

The Mediclinic Private Tariff Schedule 2012

TARIFFS WITH EFFECT FROM 1 January 2012 IN RESPECT OF ALL MEDICLINIC PRIVATE HOSPITALS
(PRACTICE NUMBERS "57", "58" or "77")

GENERAL RULES

SCHEDULE:

A The Tariffs are set out as follows:

Sections 1 - 8 shall apply in respect of Mediclinic private hospitals with practice code numbers commencing with the digits 57, 58, or 77.

B The charges relating to each type of hospital/unattached operating theatre unit are indicated in the relevant column opposite the item codes.

C The charges indicated in Section 7 hereof, are applicable to both categories of such hospitals.

D Procedure for the classification of hospitals:

D1 Inspections of private hospitals having practice code numbers commencing with the digits 57, 58 or 77 will be conducted by an independent agency on behalf of BHF.

D2 This will also apply to all approved specialised intensive care units, specialised theatres, catheterisation laboratories and trauma units.

E All accounts submitted by Mediclinic will comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1998. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.

1 ACCOMMODATION

Ward fees

Hospitals shall indicate the exact time of admission and discharge on all accounts.

In the case of hospitals, the day admission fee (code 007) shall be charged in respect of all patients **admitted as day patients** and discharged before 23h00 on the same date.

Ward fees (items 001 to 006, 015, 020, 200, 201, 202 and 215 to 218) shall be charged at the full daily rate if admission takes place before 12h00 and at half the daily rate if admission takes place after 12h00. At discharge, ward fees shall be charged at half the daily rate if the discharge takes place before 12h00 and at the full daily rate if the discharge takes place after 12h00.

Two half-day fees would be applicable when a patient is transferred internally between any ward and any specialised unit.

The Mediclinic clinical criteria shall be used to determine the level of care.

Sub Acute Facility:-

The definition of a patient in this facility is as follows:

The patient should be stable and does not require high technological diagnoses and treatment or surgery. The case mix typically consists of post operative, restorative, medical transitional, chronic or long term patients.

DESCRIPTION

1.1 General Wards

- 001 Surgical cases: per day.
002 Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day
003 Psychiatric general ward fee: per day.
004 Medical and neurological cases: per day.
005 Paediatric cases (under 12 years of age)
006 Sub Acute Facility
007 Day admission (which includes all patients discharged by 23h00 on date of admission)
019 Outpatients' facility fee for ambulatory admission - chargeable for patients admitted for local anaesthetic procedures - No ward fees applicable.
219 Day Clinic Tariff - for admission to a 57 & 58 Practice only
Application of this fee is subject to the Rules defined in ANNEXURE A.
- 008 Rehab fee
951 Haematology ward fee
Definition: Item 019 may only be used in conjunction with item 071 for pre-booked patients and may not be used in conjunction with items 301, 302, 061 and 335.
Note: Each account should be accompanied by a report from the practitioner indicating the nature of the complication.
014 Overnight fee (Only applies at 77 Practices)

	57/58	77
	VAT Incl. R	VAT Incl.
R	2,621.30	
R	2,834.20	
R	2,362.70	
R	2,621.30	
R	3,143.50	
R	1,793.20	
R	1,675.00	R 1,191.50
R	909.90	R 614.60
R	1,410.40	
R	1,543.50	
R	2,890.00	
R	-	R 735.20

Maternity

1 The maternity fees are a fixed per diem fee and replace all other charges:

INCLUDES:

- Charges such as multiple births (nursery fee for 2nd baby excluded);
- After-hour deliveries (including caesareans);
- Labour ward or other ward fees, nursery fees;
- Incubators;
- Photo therapy;
- Theatre and theatre equipment fees; and
- Surgical items (see list under point 8).

But EXCLUDES:

- Sections 5.1 to 5.4;
- Sections 5.7 to 5.8 (Gases); and
- The costs of special treatment of newly born infants, e.g. circumcision certified as necessary by the attending practitioner, which shall be dealt with in accordance with the contracted fees and the rules the relevant scheme pertaining to such dependants.

A neonate requiring specialised treatment in an ICU shall be considered to be a patient in its own right and, for that reason, the Contracted tariffs shall be applied to such neonate.

2 If an epidural anaesthetic is given for either a vaginal delivery or a caesarean section, an additional fee (item 011) may be charged. This comprises an epidural pack, all consumables used, as well as nursing time.

3 An uncomplicated stay in a nursery is included in the fee, as well as phototherapy and routine high care observation for a period of one hour after delivery for the newborn baby.

4 If the baby needs admission into a ward, High Care or ICU, such a baby becomes a patient in his/her own right and an account may be rendered on a fee for service basis.

In such cases, the fixed fee per day remains applicable until the mother is discharged, but the amount of item 015, per day must be deducted from the fixed fee (comprising the nursery fee component)

5 If the mother is admitted into High Care or ICU, the full account is rendered on a fee for service basis, as this is clearly not an uncomplicated delivery. The codes for the nursery fee (item 015) and the delivery room (item 016) must be used to cover these specific services.

6 The first day fee includes the cost of admitting the mother, and 'prepping' and 'staging' etc. until admission into the delivery room. This includes any costs incurred during the early stages of an uncomplicated delivery, even if prolonged labour occurs. The second day is calculated as starting from the midnight following the birth of the neonate on the day of the delivery.

If however, the mother needs admission for stabilisation or treatment of a medical condition such as diabetes, pre-eclampsia or urinary tract infection, such an admission falls outside the scope of the maternity fixed fee. An account will then be rendered on a fee for service basis, until such time that the baby is delivered. If delivery itself is uncomplicated, then the first day (fixed) fee will be chargeable on the date of delivery, and second and subsequent days until the mother is discharged.

If however, the mother is admitted to ICU or High Care the full account must be rendered on a fee for service basis. If the baby needs admission - see (4).

7 Admission for suppression of premature labour is not an uncomplicated delivery, and an account must be rendered on a fee for service basis.

8 The list of surgicals (maternity basket) is included in the per diem fee.

THEATRE SURGICALS FOR NORMAL VAGINAL DELIVERIES

THEATRE CHARGES

1 X Amnhook
1 X Continue Flo
1 X Cord Clamp
3 X Gloves Surgical St
8 X Gloves Sterile
4 X I D Bands
0.5 X Jaques Catheter
1 X Jelco IV
1 X KY Jelly Sachet
20 X Maternity Pad
5 X Preptic Swabs
1 X Spiral Electrode
1 X Spinocan
1 X Suction Catheter St
1 X Swabbing Tray
1 X Tegaderm 1626
1 X Vaginal Plug
2 X Water for irrigation
1 X Stockinette
2 X Silicone Tubing
1 X Add a Line

SUTURES

0.25 X Suture W734
0.25 X Suture W758
0.25 X Suture W727
0.25 X Suture W734
0.25 X Suture W758
0.25 X Suture W770
0.25 X Suture W759
0.25 X Suture W441

SYRINGES

1 X Syringe 1ml
1 X Syringe 20ml
3 X Syringe 2ml
2 X Syringe 5ml

DRESSINGS

2 X Cotton Wool Balls L/s

THEATRE SURGICALS FOR CAESARS WITH GENERAL ANAESTHETIC

THEATRE CHARGES

1 X Amnhook
1 X Airway
1 X Sterile Tray
2 X Continue Flo
1 X Cord Clamp
1 X Diathermy Plate Dispo
1 X ET Tube
3 X Electrodes Red Dot
1 X Foley catheter
8 X Gloves Surgical St
5 X Gloves Sterile
4 X I D Bands
1 X Jelco IV
2 X KY Jelly Sachet
20 X Maternity Pad
10 X Preptic Swabs
1 X Sheet _
1 X Spiral Electrode
1 X Spinocan
1 X Suction Catheter St
1 X Swabbing Tray
1.2 X Tegaderm 1626
1 X Urine Dm Bag
1 X Vent Pump Set
1 X Yankuer Suction

6 X Water for irrigation
1 X Stockinette
2 X Silicone Tubing
2 X Opticlude
1 X Add a Line

SUTURES

0.06 X Suture W441
0.30 X Suture 8623G
0.11 Suture W791
0.30 X Suture W9999
2.20 X Suture W493
0.17 X Suture W795
0.17 X Suture W797
0.30 X Suture W439
0.17 X Suture W434
0.17 X Suture W445
1 X Suture W728
1 X Suture V518G
1 X Suture V486G
0.20 X Suture V523G
0.30 X Suture V523G

DRAIN

1 X Corrugated Drain

DRESSINGS

15 X Abominal Swabs
 3 X Cotton Wool Balls L/s
 5 X Gauze Sterile Xray
 1 X Telfa Dressing
 1 X Steripad
 1 X Tegaderm 1627
 5 X Paint Balls

SYRINGES

1 X Syringe 1ml
 1 X Syringe 20ml
 1 X Syringe 10ml
 8 X Syringe 2ml
 2 X Syringe 5ml

Natural births

009 First day (Day of confinement).
 010 Subsequent day(s). Per day
 017 Subsequent day(s) excluding nursery fee.

R	9,276.40	
R	2,961.20	
R	1,685.60	

Caesarean

012 First day (Day of confinement).
 013 Subsequent day(s). Per day
 018 Subsequent day(s) excluding nursery fee

R	12,580.50	
R	2,961.20	
R	1,685.60	

Note: The following fees (items 015 and 016) are included in the above per diem fees, and may only be charged on a fee for service account

015 Nursery fee.
 016 Delivery room.

R	1,275.60	
R	4,272.00	

Epidural fee

011 Use of epidural anaesthesia for MATERNITY CASES ONLY. (Note: This item includes all surgicals and nursing but no ethicals)

R	1,801.20	
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Birthng Unit

030 The birthing unit fee may only be charged by an approved maternity unit in a hospital. It includes preparation, labour room, recovery ward fee for mother and baby and the maternity basket. The only additional charge that may be levied is for pharmaceuticals. This fee is chargeable when a nurse in private practice uses the labour ward in the hospital and the patient is discharged on the same day.

R	7,370.30	
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This fee may not be charged for together with the per diem fees for maternity and is not applicable to medical practitioners or other professions.

1.2 Private Wards

020 Private ward (Medically Necessary/Doctor's Auth)

R	3,199.70	
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Hospitals shall obtain a certificate motivating the necessity for accommodation in a private ward from the attendant practitioner, and such certificate shall be forwarded to the relevant scheme together with the account.

021 Private ward on member's request or for convenience of hospital will be funded at scale of benefits for general ward.

<i>Hospital Specific</i>		
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1.3 Special Care Units

200 Specialised ICU: Per day.
 201 Intensive Care Unit: Per day.
 202 Neonatal Intensive Care Unit: Per day.

R	13,008.20	
R	10,976.70	
R	11,590.30	

(The charges referred to under items 200, 201 and 202 include the use of all equipment except: Bennett MA, Servo and Bear ventilators or equivalent apparatus plus the cost of oxygen)

215 High Care Ward: Per day.
 216 Neonatal High Care Ward 'A' (Intensive nursing and monitoring)
 217 Neonatal High Care Ward 'B' (Standard nursing and monitoring)
 218 Neonatal ward fee (Pre-discharge - This fee may not be charged for routine post-natal nursery care).

R	6,462.70	
R	7,022.10	
R	4,365.50	
R	3,187.40	

Note: Once the baby has been stabilised and no longer requires ICU care but is not ready to be returned to the general nursery, no additional equipment charges, e.g. phototherapy may be charged.

2 EMERGENCY UNIT**Emergency Unit Fee**

The Emergency Unit fee structure below replaces the previous 301 and 302 fees. Tariffs (801-804) are fixed fees based on the patient's acuity and the level of input provided to stabilise/treat the patient. These fees include the facility fee, stock, equipment used, nursing input etc. TTO's and Doctor's fees are however excluded.

801 EU Triage: Green
 802 EU Triage: Yellow
 803 EU Triage: Orange
 804 EU Triage: Red

R	140.00	
R	440.00	
R	1,130.00	
R	1,880.00	

022 Out Patient Wound Care Facility Fee

R	263.60	
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3 HAEMATOLOGY FEES

The following fees would be charged in respect of treatment received at a Mediclinic facility which provides specialised haematology services.

824 Venesection
 825 Bone Marrow Biopsy
 826 J-Line
 827 Chemo
 828 Lumbar Puncture
 829 Stabilised Human Serum
 830 Iron Infusion
 831 Plasma Apheresis
 832 Stem Cell Collect

R	507.70	
R	532.00	
R	736.90	
R	2,407.20	
R	1,899.40	
R	1,572.00	
R	2,259.70	
R	5,174.40	
R	4,846.90	

4 THEATRE FEES

061 Excimer Laser Theatre fee: per minute

R 38.40

212 Day Clinic Theatre fee: per minute - for admission to a 57 & 58 Practice only
Application of this fee is subject to the Rules defined in ANNEXURE A.

R 142.20

The items under code 181 that are listed as non-recoverable under section 5.4 shall be deemed to be included in major theatre or minor theatre fees, and no charge in respect thereof may be levied

Minor Theatre, regardless of type of theatre available, the incident is procedure driven and not facility driven

A facility where simple procedures, which require limited instrumentation and drapery, minimum nursing input and short or no general anaesthetic, are carried out. No Sophisticated monitoring is required but resuscitation equipment (trolley must be available in the procedure room. Conscious sedation by arrangement with scheme.

4.1 Minor Theatre**Time in Theatre**

The exact time of admission to and discharge from the minor theatre shall be stated, upon which the minor theatre charge shall be calculated as follows

071 Charge per minute

R 58.40 R 48.30

4.2 Major theatre**Specialised Theatre Modifiers**

In addition to the theatre charge calculated as above, a surcharge (modifier 0002 and/or 0003) shall be allowed in cases where specialised theatres referred to in General Rule E.1.1 are utilised for the performance of any of the under mentioned procedures, whether carried out individually or in combination with each other, this surcharge shall be deemed to cover the equipment in the criteria.

Note: For Specialised intensive care units and specialised theatres.

0002 Modifier 0002: Orthopaedic, Neurosurgical and Vascular:

- Joint replacements (only hip, knee, shoulder ankle or elbow)
- Femoral popliteal bypasses
- Carotid endarterectomies
- Aortic Aneurysm repair and arterial grafts
- Neurosurgery (Brain and spinal cord surgery only, excludes neurolysis)

R 4,062.50

0003 Modifier 0003: Cardiac surgery

- Cardio-thoracic and Cardio-vascular surgery
- All open heart surgery, with or without the insertion of a prosthesis, coronary artery bypass grafts and heart transplants. Includes all equipment, no additional fees may be charged

R 12,007.50

Time in Theatre

The exact time of admission to and discharge from theatre shall be stated, upon which the theatre charge shall be calculated as follows

081 Charge per minute

R 168.80 R 128.70

5 PROCEDURAL FEES

The fees quoted for items 052 to 056, 070 and 073 shall be all-inclusive and no additional charges of whatsoever nature may be raised, except for any items chargeable in terms of Section 5 hereof.

NOTE: Ward fees may however be chargeable together with items 053, 054, 055, 056, 070 and 073.

5.1 Procedures

052 Procedures carried out in X-ray department using hospital owned equipment under general anaesthetic.

R 828.40

053 Angiogram

R 828.40

055 Electroconvulsive therapy (ECT)

R 828.40

5.2 Catheterisation laboratory procedures:

054 Cardiac angiography and catheterisation, and other intravascular procedures, angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue monoplane unit, and in a hospital equipped to perform the relevant surgery.

R 2,970.40

073 Cardiac angiography and catheterisation, and other intravascular procedures, angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital monoplane unit, and in a hospital equipped to perform the relevant surgery.

R 16,441.80

056 Cardiac angiographies and catheterisation, and other intravascular procedures, angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised analogue bi-plane unit, and in a hospital equipped to perform the relevant surgery.

R 5,593.70

070 Cardiac angiography and catheterisation, and other intravascular procedures, (angioplasty, placement of pacemakers, stents and embolisation or embolectomy when carried out in a facility equipped with a recognised digital bi-plane unit, and in a hospital equipped to perform the relevant surgery.

R 22,232.00

075 Catheterisation laboratory film price (once per procedure)

R 286.60

5.3 Radiation Oncology**Simulation - Fixed custom made**

902 Simple - Simulation of a single area with either a single port or parallel opposed ports.

Simple or no blocking or use of custom/home made simulation

903 Intermediate - Simulation of three or more converging ports, two separate treatment areas or multiple blocks.

904 Complex - Simulation of tangential portals, three or more treatment areas, rotation or arc therapy, complex blocks, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast

905 Computerised Tomographic

Treatment Planning

- 906 Manual
- 907 Simple - Planning requiring single treatment area of interest in a single port or simple parallel opposed ports with simple or no blocking
- 908 Computerised (intermediate) - Planning requiring three or more ports, two separate treatment areas, multiple blocks or special time dose constraints
- 909 Computerised (complex) - Planning requiring highly complex blocking, custom shielding blocks, tangential ports, special wedges or compensators, three or more separate treatment areas, rotational or special beam considerations or a combination of therapeutic modalities

Technical Aids

- 910 Control films (As per radiology film price list)
- 911 Dosimetric procedures
- 912 Artefacts: Simple - design and construction (simple block or bolus)
- 913 Artefacts: intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus)
- 914 Artefacts: complex (specify) - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts)

Linear accelerator treatment

- 915 Photon treatment, first field
- 916 Global fee for additional fields (to be charged once only)
- 917 Electron treatment
- 919 Brachytherapy - global fee per patient

5.4 Stereotactic radiosurgery

Included in item 430:

- Stereotactic frames and attachments
- Linear Accelerator
- Specialised graphic planning, hardware and software
- Simulator and dark rooms
- 10 dental films
- Stereotactic masks
- All disposables
- 4 to 20 Graphic transparencies (including 1 week of planning)
- 2 trained radiographers
- Fixation and immobilisation
- Nuclear Specialist Medical Physicist
- Duration 1 - 4 hours
- 2 treatment radiographers

Excluded from fee:

- Other medical practitioners
- CT & MRI

430 Global fee for stereotactic radiosurgery

399 Linear Accelerator radiosurgery - Global Fee

Item 399 is an all-inclusive single global radiosurgery fee, payable to a hospital. This item includes item 430, all imaging and all clinical fees. The hospital is responsible for reimbursement of all fees to all the professional providers of service involved in the treatment rendered under this item.

6 STANDARD CHARGES FOR EQUIPMENT AND MATERIALS

224 Stone basket (reusable) for the removal of kidney-, bladder- or gallstones: Per case	R	2,834.40
225 Stereotactic equipment for use in neuro-surgical procedures, when used in conjunction with x-rays, MRI scans or CAT scans: Per case	R	2,710.10
226 Continuous Passive Exerciser: Per day.	R	214.50
227 Operating microscope - motorised. This is applicable to a binocular operating microscope with motorised focusing, positioning and zoom magnification changer. Spinal, intra-cranial and ophthalmic surgery only (all ENT and other surgery excluded): Per case	R	599.30
228 Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case	R	294.80
360 Category 1 - Diagnostic laparoscopy and thoracoscopy, Sterilisation; Saplingectomy; Cyst Aspiration, per case. See Annexure A for category list. Includes Re-usable laparoscopic Instrumentation as below: -Light guide Cable -Hi Frequency Cord -Graspers -Dissector -Electro Surgical Instrument	R	2,316.90
364 Category 2 - Including all other laparoscopic procedures and this includes Thoracic and Urological procedures, per case. Includes the following Re-usable/responsible Laparoscopic Instrumentation: -Light Guide Cable -Hi Frequency Cord -Endoscopic Needle Holder (2) -Graspers -Grasper - a-traumatic -Dissectors -Scissors -Suction Irrigation -Instrument Suction/ Cautery instrument -Electro Surgical Instrument	R	3,602.30
230 Patient-controlled analgesia pump, being a programmable reusable analgesia infusion system, providing patient control and/or continuous analgesia modes with mechanisms to limit self administration per time period and with lockout interval. Applicable only to administration of analgesics: Per day	R	227.70

Note: Chargeable in the following instances

- Major joint replacement
- Open, upper abdominal surgery
- Severe burns
- Paediatrics in special cases on motivation
- Thoracotomies (motivation by practitioner)
- Intractable pain associated with malignancy

Not applicable in ICU and specialised units. 1 per patient for maximum of 48 hours in ward

231 Cardiac monitors – (in private, general and high care wards only): Per day or part thereof
 232 Bird or equivalent free standing nebuliser (excluding oxygen): Per day
 233 Croupettes (excluding oxygen): Per day or part thereof
 234 Incubators (excluding oxygen) (not chargeable together with items 215 to 218: Per day
 235 Oxygen tents (excluding oxygen): Per day or part thereof
 236 Mechanical ventilator or equivalent (only in ICU and High Care ward where no ICU is available) (excluding oxygen): Per day or part thereof

R	247.30	
R	176.80	
R	49.20	
R	93.40	
R	82.00	
R	1,157.60	

237 CUSA (plus CUSA pack as per Section 5)
 238 Lasers - Argon (ophthalmic)
 239 Lasers - CO2 (surgical)
 241 Lasers - Candella (Rates by arrangement with the scheme concerned)
 335 Excimer laser: Hire fee per eye
 337 Microkeratome used with an excimer laser, per operation
 242 Occutomes
 243 Lasers - YAG (ophthalmic)
 244 Lasers - YAG (surgical)

R	3,823.50	
R	1,184.00	
R	1,531.00	
R	3,894.00	
R	4,178.80	
R	767.90	
R	502.60	
R	1,336.10	
R	1,662.00	
R	1,054.60	

220 Ballistic Lithotripsy/Lithoclast: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment
 221 Ballistic Lithotripsy/Lithoclast : Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)

R	702.50	
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339 Ballistic lithotripsy magnetic: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment

R	466.50	
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341 Ballistic lithotripsy magnetic: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)

R	311.30	
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222 Laser Lithotripsy: First lithotripsy treatment for one or more stones in same kidney which are eliminated in one treatment

R	7,028.00	
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223 Laser Lithotripsy: Second lithotripsy treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)

R	4,683.20	
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245 First Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment for one or more stones in same kidney which are eliminated in one treatment

R	15,385.60	
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246 Second Extra Corporeal Shock Wave Lithotripsy (ESWL) treatment on same kidney (Hospitals shall provide a certificate by the attending surgeon certifying that a second treatment was medically necessary)

R	10,248.90	
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Note: The fees in respect of items 220 to 223, 245 to 246 and 339 to 341 are inclusive of all equipment and components but exclusive of theatre fees and items chargeable under Section 5.
 The C-arm (item 249) and screening table (item 251) are not chargeable with these equipment fees.

249 C Arm (not chargeable when Modifiers 0002, 0003 or item 251 applies).
 250 Ultrasonic imaging equipment

R	468.40	
R	830.10	

(Limited to real-time imaging equipment for transrectal applications with needle-biopsy capability or Doppler ultrasound for vascular anatomy and haemo-dynamics)

Note: This can be used for infertility treatment

251 Screening table - fixed base urology table (including all radiographic equipment) (See item 249) (May not be used in conjunction with items 220 to 223, 245 to 246 and 339 to 341)

R	1,121.60	
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252 Gastroscope (fibre optic/flexible only)
 253 Colonoscope (fibre optic/flexible only)
 254 Duodenoscope (fibre optic/flexible only)
 255 Sigmoidoscope (fibre optic)
 343 Sigmoidoscope (rigid, adults)
 345 Sigmoidoscope (rigid, paediatrics)
 256 Bronchoscope (flexible/fibre optic, adults)
 347 Bronchoscope (flexible/fibre optic, paediatrics)

R	655.00	
R	733.50	
R	694.20	
R	563.30	
R	116.40	
R	93.40	
R	463.40	
R	463.40	

Note: For codes 252-256 and 343-347, reusable biopsy and polyp forceps are included in the fee.

348 Bronchoscope (rigid, adults)
 349 Bronchoscope (rigid, paediatrics)
 257 Laryngoscope (fibre optic/flexible excluding intubation)
 258 Sinoscope (rigid only)
 259 Oesophagoscope (rigid only)
 261 Hysteroscope
 262 Colposcope (Not chargeable when item 239 applies)
 263 Cysto Urethroscope
 519 Uretho Reno Fibroscope, per case
 264 Arthroscope (including basic reusable instruments and equipment)

R	185.10	
R	270.10	
R	270.10	
R	307.70	
R	152.30	
R	193.30	
R	270.10	
R	230.90	
R	826.90	
R	579.80	

Note: The basic reusable instruments and equipment (which would always include the equivalent to the items named) are included in the fee of item 264 (see list below):

- Telescope, light source, cable
- Monitor
- Electrosurgical instrument
- High frequency cord
- Obturator
- Camera
- Focussing camera coupler
- Control console, footswitch
- Probe, scissors, (hooked, parrot beak), gasper, forceps (punch basket, duckbill), camelback handle, powered arthroplasty system, handpiece.

266 Large disposable sterile trays - per tray (excluding theatre). (See section 5.6)
 267 Sterile disposable swabbing and ENT trays - per tray (excluding theatre). (See section 5.6)

269 Soluble bags for barrier nursing only, limited to 2 per patient per day. (See Section 5.6) (See Section 5.6)

294 Transcranial Doppler

R	1,377.10	
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295 Ultrasonic Cutting and Coagulating Devices e.g. Harmonic Scalpel or equivalent (See section 5.5.3 for reusable components)

R	378.30	
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507 Argon Beamer (See section 5.5.2 for reusable and responsible components)

R	140.70	
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Note : The Argon Beamer will not apply where a standard electrosurgery unit is used. It can only be used with surgery on internal organs and in neurosurgery.

509 Endometrial Resection (Radio frequency)
 511 Colour Doppler (external)
 513 Transoesophageal Colour Doppler
 515 Cardiohythm Ablater
 517 Phaco emulsifier
 521 OAS Frameless Stereotaxy
 523 OPD Tacography
 525 RFG3C Lesion Generator (Rhizotomy)

R	926.80	
R	2,772.20	
R	3,345.20	
R	1,822.60	
R	900.70	
R	9,751.00	
R	157.20	
R	3,157.00	

527 Swift Lase Kit (Tonsillectomy)
 529 Bard Apparatus (can be charged with 054)
 531 Densitometer
 533 Civus (Cardiac Intra-vascular Ultrasound)(May be charged in addition to catheterization)
 535 Ivus (Intra-vascular Ultrasound)
 537 Reusable patient return electrode/grounding pad using a capacitive coupling technique for use in electrosurgery.

R	615.70	
R	2,361.20	
R	1,455.60	
R	3,952.90	
R	8,685.10	
R	36.00	

Disposable cover is non-chargeable. This item may not be charged together with any disposable monitoring style gel pads or when techniques other than electrosurgery are used. (e.g. not to be charged with the ultrasonic cutting and coagulating device or equivalent).

Equipment fees for automated, stereotactic, digital imaged surgical breast biopsy

540 Stereotactic guided digital imaged breast biopsy procedure
 541 Stereotactic guided digital imaged cover needle biopsy
 542 Stereotactic guided digital imaged vacuum assisted core needle biopsy
 543 Stereotactic guided digital imaged fine needle aspiration
 544 Mammotome Stereotactic Driver - vacuum assisted core needle biopsy. (UNDER REVIEW)
 545 Mammotome Hand Held ultrasound vacuum assisted vacuum core needle biopsy. (UNDER REVIEW)
 560 Low pressure hyperbaric oxygen treatment protocol. (By arrangement)
 562 Standard pressure hyperbaric oxygen treatment protocol. (By arrangement)
 564 US Navy TT5 treatment protocol. (By arrangement)
 566 US Navy TT6 treatment protocol. (By arrangement)
 568 US Navy TT6 extended treatment protocol. (By arrangement)
 950 Cool tip Radio Frequency Ablation System
 570 Comex 30 treatment protocol. (By arrangement)
 572 US Navy Table 6A treatment protocol. (By arrangement)
 574 Pressure relieving mattress hire fee, per day
 576 Infrared Coagulator: per use
 578 Prostatic hyperthermia and thermotherapy: per case
 580 AV 6000 impulse foot pump: per case
 582 Selector ultrasonic aspirator
 584 Cryosurgery acuprobe
 594 Motility machine
 596 Ph recorder
 604 C-Arm Modular
 606 Epilepsy monitoring system
 608 Lynx ultrasound scanner
 610 Intra-operative multi-frequency probe
 612 Flexible laparoscopic probe
 613 Oscillating ventilator
 614 Urodynamic unit
 616 Cryotherapy Global Fee

R	15,942.30	
R	9,379.30	
R	9,379.30	
R	6,568.00	
R	-	
R	-	
R	745.10	
R	1,115.00	
R	2,975.30	
R	4,462.00	
R	8,924.30	
R	3,101.40	
R	-	
R	-	
R	-	
R	-	
R	14,963.20	
R	-	
R	-	
R	-	
R	-	
R	3,730.10	
R	2,749.30	
R	2,988.50	
R	1,488.40	
R	2,155.00	
R	1,387.20	
R	3,270.00	
R	160,827.10	

833 Anaesthetic Machine
 952 Cartoelectroph 3D Mapping
 837 Centrifuge
 839 Cholecho-Fiberscope
 550 Image Guided Surgery System

R	-	
R	11,197.00	
R	663.50	
R	1,092.40	
R	8,930.10	

Equipment fee for dynamic (non-frame based - StealthStation) stereotactic image guided referencing surgery and treatment planning used in conjunction with CT or MRI imaging in pre-authorized cranial, spinal and ENT procedures, per procedure

843 Intra-operative Nerve Monitor
 836 Lead Point Generator & Work Station
 840 Liposuction Device
 838 Micro-drive
 834 Thrombectomy System
 835 Vascular Pressure & Flow Measuring Device
 842 Vessel Sealing & Tissue Fusion Device
 844 Double-Balloon Enteroscope

R	1,187.90	
R	10,009.40	
R	1,247.40	
R	2,019.60	
R	2,301.10	
R	3,207.40	
R	376.10	
R	2,122.10	

7 STANDARD DRUG, MATERIAL, CONSUMABLE AND DISPOSABLE CHARGES

(Only substances controlled by the South African Medicines and Medical Devices Regulatory Authority/Medicine Control Council)

It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the correct NAPPPI code is supplied on the account. The prices and Nappi codes on the Medi-Kredit Product File under the jurisdiction of the NAB (Nappi Advisory Board) shall apply. If a product is charged on a Nappi code, no further documentation eg copies of invoices would be supplied to the Funder. If a product specific Nappi code can not be allocated to an item eg Prostheses, Imported products and special authorised Ethicals, the applicable "non specific" Nappi code as on the Medi-Kredit File should be used and a Funder may request a copy of the invoice.

Not applicable to Private Patients

7.1 Inpatients and day patients: Dispensed items including ampoules, over the counter and proprietary items issued to inpatients, day patients and TTO's

The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor).

All items which patients take home as TTO's must be shown on accounts.

- 272 Pharmacy
- 278 Ward stock
- 282 Theatre
- 273 To take out

7.2 Emergency Room: Dispensed items including ampoules, over the counter and proprietary items and TTO's issued to patients treated in the emergency room

The amount charged for any item shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor).

All items which patients take home as TTO's must be shown on accounts.

- 407 Pharmacy
- 411 Theatre
- 413 To take out

7.3 Recommended Guide to Reimbursement for Consumable and Disposable Items charged by Private Hospitals and Same Day Surgery Facilities List

182 Consumable and Disposable items charged in respect of Wards, High Care and all Intensive Care Units and Emergency Rooms.

7.4 Fractional charges

Note: Fractional charges can only apply to reusable and responsible products

Net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor) to be charged per case at the fractional rates indicated below.

7.4.1 Reusable/Responsible drills, burrs, cutters, guide pins, blades (e.g. Stryker or equivalent)

280 Neuro/Craniotomy	33.3%
432 Arthroscopy	20.0%
433 Orthopaedic	33.3%
437 Mastoidectomy and major ear surgery	33.3%
439 Maxillo- Facial drills and burrs (not applicable to oral surgery, eg wisdom teeth)	33.3%

7.4.2 Surgical laser fibre optic leads, hand pieces and probes, scalpels, argon beamer instruments (Reusable/responsible components)

281 Vascular surgery	100.0%
443 General surgery	12.5%
445 Gynaecology	12.5%
447 Ophthalmic	12.5%
449 Urology	12.5%
451 ENT	12.5%
453 Orthopaedic	12.5%

Hospitals/unattached operating theatre units shall show the name and reference number of each item together with the manufacturer's name, and schemes shall have the right to call for such invoices from the institution concerned

7.4.3 Ultrasonic Cutting and Coagulating Devices (reusable and responsible components)

General surgery, Gynaecology, Cardio-Vascular and Urology	
455 Handpiece and Cable Assembly (one unit)	1.0%
456 Coagulating Shear (Laparoscopic/open)	33.3%
458 Coagulating Shear - Single use (Laparoscopic/open) Refer to 5.6	-
457 Blades (sharp hook, dissecting hook, ball)	12.5%
459 Blades - Single use (sharp hook, dissecting hook, ball) Refer to 5.6	-

7.4.4 Reusable/responsible warm air blankets, laryngeal masks, fluoroshield gloves and diathermy pencils - Further information refer to section 5.4.

The warm air blanket should be charged in the following cases:

- Infants
- Elderly patients,
- Patients exposed for a long period of time e.g. orthopaedic table
- Post traumatic hypothermia (items 429 or 436)
- Cardio-thoracic hypothermic patients in recovery and ICU (items 429 or 436)

429 Disposable warm air blanket - Single use - for above cases only	100.0%
431 Diathermy pencils re-usable	33.3%
Diathermy Pencil Single use	-
435 Laryngeal masks (re-usable)	-
Laryngeal Masks Single use	100.0%
436 Reusable/responsible warm air blankets - for above cases only	33.3%
441 Fluoroshield gloves (1 pair per procedure)	33.3%

7.4.5 Single use laparoscopic instrumentation

	100.0%
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7.4.6 Semi disposable endoscopic equipment

Veress needle	10.0%
Trocar Sleeves	1.0%
Graspers	2.0%
Dissectors	5.0%
Babcock	5.0%
Babcock inserts	100.0%
Scissors	10.0%
Handle for Grasper, Scissors	1.0%
Single use scissor / babcock / dissector tips to be used with handle	100.0%
Re-usable tips Scissor / babcock etc	10.0%
Clip Applier Cartridges single use	100.0%
Clip Applier re-usable handle	5.0%

7.4.7 Semi disposable Skin Staplers

Handle	10.0%
Cartridge (single use)	100.0%

7.4.8 Re-usable Theatre gowns

Charnley Type	5.0%
Barrier type eg. Goretex; Priontex	5.0%

7.4.9 Stone Stone Baskets semi-re-usable

Re-usable handle	20.0%
Sheath single use	100.0%

7.5 Consumable, disposable, and surgical items

(including sutures, skin graft blades, trephines, external fixators and Beaver blades (Beaver blades not chargeable in myringotomy) and disposable small and large dressing trays, and items not otherwise dealt with in section 5)
(When used in ward or theatre)

Net acquisition price inclusive of VAT (unless the facility is not a registered VAT vendor). Items to be fully specified

- 417 Pharmacy
- 419 Ward stock
- 421 Theatre

7.6 GassesOxygen and Nitrous Oxide

(For both gases together, per minute)

283 PWV area	R	-
701 Cape Town	R	-
702 Port Elizabeth	R	-
703 East London	R	-
704 Durban	R	-
705 Other areas	R	-

Oxygen, ward use

(Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex)

284 PWV area	R	-
710 Cape Town	R	-

711 Port Elizabeth	R	-
712 East London	R	-
713 Durban	R	-
714 Other areas	R	-

Oxygen, recovery room

(Flat rate for oxygen per case)

720 PWV area	R	-
721 Cape Town	R	-
722 Port Elizabeth	R	-
723 East London	R	-
724 Durban	R	-
725 Other areas	R	-

Oxygen in Theatre

(Fee for oxygen per minute in the operating theatre when no other gas administered)

730 PWV area	R	-
731 Cape Town	R	-
732 Port Elizabeth	R	-
733 East London	R	-
734 Durban	R	-
735 Other areas	R	-

Carbon Dioxide

291 Per minute	R	-
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Laser Mix

292 Per minute	R	-
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Entonox

293 Per 30 minutes	R	-
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7.7 Inhalation anaesthetics

285 Halothane (Halothane): per minute	R	-
752 Ethrane (Enflurane): per minute	R	-
753 Forane (Isoflurane): per minute	R	-
754 Isofor (Isoflurane): per minute	R	-
759 Fluothane (Halothane), per minute	R	-
758 Alyrane (Enflurane): per minute	R	-
757 Aerrane (Isoflurane): per minute	R	-
756 Suprane (Desflurane), per minute	R	-
755 Ultane (Sevoflurane): per minute	R	-

7.80 Prostheses Implants (Surgically implanted)

Prostheses shall mean a device to replace a missing part of the body due to disease or trauma.

286 surgically implanted, and shall be deemed to include all components such as pins, rods, screws, plates or similar items, forming an integral and necessary part of the device so implanted, and shall be charged as a single unit. Cement with Antibiotic to be excluded from Prostheses. Pins, rods, screws, plates or similar items, when used independently of a prosthesis and for the purpose of furthering any healing process, shall be chargeable. Implant : A device to assist the body in maintaining normal function and or healing of an injured part. This may be temporary or permanent.

Hospitals/unattached operating theatre units shall show the name and reference number of each item. The manufacturer's name, and suppliers invoices should be attached to the account and the components should be specified on the account.

Not applicable to Private Patients

Net acquisition price on suppliers invoice, inclusive of VAT (unless the facility is not a registered VAT vendor), by prior arrangement with scheme.

Not applicable to Private Patients

7.9 Medical artificial items (non-prostheses)

287 According to agreement with schemes concerned. (Examples of items included hereunder shall be wheelchairs, crutches and stoma accessories. Copies of invoices shall be supplied to schemes.

Not applicable to Private Patients

7.10 Transportation Charges

An additional charge may be made to cover the cost of railage paid on items sent to areas outside the supplier's free delivery area (Not applicable to instruments)

7.11 Price increases

There would be no price increases for any item listed under .283 to .285 and .291 to .292. for the tariff period concerned.

7.12 Blood charges

289 Routine blood charges, when incurred in respect of blood or related products procured from a recognised blood bank for transfusion purposes (fixed fee)	R	185.10
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297 Emergency collection – _____ per collection in metropolitan area. Claims for this item code must be supported by documentary evidence of the patient's condition	R	1,120.00
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288 Emergency non-crossmatched blood ex hospital (i.e. on stand-by) - Number of units and nature of emergency to be specified and copy of invoice included.

This item is only chargeable when a private hospital supplies O-negative whole blood to a patient in an emergency situation. A motivation stating the reason for administering the O-negative blood must accompany the account and no mark-up is permitted on this item.

7.13 Disposable Patient Controlled Analgesia Pump

Chargeable in the following instances
 -Major joint replacement
 -Major surgery eg hysterectomies, lower abdominal surgery (motivation by practioner)
 -Open, upper abdominal surgery
 -Severe burns
 -Paediatrics in special cases on motivation
 -Thoracotomies (motivation by practitioner)
 -Intractable pain associated with malignancy

The PCA pump will be limited to 1 per patient per 48 hours.

8 NON STANDARD ITEMS/SERVICES

849 ICU Add-On: Per day (only applicable at Wits Donald Gordon Medical Centre)
 872 Liver Transplant: Global Fee (only applicable at Wits Donald Gordon Medical Centre)
 873 Transplant Theatre: Modifier (only applicable at Wits Donald Gordon Medical Centre)
 59105 Rehabilitation: Global Fee (only applicable at Muelmed Medicinic)

R	673.10
R	881,403.00
R	50.00
R	3,800.00

ANNEXURE A

RULES for the Application of tariff items 212 and 219:

- Only procedures listed in the table below will be subject to tariff items 212 and 219.
- Tariff items 212 and 219 will only apply to patients who are admitted and discharged on the same calendar day. In other words, if a patient sleeps over, the normal theatre and accommodation tariffs will apply.

CPT Code	Description
8132	GROSS PULPAL DEBRIDEMENT PRIMARY/PERMANENT TEETH EMERGENCY
8201	EXTRACTION SINGLE TOOTH
8202	EXTRACTION EACH ADDITIONAL TOOTH SAME QUADRANT
8209	SURGICAL REMOVAL OF ERUPTED TOOTH
8213	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS
8214	SURGICAL REMOVAL OF SUBSEQUENT RESIDUAL TOOTH ROOTS
8229	APICECTOMY
8231	COMPLETE DENTURES - MAXILLARY AND MANDIBULAR
8232	COMPLETE DENTURES - MAXILLARY OR MANDIBULAR
8244	IMMEDIATE DENTURE MAXILLARY COMPLETE DENTECTOMY
8307	PULPOTOMY
8330	REMOVAL INSTRUMENTATION / IMPLANTS
8341	FILLING AMALGAM ONE SURFACE
8342	FILLING AMALGAM TWO SURFACES
8343	FILLING AMALGAM THREE SURFACES
8344	FILLING AMALGAM FOUR OR MORE SURFACES
8351	FILLING RESIN ONE SURFACE ANTERIOR
8352	FILLING RESIN TWO SURFACES ANTERIOR
8353	FILLING RESIN THREE SURFACES ANTERIOR
8354	FILLING RESIN FOUR OR MORE SURFACES ANTERIOR
8367	FILLING RESIN ONE SURFACE POSTERIOR
8368	FILLING RESIN TWO SURFACES POSTERIOR
8369	FILLING RESIN THREE SURFACES POSTERIOR
8370	FILLING RESIN FOUR OR MORE SURFACES POSTERIOR
8578	PREFABRICATED ABUTMENT
8756	SURGICAL EXPOSURE IMPACTED UNERUPTED TEETH
8757	FRENECTOMY
8758	SURGICAL EXPOSURE IMPACTED/UNERUPTED TEETH ORTHODONTICS
8760	APICECTOMY RETROGRADE FILLING ANTERIOR TEETH
8764	APICECTOMY RETROGRADE FILLING POSTERIOR TEETH
8937	REMOVAL ERUPTED TOOTH ELEVATE MUCOPERIOSTEAL FLAP
8941	REMOVAL FIRST TOOTH
8943	REMOVAL SECOND TOOTH
8945	REMOVAL THIRD TOOTH
8947	REMOVAL FOURTH AND SUBSEQUENT TOOTH
8953	REMOVAL RESIDUAL TOOTH ROOTS
8955	REMOVAL RESIDUAL TOOTH ROOTS EACH SUBSEQUENT TOOTH
8957	ALVEOLOTOMY OR ALVEOLECTOMY
8981	SURGICAL EXPOSURE IMPACTED/UNERUPTED TEETH ORTHODONTIC
8985	FRENECTOMY (MAX-FACIAL)
8987	REDUCTION OF MYLOHYOID RIDGES PER SIDE
8989	TORUS MANDIBULARIS REDUCTION PER SIDE
8991	TORUS PALATINUS REDUCTION
8993	REDUCTION OF HYPERTROPHIC TUBEROSITY PER SIDE
9005	TOTAL ALVEOLAR RIDGE AUGMENTATION BY BONE GRAFT
9008	ALVEOLAR RIDGE AUGMENTATION ACROSS 1-2 ADJACENT TEETH
9009	ALVEOLAR RIDGE AUGMENTATION ACROSS 3 OR MORE TEETH
9015	APICECTOMY ROOT FILLING IF NEEDED ANTERIOR TEETH
9016	APICECTOMY ROOT FILLING IF NEEDED POSTERIOR TEETH
9048	REMOVAL INTERNAL FIXATION DEVICES PER SITE
9180	PREPARE FOR SUB-PERIOSTEAL IMPLANT
9181	PLACEMENT SUB-PERIOSTEAL IMPLANT PROSTHESIS
9182	PLACEMENT ENDOSTEAL IMPLANT
9183	PLACEMENT SINGLE OSSEO-INTEGRATED IMPLANT PER JAW
9184	PLACEMENT SECOND OSSEO-INTEGRATED IMPLANT IN SAME JAW
9185	PLACEMENT THIRD & SUBSEQUENT OSSEO-INTEGRATED IMPLANT
9190	EXPOSURE SINGLE IMPLANT
9191	EXPOSURE SECOND IMPLANT
9192	EXPOSURE THIRD AND SUBSEQUENT IMPLANT
9198	REMOVAL OF IMPLANT
10120	REMOVE FOREIGN BODY SKIN SUBCUTANEOUS TISSUE SIMPLE
10121	REMOVE FOREIGN BODY SKIN SUBCUTANEOUS TISSUE COMPLEX
11100	BIOPSY SKIN/SUBCUTANEOUS/MUCOUS MEMBRANE SINGLE LESION
11101	BIOPSY SKIN/SUBCUTANEOUS/MUCOUS MEMBRANE EACH ADD. LESION
11200	REMOVE SKIN TAGS/MOLES ANY METHOD 1-15 LESIONS
11201	REMOVE SKIN TAGS/MOLES ANY METHOD EACH ADD. 10 LESIONS
11301	SHAVE SKIN LESION TRUNK/LIMBS <1CM
11302	SHAVE SKIN LESION TRUNK/LIMBS <2CM
11303	SHAVE SKIN LESION TRUNK/LIMBS OVER 2CM
11305	SHAVE SKIN LESION SCALP/NECK/HAND/FEET/GENIT <0.5CM
11311	SHAVE SKIN LESION FACE/EAR/EYELID/NOSE/LIP 0.6-1CM
11313	SHAVE SKIN LESION FACE/EAR/EYELID/NOSE/LIP OVER 2CM
11400	EXCISION BENIGN LESION TRUNK/LIMBS <0.5CM
11401	EXCISION BENIGN LESION TRUNK/LIMBS 0.6-1.0CM
11402	EXCISION BENIGN LESION TRUNK/LIMBS 1.1-2.0CM
11403	EXCISION BENIGN LESION TRUNK/LIMBS 2.1-3.0CM
11404	EXCISION BENIGN LESION TRUNK/LIMBS 3.1-4.0CM
11406	EXCISION BENIGN LESION TRUNK/LIMBS >4.0CM
11420	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET/GENIT <0.5CM
11421	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET/GENIT 0.6-1
11422	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET/GENIT 1.0-2
11423	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET/GENIT 2.1-3
11424	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET/GENIT 3-4CM
11426	EXCISION BENIGN LESION SCALP/NECK/HAND/FEET/GENIT >4CM
11440	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP <0.5CM
11441	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP 0.6-1.0
11442	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP 1.1-2.0
11443	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP 2.1-3.0
11444	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP 3.1-4.0
11446	EXCISION BENIGN LESION FACE/EAR/EYELID/NOSE/LIP >4.0CM
11600	EXCISION CA LESION TRUNK/LIMBS <0.5CM
11601	EXCISION CA LESION TRUNK/LIMBS 0.6-1.0CM
11602	EXCISION CA LESION TRUNK/LIMBS 1.1-2.0CM
11603	EXCISION CA LESION TRUNK/LIMBS 2.1-3.0CM
11604	EXCISION CA LESION TRUNK/LIMBS 3.1-4.0CM
11606	EXCISION CA LESION TRUNK/LIMBS OVER 4CM
11620	EXCISION CA LESION SCALP/NECK/HAND/FEET/GENIT <0.5CM
11621	EXCISION CA LESION SCALP/NECK/HAND/FEET/GENIT 0.6-1.0CM

11622	EXCISION CA LESION SCALP/NECK/HAND/FEET/GENIT 1.1-2.0CM
11623	EXCISION CA LESION SCALP/NECK/HAND/FEET/GENIT 2.1-3.0CM
11624	EXCISION CA LESION SCALP/NECK/HAND/FEET/GENIT 3.1-4.0CM
11626	EXCISION CA LESION SCALP/NECK/HAND/FEET/GENIT OVER 4CM
11640	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP <0.5CM
11641	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP 0.6-1.0CM
11642	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP 1.1-2.0CM
11643	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP 2.1-3.0CM
11644	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP 3.1-4.0CM
11646	EXCISION CA LESION FACE/EYELID/EAR/NOSE/LIP OVER 4CM
11720	DEBRIDE NAIL(S) 1 TO 5 ANY METHOD
11730	REMOVE NAIL PLATE PARTIAL/COMPLETE SINGLE
11732	REMOVE NAIL PLATE PARTIAL/COMPLETE EACH ADD NAIL PLTE
11740	DRAINAGE BLOOD/HEMATOMA UNDER NAIL
11750	EXCISION NAIL/NAIL MATRIX PERMANENT REMOVAL
11752	EXCISION NAILBED - AMPUTATION TIP OF FINGER/TOE
11765	EXCISION WEDGE INGROWN TOENAIL SKIN OF NAIL FOLD
15850	REMOVE SUTURES ANY AREA SAME DOCTOR GA
15851	REMOVE SUTURES ANY AREA OTHER DOCTOR GA
15852	DRESSING CHANGE UNDER GA (NOT BURNS)
17000	DESTROY BENIGN SKIN LESION SINGLE ANY METHOD
17003	DESTROY BENIGN SKIN LESIONS 2-14 ANY METHOD
17004	DESTROY BENIGN SKIN LESION >15 ANY METHOD
17106	DESTROY VASCULAR SKIN LESION ANY METHOD <10 SQCM
17107	DESTROY VASCULAR SKIN LESION ANY METHOD 10-50 SQCM
17108	DESTROY VASCULAR SKIN LESION ANY METHOD >50 SQCM
17110	DESTROY WARTS/MOLLUSCUM/MILIA UP TO 14 ANY METHOD
17111	DESTROY WARTS/MOLLUSCUM/MILIA 15 OR MORE ANY METHOD
17250	CHEMICAL CAUTERISATION GRANULATION TISSUE/SINUS/FISTULA
17263	DESTROY CA LESION TRUNK/LIMBS 2.1-3.0 CM ANY METHOD
17264	DESTROY CA LESION TRUNK/LIMBS 3.1-4.0 CM ANY METHOD
17266	DESTROY CA LESION TRUNK/LIMBS >4.1 CM ANY METHOD
17270	DESTROY CA LESION SCALP/NECK/HAND/FEET/GENIT <0.5 CM
17271	DESTROY CA LESION SCALP/NECK/HAND/FEET/GENIT 0.6-1.0 CM
17273	DESTROY CA LESION SCALP/NECK/HAND/FEET/GENIT 2.1-3.0 CM
19000	ASPIRATION BREAST CYST SINGLE
19001	ASPIRATION BREAST CYST EACH ADDITIONAL CYST
19020	DRAINAGE BREAST ABSCESS/HEMATOMA MASTOTOMY
19100	BIOPSY BREAST NEEDLE CORE
19101	BIOPSY BREAST INCISIONAL
19102	BIOPSY BREAST PERCUTANEOUS NEEDLE CORE WITH IMAGING
19110	EXPLORE NIPPLE W/WO EXCISION MILK DUCT
19112	EXCISION BREAST/MILK DUCT FISTULA
19120	EXCISION BREAST/NIPPLE/DUCT ANY LESION
21282	REVISE EYELID LATERAL CANTHOPEXY
24006	CAPSULOTOMY RELEASE ELBOW JOINT CAPSULAR EXCISION
24350	REPAIR TENNIS ELBOW FASCIOTOMY
24357	TENOTOMY, ELBOW,(E.G., EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); PERCUTANEOUS
24358	TENOTOMY, ELBOW,(E.G., EPICONDYLITIS,TENNIS/GOLFER'S ELBOW); DEBRIDE, SOFT TISSUE/BONE, OPEN
24359	TENOTOMY, ELBOW,(E.G., EPICONDYLITIS,TENNIS/GOLFER'S ELBOW); DEBRIDE, SOFT TISSUE/BONE, OPEN WTH TENDON REPAIR/REATTACHMENT
25020	DECOMPRESSION FASCIOTOMY FOREARM/WRIST FLEXOR/EXTENSOR
25023	DECOMPRESSION FASCIOTOMY - DEBRIDEMENT FOREARM/WRIST
25111	EXCISION GANGLION WRIST PRIMARY
25112	EXCISION GANGLION WRIST RECURRENT
25320	REPAIR/REVISE WRIST CAPSULE / CAPSULORRHAPHY
26037	DECOMPRESSION FASCIOTOMY FINGERS/HAND
26040	RELEASE DUPUYTREN S CONTRACTURE PERCUTANEOUS FASCIOTOMY
26045	RELEASE DUPUYTREN S CONTRACTURE OPEN/PARTIAL FASCIOTOMY
26121	RELEASE PALM CONTRACTURE / FASCIOTOMY
26123	FASCIECTOMY SINGLE FINGER W/WO Z-PLASTY/SKIN GRAFT
26130	SYNOVECTOMY HAND CMC JOINT
26135	SYNOVECTOMY FINGER MCP JOINT
26140	SYNOVECTOMY FINGER IP JOINT
26145	SYNOVECTOMY PALM OR FINGER FLEXOR TENDON EXCISION
26160	EXCISION GANGLION/CYST HAND/FINGER
27600	FASCIOTOMY LEG ANTERIOR/LATERAL COMPARTMENTS
28008	FASCIOTOMY FOOT/TOE
28060	FASCIECTOMY PARTIAL EXCISION PLANTAR FASCIA
28062	FASCIECTOMY RADICAL EXCISION PLANTAR FASCIA
28090	EXCISION GANGLION/CYST FOOT
28092	EXCISION GANGLION/CYST TOE(S)
30000	DRAINAGE ABSCESS/HEMATOMA NOSE
30020	DRAINAGE ABSCESS/HEMATOMA NOSE SEPTUM
30110	REMOVE NOSE POLYPS SIMPLE
30124	EXCISION DERMOID CYST NOSE SIMPLE SKIN SUBCUTANEOUS
30125	EXCISION DERMOID CYST NOSE COMPLEX BONE OR CARTILAGE
30130	EXCISION NASAL TURBINATES PART/TOTAL TURBINECTOMY
30220	INSERT NASAL SEPTAL IMPLANT (BUTTON)
30300	REMOVE FOREIGN BODY INTRANASAL
30310	REMOVE FOREIGN BODY NOSE GENERAL ANESTHESIA
30520	REPAIR NASAL SEPTUM SEPTOPLASTY OR SUB MUCOUS RESECTION
30801	CAUTERISATION INNER NOSE MUCOSA SUPERFICIAL UNIBILAT.
30802	CAUTERISATION INNER NOSE INTRAMURAL UNIBILATERAL
30901	BLEEDING CONTROL NOSE ANTERIOR SIMPLE ANY METHOD
30903	BLEEDING CONTROL NOSE ANTERIOR COMPLEX ANY METHOD
30905	BLEEDING CONTROL NOSE POST. ANY METHOD/NASAL PACK FIRST
31000	ANTRUM WASHOUT/LAVAGE MAXILLARY SINUS
31002	ANTRUM WASHOUT/LAVAGE SPHENOID SINUS
31510	LARYNGOSCOPY INDIRECT WITH BIOPSY
31511	LARYNGOSCOPY INDIRECT REMOVE FOREIGN BODY
31512	LARYNGOSCOPY INDIRECT REMOVE LESION
31525	LARYNGOSCOPY DIRECT DIAGNOSTIC EXCEPT NEWBORN
31526	LARYNGOSCOPY DIRECT DIAGNOSTIC - OPERATING MICROSCOPE
31530	LARYNGOSCOPY DIRECT OPERATIVE REMOVE FOREIGN BODY
31531	LARYNGOSCOPY DIRECT MICROSCOPE REMOVE FOREIGN BODY
31535	LARYNGOSCOPY DIRECT OPERATIVE WITH BIOPSY
31536	LARYNGOSCOPY DIRECT MICROSCOPE WITH BIOPSY
31540	LARYNGOSCOPY DIRECT EXCISION TUMOR/V.CORD/EPIGLOTTIS
31541	LARYNGOSCOPY DIRECT MICROSCOPE EXC.TUMOR/V.CORDS/EPIGL.
31576	LARYNGOSCOPY FLEXIBLE/FIBROPTIC BIOPSY
36468	INJECTION SCLEROSING SOLUTION TELANGIECTASIA BODY
36469	INJECTION SCLEROSING SOLUTION TELANGIECTASIA FACE
40490	BIOPSY LIP
40500	PARTIAL EXCISION LIP VERMILIONECTOMY ADVANCE MUCOSA
40510	PARTIAL EXCISION LIP TRANSVERSE WEDGE
40520	PARTIAL EXCISION LIP V-EXCISION
40808	BIOPSY VESTIBULE OF MOUTH
40810	EXCISION LESION MOUTH MUCOSA/SUBMUCOSA
40812	EXCISION LESION MOUTH WITH SIMPLE REPAIR
40814	EXCISION LESION MOUTH COMPLEX REPAIR
40819	EXCISION LIP/CHEEK FOLD / FRENULECTOMY
40820	DESTROY MOUTH LESION/SCAR LASER/CRYO/CAUTERY/CHEMICAL
41010	INCISION LINGUAL FRENUM / FRENOTOMY
41100	BIOPSY/EXCISION TONGUE ANTERIOR TWO-THIRDS
41105	BIOPSY/EXCISION TONGUE POSTERIOR ONE-THIRD
41108	BIOPSY/EXCISION MOUTH FLOOR
41110	EXCISION LESION TONGUE NO CLOSURE

41112	EXCISION LESION TONGUE ANTERIOR TWO-THIRDS CLOSURE
41114	EXCISION LESION TONGUE CLOSURE WITH LOCAL FLAP
41115	EXCISION TONGUE FOLD/LINGUAL FRENUM / FRENECTOMY
41116	EXCISION LESION MOUTH FLOOR
41820	EXCISION GUM / GINGIVECTOMY
41822	EXCISION GUM LESION DENTOAALVEOLAR FIBROUS NODULES
41823	EXCISION GUM LESION DENTOAALVEOLAR BONY NODULES/SPURS
41828	EXCISION HYPERPLASTIC ALVEOLAR MUCOSA EACH QUADRANT
41899	UNLISTED PROCEDURE DENTOAALVEOLAR STRUCTURES
42100	BIOPSY PALATE/UVULA MOUTH ROOF
42160	DESTROY LESION PALATE/UVULA CAUTERY/CRYOLASER
42408	EXCISION SUBLINGUAL SALIVARY CYST
42809	REMOVE FOREIGN BODY PHARYNX
42820	TONSILLECTOMY - ADENOIDECTOMY <12YEARS
42821	TONSILLECTOMY - ADENOIDECTOMY >11YEARS
42825	TONSILLECTOMY <12YEARS
42826	TONSILLECTOMY >11YEARS
42830	ADENOIDECTOMY <12YEARS
42831	ADENOIDECTOMY >11YEARS
42835	ADENOIDECTOMY SECONDARY <12YEARS
42836	ADENOIDECTOMY SECONDARY >11YEARS
42860	EXCISION TONSIL TAGS
42870	EXCISION/ABLATION LINGUAL TONSIL ANY METHOD
43200	OESOPHAGOSCOPY DIAGNOSTIC W/WO SPECIMEN BRUSH/WASHING
43202	OESOPHAGOSCOPY BIOPSY
43204	OESOPHAGOSCOPY INJECTION OESOPHAGEAL VARICOSE VEINS
43215	OESOPHAGOSCOPY REMOVE FOREIGN BODY
43219	OESOPHAGOSCOPY INSERTION PLASTIC TUBE/STENT
43220	OESOPHAGOSCOPY BALLOON DILATATION < 30CM
43226	OESOPHAGOSCOPY DILATION OVER A GUIDE WIRE
43228	OESOPHAGOSCOPY ABLATION TUMOR/POLYP LASER
43450	DILATION OESOPHAGUS UNGUIDED SOUND OR BOUGIE
43453	DILATION OESOPHAGUS OVER GUIDE WIRE
43456	DILATION OESOPHAGUS BALLOON/DILATOR RETROGRADE
43458	DILATION OESOPHAGUS BALLOON (>30CM) FOR ACHALASIA
44388	COLONOSCOPY VIA STOMA DIAGNOSTIC W/WO WASH SPECIMEN
44389	COLONOSCOPY VIA STOMA BIOPSY SINGLE/MULTIPLE
44394	COLONOSCOPY VIA STOMA REMOVE TUMOR/POLYP BY SNARE
45300	SIGMOIDOSCOPY RIGID DIAGNOSTIC W/WO WASH/BRUSH SPECIMEN
45303	SIGMOIDOSCOPY RIGID DILATION RECTUM/SIGMOID
45305	SIGMOIDOSCOPY RIGID BIOPSY RECTUM/SIGMOID COLON
45308	SIGMOIDOSCOPY RIGID REMOVE TUMOR/POLYP/LESION CAUTERY
45315	SIGMOIDOSCOPY RIGID REMOVE TUMORS/POLYPS SNARE/CAUTERY
45317	SIGMOIDOSCOPY RIGID CONTROL BLEEDING ANY METHOD
45320	SIGMOIDOSCOPY RIGID ABLATION TUMORS/POLYPS LASER
45330	SIGMOIDOSCOPY FLEXIBLE DIAGNOSTIC W/WO BRUSHING/WASHING
45331	SIGMOIDOSCOPY FLEXIBLE BIOPSY RECTUM/SIGMOID
45333	SIGMOIDOSCOPY FLEXIBLE REMOVE TUMOR/POLYPS CAUTERY
45334	SIGMOIDOSCOPY FLEXIBLE CONTROL BLEEDING ANY METHOD
45335	SIGMOIDOSCOPY FLEXIBLE WITH SUBMUCOSAL INJECTION
45338	SIGMOIDOSCOPY FLEXIBLE REMOVE TUMOR/POLYPS SNARE/CAUTER
45340	SIGMOIDOSCOPY FLEXIBLE WITH BALLOON DILATION
45341	SIGMOIDOSCOPY FLEXI DIAGNOSTIC ULTRASOUND EXAMINATION
45342	SIGMOIDOSCOPY FLEXI DIAGNOSTIC U.SOUND NDLE ASPIRATIO
45345	SIGMOIDOSCOPY FLEXIBLE DIAGNOSTIC STENT PLACEMENT
45378	COLONOSCOPY DIAGNOSTIC W/WO BRUSHING/WASHING
45379	COLONOSCOPY REMOVE FOREIGN BODY
45380	COLONOSCOPY BIOPSY
45381	COLONOSCOPY FLEXIBLE WITH DIRECT MUCOSAL INJECTION
45382	COLONOSCOPY BLEEDING CONTROL LARGE BOWEL
45383	COLONOSCOPY DESTROY TUMOR/POLYP LASER
45384	COLONOSCOPY REMOVE TUMOR/POLYP CAUTERY
45385	COLONOSCOPY REMOVE TUMOR/POLYP SNARE
45386	COLONOSCOPY FLEXIBLE WITH BALLOON DILATION
45387	COLONOSCOPY DIAGNOSTIC WITH STENT PLACEMENT
45392	COLONOSCOPY FLEXIBLE WITH ULTRASOUND NEEDLE ASPIRATION
46600	ANOSCOPY DIAGNOSTIC W/WO ANAL SPECIMEN BRUSHING/WASHING
46604	ANOSCOPY ANAL DILATION ANY METHOD
46606	ANOSCOPY BIOPSY ANAL
46608	ANOSCOPY REMOVE ANAL FOREIGN BODY
46612	ANOSCOPY REMOVE ANAL TUMOR/POLYP MULTIPLE ANY METHOD
46614	ANOSCOPY CONTROL ANAL BLEEDING ANY METHOD
46900	DESTROY ANAL LESION (WART/PAPILLOMA/CONDYLOMA)CHEMICAL
46910	DESTROY ANAL LESION (WART/PAPILLOMA/CONDYLOMA)CAUTERY
46922	DESTROY/EXCISE ANAL LESION (WART/PAPILLOMA/CONDYLOMA
46924	DESTROY ANAL LESIONS ANY METHOD
52000	CYSTOSCOPY DIAGNOSTIC
52001	CYSTOURETHEROSCOPY WITH IRRIGATION AND EVACUATION CLOTS
52005	CYSTOSCOPY URETERAL CATHETER W/WO IRRIGATION/PYELOGRAM
52007	CYSTOSCOPY WITH BRUSH BIOPSY URETER OR RENAL
52010	CYSTOSCOPY - EJACULATORY DUCT CATHETERISAT.
52204	CYSTOSCOPY BIOPSY BLADDER/URETHRA
54001	SLITTING PREPUCE/FORESKIN ALL EXCEPT NEWBORN
54100	BIOPSY PENIS SKIN
54105	BIOPSY PENIS DEEP STRUCTURES
54150	CIRCUMCISION CLAMP/OR OTHER DEVICE NEWBORN
54152	CIRCUMCISION CLAMP/OR OTHER DEVICE ALL EXCEPT NEWBORN
54160	CIRCUMCISION SURGICAL EXCISION NEWBORN
54161	CIRCUMCISION SURGICAL EXCISION ALL EXCEPT NEWBORN
54162	EXCISION LYSIS PENILE POST CIRCUMCISION ADHESIONS
54163	REPAIR EXCISION INCOMPLETE CIRCUMCISION NEWBORN
54164	FRENULECTOMY OF PENIS
54205	INJECTION - EXCISE PENIS PLAQUE FOR PEYRONIE DISEASE
54450	STRETCHING PREPUCE/FORESKIN W/WO FREE ADHESIONS
54500	BIOPSY TESTIS NEEDLE ASPIRATION
54505	BIOPSY TESTIS SURGICAL
54600	REDUCTION TORSION OF TESTIS W/WO FIXATION
54620	SUSPENSION/FIXATION CONTRALATERAL TESTIS
54640	SUSPENSION OF TESTIS W/WO INGUINAL HERNIA REPAIR
54840	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY
54860	EPIDIDYMECTOMY UNILATERAL
54861	EPIDIDYMECTOMY BILATERAL
55000	DRAINAGE OF HYDROCELE TUNICA VAGINALIS W/WO INJECTION
55040	EXCISION HYDROCELE UNILATERAL
55041	EXCISION HYDROCELE BILATERAL
55060	REPAIR HYDROCELE TUNICA VAGINALIS
55110	EXPLORATION SCROTUM
55250	VASECTOMY UNIBILATERAL
55400	VASOVASOSTOMY / VASOVASORRHAPHY
55500	EXCISION HYDROCELE OF SPERMATIC CORD UNILATERAL
55530	EXCISION VARICOCELE OR LIGATION SPERMATIC VEINS
55535	EXCISION VERICOCELE/LIGATION SPERM.VEINS (ABD.INC.)
55700	BIOPSY PROSTATE NEEDLE/PUNCH
55705	BIOPSY PROSTATE SURGICAL ANY APPROACH
56405	DRAINAGE ABSCESS/HEMATOMA PERINEUM/VULVA
56420	DRAINAGE ABSCESS BARTHOLIN S GLAND
56440	MARSUPIALISATION BARTHOLIN S GLAND

56441	FREE LABIAL ADHESIONS
56442	HYMENOTOMY SIMPLE INCISION
56501	DESTROY VULVA LESION SINGLE ANY METHOD
56515	DESTROY VULVA LESIONS EXTENSIVE ANY METHOD
56605	BIOPSY VULVA/PERINEUM SINGLE
56606	BIOPSY VULVA/PERINEUM EACH ADDITIONAL LESION
56700	FENTONPLASTY HYMENECTOMY PARTIAL
56740	EXCISION BARTHOLIN S GLAND/CYST
56810	REPAIR PERINEUM PERINEOPLASTY NON-OBSTETRIC
57000	EXPLORATION OF VAGINA COLPOTOMY DIAGNOSTIC
57022	INCISION DRAINAGE VAGINAL HEMATOMA OBSTETRICAL POSTPART
57023	INCISION DRAINAGE VAGINAL HEMATOMA NON OBSTETRICAL
57061	ABLATION/DESTROY VAGINAL LESION(S) SIMPLE ANY METHOD
57065	ABLATION/DESTROY VAGINAL LESION(S) EXTENSIVE ANY METHOD
57100	BIOPSY/EXCISION VAGINAL MUCOSA SIMPLE
57105	BIOPSY/EXCISION VAGINAL/CYST(S) EXTENSIVE
57130	EXCISION VAGINAL SEPTUM
57135	EXCISION VAGINAL CYST/TUMOR
57200	REPAIR/SUTURE VAGINAL INJURY COLPORRHAPHY NON-OBSTET.
57210	REPAIR VAGINA/PERINEUM INJURY NONOBSTETRICAL
57400	DILATION OF VAGINA UNDER ANESTHESIA
57410	PELVIC EXAMINATION UNDER ANESTHESIA
57415	REMOVE IMPACTED VAGINAL FOREIGN BODY
57452	EXAMINATION VAGINA VIA COLPOSCOPY/VAGINOSCOPY
57454	EXAMINATION VAGINA - BIOPSY/CURETTAGE VIA COLPOSCOPY
57455	COLPOSCOPY CERVIX AND UPPER VAGINA WITH BIOPSY CERVIX
57456	COLPOSCOPY CERVIX + UPP ADJ VAGINA + ENDOCERV CURETTAGE
57460	EXCISION CERVIX LOOP ELECTRODE VIA COLPOSCOPY
57461	COLPOSCOPY CERVIX+UPP VAGINA+LOOP ELECTR CONISATION CX
57500	BIOPSY CERVIX LOCAL EXCISION OF LESION GA
57505	ENDOCERVICAL CURETTAGE (NOT D - C)
57510	CAUTERISATION CERVIX ELECTRO/THERMAL
57511	CAUTERISATION CERVIX CRYOCAUTERY
57513	CAUTERISATION CERVIX LASER ABLATION
57558	DILATION + CURETTAGE CERVICAL STUMP
57700	REVISION/CERCLAGE UTERINE CERVIX NON-OBSTETRICAL
57720	REVISION/REPAIR CERVIX TEAR TRACHELORRHAPHY
58120	DILATION - CURETTAGE DIAGNOSTIC/THERAPEUTIC NON-OBSTET.
58300	INSERT INTRAUTERINE DEVICE
58301	REMOVE INTRAUTERINE DEVICE
58353	ENDOMETRIAL ABLATION THERMAL NO HYSTEROSCOPIC GUIDANCE
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASOUND+CURETTAGE
58555	HYSTEROSCOPY DIAGNOSTIC
58558	HYSTEROSCOPY BIOPSY ENDOMETRIUM/POLYPECTOMY W/WO D-C
58559	HYSTEROSCOPY FREEING INTRAUTERINE ADHESIONS ANY METHOD
58560	HYSTEROSCOPY RESECT INTRAUTERINE SEPTUM
58561	HYSTEROSCOPY REMOVE MYOMA
58562	HYSTEROSCOPY REMOVE IMPACTED FOREIGN BODY
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION ANY METHOD
58565	HYSTEROSCOPY,SURGICAL STERILIZATION
65135	INSERT EYEBALL IMPLANT POST ENUCLEATION
65175	REMOVE OF EYEBALL IMPLANT
65205	REMOVE FOREIGN BODY EYE EXTERNAL/SUPERFICIAL
65210	REMOVE FOREIGN BODY EYE EMBEDDED IN CONJUNCTIVA
65220	REMOVE FOREIGN BODY EYE EXTERNAL CORNEAL
65222	REMOVE FOREIGN BODY EYE EXTERNAL CORNEAL - SPLIT LAMP
65270	REPAIR WOUND EYE CONJUNCTIVA/SCLERA DIRECT CLOSURE
65272	REPAIR WOUND EYE CONJUNCTIVA BY MOBILISATION/REARRANGE
65275	REPAIR WOUND EYE CORNEA NONPERFORATING W/WO REM F.BODY
65400	EXCISION CORNEAL LESION / KERATECTOMY (NOT PTERYGIUM)
65420	EXCISION PTERYGIUM WITHOUT GRAFT
65426	EXCISION PTERYGIUM WITH GRAFT
65435	REMOVE CORNEAL EPITHELIUM LESIONS ABRASION/CURETTAGE
65710	CORNEAL TRANSPLANT LAMELLAR / KERATOPLASTY
65730	CORNEAL TRANSPLANT PENETRATING / KERATOPLASTY
65800	DRAINAGE ANTERIOR EYE CHAMBER DIAGNOSTIC PARACENTESIS
65805	DRAINAGE ANT.EYE CHAMBER THERAPEUTIC RELEASE OF AQUEOUS
65810	DRAINAGE ANT.EYE CHAMBER REMOVE VITREOUS/CUT MEMBRANE
65815	DRAINAGE ANT.EYE CHAMBER REM.BLOOD/IRRIGATE/INJECT AIR
65850	INCISION OF EYE / TRABECULOTOMY AB EXTERNA
65855	LASER SURGERY OF EYE TRABECULATE / TRABECULOPLASTY
65865	INCISE ADHESIONS INNER EYE/GONIO/SYNECHIAE
65875	INCISE ADHESIONS INNER EYE/POSTERIOR SYNECHIAE
65900	REMOVE EPITHELIAL DOWNGROWTH FROM ANTERIOR EYE CHAMBER
65920	REMOVE IMPLANTED MATERIAL FROM ANTERIOR EYE SEGMENT
66020	INJECT ANTERIOR EYE CHAMBER AIR/LIQUID
66030	INJECT ANTERIOR EYE CHAMBER MEDICATION
66130	EXCISION OF LESION SCLERA
66150	FISTULIZE SCLERA FOR GLAUCOMA TREPHINATION - IRIDECTOMY
66155	FISTULISE SCLERA FOR GLAUCOMA CAUTERY - IRIDECTOMY
66170	FISTULIZE SCLERA FOR GLAUCOMA TRABECULECTOMY AB EXTERNO
66172	FISTULIZE - INJECT SCLERA FOR GLAUCOMA WITH SCARRING
66180	IMPLANT AQUEOUS SHUNT (MOLTENO/SCHOCKET/DENVER-KRUPIN)
66185	REVISE AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR
66821	AFTER CATERACT LASER SURGERY / CUT SECONDARY CATARACT
66825	REPOSITION INTRAOCULAR LENS IMPLANT THROUGH AN INCISION
66840	REMOVE LENS MATERIAL ASPIRATION
66850	REMOVE LENS MATERIAL PHACOFRAGMENTATION - ASPIRATION
66852	REMOVE LENS MATERIAL PARS PLANA APP./W/O VITRECTOMY
66920	EXTRACT LENS MATERIAL INTRACAPSULAR
66930	EXTRACT LENS MATERIAL INTRACAPSULAR FOR DISLOCATED LENS
66940	EXTRACT LENS MATERIAL EXTRACAPSULAR
66982	REMOVE CATERACT EXTRACAPSULAR COMPLEX TECHNIQUES
66983	EXTRACT LENS/CATERACT INTRACAPSULAR - INSERT I.O.LENS
66984	EXTRACT LENS/CATERACT EXTRACAPSULAR - INSERT I.O.LENS
66985	INSERTION INTRAOCULAR LENS IMPLANT ONLY
66986	EXCHANGE INTRAOCULAR LENS
67028	INJECT EYE INTRAVITREAL DRUG/PHARMACOLOGICAL AGENT
67311	REPAIR STRABISMUS ONE HORIZONTAL MUSCLE
67312	REPAIR STRABISMUS TWO HORIZONTAL MUSCLES
67314	REPAIR STRABISMUS ONE VERTICAL MUSCLE
67316	REPAIR STRABISMUS TWO OR MORE VERTICAL MUSCLES
67318	REVISE SUPERIOR OBLIQUE EYE MUSCLE FOR STRABISMUS
67334	REPAIR STRABISMUS BY POSTERIOR FIXATION SUTURE
67343	RELEASE EXTENSIVE SCAR TISSUE
67500	INJECT EYE SOCKET/RETROBULBAR MEDICATION
67550	INSERT EYE SOCKET/ORBIT IMPLANT OUTSIDE MUSCLE CONE
67560	REMOVE/REVISE EYE SOCKET/ORBIT IMPLANT OUTSIDE MUSCLE
67700	DRAINAGE ABSCESS EYELID BLEPHAROTOMY
67710	INCISION EYELID SEVERING OF TARSORRHAPHY
67715	INCISION EYELID FOLD/CANTHUS CANTHOTOMY
67800	EXCISION CHALAZION/MEIBOMIAN CYST SINGLE LA
67801	EXCISION CHALAZION/MEIBOMIAN CYST MULTI SAME EYELID LA
67805	EXCISION CHALAZION/MEIBOMIAN CYST MULTI BOTH EYELIDS LA
67808	EXCISION CHALAZION/MEIBOMIAN CYST SINGLE/MULTIPLE GA
67810	BIOPSY EYELID
67820	REVISE EYELASHES/TRICHIASIS EPLATION BY FORCEPS

67825	REVISE EYELASHES/TRICHIASIS EPLIATION CAUTER/CRYOLASER
67830	REVISE EYELASHES/TRICHIASIS INCISION LID MARGIN
67840	EXCISION EYELID LESION (NOT CHALAZION)
67850	TREAT/DESTROY EYELID LESION UP TO 1 CM
67880	REVISION EYELID ADHESIONS TARSORRAPHY/CANTHORRHAPHY
67900	REPAIR BROW DEFECT/PTOSIS OF EYEBROW(S)
67901	REPAIR EYELID DEFECT/BLEPHAROPTOSIS MUSCLE TECHNIQUE
67902	REPAIR EYELID DEFECT/BLEPHAROPTOSIS FASCIAL SLING
67903	REPAIR EYELID DEFECT/BLEPHAROPTOSIS INTERNAL APPROACH
67904	REPAIR EYELID/BLEPHAROPTOSIS RESECT EXTERNAL APPROACH
67906	REPAIR EYELID/BLEPHAROPTOSIS SUPERIOR RECTUS FASCIAL SLING
67908	REPAIR EYELID/BLEPHAROPTOSIS FASANELLA-SERVAT TYPE
67914	REPAIR ECTROPION SUTURE
67915	REPAIR ECTROPION THERMOCAUTERISATION
67916	REPAIR ECTROPION BLEPHAROPLASTY EXCISE TARSAL WEDGE
67917	REPAIR ECTROPION EXTENSIVE BLEPHAROPLASTY (KUHNT)
67921	REPAIR ENTROPION SUTURE
67923	REPAIR ENTROPION BLEPHAROPLASTY EXCISE TARSAL WEDGE
67924	REPAIR ENTROPION EXTENSIVE BLEPHAROPLASTY (WHEELER)
67930	REPAIR EYELID WOUND PARTIAL THICKNESS
67935	REPAIR EYELID WOUND FULL THICKNESS
67938	REMOVE FOREIGN BODY EMBEDDED IN EYELID
67950	REVISE EYELID CANTHOPLASTY RECONSTRUCTION CANTHUS
67961	REVISE EYELID GRAFT/PEDICLE FLAP <1/4 OF MARGIN
67971	RECONSTRUCT EYELID TRANSFER FLAP FROM OTHER EYELID
67975	RECONSTRUCT ANY EYELID STAGE 2
68020	DRAINAGE/INCISION EYELID/CONJUNCTIVA CYST OR HEMATOMA
68040	TREATMENT OF EYELID LESIONS / FOLLICLES
68100	BIOPSY CONJUNCTIVA/EYELID LINING
68110	EXCISION CONJUNCTIVAL LESION UP TO 1CM
68115	EXCISION CONJUNCTIVAL LESION OVER TO 1CM
68130	EXCISION CONJUNCTIVAL LESION WITH ADJACENT SCLERA
68135	DESTROY CONJUNCTIVAL LESION
68200	TREATMENT EYELID SUBCONJUNCTIVAL INJECTION
68320	CONJUNCTIVOPLASTY WITH CONJUNCTIVAL GRAFT
68325	CONJUNCTIVOPLASTY WITH BUCCAL MUCOUS MEMBRANE GRAFT
68360	CONJUNCTIVAL FLAP BRIDGE OR PARTIAL
68362	CONJUNCTIVAL FLAP BRIDGE TOTAL
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT LIVING DONOR
68440	LACRIMAL PUNCTUM SNIP INCISION
68520	DACRYOCYSTECTOMY EXCISION LACRIMAL SAC
68530	REMOVE FOREIGN BODY/STONE LACRIMAL TUBES
68700	REPAIR TEAR DUCTS/CANALICULI
68720	CREATE TEAR SAC DRAIN TO NOSE DACRYOCYSTORHINOSTOMY
68750	CREATE TEAR DUCT DRAIN TUBE/STENT CONJUNCTIVORHINOSTOMY
68761	CLOSURE LACRIMAL PUNCTUM BY PLUG
68801	DILATE TEAR DUCT/LACRIMAL PUNCTUM W/WO IRRIGATION
68810	PROBING NASOLACRIMAL DUCT W/WO IRRIGATION
68811	PROBING NASOLACRIMAL DUCT W/WO IRRIGATION GA
68815	PROBING NASOLACRIMAL DUCT W/WO IRRIGATION INSERT TUBE
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION, WITH TRANSLUMINAL BALLOON CATHETER DILATION
68840	EXPLORE/PROBE LACRIMAL CANALICULI W/WO IRRIGATION
69000	DRAINAGE ABSCESS/HEMATOMA EXTERNAL EAR (SIMPLE)
69020	DRAINAGE ABSCESS EXTERNAL EAR/AUDITORY CANAL
69105	BIOPSY EAR EXTERNAL/AUDITORY CANAL
69110	EXCISION EAR EXTERNAL PARTIAL/SIMPLE REPAIR
69140	EXCISION EXOSTOSIS EXTERNAL EAR CANAL
69205	REMOVE FOREIGN BODY EXTERNAL EAR CANAL GA
69210	EAR TOILET REMOVE WAX/CERUMEN EAR(S) GA
69300	REVISE PROTRUDING EXTERNAL EAR/BAT EAR OTOPLASTY
69310	RECONSTRUCT MEATOPLASTY EXT EAR CANAL TRAUMA/INFECTION
69405	CATHERISE EUSTACHIAN TUBE TRANSTYMPANIC
69420	MYRINGOTOMY ASPIRATION INCISION OF EARDRUM
69421	MYRINGOTOMY ASPIRATION INCISION OF EARDRUM GA
69424	REMOVE VENTILATING TUBE/GROMMET
69433	MYRINGOTOMY INSERT VENTILATING TUBE (GROMMET) LA
69436	MYRINGOTOMY INSERT VENTILATING TUBE (GROMMET) GA
92070	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE
92502	EAR/THROAT EXAMINATION UNDER GENERAL ANESTHETIC