and skin graft if required • Rekonstruktiewe operasie op penis : vir 'n besering. Insluitendefraktuur van penis en veloorplanting indien nodig	166	1,811.00	134	1,448.80	3	151.10+T	
11.2 Testis en epididymis • Testis en epididimis							
<i>Orchidectomy (total or subcapsular) • Orgidektomie (totaal of subkapsulêr)</i>							
2191 Unilateral • Unilateraal	98	1,056.40	98	1,056.40	3	151.10+T	
2193 Bilateral • Bilateraal	147	1,584.70	120	1,293.60	3	151.10+T	
2213 Suture or repair of testicular injury • Hegting of herstel van besering van testis	110	1,189.00	110	1,189.00	4	201.50+T	
2215 Incision and Drainage of testis or epididymis e.g. abscess or haematoma • Insnyding en dreinerings van testis of epididimis bv. abses of hematoom	90	970.20	90	970.20	4	201.50+T	
2227 Incision and drainage of scrotal wall abscess • Insnyding en dreinerings van skrotumwandabses	42.7	460.30	42.7	460.30	3	151.10+T	
11.3 Prostate • Prostaat							
2245 Trans-urethral resection of prostate • Trans-uretrale reseksie van prostaat	252	2,716.60	201.1	2,173.20	6	302.20+T	
14 NERVOUS SYSTEM • SENUWEESTELSE							
14.1 Diagnostic procedures • Diagnostiese prosedures							
2709 Full spinogram including bilateral median and postero tibial studies • Volledige spinogram wat bilaterale medianus en tibialis postedor studies	140	1,509.20					
2711 Electro-encephalography: taking of record • Elektro-enkefalografie : Neem van rekord	36.11	389.20	16.11	389.20			
2712 Electro-encephalography—interpretation.. Elektro-enkefalografie interpretasie	24	268.70	24	258.70			
2713 Lumbar puncture and/or intrathecal injections • Lumbale punksie en/of intratekale inspuitings	15	161.70	15	161.70			
2714 Cisternal puncture and/or intrathecal injections • Sisternale punksie en/of intratekale inspuitings	15	161.70	15	161.70			
<i>Electromyography • Elektromiografie</i>							
2717 First • Eerste	75	808.50	75	808.50	3	151.10+T	
2718 Subsequent • Opvolg	75	808.50	75	808.50	3	151.10+T	
<i>Angiography Carotis • Angiografie Kamtis</i>							
2725 Unilateral • Unilateraal	25	269.50	25	269.50	4	201.50+T	
2726 Bilateral • Bilateraal	44	474.30	44	474.30	4	201.50+T	
2727 Vertebral artery: Direct needling • Vertebrale arterie: Direkte benaalding	50	539.00	50	539.00	4	201.50+T	
2729 Vertebral catheterisation • Vertebrale kateterisasie	50	539.00	50	539.00	4	201.50+T	
<i>Air encephalography and Posterior fossa tomography • Lug-enkefalografie en Posteriorfossa tomografie</i>							
2731 Injection of air (independent procedure) • Insuit van lug (alleenstaande procedure)	14.5	156.30			4	201.50+T	
2737 Visual field charting on Bjerrum Screen • Gesigsveldbepaling d.m.v. Bjerrum se skerm	7	75.50	7	75.50			
<i>Ventricular needling without burring • Ventrikelpunksie, sonder boorgate</i>							
2739 Tapping only • Sleigs aftapping	16	172.50	16	172.50	4	201.50+T	
2741 Plus introduction of air and/or contrast dye for ventriculography • Plus inspuiting van lug en/of kontrasmiddel vir ventrikulografie	43	463.60	43	463.50	4	201.50+T	
<i>Subdural tapping • Subdurale aftapping</i>							
2743 First sitting • Eerste keer	15	161.70	15	161.70	4	201.50+T	
2745 Subsequent • Daaropvolgende keer	10	107.80	10	107.80	4	201.50+T	
14.2 Introduction of burr holes for • Boorgate vir							
2747 Ventriculography • Ventrikulografie	150	1,617.00	120	1,293.60	8	403.00+T	
2749 Catheterisation for ventriculography and/or drainage. • Kateterisering vir ventrikulografie en/of dreinerings	150	1,617.00	120	1,293.60	8	403.00+T	
2753 Subdural haematoma • Subdurale hematoom	150	1,617.00	120	1,293.60	8	403.00+T	
2755 Subdural empyema • Subdurale empieem	150	1,617.00	120	1,293.60	8	403.00+T	
2757 Brain abscess • Breinabses	150	1,617.00	120	1,293.60	8	403.00+T	

	Specialist Spesialis		General praktisioner arts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/	R	TIM
14.3 Nerve procedures • Senuwee prosedures							
2765 Nerve conduction studies (see items 0733 and 3285) Senuweegeleidingstudies (sien items 0733 en 3285)	26	280.30	26	280.30	4	201.50 + T	
14.3.1 Nerve repair of suture • Senuwee herstel van hegting							
2767 Suture Brachial Plexus (see also items 2837 and 2839) • Hegting Brachiale Plexus (sien items 2837 en 2839) <i>Suture • Hegting</i> <i>Large nerve • Groot senuwee</i>	307	3,234.00	246	2,587.20	6	302.20 + T	
2769 Primary • Primêr	134	1,444.50	120	1,293.60	5	251.90 + T	
2771 Secondary • Sekondêr <i>Digital nerve • Digitale senuwee</i>	202	2,177.60	161	1,736.60	5	251.90 + T	
2773 Primary • Primêr	65	700.70	65	700.70	3	151.10 + T	
2775 Secondary • Sekondêr <i>Nerve graft • Senuwee-transplantaat</i>	96	1,034.90	96	1,034.90	3	151.10 + T	
2777 Simple • Eenvoudig <i>Fascicular • Fassikulêr</i>	202	2,177.60	161.1	1,742.00	4	201.50 + T	
2779 First fasciculus • Eerstefassikulus	202	2,177.60	161.1	1,742.00	4	201.50 + T	
2781 Each additional fasciculus • Elke bykomende fassikulus	50	539.00	50	539.00	4	201.50 + T	
2783 Nerve flap: To include all stages • Senuweeflap: Alle stadia ingesluit.	224	2,414.70	179.1	1,931.80	4	201.50 + T	
2787 Grafting of facial nerve • Oorplanting van nervus facialis	215	2,317.70	172	1,854.20	5	251.90 + T	
14.3.2 Neurectomy • Neurektomie							
2799 Intrathecal injections for pain • Intratekale inspuitings vir pyn	36	388.10	36	388.10	4	201.50 + T	
2800 Plexus nerve block - as part of treatment (motivation to be supplied) Pleksus senuweeblok - as deel van behandeling (motivering moet verskaf word)	36	388.10	36	388.10		As for specialists- Soos vir spesialiste	
2801 Epidural injection, plexus nerve block or peripheral nerve block for pain (see modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic) • Epidurale inspuiting, pleksus senuweeblok of perifere senuweeblok vir pyn (sien wysiger 0045 vir post-operatiewe pynverligting (verwys na wysiger 0021 vir epidurale narkose).	36	388.10	36	388.10			
2802 Peripheral nerve block - as part of treatment (motivation to be supplied) Perifere senuweeblok - as deel van behandeling (motivering moet verskaf word) <i>Alcohol injection in peripheral nerves for pain • Alkohol inspuiting in perifere senuwees vir pyn</i>	25	269.50	25	269.60		As for specialists- Soos vir spesialiste	
2803 Unilateral • Unilateraal	20	215.60	20	215.60	3	151.10 + T	
2804 Insertion and dwelling nerve catheter (includes removal of catheter) • Inplanting van inlywende senuwee kateter (sluit verwydering van kateter in)	10	107.80	10	107.80		As for specialists- soos vir spesialiste	
2805 Bilateral • Bilateraal	35	377.30	35	377.30	3	151.10 + T	
2809 Peripheral nerve resection for pain • Perifere senuwee-deursnyding vir pyn	45	485.10	45	485.10	3	151.10 + T	
2815 Excision interdigital neuroma - Morton • Eksisie interdigitale neuroma Morton	123	887.20	123	887.20	3	151.10 + T	
2825 Excision: Neuroma: Peripheral • Eksisie: Neuroom: Perifeer	09.5	1,180.40	09.5	1,180.40	3	151.10 + T	
14.3.3 Other nerve procedures • Ander senuwee prosedures							
2827 Transposition of ulnar nerve • Transposisionering van nervus ulnaris <i>Neurolysis • Neurolise</i>	100	1,078.00	100	1,078.00	3	151.10 + T	
2829 Minor • Klein	51	549.80	51	549.80	3	151.10 + T	
2831 Major • Groot	132	1,423.00	120	1,293.60	3	151.10 + T	
2833 Digital • Digitaal	96	1,034.90	96	1,034.90	3	151.10 + T	
2835 Scaleneotomy • Skalenotomie	132	1,423.00	120	1,293.60	6	302.20 + T	
2837 Brachial plexus, suture or neurolysis (item 2767) • Brachiale pleksus hegting of neurolise (item 2767)	100	3,234.00	140	2,587.20	6	302.20 + T	
2839 Total brachial plexus exposure with graft, neurolysis and transplantation • Totale brachiale pleksus blootlegging met oorplanting, neurolise en transplantaat	8135.2	9,650.30	6.16	7,720.20	6	302.20 + T	
2841 Carpal Tunnel • Karpaltonnel <i>Lumbar sympathectomy • Lumbale simpatektomie</i>	54	689.90	54	689.90	3	151.10 + T	
2843 Unilateral • Unilateraal	53	1,649.30	12.4	1,319.50	4	201.50 + T	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	T/M
2845 Bilateral • Bilateraal <i>Sympathetic block • Simpatiese senuweeblok:</i> <i>Other levels • Op enige vlak:</i>	268	2,889.01	214	2,311.20	€	302.20+T	
2849 Unilateral • Unilateraal	20	215.60	20	215.60		151.10+T	
2851 Bilateral • Bilateraal	35	377.30	35	377.30	3	151.10+T	
14.4 Skull procedures • Skedelprosedures							
<i>Repair of depressed fracture of skull • Herstel van ingedrewe skedelfraktuur</i>							
<i>Without bruin laceration • Sonder skeuring van harsings</i>							
2859 Major • Groot	200	2,156.00	160	1,724.80	8	403.00+T	
2860 Small • Klein	170	1,832.60	136	1,466.10	8	403.00+T	
<i>With brain lacerations • Met skeuring van harsings</i>							
2861 Small • Klein	200	2,156.00	160	1,724.80	8	403.00+T	
2862 Major • Groot	375	4,042.50	300	3,234.00	8	403.00+T	
2863 Cranioplasty • Kranioplastie	280	3,018.40	224	2,414.70	8	403.00+T	
2875 Theco-peritoneal C.S.F. shunt • Teko-peritoneale S.S.V. kortsluiting	280	3,018.40	224	2,414.70	8	403.00+T	
14.6 Aneurysm repair • Aneurisme herstel							
2876 Repair of aneurysm or arterio-venous anomalies (intracranial) • Herstel van aneurisme of arterio-veneuse-anomalieë (intrakraniaal)	700	7,546.00	560	6,036.80	15	755.60+T	
14.7 Posterior fossa surgery • Posterior fossa chirurgie							
<i>Neurectomy • Neurektomie</i>							
2879 Glosso-pharyngeal nerve • Glosso-faringeale senuwee	480	5,174.40	384	4,139.50	6	302.20+T	
<i>Eighth nerve • Agste kopsenuwee</i>							
2881 Intracranial • Intrakraniaal	480	5,174.40	384	4,139.50	8	403.00+T	
2887 Vestibular nerve • Vestibulêre senuwee	480	5,174.40	384	4,139.50	9	453.30+T	
14.7.1 Supratentorial procedures • Supratentoriale prosedures							
2899 Craniectomy for extra-dural haematoma or empyema • Kraniëktomie weens ekstradurale hematoom of empieën	375	4,042.50	300	3,234.00	11	554.10+T	
14.8 Craniotomy for • Kraniotomie vir							
2900 Extra-dural orbital decompression • Ekstradurale orbitale dekompresie	700	7,546.00	560	6,036.80	11	554.10+T	
2903 Abscess • Abses	150	4,851.00	360	3,880.80	11	554.10+T	
2904 Haematoma, foreign body: Cerebral or cerebellar • Hematoom, vreemde voorwerpe: Serebraal of serebellêr	150	4,851.00	360	3,880.80	11	554.10+T	
2905 Focal epilepsy: Excision of cortical scar • Fokale epilepsie: Uitsnyding van kortikale litteken	150	4,851.00	360	3,880.80	11	554.10+T	
2906 With anterior fossa meningocele and repair of bony skull defect • Met herstel anterior fossa meningoseel en sluiting van benige skedeldefek	175	4,042.50	300	3,234.00	11	554.10+T	
2909 CSF-leaks • SSV-lekkasie	150	4,851.00	360	3,880.80	1	554.10+T	
14.8.1 Stereo-tactic cerebral and spinal cord procedures • Sterio-							
2918 Non-operative supervision of paraplegics for all disciplines except urologists • Nie-operatiewetoesig van parapleë vir alle dissiplines, behalwe uroloë	144	2,830.30	95.2	2,104.30			
14.9 Spinal operations • Spinale operasies							
<i>Chordotomy • Chordotomie</i>							
2923 Unilateral • Unilateraal	78	1,918.80	42.4	1,535.10	3	151.10+T+M	
2925 Open • Oop	350	3,773.00	280	1,018.40	3	151.10+T+M	
<i>Rhizotomy • Risotomie</i>							
2927 Extradural, but intraspinal • Extraduraal, maar intraspinaal	320	3,449.60	156	1,769.70	1	151.10+T+M	
2928 Intradural • Intraduraal	350	3,773.00	280	1,018.40	3	151.10+T+M	
<i>Extramedullary, but intradural • Ekstramedullêr, maar intraduraal</i>							
2940 Lumbar osteophyte removal • Lumbaleosteofiet verwydering	187	2,015.90	19.6	1,612.70	1	151.10+T+M	
2941 Cervical or thoracic osteophyte removal • Servikale of torakale osteofiet verwydering	285	3,072.30	128	1,457.80	3	151.10+T+M	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	TIM
14.10 Arterial ligations - o Arteriële afbinding <i>Carotis • Karotis ,</i>							
2951 Trauma • Trauma	120	1,293.60	720	1,293.60	8	403.00+T	
14.11 Medical Psychotherapy • Mediese Psigoterapie							
2957 Individual psychotherapy (specific type)—per short session (20 minutes) • Individuele psigoterapie (spesifiseertipe)—per kort sessie (20 minute)	31.7	341.70	16	172.50			
2974 Individual psychotherapy (specific type)—per intermediate session (40 minutes) • Individuele psigoterapie—per intermediêre sessie (40 minute)	48	517.40	32	345.00			
2975 Individual psychotherapy (specify type)—per extended session (60 minutes or longer) • Individuele psigoterapie (spesifiseer tipe)—per verlengde sessie (60 minute of langer)	72	776.20	48	517.40			
2958 Psychoanalytic therapy—per 60-minute session • Psigoanalitiese terapie—per 60-minute sessie	95.01	1,025.10	48	517.40			
14.12 Physical treatment methods • Fisiese behandelingsmetodes							
2970 Electro-convulsive treatment (ECT)—each time (see rule Va) • Elektrokonvulsiewe behandeling (EKB)—per keer (raadpleeg reel Va)	25	269.50	17	183.30	3	151.10+T	
2971 Intravenous anti-depressive medication through infusion—per push in (maximum 1 push in per 24 hours) • Binnearse anti-depressiewe medikasie deur infuus—per instoot (maksimum 1 instoot per 24 uur)	6	64.70					
14.13 Psychiatric examination methods • Psigiatrise							
2972 Narco-analysis (maximum of 3 sessions per treatment)—per session • Narkoanalise (maksimum van 3 sessies per behandeling)—per sessie	24	258.70					
2973 Psychometry by Psychiatrist (specify examination)—per session (maximum of 3 sessions per examination) • Psigometrie deur Psigiatër (spesifiseer ondersoek)—per sessie (maksimum van 3 sessies per ondersoek)	24	258.70					
16. GENERAL • ALGEMEEN							
3001 Implantation of pellets (excluding cost of material) • Implantasie van korrels (koste van materiaal uitgesluit)	3	32.30	3	32.30			
16 EYE • OOG							
16.1 Procedures performed in rooms • Spreekkamerprosedures							
16.1.1 Eye investigations—note : Not more than three (3) items in this section may be charged during one visit • Oogondersoeke • Opmerking: 'n Maksimum van drie (3) items uit hierdie afdeling mag gedurende een besoek gehef word. Eye investigations and photography refer to one or both eyes except where otherwise indicated • Oogondersoeke en fotografie verwys na een of albei oë, behalwe waar anders aangetoon Material used is excluded • Materiaalgebruik word uitgesluit. The tariff for photography is not related to the number of photographs taken • Die tarief vir fotografie het nie betrekking op die aantal foto's wat geneem word nie							
3002 Gonioscopy • Gonioskopie	7	75.50	7	75.50			
3003 Fundus contact lens or 90D lens examination (not to be charged with item 3004 and/or item 3012) • Fundus kontak lens of 90D lens ondersoek (mag nie gehef word saam met item 3004 en/of item 3012 nie)	7	75.50	7	75.50			
3004 Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012) • Perifere fundus ondersoek met indirekte oftalmoskoop (mag nie gehef word saam met item 3003 en/of item 3012 nie)	7	75.50	7	75.50			
3009 Basic capital equipment used in own rooms by Ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations • Basiese kapitaal apparaat gebruik in eie kamers deur oftalmoloë. Mag slegs tydens eerste en opvolg konsultasies gehef word. Nie vir gebruik tydens na-operatiewe besoeke nie	11.68	125.90					
3013 Ocular motility assessment: Comprehensive examination • Oculêre motiliteitsbepalings: Omvattende ondersoek	72	129.40	12	129.40			

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U	R	T/M
3014 Tonometry per test with maximum of 2 tests for provocative tonometry (one of both eyes) o Tonometrie per toets met maksimum van 2 toetse vir uitloketonometrie (een of albei oe)	7	75.50	7	75.60			
3021 Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations • Retinafunksie-bepaling insluitend refraksie na okulêre chirurgie (binne vier maande), maksimum twee	9	97.00	9	97.00			
16.1.2 Special eye investigations • Spesiale oogondersoeke							
3015 Charting of visual field with manual perimeter • Kartering van gesigsveld met manuele perimeter	28	301.80	28	301.80			
3016 Retinal threshold test without storage facilities • Retina drempeltoets sonder bergingsfasiliteite	30	323.40	30	323.40			
3017 Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs o Retina drempeltoets insluitend rekenarskyfberging vir Delta of Statpak programme	74	797.70	74	797.70			
3018 Retinal threshold trend evaluation (additional to 3017) o Retina drempelverloop evaluasie (addisioneel tot 3017)	16	172.50	16	172.50			
3020 Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery • Pagimetrie: Alleenlik wanneer eie instrument gebruik word per oog. Alleenlik as toevoeging tot kornea chirurgie	46	495.90	46	496.90			
3025 Electronic tonography o Elektroniese tonografie	19	204.80	19	204.80			
3027 Fundus photography o Fundusfotografie	21	226.40	21	226.40			
3029 Anterior segment microphotography • Anterior-segment mikrofotografie	21	226.40	21	226.40			
3031 Fluorescein angiography: One or both eyes (not to be used with item 3022) o Fluoresseïen angiografie: Een of beide oe (kan nie saam item 3022 gebruik word nie)	45	485.10	45	485.10	4	201.50 + T	
3032 Eyelid and orbit photography • Ooglid en orbit fotografie	9	97.00	9	97.00			
3033 Interpretation of item 3031 referred by other clinician • Interpretasie van item 3031 verwys deur ander geneesheer	16	172.50	16	172.50			
3034 Determination of lens implant power per eye • Bepaling van lensinplantstuk sterkte per oog	15	161.70	15	161.70			
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 o Wanneer 'n klein prosedure wat gewoonlik in die spreekkamer uitgevoer word 'n algemene narkose of die gebruik van 'n teater vereis, kan bykomende gelde gehef word	22	237.20	22	237.20		As per procedure- Soos per prosedure	
3036 Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes) • Kornea topografie: alleenlik vir patologiese korneas met spesiale motivering. Vir refraktêre chirurgie: mag een maal pre-operatief en een maal post-operatief gehef word per sitting (vir een of beide oe)	36	388.10	36	388.10			
16.2 Retina							
3037 Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy o Chirurgiese behandeling van retinaloslating insluitende vervanging van vitreous uitsluitende vitrektomie	306.9	3,308.40	45.5	2,646.70	6	302.20 + T	
3039 Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye o Profylakse en behandeling van retina en choroid met krioterapie en/of diatermie en/of fotokoagulasie en/of laser per oog	105	1,131.90	105	1,131.90	6	302.20 + T	
3041 Pan retinal photocoagulation (per eye), done in one sitting o Panretinale fotokoagulasie (per oog), in een sitting (Subsequent sittings: Modifier 0005) o (Daaropvolgende sittings: Wysiger)	150	1,617.00	120	1,293.60	6	302.20 + T	
3044 Removal of encircling band and/or buckling material • Verwydering van omsirkelende bande en/of induik-materiaal	105	1,131.90	105	1,131.90	6	302.20 + T	
16.3 Cataract • Katarak							
3045 Intra-capsular extraction • Intra-kapsulêre ekstraksie	210	2,263.80	168	1,811.00	7	352.60 + T	
3047 Extra-capsular (including capsulotomy) o Ekstra-kapsulêr (kapsulotomie ingesluit)	210	2,263.80	168	1,811.00	7	352.60 + T	
3049 Insertion of lenticulus in addition to 3045 or 3047 (cost of lens excluded) Modifier 0005 not applicable • Inplasing van lentikulus addisioneel tot 3045 3047 (koste van lens uitsluit) (Wysiger 0005 nie van toepassing nie)	57	614.50	57	614.50	7	352.60 + T	
3050 Repositioning of intra ocular lens • Herposisionering van intraokulêre	171.10	1,844.50	3681	1,475.60	7	352.60 + T	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	TIM
3061 Needling or capsulotomy o Benaalding of kapsulotomie	130	1,401.40	120	1,293.60	4	201.50 +T	
3052 Laser capsulotomy • Laser kapsulotomie	105	1,131.90	105	1,131.90	4	201.50 +T	
3057 Removal of lenticulus o Vewydering van lentikulus	210	2,263.80	168	1,811.00	7	352.60 +T	
3068 Exchange of intra ocular lens o Vervanging van Intraokulêre lens	236	2,544.10	188.1	2,035.30	7	352.60 +T	
3069 Insertion of lenticulus when 3045 or 3047 was not executed (cost of 1 excluded) • Implasing van lentikulus Wanneer 3045 of 3047 nie uitgevoer nie (koste van lens uitgesluit)	210	2,263.80	168	1,811.00	7	352.60 +T	
3060 Use of own surgical microscope for surgery or examination (not for slit le microscope) (for use by ophthalmologists only) o Gebruik van eie chirurgi mikroskoop vir chirurgie of ondersoek (nie vir spleetlamp mikroskoop) (slegs vir gebruik deur oftalmoloë)	4	43.10					
16.4 Glaucoma • Glaukoom							
3061 Drainage operation • Dreineringsoperasie	247.1	2,669.10	198.0	2,135.30	6	302.20 +T	
3062 Implantation of aqueous shunt device seton in glaucoma (additional to item 3061) o Implanting van voorkamerklepseton in glaukoom (Addisioneel tot item 3061)	60	646.80	60	646.80	6	302.20 +T	
3063 Cyclotherapy or cycloclathemy o Siklokrioterapie of siklediatermie	105	1,131.90	105	1,131.90	6	302.20 +T	
3064 Laser trabeculoplasty o Laser trabekuloplastie	105	1,131.90	105	1,131.90	6	302.20 +T	
3065 Removal of blood anterior chamber o Vewydering van bloed van voor	105	1,131.90	105	1,131.90	4	201.50 +T	
3067 Goniotomy • Goniometrie	210	2,263.80	168	1,811.00	7	352.60 +T	
16.6 Intra-ocular foreign body o Vreemde voorwerp in oog							
3071 Anterior to Iris • Anterior tot die Iris	127	1,369.10	120	1,293.60	4	201.50 +T	
3073 Posterior to Iris (including prophylactic thermal treatment to retina) • Posterior tot die Iris (profiaktiese hittebehandeling van retina ingesluit)	210	2,263.80	168	1,811.00	6	302.20 +T	
16.6 Strabismus • Strabismus (Whether operation performed on one eye or both) • (Hetsy operasie uitgevoer op een of albei oë)							
3075 Operation on one or two muscles o Operasie op een of twee spiere	175.6	1,893.00	140.4	1,514.40	5	251.90 +T	
3076 Operation on three or four muscles o Operasie op drie of vier spiere	200	2,166.00	160	1,724.80	5	251.90 +T	
3077 Subsequent operation on one or two muscles o Daaropvolgende operasie een twee spiere	120	1,293.60	120	1,293.60	5	251.90 +T	
3078 Subsequent operation on three or four muscles • Daaropvolgende operasie op drie of vier spiere	150	1,617.00	120	1,293.60	5	251.90 +T	
16.7 Globe o Oogbol							
3080 Examination of eyes under general anaesthetic where no surgery is done Onderzoek van oë onder algemene narkose waar 'n operasie nie gedo word nie	80	862.40	80	862.40	4	201.50 +T	
3081 Treatment of minor perforating injury. No uveal involvement • Behandeling van klein perforerende besering. Uvea nie betrek nie.	161.6	1,742.00	29.21	1,393.60	6	302.20 +T	
3083 Treatment of major perforating injury. Uvea involved. o Behandeling van grc perforerende besering. Uvea betrek.	267.5	2,883.70	214	2,306.90	6	302.20 +T	
3086 Enucleation or Evisceration o Enukleasie of Evisserasie	105	1,131.90	105	1,131.90	5	251.90 +T	
3087 Enucleation or Evisceration with mobile implant: Excluding cost of implant a prosthesis o Enukleasie of Evisserasie met beweeglike implantstuk: Koste v implantstuk en protese uitgesluit	160	1,724.80	128	1,379.80	5	251.90 +T	
3088 Hydroxyapatite insertion (Additional to item 3087) o Hidroksiapatite implasin (Addisioneel tot item 3087)	40	431.20	40	431.20	5	251.90 +T	
3089 Subconjunctival injection if not done at time of operation o Subkonjunktivale inspuiting indien nie lydens operasie gedoen nie	10	107.80	10	107.80	5	251.90 +T	
3091 Retrobulbar injection (if not done at time of operation) • Retrobulbêre inspuiting (indien nie gedoen lydens operasie)	16	172.50	16	172.50	4	201.50 +T	
3092 External laser treatment for superficial lesions o Eksterne laserbehandeling vir oppervlakkige letsels	53	571.30	53	671.30			
3096 Adding of air or gas in vitreous as a post-operative procedure pneumoretinopexy • Byvoeging van lug of gas in vitreous as 'n na-operatiese prosedure of pneumoretinopeksie	130	1,401.40	120	1,293.60	7	352.60 +T	
3097 Anterior vitrectomy • Anterior vitrekomie	280	3,018.40	224	2,414.70	6	302.20 +T	
3098 Removal of silicon from globe • Vewydering van silikon uit oogbol	280	3,018.40	224	2,414.70	6	302.20 +T	

	Specialist Spesialis		General practitioner Huisarts		Anaesthetic Narkose		
	U/E	R	U/E	R	U/E	R	TIM
3099 Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement • Posteriorvitrektomie insluitende anterior vitrektomie omsirkelings van oogbol en vervanging van vitreus	419	4,516.80	335.1	3,613.50	6	302.20	+T
3100 Lensectomy done at time of posterior vitrectomy • Lensektomie gedoen saam met posteriorvitrektomie	30	323.40	30	323.40	7	352.60	+T
16.8 Orbit • Oogkas							
3101 Drainage of orbital abscess • Dreinerings van orbitale absees	105	1,131.90	105	1,131.90	5	251.90	+T
3104 Removal orbital prosthesis • Verwydering orbitale protese	212.1	2,292.90	170.1	1,834.30	5	251.90	+T
3105 Exenteration • Eksenterasie	275	2,964.50	220	2,371.60	5	251.90	+T
3107 Orbitotomy requiring bone flap • Orbitotomie wat beenflap vereis	393	4,236.50	314.4	3,389.20	5	251.90	+T
3108 Eye socket reconstruction • Oogkasrekonstruksie	206	2,220.70	164.1	1,776.50	5	251.90	+T
3109 Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously • Hidroksiapetite inplanting wanneer evisserasie of enukleasie reeds voorheen gedoen is	300	3,234.00	240	2,587.20	5	251.90	+T
3110 Second stage hydroxyapatite implantation • Tweede stadium hidroksiapetite inplanting	110	1,185.80	110	1,185.80	5	251.90	+T
16.9 Cornea • Kornea							
3111 Contact lenses: Assessment involving preliminary fittings and tolerance visits • Kontakklensberaming: Aanvanklike passings en verdraagsaamheidsbesoeke							
3113 Fitting of contact lenses and instructions to patient: includes eye examination, first fittings of the contact lenses and further post-fitting visits for one year • Passing van kontakklens en instruksie aan die pasiënt: Oog-ondersoek eerste aanpas van kontakklens en opvolgbesoeke vir een jaar ingeslote	200	2,156.00	160	1,724.80			
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 • Passing van slegs een kontakklens en instruksies aan die pasiënt: Oog-ondersoek, eerste pas van kontakklens en opvolgbesoeke vir een jaar ingeslote	166	1,789.50	132.8	1,431.60			
3116 Astigmatic correction with T cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty • Astigmatiese korreksie met T snitte of wig reseksie in patologiese korneale astigmatisme na trauma, intraokulêre chirurgie of korneale oorplanting.	135.2	1,457.50	120	1,293.60	6	302.20	+T
3117 Removal of foreign body: On the basis of fee per consultation • Verwydering van vreemde voorwerp op die basis van gelde per konsultasie					4	201.50	+T
3118 Curettage of cornea after removal of foreign body (aftercare excluded) • Curettage van kornea na verwydering van vreemde voorwerp (nasorg uitgesluit)	10	107.80	10	107.80			
3119 Tattooing • Tattoeëring	26	280.30	26	280.30	4	201.50	+T
3121 Corneal graft (Lamellar of full thickness) • Korneale oorplanting (Lamellêr van volle dikte)	289	3,115.40	231.2	2,492.30	6	302.20	+T
3123 Insertion of intra-corneal or intrastromal prosthesis for refractive surgery • Inplaas van intra/korneale of intrasklerale protese vir refraktiewe chirurgie	254	2,738.10	203.2	2,190.50	6	302.20	+T
3125 Keratectomy • Keratektomie	127	1,369.10	120	1,293.60	6	302.20	+T
3127 Cauterization of Cornea (by chemical, thermal or cryotherapy methods) • Kouterisasie van Kornea (deur chemiese, termale of krioterapie metodes)	10	107.80	10	107.80	4	201.50	+T
3130 Pterygium or conjunctival cyst. No conjunctival flap or graft used • Pterigium of konjunktivale kiste. Geen konjunktivale flap of oorplanting.	96.9	1,044.60	96.9	1,044.60	4	201.50	+T
3131 Paracentesis • Parasentese	53	671.30	53	571.30	4	201.50	+T
3136 Conjunctival flap or graft. Not for use with pterygium surgery • Konjunktivale flap of oorplanting. Nie vir gebruik tydens pterigium chirurgie nie.	95.7	1,031.60	95.7	1,031.60	6	302.20	+T
16.10 Ducts • Buise							
3133 Probing and/or syringing, per duct • Sondering en/of deurspoeling per buis	10	107.80	10	107.80	4	201.50	+T
3135 Insert polythene tubes/stent; unilateral • Inplasing van politeenbuis of stent: Unilateraal • Addisioneel	13	140.10	13	140.10	4	201.50	+T
3137 Excision of lacrimal sac: Unilateral • Uitsnyding van traansak: Unilateraal	132	1,423.00	120	1,293.60	4	201.50	+T
3139 Dacryocystorhinostomy (single) with or without polythene sac • Dakriosistorinostomie (enkel) met of sonder politeenbuis	210	2,263.80	168	1,811.00	5	251.90	+T
3141 Sealing Punctum surgical/cautery per eye • Toemaak van punktum chirurgies of met kouterisasie. Per oog.	24.9	268.40	24.9	268.40	4	201.50	+T