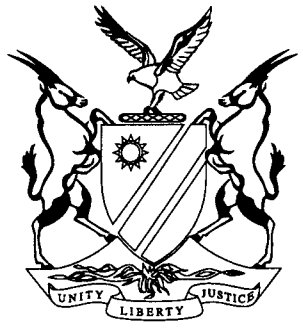

GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

N$16.05 WINDHOEK - 24 August 1999 No. 2175

CONTENTS

Government Notice

MINISTRY OF LABOUR

No. 178 1999

EMPLOYEES' COMPENSATION ACT, 1941:
TARIFF OF FEES FOR MEDICAL AID

Under section 79 of the Employees' Compensation Act, 1941 (Act 30 of 1941) I hereby-

(a) prescribe the Tariff of Fees for Medical Aid and the general rules and general modifiers applicable thereto, as set out in the Schedule; and

(b) repeal Government Notice 137 of 1997.

ADV. G.S. HINDA
CHAIRPERSON OF THE SOCIAL
SECURITY COMMISSION

Windhoek, 10 August 1999

SCHEDULE
INDEX

19. Radiology

20. Radiotherapy

21. Pathology

***Per service (specify)**

Notes

(i) THE EMPLOYEE AND THE DOCTOR

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

In terms of section 42 either the Commission or an employer may send the injured employee to another doctor chosen by him (Commission or employer) for a special examination and report. Special fees are payable for this service.

In the event of a change of doctors attending a case, the first doctor in attendance will, except where the case is handed over to a specialist, be regarded as the principal, and payment will normally be made to him. To avoid disputes, **doctors should refrain from treating a case already under treatment without first discussing it with the first doctor.** As a general rule, changes of doctors are not favored, 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 Commission to authorize 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 doctor that he is a Employees Compensation Act case and yet fails to claim the benefits of the Act, leaving the Commission, or his employer, in ignorance of any possible grounds for a claim, the Commission cannot accept any responsibility for any medical expenses incurred. 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.

(ii) Except where otherwise stated the fees charged for services of a general practitioner shall be two-thirds of the fees of the specialist for the same service.

(iii) Monetary values have been rounded off to the nearest 10 cents on the basis that monetary values ending with a 1 to 4 cents value must be rounded off to the lower zero, and that 5 to 9 cents must be rounded off to the upper zero.

GENERAL RULES GOVERNING TARIFFS

A. Consultations: Definitions

(i) First consultation: Refers to a situation where a medical practitioner personally takes down a patient's medical history, performs an appropriate clinical examination and, if indicated, prescribes or administers treatment.

(ii) Subsequent consultation: Refers to a voluntarily scheduled consultation performed for the same condition within four (4) months after the first consultation (although the symptoms or complaints may differ from those presented during the first consultation). It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counseling.

(iii) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal after-care and no fees may be levied. Where no procedure or operation was carried out fees may he charged for hospital visits according to item 0109. Dates of hospital visits must be specified.

B. Normal hours versus after hours: Normal working hours refer to the period 08:00 to 17:00 on Mondays to Fridays; the period 8:00 to 13:00 on Saturdays; as well as all other periods voluntarily scheduled (even when for the convenience of the patient) by a medical practitioner for the rendering of services. All other periods are regarded as after-hours. Public holidays are not regarded as after-hours work. Services are scheduled involuntarily for a special time, if for medical reasons the doctor should not render the service at an earlier or later opportunity.

C. The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees shall be based on the fee in respect of a comparable service.

D. Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee shall be payable by the 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.

E. The appropriate fee may be charged for all pre-operative consultations with the exception of a routine pre-operative visit at the hospital.

F. Where applicable fees for administering injections and/or infusions may only be charged when done by the practitioner himself.

G. Unless otherwise stated, the fee in respect of an operation or procedure shall include normal after-care for a period not exceeding four months. Where the surgeon does not himself complete the after-care, it shall be his responsibility to arrange for this to be done without extra charge: Provided that in the case of post-operative treatment of a prolonged or specialized nature, such fee as may be agreed upon between the surgeon and the Commission, may be charged. Where an employee met with an accident and received medical treatment away from home and afterwards has to be transferred to his hometown, treatment may be taken over by another doctor who will be entitled to further payment.

H. Items involving removal of lesions include follow-up treatment for four months.

I. Fees for all pathology investigations performed by members of other disciplines (where permissible): See section for Pathology. (Refer to M 0097).

J. In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a medical practitioner a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged.

K. Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending general practitioner. Medical practitioners referring cases to other medical practitioners shall, if known to them, indicate in the reference that the patient was injured in an "accident" and this shall also apply in respect of specimens sent to pathologists.

L. If a procedure is performed at the time of an initial or subsequent consultation, the fee for the consultation plus the fee for the procedure is charged.

M. If such a procedure, planned at an initial or subsequent consultation, is performed at another time, the fee for the procedure only is charged.

N. (a) No additional fee may be charged for service for which the fee is indicated as **"per consultation".** Such services are regarded as part of the consultation performed at the time the condition is brought to the doctor's attention.

(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.

(c) The number of consultations must be in direct relation to the seriousness of the injury and should more than 20 consultations be necessary, the Commission must be furnished with a detailed motivation.

(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.

O. (a) An employee should be hospitalized only if and for such a period his condition justifies full-time "medical aid".

(b) Occupational therapy/Physiotherapy. The same principles set out in modifier 0077 will apply when an employee is referred to a therapist.

(c) In the case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain in writing from the Commission for what amount the Commission will accept responsibility in respect of such treatment.

P. Travelling fees

(a) Where, in case of emergency, a practitioner was called out from his residence or rooms to an employees home or the hospital, travelling fees can be charged according to Section IV if he had to travel more than 16 kilometers in total.

(b) If more than one employee would be attended to during the course of a trip, the full travelling expenses must be divided pro rata between the relevant employees.

(c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms.

(d) Where a practitioner's residence would be more than 8 kilometers 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).

(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).

INTENSIVE CARE
RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

Q. Units in respect of items 1204 to 1210 exclude the following:

(a) Anaesthetic and/or surgical fees for any condition or procedure.
(b) Costs of any drugs and/or materials.
(c) Any other cost which may be incurred before, during or after the consultation *and/or* the therapy.
(d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen.
(e) Procedural items 1212 to 1219.

R. Units for items 1208, 1209 and 1210 include resuscitation (i.e. item 1211).

S. Units for items 1212, 1213 and 1214 include the following:

(a) Measurement of minute volume, vital capacity, time and vital capacity studies.

(b) Testing and connecting the machine.
(c) Putting patient on machine: Setting machine, synchronising patient with machine.
(d) Instruction to nursing staff.
(e) All subsequent visits within 24 hours.

T. Ventilation (items 1212 to 1214) does not form a part of normal post-operative care

U. Magnetic Resonance Imaging

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.

GENERAL MODIFIERS GOVERNING THE TARIFF

0001 For involuntarily scheduled after-hours emergency radiological services, the additional premium shall be 50% of the fee for the particular services (section 19.12 excluded). See general rule B.

For after-hours MR scans, a maximum levy of N$680.00 is applicable.

0002 Item 38/0101 is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him.

0003 The fee in respect of more than one abdominal operation or procedure performed through the same incision shall be 100% of the fee in respect of the major operation or procedure plus 50% of the fee for the second operation or procedure, plus 25% of the fee for the third procedure or operation, with a maximum of two such additional operations or procedures.

0005 Multiple procedures/operations under the same anaesthetic (where modifier 0003 is not applicable). 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. In the case of multiple fractures and/or dislocations the same values shall prevail. 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.

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

0006 A 25% reduction in the fee for a subsequent operation for the same condition within one month shall be applicable if the operations are performed by the same surgeon (an operation subsequent to a diagnostic procedure is excluded). After a period of one month the full fee is applicable.

0007 Use of any type of own equipment in the rooms for procedures performed under intravenous sedation or for procedures performed in a hospital or day-clinic theatre when appropriate equipment is not provided by the hospital - N$98.00 irrespective of the number of items of equipment provided.

0008 Where a procedure requires a registered specialist surgeon assistant, the fee is 33,33% (1/3) of the fee for the specialist surgeon.

0009 The fee for an assistant is 15% of the fee for the specialist surgeon, with a minimum of N$.157.40.

0010 A fee for a local anaesthetic administered by the operator may only be charged for an operation or a procedure having a value greater than N$196.10. The fee shall be calculated according to the basic anaesthetic fees for the specific operations. Anaesthetic time may not be charged for, but the minimum fee as per modifier 0036 shall be applicable in such a case. Not applicable to radiological procedures (such as angiography and myelography). No fee may levied for topical application of local anaesthetic.

0011 The additional fee to all members of the surgical team for after-hours emergency surgery for theatre procedures shall be N$78.70 for each half hour or part thereof of the operation time. Normal hour fees to be charged in respect of patients on scheduled lists.

0013 Where an endoscopic examination is done at an operation by the operating surgeon or the attending anaesthetist, only 50% of the fee for the endoscopic examination may be charged.

0014 Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under General Rule J, except where already specified in the tariff.

INJECTIONS, INFUSIONS AND INHALATION SEDATION

MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

0015 Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after operation, no extra fees will be charged as this is included in the global operative fees. Should the practitioner doing the operation prefer to ask another practitioner to perform post operative intravenous infusions, then the practitioner himself (and not the patient) is responsible for remunerating such practitioner for the infusion.

0017 Where desensitisation, intravenous, intra-muscular or subcutaneous injections are administered by the doctor himself in respect of patients who attend the consulting rooms, a first injection forms part of the consultation and all subsequent injections for the same condition should be charged at 50% of the appropriate consultation fee in accordance with general practice schedule.

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

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

0023 The basic unit value is laid down in the Tariff. This basic unit value is a reflection of the additional anaesthetic risk, the technical skill required of the anaesthesiologist and the scope of the surgical procedure, but excludes the value of the actual time spent administering thc anaesthetic. The time units (indicated by "T') will be added to the listed basic unit value in all cases on the following basis:

Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic N$46.50 per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one hour the fee shall, after one hour be N$93.00 per 15 minute period or part thereof.

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

0025 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 or equivalent area and ends when the anaesthesiologist is no longer required to give his personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well being and safety of such patient, the necessary time will be valued on the same basis as indicated above for anaesthetic time. The anaesthesiologist must show in his account the exact anaesthetic time and the supervision time spent with the patient.

0027 Where more than one operation is performed under the same anaesthetic, the basic value will be that of the major operation with the highest unit value.

0029 When rendered necessary by the scope of the anaesthetic an assistant 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.

0031 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.

0032 Anaesthesia administered to patients in the prone position shall have a minimum basic anaesthetic fee of N$124.00.

0033 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 provisions of modifier 0035.

0034 All anaesthetic administered for diagnostic, surgical or X-ray procedures on the **head and neck** shall have a minimum basic anaesthetic fee of N$124.00. When the basic anaesthetic units for the procedure is 3.00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4.00 or more no extra units should be added.

0035 The minimum fee for any anaesthetic procedure administered by a specialist anaesthesiologist shall be N$217.00.

0036 Fees for an anaesthetic administered by a general practitioner shall be two-thirds of the units applicable to the specialist anaesthesiologist provided that no anaesthetic shall have a total value of less than N$186.00. The monetary value of the unit is the same for both a specialist anaesthesiologist and a general practitioner anaesthesiologist.

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

0037 Utilisation of total body hypothermia: Add N$93.00.

0039 Deliberate control of the blood pressure: All cases up to one hour add N$93.00 thereafter add N$31.00 per quarter hour or part thereof.

0041 Utilisation of hyperbaric pressurisation: Add N$93.00.

0042 Utilisation of extracorporeal circulation: Add N$93.00.

Modifiers 5441 to 5448. General practitioners refer to M 0036 (two-thirds)

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

5441 In all cases of open fractures, open reduction of fractures and dislocations. Add N$31.00 except where the procedure refers to the bones named in Modifiers 5442 to 5448.

5442 Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add N$62.00.

5443 Maxillary and orbital bones: Add N$93.00.

5444 Shaft of femur: Add N$124.00.

5445 Spine (except coccyx), pelvis, hip, neck of femur: Add N$155.00.

5448 Sternum and/or ribs and procedures which involve an intra-thoracic approach: Add N$248.00.

POST-OPERATIVE ALLEVIATION OF PAIN

0045 Where the anaesthesiologist has personally administered the anaesthetic, post-operative alleviation of pain, where special techniques are required, shall be charged according to item 0109 (subsequent visit at the hospital.)

Where the anaesthetic was administered by another anaesthesiologist post-operative alleviation of pain employing special techniques shall be charged according to the particular procedure for instituting the therapy. Revisits shall be charged according to item 0109.

None of the above is applicable to routine post-operative pain management.

MUSCULO-SKELETAL SYSTEM

MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THAT TARIFF

0046 Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of the fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistants fee or the after-hours levy where applicable. After one month, a full fee as the initial treatment is applicable.

0047 A fracture NOT requiring reduction shall be charged on a fee for service basis PROVIDED that the cumulative amount does NOT exceed charges for a reduction.

0048 Where in the treatment of a fracture or dislocation an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be N$176.70 (not including after-care).

0049 **Except where otherwise specified,** in cases of compound fractures N$503.10 (specialists) and N$332.80 (general practitioners) are to be added to the fees for the fractures, including debridement.

0050 In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires and excluding fractures of hands and feet), the full amount according to either modifier 0049 or 0051 may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either 0049 or 0051 as applicable).

0051 **Except where otherwise specified** in cases of fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting. Add N$503.10 (specialists) and N$332.80 (general practitioner).

0053 Fractures requiring percutaneous internal fixation: [Insertion and removal of fixatives (wires) in respect of fingers and toes included]): Add N$209.00 (specialists) and (general practitioners) add N$136.70.

0055 Dislocation requiring open reduction: Fee for the specific joint plus N$503.10 (specialists) and N$332.80 (general practitioners).

0057 In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005. Calculate fees for the second foot in the same way, reduce the total to 50% and add to the total for the first foot.

0058 Revision operation for total joint replacement and immediate resubstitution (infected or non infected): Per fee for total joint replacement + 100%.

MODIFIER GOVERNING COMBINED PROCEDURES ON THE SPINE

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

MODIFIER GOVERNING THE SUBSECTION REPLANTATION OPERATION

0063 Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure.

0064 Where the replantation or toe to thumb transfer is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts.

MODIFIER GOVERNING THE SECTION LARYNX

0067 Micro-surgery of the larynx: To the fee of the operation performed add 25%. For other operations requiring the use of an operation microscope, the fee shall include the use of the microscope, except where otherwise specified elsewhere in the Tariff.

0068 Fees for multiple intra-nasal procedures should be charged separately subject to modifier 0005 with a maximum of three procedures. Applicable to the following items: 1020, 1022, 1024, 1025, 1029, 1035, 1039, 1041, 1043, 1067, 1069, 1073 and 1079.

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

MODIFIER GOVERNING THE SUBSECTION INTENSIVE RESPIRATORY THERAPY

0070 A reduction of 33.33% (1/3) of the fee will apply to the pulmonary function tests as indicated in section 4.6.2 where hospital equipment is used.

MODIFIER GOVERNING THE SUBSECTION INTENSIVE CARE: RESPIRATORY, CARDIAC, GENERAL

0071 Where work is initiated after hours, over a weekend or on public holidays, a further N$78.70 may be charged.

MODIFIER GOVERNING GASTROENTEROLOGY PROCEDURES

0074 A reduction of 33,33% (one third) of the fee will apply to all fibre optic procedures performed by means of hospital equipment.

MODIFIER GOVERNING FEES FOR FIBRE OPTIC PROCEDURES

0075 The fee plus N$136.70 will apply where fibre optic procedures are performed in rooms with own equipment.

SPECIFIC MODIFIER: SECTION ON PHYSICAL TREATMENT

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

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

0079 If a first consultation proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure shall be calculated at N$78.70 per 20 minute session or part thereof, provided that such a part comprises 50% or more of the time of a session.

MODIFIER GOVERNING THE SECTION DIAGNOSTIC RADIOLOGY

0080 Multiple examinations: Full fee.

0081 Repeat examinations: No reduction.

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

0083 When a Radiologist makes use of hospital equipment, only 66.67% (2/3) of the fee for the examination is chargeable.

0084 In the case of radiological items where films are used practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with January 1997; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit.

SPECIFIC MODIFIER GOVERNING VASCULAR STUDIES

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

SPECIFIC MODIFIER GOVERNING "FILM SERIES"

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

MODIFIER GOVERNING CORONARY CINE ANGIOGRAPHY

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

MODIFIER GOVERNING COMPUTER TOMOGRAPHY

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

MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS

See modifiers 0152 - 0160 under paragraph 19.11.

MODIFIERS GOVERNING THE SECTION RADIATION ONCOLOGY

0093 The fees for Radiation oncology shall apply only where a specialist in radiotherapy uses his own apparatus.

0094 Where a specialist in Radiation oncology uses equipment which is not his own, only 33,33% of the fee for the procedure is chargeable. The other 66.67% is chargeable by the owner of the equipment.

MODIFIERS GOVERNING THE SECTION PATHOLOGY

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

0099 For tests performed on a stat basis, an additional premium of 50% of the fee for the particular pathology service shall apply, with the following provisos:

= Stat test requesting may only done by the referring practitioner and not by the pathologist.

= Specimens must be collected on a stat basis where applicable.

= Test must be performed on a stat basis.

= Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained.

= This modfier will only apply during normal working hours and will never be used in combination with item 4547.

MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIOVASCULAR SYSTEM)

0100 Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of N$490.20 is applicable.

CONSULTATION	Anahestetic	Dermatology	General Practioner	Physicans	Neurologists	Psychiatry	Neuro-Suregeon	Ophthalmology	Orthopaedics	Otorhinolaryngology	Physical Medicine	Plastic Surgery	Radiology	Radiotherapy	Surgery	Thoracic Surgery	Urology	Pathology: Clinical	Anatomical Pathology
	10	12	14	18	20	22	24	26	28	30	34	36	38	40	42	44	46	52	53
First consultations: Normal hours:																			
0101 At doctor's rooms or home	104.50	98.00	78.00	176.70	176.70	176.70	176.70	104.50	104.50	98.00	176.70	98.00	91.60	104.50	104.50	170.30	104.50	91.60	91.60
0103 Away from doctor's rooms																			
0102 Pre-aneasthetic assesment of patient in the ward (all hours) (includes the intepretation of an ECG and/or lung function test	104.50	-	104.50																
0105 Pre-anaesthetic assesment of patient inside theatre suite (all hours) (includes the interpretation of an ECG and/or lung function test)	65.80		65.80																
Subsequent consultations or visits (Within four months for the same condition - see rule A)																			
0108 At rooms	78.70	78.70	78.70	87.70	87.70	87.70	87.70	78.70	78.70	78.70	87.70	78.70	78.70	78.70	78.70	85.10	78.70	78.70	78.70
0109 At hospital or nursing home (all hours)	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80	65.80
0110 Weekly maximum for 0109 for the first two weeks	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70	456.70
0111 Weekly maximum for 0109 after first two weeks	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60	260.60
0112 At patient's residence (all hours)	110.90	108.40	98.00	147.10	147.10	147.10	147.10	110.90	110.90	108.40	147.10	108.40	104.50	110.90	110.90	147.10	110.90	104.50	104.50
0114 Weekly maximum for 0112 for the first two weeks	777.90	754.70	686.30	1029.30	1029.40	1029.40	1029.40	777.90	777.90	754.70	1029.40	754.70	732.70	777.90	777.90	1007.50	777.90		
0115 Weekly maximum for 0112 after first two weeks	445.10	430.90	392.20	588.20	588.20	588.20	588.20	445.10	445.10	430.90	588.20	430.90	418.00	445.10	445.10	575.30	445.10		

First Consultations: After hours:																			
0116 Doctor has to travel to venue (0101 + N$37.20)(N$27.90)	169.60	163.10	143.80	241.80	241.80	241.80	241.80	169.60	169.60	163.10	241.80	163.10	156.70	169.60	169.60	235.40	169.60	156.70	156.70
0118 Doctor does not travel (0101+ N$37.20)	141.70	135.20	115.90	213.90	231.90	231.90	231.90	141.70	141.70	135.20	213.90	135.20	128.80	141.70	141.70	207.50	141.70	128.80	128.80
Sundries																			
0125 Prolonged visit: Emergency: After first half hour, per hour or part thereof			43.90																
0127 Per week *Prolonged post-operative care in hospital exceeding four weeks: Per Week							176.70												
0129 Long consultation: After 45 minutes (excluding time used for the third procedure). per hour or part thereof.	78.70	78.7070		78.70	78.70	78.70	78.70	78.70	78.70	78.70	78.70	78.70	78.70	78.70	78.70	78.70	78.70	78.70	78.70

II. COST OF MATERIAL

0200 Cost of prostheses and/or internal fixation apparatus - cost price + 20% with a maximum of N$970.10.

0201 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.

Please note: Item 0201 may not be used together with any pathology item.

(a) External fixation apparatus (disposable): An amount equivalent to 25% of the purchase price of the apparatus may be charged where such apparatus is used.

External fixation apparatus (non-disposable): An amount equivalent to 25% of the purchase price of the apparatus may be charged where such apparatus is used.

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

(c) **Note:**

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

202 Setting of sterile tray: A fee of N$65.80 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.

		Specialist	General Practitioner	Anaesthetic
		N$	N$	N$
1.	**INTRAVENOUS TREATMENT**			
0206	Intravenous infusions (push-in). Insertion of cannula: Chargeable once per 24 hours	38.70	38.70	
0207	Intravenous infusions (cutdown). Cutdown and insertion of cannula: Chargeable once per 24 hours . .	52.80	52.80	

	Specialist	General practitioner	Anaesthetic	Unit
	N$	N$	N$	
VENESECTION				
0208 Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations).				
Note: How to charge for intravenous infusions				
Practitioners are entitled to charge according to the appropriate item whenever they personnaly insert the cannula (but may only charge for this service once every 24 hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations.				
2. INTEGUMENTARY SYSTEM				
2.1 Allergy				
0217 First patch	25.80	25.80		
0219 Each additional patch	12.90	12.90		
0221 With a maximum of fees for reading of test as per subsequent consultation or visit (cost of material excluded).	157.40	157.40	93.00 +T	3
2.2 Skin (general)				
0255 Drainage of subcutaneous abscess, onychia, paronychia, pulp space or avulsion of nail	130.30	130.30	93.00 +T	3
0257 Drainage of major hand or foot infection; drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complex excision of pilonidal cyst or sinus	418.00	326.40	93.00 +T	3
0259 Removal of foreign body superficial to deep fascia (except hands)	130.30	130.30	93.00 +T	3
0261 Removal of foreign body deep to deep fascia (except hands)	202.50	202.50	93.00 +T	3
(**Note:** See item 0922 and 0923 for removol of foreign bodies in hands)				

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
2.3	**Major plastic repair**				
Note:	The tariff does not cover elective or cosmetic operations, since these procedures may not have the effect of reducing the percentage of permanent disablement as laid down in the Second Schedule to the Act. It is incumbent upon the treating doctor to obtain the prior consent of the Commission before embarking upon such treatment.				
0289	Large skin graft, composite skin graft, large full thickness free skin graft	1346.80	895.30	124.00 +T	4
0290	Reconstructive procedures (including all stages) and *skingraft by myocutaneous flap*	2680.60	1785.40	124.00 +T	4
0291	Reconstructive procedures (including all stages) grafting by microvascular reanastomosis	5 231.00	3 484.30	124.00 +T	4
0292	Distant flaps: First stage	1 346.80	895.30	124.00 +T	4
0293	Contour grafts *(excluding cost of material)*	1 346.80	895.30	124.00 +T	4
0294	Vascularised bone graft with or without soft tissue with one or more sets microvascular anastomoses	7 847.10	5 231.00	186.00 +T	6
0295	Local skin flaps *(large, complicated)*	1 346.80	895.30	124.00 +T	4
0296	Other procedures of major technical nature	1 346.80	895.30	124.00 +T	4
0297	Subsequent major procedures for repair of same lesion (M0006 not applicable)	679.80	451.50	124.00 +T	4
2.4	**Lacerations, scars, cysts and other skin lesions/stitching of soft tissue injuries**				
0301	Suture of wound *(with or without local anaesthesia):* Subject to rule G	91.60	91.60	93.00 +T	3

	Specialist	General practitioner	Anaesthetic	Unit
	N$	N$	N$	
0302 Additional wound sutured at same sitting *(each)*	45.20	45.20	93.00 +T	3
0303 Deep laceration involving limited muscle damage	418.00	326.40	124.00 +T	4
0304 Major debridement of wound, sloughectomy or secondary suture	326.40	326.40	93.00 +T	3
0305 Needle biopsy - soft tissue . . .	163.80	104.50	93.00 +T	3
0306 Deep laceration involving extensive muscle damage (not applicable on fingers, toes and scalp)	837.20	556.00	124.00 +T	4
0307 Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude .	176.70	176.70	93.00 +T	3
0308 Each additional small procedure done at the same time	91.60	91.60	93.00 +T	3
0309 Maximum multiple additional minor procedures	679.80	451.50	93.00 +T	3
0310 Radical excision of nailbed . . .	249.00	249.00	93.00 +T	3
0314 Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	679.80	451.50	124.00 +T	4
0315 Requiring repair by small skin graft or small local flap or other procedures of similar magnitude ..	359.90	326.40	93.00 +T	3
2.5 Burns				
0345 Minor burns	*	*		
0347 Moderate burns	*	*		
0351 Major burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	1 804.70	1 203.60	155.00 +T	5
0353 Tangential excision and grafting: Small	654.00	438.60	155.00 +T	5
0354 Tangential excision and grafting: Large	1 308.10	869.50	155.00 +T	5

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
2.6	**Hands (skin)**				
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler	490.20	326.40	124.00 +T	4
0357	Small skin graft in acute hand injury	294.10	294.10	93.00 +T	3
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	1 255.20	837.20	93.00 +T	3
0361	Z-plasty	418.00	326.40	93.00 +T	3
0363	Local flap and skin graft	980.40	639.80	93.00 +T	3
0365	Cross finger flap *(all stages)*	1 255.20	837.20	93.00 +T	3
0367	Palmar flap *(all stages)*	1 255.20	837.20	93.00 +T	3
0369	Distant flap: First stage	980.40	639.80	93.00 +T	3
0371	Distant flap: Subsequent stage (not subject to General Modifier 0006)	503.10	332.80	93.00 +T	3
0373	Transfer neurovascular island flap	1 255.20	837.20	93.00 +T	3
7403	Syndactyly: Separation of, including skin graft for one web	1 346.80	895.30	93.00 +T	3
	Depuytren's contracture				
0375	Fasciotomy	332.80	326.40	93.00 +T	3
0376	Fasciectomy	1 346.80	895.30	93.00 +T	3

3. MUSCULO-SKELETAL SYSTEM

M/W 0046 Where in the treatment of a specific fracture for 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 the fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee or the after-hours levy where applicable. After one month, a full fee as for the initial treatment, is applicable.

M/W 0047 A fracture NOT requiring reduction shall be charged on a fee for service basis PROVIDED that the cumulative amount does NOT exceed the charges for a reduction.

M/W 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 reduction will be N$176.70 (not including after-care).

M/W 0049 **Except where otherwise specified,** in cases of compound fractures, N$503.10 (specialists) and N$332.80 (general practitioners) are to be added to the fees for the fractures, including debridement.

M/W 0050 In case of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires and excluding fractures of hands and feet) the full amount according to either modifier 0049 or 0051 may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either 0049 or 0051 as applicable).

M/W 0051 **Except where otherwise specified,** in cases of fractures requiring open reduction, internal fixation, external skeletal fixation and or bone grafting: Add N$503.10 (specialists) and N$332.80 (general practitioners).

M/W 0053 Fractures requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Add N$209.00 (specialists). General practitioners add N$136.70.

M/W 0055 Dislocation requiring open reduction: Fee for the specific joint plus N$503.10 (specialists) and N$332.80 (general practitioners).

M/W 0057 In multiple procedures on feet, fees for the first foot are calculated according to modifier 0005. Calculate fees for the second foot in the same way, reduce the total to 50% and add the total for the first foot.

M/W 0058 Revision operation for total joint replacement and immediate resubstitution (infected or non-infected): Per fee for total joint replacement 100%.

	Specialist	General practitioner	Anaesthetic	Unit
	N$	N$	N$	
3.1 Bones				
3.1.1 Fractures				
0383 Scapula	*	*	93.00 +T+M	3
0387 Clavicle	*	*	93.00 +T+M	3
0389 Humerus	503.10	332.80	93.00 +T+M	3
0391 Radius and/or Ulna	503.10	332.80	93.00 +T+M	3
0392 Open reduction of both radius and ulna (Modifier 0051 not applicable)	1 372.60	915.90	93.00 +T+M	3

	Specialist	General practitioner	Anaesthetic	Unit
	N$	N$	N$	
0402 Carpal bone	418.00	326.40	93.00 +T+M	3
0403 Bennett's fracture-dislocation	332.80	326.40	93.00 +T+M	3
0405 Metacarpal: Simple	261.90	261.90	93.00 +T+M	3
Finger phalanx				
Distal				
0409 Simple	*	*	93.00 +T+M	3
0411 Compound	340.60	326.40	93.00 +T+M	3
Proximal or middle				
0413 Simple	313.50	313.50	93.00 +T+M	3
0415 Compound	666.90	445.10	93.00 +T+M	3
Pelvis				
0417 Closed	*	*	93.00 +T+M	3
0419 Operative reduction and fixation	2 092.40	1 393.20	93.00 +T+M	3
0421 Femur: Neck or Shaft	1 255.20	837.20	93.00 +T+M	3
0425 Patella	332.80	326.40	93.00 +T+M	3
0429 Tibia with or without Fibula	835.90	556.00	93.00 +T+M	3
0433 Fibula shaft	*	*	93.00 +T+M	3
0435 Malleolus of ankle	379.30	326.40	93.00 +T+M	3
0437 Fracture-dislocation of ankle	837.20	556.00	93.00 +T+M	3
0439 Tarsal bones and Os Calcis	418.00	326.40	93.00 +T+M	3
0441 Metatarsal	123.80	123.80	93.00 +T+M	3
Toe phalanx				
0443 Distal: Simple	*	*	93.00 +T+M	3
0445 Compound	209.00	209.00	93.00 +T+M	3
Other				
0447 Simple	170.30	170.30	93.00 +T+M	3
0449 Compound	340.60	340.60	93.00 +T+M	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
	Sternum and (or) Ribs				
0451	Closed	*	*	93.00 +T+M	3
0452	Open reduction and fixation of multiple fractured ribs for flail chest	1 504.10	999.80	93.00 +T+M	3
	Spine				
	With or without paralysis				
0455	Cervical	*	*	93.00 +T+M	3
0456	Rest	*	*	93.00 +T+M	3
0459	Open reduction and internal fixation for fracture and/or dislocation of spine	2 092.40	1 393.20	93.00 +T+M	3
	Compression fracture				
0461	Cervical	*	*	93.00 +T+M	3
0462	Rest	*	*	93.00 +T+M	3
	Spinous or transverse processes				
0463	Cervical	*	*	93.00 +T+M	3
0464	Rest	*	*	93.00 +T+M	3
3.1.1.1	**Operations for fractures**				
0465	Fractures involving large joints	1 255.20	837.20	93.00 +T+M	3
0473	Percutaneous insertion plus subsequent removal of Kirchner wiresor Steinmann pin (Not subject to rule G) (M0005 not applicable)	209.00	209.00	93.00 +T+M	3
	Bonegrafting or internal fixation for mal- or non-union				
0475	Femur, Tibia, Humerus, Radius and Ulna	1 843.40	1 229.40	93.00 +T+M	3
0479	Other bones (not applicable on finger and toes)	1 007.50	673.40	93.00 +T+M	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
3.1.2	**Bony operations**				
3.1.2.1	**Bone grafting**				
0497	Resection of bone with or without grafting	1 843.40	1 229.40	93.00 +T+M	3
0499	Large bones	1 255.20	837.20	93.00 +T+M	3
0501	Small bones	837.20	556.00	93.00 +T+M	3
0503	Cartilage graft	1 346.80	895.30	93.00 +T+M	3
0505	Inter-metacarpal bone graft	946.90	641.10	93.00 +T+M	3
0507	Removal of autogenous bone for grafting (not subject to modifier 0005)	326.40	326.40	93.00 +T+M	3
3.1.2.2	**Acute or chronic osteomyelitis**				
0509	Conservative treatment	*	*	-	
0511	Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care	*	*	-	
0512	Sternum sequestrectomy and drainage: Including six weeks after care	837.20	556.00	93.00 +T+M	3
3.1.2.3	**Osteotomy**				
0514	Sternum: Repair of pectus-excavatum	2 158.20	1 438.40	93.00 +T+M	3
0515	Sternum: Repair of pectus carinatum	2 158.20	1 438.40	93.00 +T+M	3
0516	Pelvic	2 092.40	1 393.20	93.00 +T+M	3
0521	Femoral: Proximal	2 092.40	1 393.20	93.00 +T+M	3
0527	One leg/knee region	2 092.40	1 393.20	93.00 +T+M	3
0528	Os Calcis (Dwyer operation)	752.10	503.10	93.00 +T+M	3
0530	Metacarpal and phalanx: Corrective for mal-union or rotation	784.30	522.50	93.00 +T+M	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0532	Rotation osteotomies of the Radius, Ulna or Humerus	1 046.20	699.20	93.00 +T+M	3
0533	Osteotomy single metatarsal	392.20	326.40	93.00 +T+M	3
0534	Multiple metatarsal osteotomies	980.40	654.00	93.00 +T+M	3
3.1.2.4	**Exostosis**				
	Excision				
0535	Readily accessible sites	392.20	326.40	93.00 +T+M	3
0537	Less accessible sites	628.23	418.00	93.00 +T+M	3
3.1.2.5	**Biopsy**				
0539	Needle biopsy: Spine (no after-care), Modifier 0005 not applicable	326.40	326.40	124.00 +T	4
0541	Needle biopsy: Other sites (not after-care)Modifier 0005 not applicable	209.00	209.00	124.00 +T	4
	OPEN (MODIFIER 0005 NOT APPLICABLE)				
0543	Readily accessible site	418.00	326.40	Per bone	
0545	Less accessible site	628.20	418.00	Per bone	
3.2	**Joints**				
3.2.1	**Dislocations**				
0547	Clavicle: either end	249.00	249.00	93.00 +T+M	3
0549	Shoulder	332.80	326.40	93.00 +T+M	3
\0551	Elbow	332.80	326.40	93.00 +T+M	3
0552	Wrist	503.10	332.80	93.00+T+M	3
0553	Perilunar transscaphoid fracture dislocation	850.10	568.90	93.00 +T+M	3
0555	Lunate	503.10	332.80	93.00 +T+M	3
0556	Carpo-metacarpal dislocation	332.80	326.40	93.00 +T+M	3
0557	Metacarpo-phalangeal and inter phalangeal (hand)	170.30	170.30	93.00 +T+M	3
0559	Hip	712.10	477.30	93.00 +T+M	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0561	Knee	628.20	418.00	93.00 +T+M	3
0563	Patella	209.00	209.00	93.00 +T+M	3
0565	Ankle	588.20	392.20	93.00 +T+M	3
0567	Sub-Talar dislocation	588.20	392.20	93.00 +T+M	3
0569	Intertarsal or Tarsometatarsal or Midtarsal	503.10	332.80	93.00 +T+M	3
0571	Metatarsophalangeal and interphalangeal joints (foot)	91.60	91.60	93.00 +T+M	3
0573	Spine with or without paralysis	*	*	-	
0577	Operative treatment (see 0459)	*	*	-	
3.2.2	**Operations for dislocations**				
0578	Recurrent dislocation of shoulder	1 308.10	869.50	93.00 +T+M	3
0579	Recurrent dislocation of large joints	052.60	699.20	93.00 +T+M	3
3.2.3	**Capsular operations**				
	Capsulotomy or arthrotomy or biopsy or drainage of joint				
0582	Small joint *(including three weeks after-care)*	332.80	326.40	93.00 +T+M	3
0583	Large joint *(including three weeks after-care*	628.20	418.00	93.00 +T+M	3
0585	Capsulectomy digital joint	418.00	326.40	93.00 +T+M	3
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	588.20	392.20	93.00 +T+M	3
0587	Release of digital joint contracture	837.20	556.00	93.00+T+M	3
3.2.4	**Synovectomy**				
0589	Digital joint	503.10	332.80	93.00 +T+M	3
0592	Large joint	1 046.20	699.20	93.00 +T+M	3
0593	Tendon synovectomy	837.20	556.00	93.00 +T+M	3
3.2.5	**Arthrodesis**				
0597	Shoulder	1 464.20	974.00	93.00 +T+M	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0598	Elbow	1 176.50	784.30	93.00 +T+M	3
0599	Wrist	1 176.50	784.30	93.00 +T+M	3
0600	Digital joint	837.20	556.00	93.00 +T+M	3
0601	Hip	2 092.40	1 393.20	93.00 +T+M	3
0602	Knee	1 176.50	784.30	93.00 +T+M	3
0603	Ankle	1 176.50	784.30	93.00 +T+M	3
0604	Subtalar	850.10	568.90	93.00 +T+M	3
0605	Stabilizaion of foot (triple-arthrodesis)	1 176.50	784.30	93.00 +T+M	3
0607	Mid-tarsal wedge resection	1 176.50	784.30	93.00 +T+M	3
3.2.6	**Arthroplasty**				
0614	Debridement of large joints	1 046.20	699.20	93.00 +T+M	3
0615	Excision medial or lateral end of clavicle	758.50	503.10	93.00 +T+M	3
0617	Shoulder: Acromioplasty	1 255.20	837.20	93.00 +T+M	3
0619	Shoulder: Partial replacement	1 811.20	1 210.00	155.00 +T+M	3
0620	Shoulder: Total replacement	2 720.60	1 811.20	155.00 +T+M	5
0621	Elbow: Excision head of radius	628.20	416.70	93.00 +T+M	3
0622	Elbow: Excision	1 255.20	837.20	93.00 +T+M	3
0623	Elbow: Partial replacement	1 229.40	817.90	93.00 +T+M	3
0624	Elbow: Total replacement	1 843.40	1 229.40	93.00 +T+M	3
0625	Wrist: Excision distal end of ulna	628.20	418.00	93.00 +T+M	3
0626	Wrist: Excision single bone	719.80	477.30	93.00 +T+M	3
0627	Wrist: Excision proximal row	1 086.20	726.30	93.00 +T+M	3
0631	Wrist: Total replacement	1 628.00	1 084.90	93.00 +T+M	3
0635	Digital joint: Total replacement	1 255.20	837.20	93.00 +T+M	3
0637	Hip: Total replacement	2 720.60	1 811.20	93.00 +T+M	3
0639	Hip: Cup	2 720.60	1 811.20	93.00 +T+M	3
0641	Hip: Prosthetic replacement of femoral head	1 883.40	1 255.20	93.00 +T+M	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0643	Hip: Girdlestone	2 092.40	1 393.20	93.00 +T+M	3
0645	Knee: Partial replacement	1811.20	1 210.00	93.00 +T+M	3
0646	Knee: Total replacement	2 720.60	1 811.20	93.00 +T+M	3
0649	Ankle: Total replacement	1 628.00	1 084.90	93.00 +T	3
0650	Ankle: Astragalectomy	1 007.50	673.40	93.00 +T+M	3
3.2.7	**Miscellaneous (joints)**				
0661	Aspiration of joint or intra-articular injection (not subject to rule G) (M 0005 not applicable)	59.30	59.30	93.00 +T+M	3
0667	Arthroscopy (excluding after-care), modifiers 0005 and 0013 applicable	392.20	326.40	93.00 +T+M	3
0669	Manipulation large joint under general anaesthetic (not subject to rule G)			Hip 124.00 +T Knee 93.00 +T	4 3
	(M 0005 not applicable)	91.60	91.60	Shoulder 93.00 +T	3
0670	The consultation fee only should be charged when manipulation of a large joint is performed with or without local anaesthetic			Hip 124.00 +T Knee 93.00 +T Shoulder 93.00 +T	4 3 3
0673	Menisectomy or operation for other internal derangement of knee	712.10	477.30	93.00 +T+M	3
3.2.8	**Joint ligament reconstruction or suture**				
0675	Ankle: Collateral	1 046.20	699.20	93.00 +T+M	3
0677	Knee: Collateral	1 046.20	699.20	93.00 +T+M	3
0678	Knee: Cruciate	1 046.20	699.20	93.00 +T+M	3
0679	Ligament augmentation procedure of knee	1 830.50	1 222.90	93.00 +T+M	3
0680	Digital joint ligament	915.90	607.60	93.00 +T+M	3
3.3	**Amputations**				
3.3.1	**Specific amputations**				
0682	Fore-quarter amputation	1 922.10	1 281.00	279.00 +T+M	9
0683	Through shoulder	967.50	647.60	155.00 +T+M	5
0685	Upper arm or fore-arm	758.50	503.10	93.00 +T+M	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0687	Partial amputation of the hand: One ray	666.90	445.10	93.00 +T+M	3
0691	Part of or whole of finger (skin flap included)	332.80	326.40	93.00 +T+M	3
0693	Hindquarter amputation	2 746.40	1 830.50	186.00 +T+M	6
0695	Through hip joint region	1 255.20	837.20	186.00 +T+M	6
0697	Through thigh	837.20	556.00	186.00 +T+M	6
0699	Below knee, through knee or Syme.	967.50	647.60	155.00 +T+M	5
0701	Trans metatarsal or transtarsal...	588.20	392.20	93.00 +T+M	3
0703	Foot: One ray	418.00	326.40	93.00 +T+M	3
0705	Toe (skin flap included)	249.00	249.00	93.00 +T+M	3
3.3.2	**Post-amputation reconstruction**				
0706	Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler ...	490.20	326.40	93.00 +T+M	3
	Note: If not performed on thumb or index finger it must be motiviated				
0707	Krukenberg reconstruction	1 346.80	895.30	93.00 +T+M	3
0709	Metacarpal transfer	1 255.20	837.20	93.00 +T+M	3
0711	Pollicization of the finger **(Prior permission must be obtained from the Commission at all times)**	1 843.40	1 228.10	93.00 +T+M	3
0712	Toe to thumb transfer. **(Prior permission must be obtained from the Commission at all times)**	5 228.40	3 483.00	93.00 +T+M	3
3.4	**Muscles, tendons and fasciae**				
3.4.1	**Investigations**				
0713	Electromyography	490.20	326.40	93.00 +T	3
0714	Electromyographic neuro-muscular junctional study, including edrophonium response	372.80	249.00	93.00 +T	3
0715	Strength duration curve per session	68.40	45.20	93.00 +T	3
0717	Electrical examination of single nerve or muscle	59.30		93.00 +T	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0721	Voltage integration during isometric contraction	78.70	52.80	93.00 +T	3
0723	Tonometry with edrophorium	52.80	32.30	93.00 +T	3
0725	Isometeric tension studies with edrophonium	65.80	45.20	93.00 +T	3
	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or Flabellofacial				
0727	Unilateral	52.80	32.30	93.00 +T	3
0728	Bilateral	91.60	59.30	93.00 +T	3
0729	Tendon reflex time	45.20	32.30	93.00 +T	3
2730	Limb-brain somatosensory studies (per limb)	319.90	209.00	-	
0731	Visio and audiosensory studies..	319.90	209.00	-	
0733	Motor nerve conduction studies (single nerve)	170.30	110.90		
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	202.50	130.30	93.00 +T	3
0737	Biopsy for motor nerve terminals and end plates	130.30	130.30	93.00 +T	3
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	221.90	221.90	248.00 +T	8
0740	Muscle fatigue studies	130.30	130.30	93.00 +T	3
0741	Muscle biopsy	130.30	130.30	248.00 +T	8
0742	Global fee for all muscle studies, including histochemical studies	1 713.10	-	-	
	Biochemical estimations on muscle biopsy specimens				
4701	Creatine kinase	132.90	-	-	
4703	Adenylate kinase	218.00	-	-	
4705	Pyruvate kinase	37.40	-	-	
4707	Lactate dehydrogenase	10.30	-	-	
4709	Adenylate deaminase	64.50	-	-	

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
4711	Phosphoglycerate kinase	89.00	-	-	
4713	Phosphoglycerate mutase	169.00	-	-	
4715	Enolase	214.10	-	-	
4717	Phosphofructokinase	246.40	-	-	
4719	Aldolase	103.20	-	-	
4721	Glyceraldehyde 3 Phosphate Dehydrogenase	72.20	-	-	
4723	Phosphorylase	227.00	-	-	
4725	Phosphoglucomutase	263.20	-	-	
4727	Phosphohexose Isomerase	188.30	-	-	
3.4.2	**Decompression Operations**				
0743	Major Compartmental decompression	863.00	575.30	93.00 +T	3
0744	Fasciotomy only	392.20	326.40	93.00 +T	3
3.4.3	**Muscle and tendon repair**				
0745	Biceps humeri	712.10	477.30	93.00 +T	3
	Supra-spinatus				
0746	Removal of calcification in Rotator cuff	628.20	418.00	93.00 +T	3
0747	Rotator cuff	875.90	581.80	93.00 +T	3
0755	Infrapatellar or quadriceps tendon	837.20	556.00	93.00 +T	3
0757	Achilles tendon	837.20	556.00	93.00 +T	3
0759	Other single tendon	503.10	332.80	93.00 +T	3
0763	Tendon and ligament injection	59.30	59.30	93.00 +T	3
	Hand				
	Flexor tendon suture				
0767	Primary (per tendon)	837.20	556.00	93.00 +T	3
0769	Secondary (per tendon)	1 046.20	699.20	93.00 +T	3
	Extensor tendon suture				

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0771	Primary (per tendon)	418.00	326.40	93.00 +T	3
0773	Secondary (per tendon)	522.50	347.00	93.00 +T	3
0774	Repair of Boutonniére deformity or Mallet Finger	797.20	528.90	93.00 +T	3
3.4.4	**Tendon graft**				
0775	Free tendon graft	1 046.20	699.20	93.00 +T	3
0776	Reconstruction of pulley for flexor tendon	326.40	326.40	93.00 +T	3
	Finger				
0777	Flexor	1 255.20	837.20	93.00 +T	3
0779	Extensor	797.20	528.90	93.00 +T	3
0780	Two stage flexor tendon graft using silastic rod	1 568.60	1 046.20	93.00 +T	3
3.4.5	**Tenolysis**				
0781	Tendon freeing operation, except where specified elsewhere . . .	418.00	326.40	93.00 +T	3
0782	Carpal tunnel syndrome	418.00	326.40	93.00 +T	3
0783	De Quervain	249.00	249.00	93.00 +T	3
0784	Trigger finer	249.00	249.00	93.00 +T	3
0785	Flexor tendon freeing operation following graft or suture	980.40	654.00	93.00 +T	3
0787	Extensor tendon freeing operation following graft or suture	752.10	503.10	93.00 +T	3
0788	Intrinsic tendon release per finger	418.00	326.40	93.00 +T	3
0789	Central tendon tenotomy for Boutonniére deformity	418.00	326.40	93.00 +T	3
3.4.6	**Tenodesis**				
0790	Digital joint	589.50	392.20	93.00 +T	3
3.4.7	**Muscle, tendon and fascia transfer**				
0791	Single tendon transfer	628.20	418.00	93.00 +T	3
0792	Multiple tendon transfer	837.20	556.00	93.00 +T	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0793	Hamstring to quadriceps transfer	922.40	614.00	93.00 +T	3
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	2 092.40	1 393.20	155.00 +T	3
0795	Tendon transfer at elbow	758.50	503.10	93.00 +T	3
0796	Iliopsoas at hip	464.20	974.00	155.00 +T	5
0797	Knee (Eggers)	922.40	614.00	93.00 +T	3
	Hand tendons				
0803	Single tendon transfer	628.20	418.00	93.00 +T	3
0809	Substitution for intrinsic paralysis of hand	1 464.20	974.00	93.00 +T	3
0811	Opponens transfer	837.20	556.00	93.00 +T	3
3.4.8	**Muscle slide operations and tendon lengthening**				
0812	Percutaneous Tenotomy	249.00	249.00	93.00 +T	3
0813	Torticollis	628.20	418.00	155.00 +T	5
0815	Scalenotomy	863.00	575.30	155.00 +T	5
0817	Scalenotomy with excision of first rib	1 242.30	830.80	93.00 +T	3
0823	Excision of slide for Volksmann's Contracture	1 255.20	837.20	93.00 +T	3
0825	Hip: Open muscle release	758.50	503.10	124.00 +T	4
0829	Knee: Quadricepsplasty	1 046.20	699.20	93.00 +T	3
0831	Knee: Open tenotomy	922.40	620.40	93.00 +T	3
0835	Calf	628.20	418.00	124.00 +T	4
0837	Open Elongation Tendon Achiles	628.20	418.00	124.00 +T	4
0845	Foot: Plantar fasciotomy	458.00	396..00	93.00 +T	3
3.5	**Bursae and ganglia**				
	Excision				
0847	Semi-membranous	588.20	392.20	93.00 +T	3
0849	Prepatellar	294.10	294.10	93.00 +T	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0851	Olecranon	294.10	294.10	93.00 +T	3
0853	Small bursa or ganglion	332.80	326.40	93.00 +T	3
0855	Compound palmar ganglion or synovectomy	837.20	556.00	93.00 +T	3
0857	Aspiration or injection (not subject to rule G) (M 0005 not applicable)	59.30	59.30	93.00 +T	3
3.6	**Miscellaneous**				
0861	Leg lengthening	2 720.60	1 811.20	93.00 +T	3
3.6.2	**Removal of internal fixatives or prosthesis**				
0883	Readily accessible	209.00	209.00	As per bone specify +M	
0884	Less accessible	418.00	326.40		
0885	Removal of prosthesis for infection soon after operation	837.20	556.00	+M	
0886	Late removal of infected total joint replacement prosthesis (including six weeks after-care). Fee for total joint replacement of the specific joint plus N$294.90 (general practitioner N$193.50)	-	-	186.00 +T+M	6
3.7	**Plasters (not subject to rule G)**				
	Note: The initial application of a plaster cast is included in the scheduled fee.				
	Note: The Commission will only consider payment i.r.o splinting material (Scotschcast, Dynacast, etc.) in the following cases (not applicable when Plaster of Paris is used);				
	Where extremity splints are applied for at least five weeks:				
	A maximum of one application for an upper extremity injury. A maximum of two applications for a lower extremity injury.				
	Extremity				
0887	Long (M 0005 not applicable)....	85.10	85.10	93.00 +T	3
0888	Short (M 0005 not applicable)....	43.60	43.60	93.00 +T	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0889	Spica, plaster jacket or hinged cast brace	209.00	209.00	124.00 +T	4
3.8	**Specific areas**				
3.8.1	**Toes**				
	Multiple claw toes				
	Radical operation				
0897	One foot	915.90	607.60	93.00 +T	3
0901	Tenotomy extensor tendons . .	249.00	249.00	93.00 +T+M	3
0903	Hammertoes or overlapping toe	332.80	326.40	93.00 +T+M	3
0905	Filleting toe or syndactyly . . .	332.80	326.40	93.00 +T+M	3
3.8.2	**Big toe**				
0906	Arthrodesis Hallux	503.10	332.80	93.00 +T+M	3
0909	Excision arthroplasty	503.10	332.80	93.00 +T+M	3
0910	Prosthetic replacement big toe	522.50	347.00	93.00 +T+M	3
0911	Osteotomy first metatarsal including bunionectomy	666.90	445.10	93.00 +T+M	3
3.8.3	**Reimplantation**				
0912	Replantation of amputated upper limb proximal to wrist joint	1 962.09	1 308.10	93.00 +T+M	3
0913	Replantation of thumb	1 634.40	1 084.90	93.00 +T+M	3
0914	Replantation of a single digit (to be motivated), for multiple digits, modifier 0005 applicable . . .	3 791.30	2 529.70	93.00 +T+M	3
0915	Replantation operation through the palm	2 614.80	1 738.90	93.00 +T+M	3
3.8.5	**Hands: (Note - Skin: See Integumentary system)**				
0919	Enclusion cysts	228.30	228.30	93.00 +T+M	3
0920	Ganglion or fibroma	332.80	326.40	93.00 +T+M	3
	Removal of foreign bodies requiring incision				
0922	Under local anaesthetic	123.80	123.80	93.00 +T+M	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0923	Under genenral or regional anaesthetic	209.00	209.00	93.00 +T+M	3
	Crushed hand injuries				
0924	Initial extensive soft tissue toilet under general anaesthetic (sliding scale)	242.50 to	242.50 to	93.00 +T+M	3
0925	Subsequent dressing changes under general anaesthetic	104.50	104.50	93.00 +T+M	3
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	1 758.30	1 170.00	93.00 +T+M	3
3.8.5	**Spine**				
0929	Manipulation of spine with anaesthetic (not including after-care), modifier 0005 not applicable . .	91.60	91.60	93.00 +T+M	3
0931	Spinal fusion: One level	2 092.40	1 393.20	93.00 +T+M	3
0934	Spinal fusion: Multiple levels . .	2 301.40	1 536.40	93.00 +T+M	3
0935	Sacro-iliac fusion	2 092.40	1 393.20	93.00 +T+M	3
0937	Occipito-cervical fusion	1 464.20	974.00	93.00 +T+M	3
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	1 046.20	699.20	93.00 +T+M	3
0940	Transthoracic anterior exposure of the spine if done by a second surgeon.	1 046.20	699.20	93.00 +T+M	3
0943	Lumbar discectomy	1 568.60	1 046.20	93.00 +T+M	3
0945	Lumbar discectomy: Multiple levels or both sides	1 791.80	1 197.10	93.00 +T+M	3
0947	Surgical removal cervical or thoracic disc: One level	1 726.00	1 150.70	93.00 +T+M	3
0949	Surgical removal cervical or thoracic disc: Multiple levels	1 962.10	1 308.10	93.00 +T+M	3
0951	Removal disc plus spinal fusion: One level	2 314.30	1 542.80	93.00 +T+M	3
0953	Removal disc plus spinal fusion: Multiple levels	2 524.50	1 680.90	93.00 +T+M	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0959	Excision coccyx	628.20	418.00	93.00 +T+M	3
0961	Costo-transversectomy	1 295.20	863.00	93.00 +T+M	3
0963	Anterio-lateral decompression of spinal cord or anterior debridement	2 131.10	1 419.00	93.00 +T+M	3
0969	Skull or skull-femoral traction including two weeks after-care	418.00	326.40	-	
0975	Internal mechanical fixation and spinal fusion	2 876.70	1 915.70	124.00 xT+M	4
0976	Internal mechanical fixation by using Harrington/Zielker/ or similar procedure and spinal fusion with sublaminal wires	2 484.50	1 653.80	155.00 +T+M	5
0977	Cotrel-Dubboiset/or similar procedures(8 to 10 hooks) and spinal fusion	3 596.50	2 399.40	155.00 +T+M	5
0978	Internal mechanical fixation without fusion	2 156.90	1 438.40	124.00 +T+M	4
0979	Revision of fusion and repair of pseudoarthrosis at one or more levels: Posterior approach	1 962.10	1 308.10	93.00 +T+M	3
0985	Removal of internal mechanical fixation	458.00	326.40	186.00 +T+M	6
0986	Removal of internal mechanical fixation Multiple levels	654.00	438.60	186.00 +T+M	6
3.9	**Facial bone procedures**				
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9 of the tariff				
0987	Repair of orbital floor (blowout fracture)	1 190.70	790.80	124.00 +T+M	4
0988	Genioplasty	1 719.60	1 144.20	124.00 +T+M	4
	Open reduction and fixation of central mid-third facial fracture with displacement				
0989	Le Fort I	1 203.60	803.70	124.00 +T+M	4
0990	Le Fort II	1 975.00	1 314.50	124.00 +T+M	4
0991	Le Fort III	2 831.60	1 889.90	124.00 +T+M	4

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
0992	Le fort I Osteotomy	6 342.90	4 229.90	124.00 +T+M	4
0993	Palatal Osteotomy	1 975.00	1 314.50	124.00 +T+M	4
0994	Le Fort II Osteotomy (team fee)	7 212.40	4 806.50	124.00 +T+M	4
0995	Le Fort III Osteotomy (team fee)	10 815.40	7 212.40	124.00 +T+M	4
0996	Fracture of maxilla without displacement	*	*	-	
0997	Open reduction and fixation	1 975.00	1 314.50	93.00 +T+M	3
0999	Closed reduction by inter-maxillary fixation	1 203.60	803.70	93.00 +T+M	3
1001	Temporo-mandibular joint: Reconstruction for dysfunction	1 346.80	895.30	124.00 +T+M	4
1003	Manipulation: Immobilisation and follow-up of fractured nose	228.30	228.30	93.00 +T+M	3
1005	Nasal fracture without manipulation.	*	*	155.00 +T+M	5
1007	Mandibulectomy	1 340.30	895.30	124.00 +T+M	4
1009	Maxillectomy	2 196.90	1 464.20	124.00 +T+M	4
1011	Bone graft to mandible	1 346.80	895.30	124.00 +T+M	4
1012	Adjustment of occlusion by ramisection	1 484.80	986.90	124.00 +T+M	4
1013	Fracture of arch of zygoma without displacement	*	*	-	
1015	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures; recent fractures (within four weeks)	856.60	568.90	93.00 +T+M	3
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures;delayed fractures (after four weeks)	1 713.10	1 144.20	93.00 +T+M	3
4.	**RESPIRATORY SYSTEM**				
4.1	**Nose and sinuses**				
1019	Nasalendoscopy in rooms (may only be charged for together with a first consultation)	78.70	-	-	

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
1020	Septum perforation repair by any method	817.90	543.10	124.00 +T	4
1022	Septum plasty with or without caudal deflection	719.80	477.30	124.00 +T	4
1024	Insertion of silastic obturator into nasal septum perforation *(excluding material)*	178.00	178.00	124.00 +T	4
1025	Intranasal antrostomy, uni- or bilateral	392.20	326.40	124.00 +T	4
1027	Dacrocystorhinostomy	1 372.60	915.90	155.00 +T	5
1029	Turbinectomy, uni- or bilateral	294.10	294.10	124.00 +T	4
1034	Autogenous nasal bone transplant: Bone removal included	654.00	438.60	124.00 +T	4
1035	Unilateral intranasal ethmoidectomy with or without removal of polyps and/or intranasal frontal operation and/or intranasal sphenoid operation	739.20	490.20	124.00 +T	4
1036	Bilateral intranasal ethmoidectomy with or without removal of polyps and/or intranasal frontal operation and/or intranasal sphenoid operation	1 295.20	863.00	124.00 +T	4
	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral				
1037	Under local anaesthetic	52.80	52.80		
1039	Under general anaesthetic	136.70	136.70	124.00 +T+M	4
	Severe epistaxis, requiring hospitalisation				
1041	Anterior plugging (including after care)	261.90	261.90	186.00 +T	6
1043	Anterior and posterior plugging (including after-care)	392.20	326.40	186.00 +T	6
1045	Ligation anterior ethmoidal artery..	385.70	326.40	186.00 +T	6
1047	Caldwell-Luc operation (unilateral).	601.10	398.60	124.00 +T	4
1049	Ligation internal maxillary artery..	850.10	420.50	186.00 +T	6
1054	Antroscopy through the canine fossa (uni- or bilateral)	261.90			

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
1055	External frontal ethmoidectomy	1 268.10	843.70	124.00 +T	4
1057	External ethmoidectomy and/or sphenoidectomy	1 072.00	712.10	124.00 +T	4
1059	Frontal osteomyelitis	1 268.10	843.70	124.00 +T	4
1061	Lateral rhinotomy	1 072.00	712.10	124.00 +T	4
1063	Removal of foreign bodies from nose at rooms	65.80	65.80		
1065	Removal of foreign body from nose under general anaesthetic	136.70	136.70	124.00 +T	4
1067	Proof puncture, unilateral at rooms	65.80	65.80	124.00 +T	4
1069	Proof puncture, uni- or bilateral under general anaesthetic	136.70	136.70	124.00 +T	4
1075	Multiple intranasal procedures: Not to exceed (see Modifier 0068)	1 268.10	843.70	124.00 +T	4
1077	Septum abscess, at room, including after-care	52.80	52.80		
1079	Septum abscess, under general anaesthetic	136.70	136.70	124.00 +T	4
1081	Oro-antral fistula *(without Caldwell-Luc)*	562.40	372.80	124.00 +T	4
1083	Choanal atresia: Intranasal approach	739.20	490.20	155.00+T	5
1084	Choanal atresia: Transpalatal approach	1268.10	843.70	217.00 +T	7
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septumplasty) nasal pyramid (osteotomies) and nasal tip	2 288.50	1 523.50	155.00 +T	5
1087	Subtotal reconstruction consisting of any two of the following: Septumplasty, osteotomies, nasal tip reconstruction	1 372.60	915.90	155.00 +T	5
	Forehead rhinoplasty (all stages)				
1089	Total	3 609.40	2 405.90	155.00 +T	5
1091	Partial	2 706.40	1 804.70	155.00 +T	5

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
4.3	**Larynx**				
	SPECIFIC MODIFIER GOVERNING THIS SECTION OF THE TARIFF				
0067	Micro-surgery of the larynx; to the fee of the operation performed add 25%.				
1117	Laryngeal intubation	65.80	65.80		
	Laryngectomy				
1119	Without block dissection of the neck	2 288.50	1 523.50	217.00 +T.	7
1127	Tracheostomy	522.50	347.00	279.00 +T	9
1129	External laryngeal operation, e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngofissure	1 288.70	856.60	248.00. +T	8
	Direct laryngoscopy				
1130	Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	196.10	196.10	186.00 +T	6
1131	Plus foreign body removal . . .	300.60	300.60	186.00 +T	6
4.4	**Bronchial procedure**				
	Bronchoscopy				
1132	Diagnostic bronchoscopy without removal of foreign object . . .	424.40	281.20	186.00 +T	6
1133	With removal of foreign body ...	522.50	347.00	248.00 +T	8
1134	Bronchoscopy with use of laser..	490.20	-	248.00 +T	8
1135	With bronchograph	522.50	347.00	248.00 +T	8
1137	Bronchial lavage	-	-	248.00 +T	8
1138	Thoracotomy: for bronchopleural fistula (including ruptured bronchus, any cause)	2 288.50	1 523.50	372.00 +T	12
4.5	**Pleura**				
1139	Pleural needle biopsy (not including after-care): modifier 0005 not applicable	138.00	138.00	93.00 +T	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
1141	Insertion of intercostal catheter (under water drainage)	326.40	326.40	186.00 +T	6
1143	Paracentesis chest: Diagnostic	52.80	52.80	93.00 +T	3
1145	Paracentesis chest: Therapeutic	85.10	85.10	93.00 +T	3
1147	Pneumothorax: Induction (diagnostic)	163.80	163.80	341.00 +T	11
1149	Pleurectomy	1 634.40	1 091.30	341.00 +T	11
1151	Decortication of lung	2 288.50	1 523.50	93.00 +T	3
153	Chemical pleurodesis (instillation silver nitrate, tetracycline, talc, etc.)	359.90	326.40	93.00 +T	3
4.6	**Pulmonary procedures**				
4.6.1	**Surgical**				
1155	Needle biopsy lung (not including after-care): modifier 0005 not applicable	163.80	163.80	155.00 +T	5
1157	Pneumonectomy	2 288.50	1 523.50	341.00 +T	11
1159	Pulmonary lobectomy	2 288.50	1 523.50	341.00 +T	11
1161	Segmental lobectomy	2 386.50	1 523.50	341.00 +T	11
	Excision tracheal stenosis				
1163	Cervical	2 452.30	1 634.40	248.00 +T	8
1164	Intra thoracic	2 288.50	1 523.50	372.00 +T	12
1168	Thoracoplasty: Complete	1 634.40	1 091.30	341.00 +T	11
1169	Thoracoplasty: Limited/osteoplastic	1 306.80	869.50	341.00 +T	11
1171	Drainage empyema (including six weeks after-treatment)	1 112.00	739.20	341.00 +T	11
1173	Drainage of lung abscess (including six weeks after-treatment)	1 112.00	594.20	341.00 +T	11
	Thoracotomy				
1175	Limited: For lung or pleural biopsy	752.10	503.10	341.00 +T	11
1177	Major: Diagnostic	1 406.10	935.30	341.00 +T	11
1179	Thoracoscopy	379.30	261.90	341.00 +T	11

	Specialist	General practitioner	Anaesthetic Unit
	N$	N$	N$
4.6.2 Pulmonary function tests			
1186 Flow volume test: Inspiration/expiration	198.00	130.30	
1188 Flow volume test: Inspiration/expiration pre- and post-bronchodilator (to be charged for only with first consultation thereafter item 1186 applies)	326.40	215.40	Fees as for specialist
1189 Forced expirogram only	25.80	25.80	Fees as for specialist
1191 N_2 single breath distribution . .	65.80	65.80	Fees as for specialist
1193 Closed circuit or body plethysmograph determination of F.R.C	157.40	157.40	Fees as for specialist
1195 Airways resistance, body plethysmograph	157.40	157.40	Fees as for specialist
1196 Airways resistance, body plethysmograph: pre- and post-bronchodilator (to be charged for only with first consultation thereafter item 1195 applies)	261.90	261.90	Fees as for specialist
1197 Compliance and resistance, using oesophageal balloon	157.40	157.40	Fees as for specialist
1198 Histamine/metacholine inhalation test	261.90	261.90	Fees as for specialist
1199 Cardio-respiratory exercise test (treadmill or cycle to be charged for separately) with recording of V.E, $V.O_2$. H.R., R.R., ECG and oximetry	157.40	157.40	Fees as for specialist
1200 C.O. diffusion test, single breath or steady state	157.40	157.40	Fees as for specialist
1201 Maximum inspiration/expiratory pressure	32.30	32.30	Fees as for specialist

4.7 Tariff items for intensive care: Respiratory, cardiac, general

MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

0071 Where work is initiated after hours, over a weekend or on public holidays, a further N$83.90 may be charged.

RULE GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

Q. Units in respect of items 1204 to 1210 exclude the following:

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

(b) Cost of any drugs and/or materials.

(c) Any other cost which may be incurred before, during or after the consultation and/or the therapy.

(d) Blood gases and chemistry test, including the arterial puncture to obtain the specimen.

(e) Procedural items 1212 to 1219.

R. Units for items 1208, 1209 and 1210 include resuscitation (i.e. item 1211).

S. Units for 1212, 1213 and 1214 include the following:

(a) Measurement of minute volume, vital capacity, time- and vital capacity studies.

(b) Testing and connecting the machine.

(c) Putting patient on machine: setting machine, synchronising patient with machine.

(d) Instruction to nursing staff.

(e) All subsequent vistis within 24 hours.

T. Ventilation (items 1212 to 1214) does not form a part of normal port-operative care.

4.7.1 Tariff items for intensive care

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

	Specialist	**General practitioner**	**Anaesthetic Unit**
	N$	N$	N$
1204 Per day	196.10	196.10	Fees as for specialists

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, flail chest, etc.)

	Specialist	**General practitioner**	**Anaesthetic Unit**
	N$	N$	N$
1205 First day	654.00	438.60	Fees as for specialists

1206 Subsequent days, per day	326.40	326.40	Fees as for specialists
1207 Per day	163.80	163.80	Fees as for specialists

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

	Specialist	**General practitioner**	**Anaesthetic Unit**
	N$	N$	N$
1208 First day (principal practitioner)	817.90	543.10	Fees as for specialists
1209 First day (per involved practitioner)	326.40	326.40	Fees as for specialists
1210 Subsequent days (per involved practitioner)	326.40	326.40	Fees as for specialists

4.7.2 Procedures

1211 Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily IN ICU), N$326.40 per half hour or part thereof for the first hour per practitioner, thereafter N$163.80 per half hour up to a maximum of N$980.40 per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc.Cardio-respiratory resuscitation.

	Specialist	**General practitioner**	**Anaesthetic Unit**
	N$	N$	N$
VENTILATION			
1212 First day	490.20	326.40	Fees as for specialists
1213 Subsequent days	326.40	326.40	Fees as for specialists
1214 After two weeks, per day . . .	163.80	163.80	Fees as for specialists
1215 Insertion of arterial pressure cannula ..	163.80	163.80	Fees as for specialists
1216 Insertion of Swan Granz catheter for haemodynamic monitoring .	326.40	326.40	Fees as for specialists
1217 Insertion of central venous line via peripheral vein	65.80	65.80	Fees as for specialist
1218 Insertion of central venous line via subclavian or jugular veins . . .	253.00	253.00	Fees as for specialist

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
1219	Hyperalimentation (daily fee). .	98.00	98.00	Fees as for specialists
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Caseate to be charged for according to item 0201 per patient).	196.10	196.10	Fees as per specialists
1221	Professional fee for managing a patient-controlled analgesic pump: Once off charge per patient . .	196.10	196.10	Fees as per specialists
5.	**MEDIASTINAL PROCEDURES**			
1223	Mediastionoscopy	621.80	282.50	155.00 +T
6.	**CARDIOVASCULAR SYSTEM**			
	MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP (CARDIO-VASCULAR SYSTEM)			
0100	Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of N$490.20 is applicable.			
6.1	**General**			
	General practitioner's fee for the taking of an ECG only.			
	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.			
1228	Without effort: (half of 1232). . .	-	29.70	-
1229	Without and with effort: (half of 1233).	-	42.60	-
Note:	Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added.			
	Physcian's fee for interpreting an ECG.			
	A specialist physician is entitled to the following fee for interpretation of an ECG tracing referred to him by a general practitioner.			

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
1230	Without effort	38.70	-	-	
1231	Without and with effort	65.80	-	-	
	Electrocardiogram				
1232	Without effort	59.30	59.30	-	
1233	Without and with effort	85.10	85.10	-	
1234	Effort electrocardiogram with the aid of a special bicycle ergometer; monotoring apparatus and availability of associated apparatus	261.90	261.90	-	
1235	Multi-stage treadmill	392.20	326.40	-	
1241	X-ray screening (Chest)	25.80	25.80	-	
1245	Aniography cerebral: First two series	224.50	224.50	124.00 +T	4
1246	Aniography peripheral: Per limb..	163.80	163.80	124.00 +T	4
I 248	Paracentesis of pericardium	326.40	326.40	279.00 +T	9
6.3	**Cardiac surgery**				
1311	Pericardial drainage	915.90	607.60	403.00 +T	13
6.3.1	**Open heart surgery**				
1322	Attendance at other operations for monitoring at bedside, by physician e.g. heart block, etc	130.30	-	-	
6.4	**Peripheral vascular system**				
6.4.2	**Arterio-venous-abnormalities**				
1369	Fistula or aneurysm (as for grafting of various arteries)	-	-	-	
6.4.3	**Arteries**				
6.4.3.1	**Aorto-iliac and major branches**				
	Abdominal aorta and iliac artery				
1373	Ruptured	3 922.90	2 616.10	465.00 +T	15
6.4.3.2	**Iliac artery**				
1379	Prosthetic grafting and/or Thromboend-arterectomy	1 962.10	1 308.10	403.00 +T	13

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
6.4.3.3	**Peripheral**				
1385	Prosthetic grafting	1 668.00	1 112.00	155.00 +T	5
	Grafting vein				
1387	Proximal to knee joint	1 962.10	1 308.10	155.00 +T	5
1388	Distal to knee joint	2 902.50	1 935.00	155.00 +T	5
1389	Endarterectomy when not part of another specified procedure	1 726.00	1 150.70	155.00 +T	5
1390	Carotid endarterectomy	1 962.10	1 308.10	310.00 +T	10
	Embolectomy				
1393	Peripheral embolectomy transfemoral	1 099.10	732.70	155.00 +T	5
	Miscellaneous arterial procedures				
1395	Arterial suture: Trauma	817.90	543.10	155.00 +T	5
1397	Profundoplasty	1 372.60	915.90	155.00 +T	5
1399	Distal tibial (ankle region)	2 981.20	1 987.90	155.00 +T	5
1401	Femoro-femoral	1 660.20	1 112.00	155.00 +T	5
1402	Carotid-subclavian	1 883.40	1 255.20	248.00 +T	8
1403	Axillo-femoral (Bifemoral + 50%)	1 883.40	1 255.20	248.00 +T	8
6.4.4	**Veins**				
1407	Ligation of saphenous vein	326.40	326.40	93.00 +T	3
1408	Placement of Hickman catheter or similar	594.70	398.60	124.00 +T	4
	Ligation of inferior vena cava				
1410	Abdominal	1 176.50	784.30	248.00 +T	8
	"Umbrella" operation on inferior vena cava				
1412	Abdominal	654.00	438.60	248.00 +T	8
	Combined procedure of varicose veins: Ligation of saphenous vein stripping, multiple ligation including ligation of				

		Specialist	General practitioner	Anaesthetic	Unit
	perforating veins as indicated.				
		N$	N$	N$	
1413	Unilateral	922.40	614.00	93.00 +T	3
1415	Bilateral	1 615.10	1 078.40	93.00 +T	3
1417	Extensive sub-fascial ligation of perforating veins	817.90	543.10	93.00 +T	3
1419	Lesser varicose vein procedures	202.50	202.50	93.00 +T	3
	Compression sclerotherapy of varicose veins				
1421	Per injection	59.30	59.30	-	
1423	Maximum per leg (excluding cost of material)	522.50	347.00	-	
	Thrombectomy				
1425	Inferior vena cava (Trans abdominal)	1 568.60	1 046.20	341.00 +T	11
1427	Ilio-femoral	1 144.20	765.00	186.00+T	6
7.	**LYMPH RETICULAR SYSTEM**				
7.1	**Spleen**				
1435	Splenectomy (trauma)	1 144.20	765.00	279.00 +T	9
	Bone marrow biopsy				
1457	By trephine	85.10	85.10	93.00 +T	3
1458	Simple aspiration of marrow by means of trocar or cannula	52.80	52.80	-	
8.	**DIGESTIVE SYSTEM**				
8.1	**Oral cavity**				
1467	Drainage of intra-oral abscess	202.50	202.50	124.00 +T	4
1483	Closure of oro-antral fistula with Caldwell-Luc	901.70	601.10	124.00 +T	4
8.2	**Lips**				
1485	Local excision of benign lesion of lip	176.70	176.70	124.00+T	4
1499	Lip reconstruction following an injury: Direct repair	594.70	398.60	124.00 +T	4

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
	Lip reconstruction following an injury				
1501	Flap repair	1 346.80	895.30	124.00 +T	4
1503	Total reconstruction (first stage)	1 346.80	895.30	124.00 +T	4
1504	Subsequent stages (see item 0299)	679.80	451.50	124.00 +T	4
8.3	**Tongue**				
1505	Partial glossectomy	922.40	614.00	186.00 +T	6
1507	Local excision of lesion of tongue	176.70	176.70	124.00 +T	4
8.4	**Palate, uvula and salivary glands**				
1531	Drainage of parotid abscess . . .	163.80	163.80	124.00 +T	4
8.5	**Oesophagus**				
1545	Oesophagoscopy with rigid instrument: First and subsequent	307.00	307.00	124.00 +T	4
1550	With removal of foreign body . .	458.00	326.40	124.00 +T	4
	Hiatus hernia and diaphragmatic hernia repair				
1563	With anti-reflux procedure	1 962.10	1 308.10	341.00 +T	11
1565	With Collins Nissen oesophageal lengthening procedure	2 288.50	1 523.50	341.00 +T	11
8.6	**Stomach**				
1587	Upper gastro-intestinal fibre-optic endoscopy				
	Own equipment	424.40	326.40	124.00 +T	4
1591	Upper gastro-intestinal endoscopy with removal of foreign bodies (stomach)	588.20	392.20	186.00 +T	6
1597	Gastrostomy or Gastrotomy . . .	758.50	503.10	186.00 +T	6
	Vagotomy				
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	850.10	568.90	217.00 +T	7
1617	Partial gastrectomy	1 962.10	1 308.10	217.00 +T	7
1619	Total gastrectomy	2 452.30	1 634.40	217.00 +T	7
8.7	**Duodenum**				
1627	Duodenal intubation (under X-ray Screening)	52.80	-	-	

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
8.8	**Intestines**				
1634	Enterotomy or Enterostomy . . .	758.50	503.10	186.00 +T	6
1637	Operation for relief of intestinal obsturction	922.40	614.00	217.00 +T	7
1639	Resection of small bowel with enterostomy or anastomosis . . .	1 144.20	765.00	186.00 +T	6
1645	Suture of intestine (small or large) injury	758.50	588.00	186.00 +T	6
1647	Closure of intestinal fistula	1 687.30	1 124.90	186.00 +T	6
1657	Right or left hemicolectomy or segmental colectomy	2 124.60	1 419.00	186.00 +T	6
1661	Colotomy: Including removal of foreign body	882.40	588.20	186.00 +T	6
1663	Total colectomy	2 550.30	1 700.20	186.00 +T	6
1665	Colostomy or ileostomy isolated procedure	588.20	392.20	186.00 +T	6
1667	Colostomy: Closure	588.20	392.20	155.00 +T	5
1668	Revision of ileostomy pouch . .	2 452.30	1 634.40	186.00 +T	6
8.10	**Rectum and anus**				
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	85.10	85.10	93.00 +T	3
	Repair of prolapsed rectum: Abdominal				
1705	Incision and drainage of submucous abscess	261.90	261.90	93.00 +T	3
1707	Drainage of submucous abscess ..	261.90	261.90	93.00 +T	3
1737	Dilatation of ano-rectal structure ..	81.30	81.30	93.00 +T	3
8.11	**Liver**				
1743	Needle biopsy of liver	163.80	163.80	93.00 +T	3
1745	Biopsy of liver by laparotomy . .	588.20	392.20	124.00 +T	4
1747	Drainage of liver abscess	922.40	614.00	217.00 +T	7
1748	Body composition measured by bio-electrical implecance	19.40	19.40	-	

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
	Hemi-hepatectomy				
1749	Right	2 876.70	1 915.70	279.00 +T	9
1751	Left	1 962.10	1 308.10	279.00 +T	9
1753	Partial or segmental hepatectomy	980.40	654.00	279.00 +T	9
1757	Suture of liver wound or injury	1 176.50	784.30	279.00 +T	9
8.12	**Biliary tract**				
1763	With exploration of common bile duct	1 798.30	1 197.10	186.00 +T	6
1765	Exploration of common bile duct: Secondary operation	1 902.80	1 268.10	186.00 +T	6
1767	Reconstruction of common bile duct	2 616.10	1 745.40	186.00 +T	6
8.13	**Pancreas**				
1778	Pancreas: ERCP: Endoscopy + Catheterisation of pancreas duct or Choledochus	634.70	418.00	124.00 +T	4
	Pancreatic function tests				
1783	Drainage of pancreatic abscess	1 176.50	784.30	186.00 +T	6
1791	Local, partial or subtotal Pancreatectomy	1 634.40	1 091.30	248.00 +T	8
1793	Distal pancreatectomy with internal drainage	1 962.10	1 308.10	248.00 +T	8
8.14	**Peritoneal cavity**				
	Pneumo-peritoneum				
1797	First	83.90	83.90	124.00 +T	4
1799	Repeat	38.70	38.70	124.00 +T	4
1800	Peritoneal lavage	130.30	130.30	-	
1801	Diagnostic paracentesis: Abdomen	52.80	52.80	-	
1803	Therapeutic paracentesis: Abdomen	85.10	85.10	-	
1807	Add to open procedure where procedure was performed through a laparoscope	304.00	2125.10	155.00 +T	5
1809	Laparotomy	686.30	458.00	124.00 +T	4

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
1811	Suture of burst abdomen	654.00	438.60	217.00+T	7
1812	Laparotomy for control of surgical haemorrhage	-	-	279.00 +T	9
1813	Drainage of subphrenic abscess ..	1 176.50	784.30	217.00 +T	7
	Drainage of other intraperitoneal abscess (excluding appendix abscess)				
1815	Per abdomen	1 176.50	784.30	155.00 +T	5
1817	Transrectal drainage of pelvic abscess	326.40	326.40	124.00 +T	4
9.	**HERNIAE**				
1819	Inguinal or femoral hernia	817.90	543.10	124.00 +T	4
1825	Recurrent inguinal or femoral hernia	1 013.90	673.40	124.00 +T	4
1827	Strangulated hernia requiring resection of bowel	1 555.70	1 039.70	217.00 +T	7
1831	Umbilical hernia	915.90	607.60	124.00 +T	4
1835	Incisional	1 046.20	699.20	124.00 +T	4
10.	**URINARY SYSTEM**				
10.1	**Kidney**				
1839	Renal biopsy, per kidney, open ...	464.40	326.40	155.00 +T	5
1841	Renal biopsy, (needle)	196.10	196.10	93.00 +T	3
	Peritoneal dialysis				
1843	First day	215.40	215.40	-	
1845	Every subsequent day	215.40	215.40	-	
	Haemodialysis				
1847	Per hour or part thereof	136.70	136.70	-	
1849	Maximum: Eight hours	1 099.10	732.70	-	
1851	Thereafter per week	359.90	326.40	-	
1852	Continuous haemodiafiltration per day in intensive or high care unit .	215.40	215.40	-	

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
Nephrectomy					
1853	Primary nephrectomy	1 235.80	824.30	155.00 +T	5
1855	Secondary nephrectomy	1 510.60	1 007.50	155.00 +T	5
1863	Nephron-ureterectomy	1 758.30	1 170.00	155.00 +T	5
1865	Nephrotomy with drainage nephrostomy	1 235.80	824.30	186.00 +T	6
1873	Suture renal laceration (renorraphy)	1 261.60	843.70	186.00 +T	6
1879	Closure renal fistula	1 235.80	824.30	155.00 +T	5
1881	Pyeloplasty	1 648.60	1 099.10	155.00 +T	5
1885	Pyelolithotomy	1 235.80	824.30	155.00 +T	5
1891	Perinephric abscess or renal abscess: Drainage	739.20	490.20	217.00 +T	7
2.2	**Ureter**				
1897	Ureterorraphy: Suture of ureter	961.10	641.10	155.00 +T	5
1898	Lumbar approach	1 235.80	824.30	155.00 +T	5
1899	Ureteroplasty	1 182.90	790.80	155.00 +T	5
1903	Ureterectomy only	895.30	594.70	155.00 +T	5
1919	Closure of ureteric fistula	961.10	641.10	155.00 +T	5
1921	Immediate delegation of ureter	961.10	641.10	155.00 +T	5

10.3 Bladder

RULES GOVERNING THE SECTION URINARY SYSTEM

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(i) When a cystocopy preceeds a related operation, modifier 0013 applies, e.g. cystoscopy followed by T U R prostatectomy.

(ii) When a cystoscopy preceeds an unrelated operation, modifier 0005 applies, e.g. cystocopy for urinary tract infection followed by inguinal hernia repair.

(iii) No modifier applies to item 1949 when performed together with any of items 1951 to 1973.

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
1945	Installation of radio-opaque material for cystography or urethrocysto-graphy	32.30	32.30	93.00 +T	3
1949	Cystosopy	228.30	228.30	93.00 +T	3
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	65.80	65.80	93.00 +T	3
1952	JJ Stent catheter	287.70	287.70	93.00 +T	3
1954	Urethroscopy	228.30	-	93.00 +T	3
1959	With manipulation of ureteral calculus	130.30	130.30	93.00 +T	3
1961	With removal of foreign body or Calculus from urethra or bladder	130.30	130.30	93.00 +T	3
1964	And control of haemorrhage and blood clot evacuation	98.00	98.00	93.00 +T	3
1976	Optic urethrotomy	522.50	347.00	93.00 +T	3
	Internal urethrotomy				
1979	Female	326.40	326.40	93.00 +T	3
1981	Male	326.40	326.40	93.00 +T	3
	Transuretheral resection of bladderneck				
1985	Female	686.30	458.00	155.00 +T	5
1986	Male	817.90	543.10	155.00 +T	5
1987	Litholapaxy	522.50	347.00	155.00 +T	5
1989	Cystometrogram	163.80	163.80	93.00 +T	3
1991	Flometric bladder studies with videocystography	261.90	261.90	93.00 +T	3
1992	Without videocystography	163.80	163.80	93.00 +T	3
1993	Voiding cystro-urethrogram	136.70	136.70	93.00 +T	3
1995	Percutaneous aspiration of bladder	65.80	65.80	93.00 +T	3
1996	Bladder catheterisation – male (not at operation)	38.70	38.70	93.00 +T	3
1997	Bladder catherisation – female (not at operation)	19.40	19.40	93.00 +T	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
1999	Percutaneous cystostomy	157.40	157.40	93.00 +T	3
	Total cystectomy				
2013	Diverticulectomy (independent procedure): Multiple or single . .	895.30	594.70	155.00 +T	5
2015	Suprapubic cystostomy.	438.60	326.40	155.00 +T	5
	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required)				
2035	Cutaneous vesicostomy	771.40	516.00	155.00 +T	5
2039	Operation for ruptured bladder . .	895.30	594.70	186.00 +T	6
2047	Drainage of perivesical or prevesical abscess	418.00	326.40	155.00 +T	5
	Evacuation of clots from bladder				
2049	Other than post-operative	261.90	261.90	93.00 +T	3
2050	Post-operative	-	-	124.00 +T	4
2051	Simple bladder lavage: Including catheterisation	78.70	78.70	93.00 +T	3
2058	Non-surgical supervision of paraplegic patients. All urodynamic studies excluded and charged for separately under items 1979, 1981, 1991 and 1992 of the Tariff . . .	765.00	509.60	-	
10.4	**Urethra**				
	Dilatation of urethral stricture: By passage of sound				
2063	Initial (male)	130.30	130.30	93.00 +T	3
2065	Subsequent (male)	65.80	65.80	93.00 +T	3
2067	By passage of filiform and follower (male)	130.30	130.30	93.00 +T	3
2071	Urethrorraphy: Suture of urethral wound or injury	909.50	607.60	124.00 +T	4
	Urethroplasty				
	Pendulous urethra				
2075	First stage	464.40	326.40	124.00 +T	4

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
2077	Second stage	948.20	634.70	124.00 +T 4
2081	Reconstruction or repair of male anterior urethra (one stage) . . .	1 046.20	699.20	124.00 +T 4
	Reconstruction or repair of prostatic or membranous urethra			
2083	First stage	1 099.10	732.70	186.00 +T 6
2085	Second stage	1 099.10	732.70	186.00 +T 6
2086	If done in one stage	1 922.10	1 282.30	186.00 +T 6
	Total Urethrectomy			
2095	Drainage of simple localised perineal urinary extravasation . .	274.80	274.80	155.00 +T 5
2097	Drainage of extensive perineal urinary extravasation	895.30	594.70	155.00 +T 5
2103	Simple urethral meatotomy . . .	98.00	98.00	93.00 +T 3
	Incision of deep peri-urethral abscess			
2105	Female	274.80	274.80	93.00 +T 3
2107	Male	163.80	163.80	93.00 +T 3
2109	Badenoch pull-through for intractable stricture or incontinence	1 184.20	790.80	155.00 +T 5
2111	External sphincterotomy	705.60	470.90	155.00 +T 5
2115	Operation for correction of male urinary incontinence with or without introduction of prosthesis (excluding cost of prosthesis) . .	1 099.10	732.70	155.00 +T 5
2116	Urethral meatoplasty	287.70	287.70	93.00 +T 3
2117	Closure of urethrostomy or urethrocutaneous fistula (independent procedure)	189.60	189.60	93.00 +T 3
11.	**MALE GENITAL SYSTEM**			
11.1	**Penis**			
2141	Plastic operation for insertion of prosthesis	660.50	438.60	93.00 +T 3
2147	Plastic operation for inury: Including fracture of penis and skin graft if required	1 099.10	732.70	93.00 +T 3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
11.2	**Testis and epididymis**				
	Orchidectomy (total or subcapsular)				
2191	Unilateral	249.00	249.00	93.00 +T	3
2193	Bilateral	438.60	326.40	93.00 +T	3
2213	Suture or repair of testicular injury	221.90	221.90	124.00 +T	4
2215	Incision and Drainage of testis or epididymis e.g. abscess or haematoma	221.90	221.90	124.00 +T	4
2227	Incision and drainage of scrotal wall abscess	110.90	110.90	93.00 +T	3
11.3	**Prostate**				
2245	Trans-urethral resection of prostate	1 647.30	1 099.10	186.00 +T	6
14.	**NERVOUS SYSTEM**				
14.1	**Diagnostic procedures**				
2709	Full spinogram including bilateral median and posteriortibial studies	924.90	-	-	
2711	Electro-encephalography	170.30	170.30	-	
2712	Electro-encephalography - interpretation	78.70	78.70	-	
2713	Lumbar puncture and/or intrathecal injections.	98.00	98.00	-	
2714	Cisternal puncture and/or intrathecal injections	98.00	98.00	-	
	Electromyography				
2717	First	490.20	326.40	-	
2718	Subsequent	490.20	326.40	-	
	Angiography Carotis				
2725	Unilateral	163.80	163.80	124.00 +T	4
2726	Bilateral	287.70	287.70	124.00 +T	4
2727	Vertebral artery: Direct needling ...	326.40	326.40	124.00 +T	4
2729	Vertebral catheterisation	326.40	326.40	124.00 +T	4

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
	Air encephalography and Posterior fossa tomography				
2731	Injection of air (independent procedure)	94.20	-	124.00 +T	4
2733	Attendance at radiology by clincian	134.20	-	-	
2735	Posterior fossa tomography attendance by clinician	206.40	-	-	
2737	Visual field charting on Bjerrum Screen	46.40	46.40	-	
	Ventricular needling without burring				
2739	Tapping only	104.50	104.50	124.00 +T	4
2741	Plus introduction of air and/or contrast dye for ventriculography	281.20	281.20	124.00 +T	4
	Subdural tapping				
2743	First sitting	98.00	98.00	124.00 +T	4
2745	Subsequent	65.80	65.80	124.00 +T	4
14.2	**Introduction of burr holes**				
2747	Ventriculography	980.40	654.00	248.00 +T	8
2749	Catheterisation for ventriculography and/or drainage	980.40	654.00	248.00 +T	8
2753	Subdural haematoma	980.40	654.00	248.00 +T	8
2755	Subdural empyema	980.40	654.00	248.00 +T	9
2757	Brain abscess	980.40	654.00	248.00 +T	8
14.3	**Nerve procedures**				
2765	Nerve conduction studies (see items 0733 and 3285)	167.70	110.90	124.00 +T	4
14.3.1	**Nerve repair or suture**				
2767	Suture Brachial Plexus (see also items 2837 and 2839)	1 962.10	1 308.10	186.00 +T	6
	Suture				
	Large nerve				
2769	Primary	875.90	581.80	155.00 +T	5

	Specialist	General practitioner	Anaesthetic	Unit
	N$	N$	N$	
2771 Secondary	1 321.00	882.40	155.00 +T	5
Digital nerve				
2773 Primary	424.40	326.40	93.00 +T	3
2775 Secondary	602.40	418.00	93.00 +T	3
Nerve graft				
2777 Simple	1 321.00	882.40	124.00 +T	4
Fascicular				
2779 First fasciculus	1 321.00	882.40	124.00 +T	4
2781 Each additional fasciculus	326.40	326.40	124.00 +T	4
2783 Nerve flap: To include all stages	1 464.20	974.00	124.00 +T	4
2787 Grafting of facial nerve	1 406.10	935.30	155.00 +T	5
14.3.2 Neurectomy				
2799 Intrathecal injections for pain	234.80	234.80	124.00 +T	4
2800 Plexus nerve block	234.80	234.80	As for specialists	
2801 Epidural injection for pain	234.80	234.80	-	
2802 Peripheral nerve block	163.80	163.80	As for specialists	
Alcohol injection in peripheral nerves for pain				
2803 Unilateral	130.30	130.30	93.00 +T	3
2805 Bilateral	228.30	228.30	93.00 +T	3
2809 Peripheral nerve section for pain	294.10	294.10	93.00 +T	3
2815 Interdigital	334.10	326.40	93.00 +T	3
2825 Excision: Neuroma: Peripheral	418.00	326.40	93.00 +T	3
14.3.3 Other nerve procedures				
2827 Transposition of ulnar nerve	654.00	438.60	93.00 +T	3
Neurolysis				
2829 Minor	334.10	326.40	93.00 +T	3
2831 Major	863.00	575.30	93.00 +T	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
2833	Digital	628.20	418.00	93.00 +T	3
2835	Scalenotomy	863.00	575.30	186.00 +T	6
2837	Brachial plexus, suture or neurolysis (item 2767)	1 962.10	1 308.10	186.00 +T	6
2839	Total Brachial plexus exposure with graft neurolysis and transplantation	2 942.50	1 962.10	186.00+T	6
2841	Carpal Tunnel	418.00	396.00	93.00 +T	3
	Lumbar sympathectomy				
2843	Unilateral	1 001.00	666.90	124.00 +T	4
2845	Bilateral	1 751.80	1 170.00	186.00 +T	6
	Sympathetic block				
	Other levels				
2849	Unilateral	130.30	130.30	93.00 +T	3
2851	Bilateral	228.30	228.30	93.00 +T	3
14.4	**Skull procedures**				
	Repair of depressed fracture of skull				
	Without brain laceration				
2859	Major	1 308.10	869.50	248.00 +T	8
2860	Small	1 112.00	739.20	248.00 +T	8
	With brain lacerations				
2861	Small	1 308.10	869.50	248.00 +T	8
2862	Major	2 452.30	1 634.40	248.00 +T	8
2863	Cranioplasty	1 830.50	1 222.90	248.00 +T	8
2875	Theco-peritoneal C.S.F. shunt	1 830.50	1 222.90	248.00 +T	8
14.6	**Aneurysm repair**				
2876	Repair of aneurysm or arteriovenous anomalies (intracranial)	4 576.90	3 047.00	465.00 +T	15
14.7	**Posterior fossa surgery**				
	Neurectomy				
2879	Glosso-pharyngeal nerve	3 138.60	2 092.40	186.00 +T	6

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
	Eighth nerve				
2881	Intracranial	3 138.60	2 092.40	248.00 +T	8
2887	Vestibular nerve	3 138.60	2 092.40	279.00 +T	9
14.7.1	**Supratentorial procedures**				
2899	Craniectomy for extra-dural haematoma or empyema	2 452.30	1 634.40	341.00 +T	11
14.8	**Craniotomy**				
2900	Extra-dural orbital decompression	4 576.90	3 047.00	341.00 +T	11
2903	Abscess	2 942.50	1 962.10	341.00 +T	11
2904	Haematoma, foreign body: Cerebral or cerebellar	2 942.50	1 962.10	341.00 +T	11
2905	Focal epilepsy: Excision of cortical scar	2 942.50	1 962.10	341.00 +T	11
2906	With anterior fossa meningocoele and repair of bony skull defect	2 452.30	1 634.40	341.00 +T	11
2909	CSF-leaks	2 942.50	1 962.10	341.00 +T	11
14.8.1	**Stereo-tactic cerebral and spinal cord procedures**				
2918	Non-operative supervision of paraplegics for all disciplines except urologists	1 595.70	1 065.50	-	
14.9	**Spinal operations**				
2919	Laminectomy for spinal stenosis at multiple levels	2 524.50	1 680.90	93.00 +T	3
	Laminectomy				
2921	One level	1 464.20	974.00	93.00 +T+M	3
2922	Multiple level	1 674.40	118.40	93.00 +T+M	3
	Chordotomy				
2923	Unilateral	1 163.60	777.90	93.00 +T+M	3
2925	Open	2 288.50	1 523.50	93.00 +T+M	3
	Rhizotomy				
2927	Extradural, but intraspinal	2 092.40	1 393.20	93.00 +T+M	3

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
2928	Intradural	2 288.50	1 523.50	93.00 +T+M	3
	Extramedullary, but intradural				
2940	Lumbar osteophyte removal . . .	1 222.90	817.90	93.00 +T+M	3
2941	Cervical or thoracic osteophyte removal	1 864.10	1 242.30	93.00 +T+M	3
14.10	**Arterial ligations**				
	Carotis				
2951	Trauma	784.30	522.50	248.00 +T	8

14.11 Medical psychotherapy

Note:

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

GENERAL RULE GOVERNING THIS SECTION OF THE TARIFF

Va. Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for besides fees for the procedure.

Vb. Except where otherwise indicated. the durution 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.

MODIFIER GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY

0097 If a first consultation proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure shall be calculated at N$78.70 per 20 minute session or part thereof, provided that such a part comprises 50% or more of the time of a session.

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
2957	Individual psychotherapy (specify type) – per session	157.40	104.50	-	
2958	Psychoanalytic therapy – per 60 minute session	470.90	313.50	-	
2959	Hypnotherapy - per session . . .	157.40	104.50	-	

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
2960	Behaviour theraphy (specify) - per session	157.40	104.50	-	
14.12	**Physical treatment methods**				
2970	Electro-convulsive treatment (ECT) - each time	78.70	52.80	93.00+T	3
2971	Intravenous anti-depressive medication through infusion per push in (maximum 1 push in per 24 hours)	38.70	25.80	-	
14.13	**Psychiatric examination methods**				
2972	Narco-analysis (maximum of 3 sessions per treatment) per session	157.40	104.50	-	
2973	Psychometry (by psychiatrist - specify examination) (maximum of 3 sessions per examination) – per session	157.40	104.50	-	
15.	**GENERAL**				
3001	Implantation of pellets (excluding cost of material)	19.40	19.40	-	
16.	**EYE**				
16.1	**Procedures performed in rooms**				
	Eye investigations and photography refer to one or both eyes except where otherwise indicated.				
	Material used is excluded				
	The tariff for photography is not related to the number of photographs taken				
3002	Gonioscopy	46.40	46.40	-	
3003	Fundus contract lens or 90D lens examination	46.40	46.40	-	
3004	Peripheral fundus examination with indirect ophthalmoscope	46.40	46.40	-	
3013	Ocular motility assessment: Comprehensive examination	78.70	78.70	-	
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	46.40	46.40	-	

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
3015	Charting of visual field with manual perimeter	179.30	179.30	-
	Special eye investigations			
3016	Retinal threshold test without storage facilities	196.10	196.10	-
3017	Retinal threshold test inclusive of computer disc storage for Delta or Statpak programs	483.80	326.40	-
3018	Retinal threshold trend evaluation (additional to 3017)	104.50	104.50	-
3020	Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery. . . .	300.60	300.60	
3021	Retinal function assessment including refraction after occular surgery (within four monhts), maximum two examinations	59.30	59.30	-
3025	Electronic tomography	123.80	123.80	-
3027	Fundus photogrophy	136.70	136.70	-
3029	Anterior segment microphotography	136.70	136.70	-
3031	Fluorescein angiography (excluding colour photography)	294.10	294.10	-
3032	Eyelid and orbit photography . . .	59.30	59.30	-
3033	Interpretation of 3031 referred by other clinician	104.50	104.50	-
3034	Determination of lens implant power per eye	98.00	98.00	-
3035	Where a minor procedure usually done in the consulting rooms *requires* a general anaesthetic or use of an operating theatre an additional fee may be charged	144.50	144.50	As per procedure
3036	Photokeratoscopy: For pathological corneas only. Excluding cases for R.K. assessment. Only on special motivation	234.80	234.80	-

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
16.2	**Retina**				
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	1 830.50	1 222.90	186.00 +T	6
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	686.30	458.00	186.00 +T	6
3041	Pan retinal photocoagulation (per eye): Done in one sitting	980.40	654.00	186.00 +T	6
3044	Removal of encircling band and/or buckling material	686.30	458.00	186.00 +T	6
16.3	**Cataract**				
3045	Intra-capsular extraction	1 372.60	915.90	217.00 +T	7
3047	Extra-capsular (including capsulotomy)	1 372.60	915.90	217.00 +T	7
3049	Insertion of lenticulus in addition to 3045 or 3047 (cost of lens excluded). Modifier 0005 not applicable . . .	372.80	326.40	217.00+T	7
3051	Needling or capsulotomy	850.10	568.90	124.00 +T	4
3052	Laser capsulotomy	686.30	458.00	124.00 +T	4
3057	Removal of lenticulus	1 372.60	915.90	217.00 +T	7
3059	Insertion of lenticulus when 3045 or 3047 was not executed (cost of lens excluded)	1 372.60	915.90	217.00 +T	7
3060	Use of own surgical microscope for surgery or examination (not for slitlamp microscope) (for use by opthalmologists only)	25.80	-	-	
16.4	**Glaucoma**				
3061	Drainage operation	1 372.60	915.90	186.00 +T	6
3063	Cyclorotherapy or cyclodiathermy	686.30	458.00	186.00 +T	6
3064	Laser trabeculoplasty	686.30	458.00	186.00 +T	6
3065	Removal blood anterior chamber ..	686.30	458.00	124.00 +T	4
3067	Goniotomy	1 372.60	915.90	217.00 +T	7
16.5	**Intra-ocular foreign body**				
3071	Anterior to Iris	830.80	556.00	124.00+T	4
3073	Posterior to Iris (including prophylactic thermal treatment to retina)	1 372.60	915.90	186.00 +T	6

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
16.6	**Strabismus**				
	(Whether operation performed on one eye or both)				
3075	Operation on one or two muscles .	1 046.20	699.20	155.00 +T	5
3076	Operation on three or four muscles	1 308.10	869.50	155.00 +T	5
3077	Subsequent operation one or two muscles	784.30	522.50	155.00 +T	5
3078	Subsequent operation on three or four muscles	980.40	654.00	155.00 +T	5
16.7	**Globe**				
3080	Examination of eyes under general anaesthetic where no surgery is done	522.50	392.20	124.00 +T	4
3081	Treatment of *minor* perforating injury	666.90	445.10	186.00 +T	6
3083	Treatment of *major* perforating injury	1 478.30	986.90	186.00 +T	6
3085	Enucleation or Evisceration	686.30	458.00	155.00 +T	5
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	1 046.20	699.20	155.00 +T	5
3088	Hydroxyapetite insertion (Additional to item 3087)	261.90	261.90	155.00 +T	5
3089	Subconjunctival injection if not done at time of operation	65.80	65.80	155.00 +T	5
3091	Retrobulbar injection (if not done at time of operation)	104.50	104.50	124.00 +T	4
3092	External laser treatment for superficial lesions	347.00	326.40	-	
3096	Adding of air or gas in vitreous as a post-operative procedure	850.10	568.90	217.00 +T	7
3097	Anterior vitrectomy	1 830.50	1 222.90	186.00 +T	6
3098	Removal of silicon from globe . .	1 830.50	1 222.90	186.00 +.T	6
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	2 740.00	1 824.10	186.00 +T	6
3100	Lensectomy done at time of posterior vitrectomy	196.10	196.10	217.00 +T	7
16.8	**Orbit**				
3101	Drainage of orbital abscess	686.30	458.00	155.00 +T	5

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
3105	Exenteration	1 798.30	1 197.10	155.00 +T 5
3107	Orbitotomy requiring bone flap	1 568.60	1 046.20	155.00 5
3108	Eye socket reconstruction . . .	1 346.80	895.30	155.00 +T 5
3109	Hydroxyapetite implantation in eye cavity when evisceration or enucleation was done previously	1 346.80	895.30	155.00 +T 5
3110	Second stage hydroxyapetite implantation	718.50	477.30	155.00 +T 5
16.9	**Cornea**			
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits	*	*	-
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fittings of the contact lenses and further post-fitting visits for one year	1 308.10	869.50	-
3115	Fitting of only one contact lens and instructions to patient: Eye examination, first fittings of the contact lens and further post-fitting visits for one year included . . .	1 084.90	726.30	-
*3117	Removal of foreign body: On the basis of fee per consultation ..	*	*	124.00 +T 4
3118	Curettage of cornea after removal of foreign body	65.80	65.80	-
3119	Tattooing	170.30	170.30	124.00 +T 4
3121	Graft (Lamellar of full thickness)	1 889.90	1 261.60	186.00 +T 6
3123	Insertion of intra-corneal prosthesis	1 660.20	1 105.50	186.00 +T 6
3125	Keratectomy or conjunctival flap	830.80	556.00	186.00 +T 6
3 127	Cauterization of Cornea (by chemical, thermal or cryotherapy methods)	65.80	65.80	124.00 +T 4
3130	Pterygium	347.00	326.40	124.00 +T 4
3131	Paracentesis.	347.00	326.40	124.00 +T 4
16.10	**Ducts**			
3133	Probing and/or syringing, per duct	65.80	65.80	124.00 +T 4

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
3135	Insertion of polythene tubes (additional): Unilateral	85.10	85.10	124.00 +T 4
3137	Excision of lacrimal sac: Unilateral	863.00	575.30	124.00 +T 4
3139	Dacryocystorhinostomy (single) with or without polythene sac . . .	1 372.60	915.90	155.00 +T 5
3141	Sealing of puncture	130.30	130.30	124.00 +T 5
3143	Three-snip operation	65.80	65.80	124.00 +T 4
	Repair of canaliculus			
3145	Primary procedure	863.00	575.30	124.00 +T 4
3147	Secondary procedure	1 144.20	765.00	124.00 +T 4
16.11	**Iris**			
3149	Iridectomy or iridotomy by open operation as isolated procedure . .	863.00	575.30	124.00 +T 4
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	686.30	458.00	124.00 +T 4
3157	Division of anterior synechiae as isolated procedure	863.00	575.30	124.00 +T 4
16.12	**Lids**			
3161	Tarsorrhaphy	307.00	307.00	124.00 +T 4
3165	Repair of skin laceration of the lid	307.00	307.00	124.00 +T 4
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	1 222.90	817.90	124.00 +T 4
16.12.1	**Entropion or ectropion**			
3177	Cautery	65.80	65.80	124.00 +T 4
3179	Suture	307.00	307.00	124.00 +T 4
3181	Open operation	686.30	458.00	124.00 +T 4
3183	Free skin, mucosal grafting or flap	1 346.80	895.30	124.00 +T 4
16.12.2	**Reconstruction of eyelid**			
	Staged procedures for partial or total loss of eyelid			
3185	First stage	1 346.80	895.60	124.00 +T 4

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
3187	Subsequent stage	1 346.80	895.60	124.00 +T 4
3189	Full thickness eyelid laceration for injury: Direct repair	863.00	575.30	124.00 +T 4
3191	Blepharoplasty: Upper lids for improvement in function	863.00	575.30	124.00 +T 4
16.12.3	**Ptosis**			
3193	Repair by superior rectus, levator or frontalis muscle operation	1 242.30	830.80	124.00 +T 4
	Ptosis: By lesser procedure e.g. sling operation			
3195	Unilateral	621.80	411.50	124.00 +T 4
3197	Bilateral	1084.90	726.30	124.00 +T 4
16.13	**Conjunctiva**			
3199	Repair of conjunctiva by grafting ..	863.00	575.30	124.00 +T 4
3200	Repair of lacerated conjunctiva ..	307.00	307.00	124.00 +T 4
16.14	**General**			
3201	Laser apparatus (hire fee)	713.40	-	-
3202	PHAKO emulsificiation apparatus (hire fee)	713.40	-	-
3203	Vitrectomy apparatus (hire fee) ...	784.30	-	-
17.	**EAR**			
3204	Removal of foreign body at rooms	*	*	-
3205	Removal of foreign body under general anaesthetic	136.70	136.70	124.00 +T 4
3207	Unilateral myringotomy	183.20	183.20	124.00 +T 4
3209	Bilateral myringotomy	221.90	221.90	124.00 +T 4
3211	Unilateral myringotomy with insertion of ventilation tube	221.90	221.90	124.00 +T 4
3212	Bilateral myringotomy with insertion of unilateral ventilation tubes	274.80	274.80	124.00 +T 4
3213	Bilateral myringotomy with insertion of bilateral ventilation tubes . . .	326.40	326.40	124.00 +T 4

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
	Meatus atresia			
3215	Traumatic	1 072.00	713.40	124.00 +T 4
3219	Removal of osteoma from meatus: Solitary	503.10	332.80	124.00 +T 4
3221	Removal of osteoma from meatus: Multiple	1 406.10	935.30	124.00 +T 4
3225	Internal auditory meatus surgery (transtemporal or middle fossa approach): Total fee including fee for neurosurgeon	2 516.80	1 680.90	341.00 +T 11
	Exploration of facial nerve			
3227	Tympano mastoid segment	1 811.20	1 210.00	155.00 +T 5
3229	Labyrinthine segment	2 516.80	1 680.90	155.00 +T 5
3231	Labyrinthotomy	999.80	668.20	155.00 +T 5
3233	Aseptic destruction of the labyrinth for Meniere's Disease	999.80	668.20	155.00 +T 5
3237	Exploratory tympanotomy	385.70	326.40	155.00 +T 5
3239	Removal of acoustic neuroma trans labyrinthine	2 222.70	1 484.80	155.00 +T 5
3243	Myringoplasty	901.70	601.10	155.00 +T 5
3245	Tympanoplasty with or without muscle grafting	1 811.20	1 210.00	155.00 +T 5
3251	Labyrinthine tests (excluding consultation fee)	65.80	65.80	-
3253	Electro-nystagmography for spontaneous and positional nystagmus	163.80	163.80	-
3254	Video nystagmoscopy	163.80	163.80	-
3255	Caloric test done with electro-nystagmography	458.00	326.40	-
3257	Cortical mastiodectomy	850.10	562.40	155.00 +T 5
3259	Radical mastoidectomy (excluding minor procedures)	1 274.50	850.10	155.00 +T 5
3265	Reconstruction of posterior canal wall, following radical mastoidectomy ..	2 092.40	1 393.20	155.00 +T 5

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
	Major reconstruction of external ear			
3271	Partial or total reconstruction for traumatic absence of external ear...	*	-	-

* By arrangement

17.1 Audiometry

RULES GOVERNING THIS SUBSECTION OF THE TARIFF

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

All post-operative audiograms may be charged for.

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
3273	Pure tone audiometry (air conduction)	42.60	28.40	-
3274	Pure tone audiometry (bone conduction with masking)	42.60	28.40	-
3277	Speech audiometry: Inclusive fee (speech audiogram, speech reception threshold, discrimination score)	65.80	-	-

18. PHYSICAL TREATMENT

SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT

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

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

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

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
3279	Domicilliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms and the equipment has to be transported to the patient)	5.00	-	-
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	87.70	-	-
3281	Ultrasonic therapy	65.80	-	-
3282	Shortwave diathermy	65.80	-	-
3284	Sensory nerve conduction studies	202.50	-	-
3285	Motor nerve conduction studies.	170.30	-	-
3287	Spinal joint and ligament injection ..	130.30	85.10	-
3288	Epidural injection	234.80	-	-
3289	Multiple injections - first joint...	49.00	-	-
3290	Each additional joint	29.70	-	-
3291	Tendon or ligament injection ...	59.30	-	-
3292	Aspiration of joint or interarticular injection	59.30	-	-
3293	Aspiration or injection of bursa or ganglion	59.30	-	-
3294	Paracervical nerve block	130.30	-	-
3295	Paravertebral root block-unilateral	130.30	-	-
3296	Paravertebral root block-bilateral	196.10	-	-
3297	Manipulation of spine	91.60	-	-
3298	Spinal traction	38.70	-	-
3299	Manipulation of large joints under general anaesthesia . . .	91.60	-	Hip 124.00+T+M 4 Knee 93.00+T+M 3 Shoulder 93.00+T+M 3
3300	Manipulation of large joints without anaesthetic	*	-	-

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
3301	Muscle fatigue studies	130.30	-	-
3302	Strength duration curve per session	68.40	-	-
3303	Electromyography	490.20	-	-
3304	All other physical treatments carried out: Complete physical treatment: Specify Treatment (for subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only is applicable: See rules L and M). . .	51.60	51.60	-

* Per service (specify)

19. RADIOLOGY

Diagnostic procedures

MODIFIERS GOVERNING THIS SECTION OF THE TARIFF

M 0001 For involuntarily scheduled after-hours emergency radiological services, the additional premium shall be 50% of the fee for the particular services (section 19.12 excluded). See the general rule B.

For after-hours MR scans, a maximum levy of N$535.00 is applicable.

M 0002 Item 30/0101 is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him.

M 0080 Multiple examinations: Full fees

M 0081 Repeat examinations: No reduction

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

M 0083 When a radiologist makes use of hospital equipment only 66,67% of the fee for the examination is chargeable.

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

(If the services of a radiologist are normally available, it is expected that they should be utilised. Should circumstances be unfavourable for obtaining such services at the time of the first consultation, the general practitioner may take

the initial X-ray himself provided he submits a certificate to the effect that it was in the best interest of the 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.)

1. When a general practitioner takes X-rays with his own equipment, if the services of a specialist radiologist are not available, he may claim at the prescribed fee.

2. (i) If a general practitioner orders an X-ray examination at a provincial hospital where the services of a specialist radiologist are available, it is expected that the radiologist shall read the photos for which he may claim at one third of the prescribed fee.

   (ii) If the radiographer of the hospital is not available and the general practitioner has to take the X-ray plates himself, he may claim at 50% of the prescribed fee for that service. In that case, however, he should get confirmation of his X-ray findings in a report from the radiologist as soon as possible. The radiologist may then claim at one third of the prescribed fee for service.

3. If a general practitioner orders an X-ray examination at a provincial hospital where there are no specialist radiological services available, he will not be paid for reading the plates as such a service is considered as an integral part of routine diagnosis, but if he is requested by the Commission to submit a *written* report on the case, he may claim at two thirds of the prescribed fee for such service.

4. If a general practitioner has to take and read X-ray plates at a provincial hospital where the services of a radiographer and a specialist radiologist are not available he/she may claim 50% of the prescribed fee for such service.

M 0084 In the case of radiological items where films are used practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with January 1997; the calculation must be done on the basis that film cost comprise 10% of the monetary value of the unit.

	Specialist	General practitioner	Anaesthetic Unit
	N$	N$	N$
19.1 Skeleton			
19.1.1 Limbs			
3305 Finger, toe	64.60	42.80	-
3307 Limb for region eg. Shoulder, elbow, knee, foot, hand, wrist, or ankle (and adjacent part which does not require an additional set of views should not be added e.g. wrists or hand)	78.50	51.60	-
3309 Smith-Peterson or equivalent control, in theatre	392.60	260.60	-
3311 Stress studies, e.g. joint	78.50	51.60	-

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
3313	Length studies per right and left pair of long bones	78.50	51.60	-
3317	Skeletal survey	285.00	188.80	-
3319	Arthrography per joint	157.10	103.20	-
3320	Introduction of contrast medium or air: Add	+140.60	93.20	-
19.1.2	**Spinal column**			
3321	Per region, e.g. cervical, sacral, coccygeal, one region	112.70	74.30	-
3323	Lumbar spine and pelvis	189.60	123.40	-
3325	Stress studies	112.70	74.30	-
3327	Whole spine and pelvis	336.90	222.80	-
3331	Pelvis (Sacro-iliac or hip joints to be added where an extra set of views is required)	112.70	74.30	-
	Myelography			
3333	Lumbar	293.80	195.10	124.00 +T 4
3334	Thoracic	225.40	149.80	124.00 +T 4
3335	Cervical	361.00	239.20	124.00 +T 4
3336	Multiple (lumbar, thoracic, cervical): Same fees as for first segment (no additional introduction of contrast medium	-	-	124.00 +T 4
3344	Introduction of contrast medium	+190.00	125.90	-
3345	Discography	352.10	232.90	124.00 +T 4
3347	Introduction of contrast medium per disc level: Add	+286.20	190.10	-
19.1.3	**Skull**			
3349	Skull studies	159.60	104.50	-
3351	Paranasal sinuses	112.70	74.30	-
3353	Facial bones and/or orbits	127.90	84.30	-

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
3355	Mandible	95.00	62.90	-
3357	Nasal bone	79.80	52.90	-
3359	Mastoid: Bilateral	182.40	120.80	-
	Teeth			
3361	One quadrant	36.70	25.20	-
3363	Two quadrants	64.60	42.80	-
3365	Full mouth	112.70	74.30	-
3366	Rotation tomography of the teeth and jaws	135.50	89.40	-
3367	Temporo-mandibular joints: Per side	112.70	74.30	-
3369	Tomography: Per side	112.70	74.30	-
3371	Localisation of foreign body in the eye.	159.60	104.50	-
3381	Ventriculography	277.40	183.80	124.00 +T 4
3385	Post-nasal studies: Lateral neck	64.60	42.80	-
3387	Maxillo-facial cephalometry ...	89.90	59.20	-
3389	Dacrocystography	112.70	74.30	124.00 +T 4
3391	For introduction of contrast medium: Add.	+112.70	74.30	-
19.2	**Alimentary tract**			
3393	Bowel washout: Add	+49.40	32.70	-
3395	Sialography (plus 80% for each additional gland)	129.20	85.60	124.00 +T 4
3397	Introduction of contrast medium (plus 80% for each additional gland: Add)	+112.70	74.30	-
3399	Pharynx and oesophagus . . .	129.20	85.60	-
3403	Oesophagus stomach and duodenum (control film of abdomen included) and limited follow through	182.40	120.80	-

		Specialist	General practitioner	Anaesthetic	Unit
		N$	N$	N$	
3405	Double contrast: Add.....	+74.70	50.40	-	
3406	Small bowel meal (control film of abdomen included except when part of item 3408).....	182.40	120.80	-	
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	293.80	195.10	-	
3409	Barium enema (control film of abdomen included).....	186.20	123.40	-	
3411	Air contrast study: Add.....	+196.30	129.70	-	
3416	Pancreas: E.R.C.P. hospital equipment. Choledogram and/or pancreatography screening included	155.80	103.20	124.00 +T	4
	Note: For items 3415 and 3416:				
	Endoscopy (See item 1778)				
3417	Gastric/oesophageal/duodenal intubation control.....	59.50	40.30	-	
3419	Gastric/oesophageal intubation insertion of tube: Add.....	+57.00	37.80	-	
3421	Duodenal intubation: Insertion of tube: Add.....	+112.70	74.30	-	
3423	Hypotonic duodenography (3403 and 3405 included): Add.....	+297.60	197.60	-	
19.3	**Biliary tract**				
	Cholangiography				
3427	Intravenous.....	224.20	148.50	-	
3431	Operative: First series; Add item 3607 only when the Radiologist attends personally in the theatre...	214.00	141.00	-	
3432	Subsequent series.....	106.40	70.50	-	
3433	Post-operative: T-tube.....	169.70	112.00	-	
3435	Introduction of contrast medium: Add.....	+57.00	37.80	-	
3437	Trans hepatic, percutaneous.....	186.20	123.40	-	

		Specialist	General practitioner	Anaesthetic Unit
		N$	N$	N$
3439	Introduction of contrast medium: Add	+336.90	222.80	-
3441	Tomography of biliary tract: Add	+95.00	62.90	-
19.4	**Chest**			
3443	Larynx (Tomography included)..	126.70	84.30	-
3445	Chest (item 3601 included).....	95.00	62.90	-
3447	Chest and cardiac studies (item 3601 included).....	127.90	84.30	-
3449	Ribs.....	125.40	83.10	-
3451	Sternum or sternoclavicular joints	127.90	84.30	-
	Bronchography			
3453	Unilateral.....	127.90	84.30	248.00 +T 8
3455	Bilateral.....	224.20	148.50	248.00 +T 8
3457	Introduction of contrast medium included.....	363.50	240.40	-
3461	Pleurography.....	127.90	84.30	93.00 +T 3
3463	For introduction of contrast medium: Add.....	+29.10	18.90	-
3465	Laryngography.....	111.50	74.30	-
3467	For introduction of contrast medium: Add.....	+101.30	66.70	-
3468	Thoracic Inlet.....	64.60	42.80	-
19.5	**Abdomen**			
3477	Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram cholangiogram etc.).....	95.00	62.90	-
3479	Acute abdomen or equivalent studies	159.60	104.50	-
19.6	**Urinary tract**			
	EXCRETORY UROGRAM			
3487	Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable).....	214.00	141.00	-

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
3491	Intravenous pyelogram time sequence (for hypertension study only): Add.....	+67.10	45.30	-
3493	Waterload test: Add.....	+124.10	82.30	-
3497	Cystography only or urethrography only (retro-grade).....	196.30	129.70	
	Cysto -urethhrography			
3499	Retrograde.....	324.20	214.00	-
3503	Introduction of contrast medium: Add.....	+36.70	25.20	-
3505	Retrograde-prograde pyelography	186.20	123.40	93.00 +T 3
3511	Aspiration renal cyst.....	152.00	100.70	-
3513	Tomography of renal tract: Add...	+95.00	62.50	-

8.8 Vascular studies

MODIFIER GOVERNING VASCULAR STUDIES

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

19.8.1 Film Series

MODIFIER GOVERNING "FILM SERIES"

M 0087 Per additional series of item 3531 to item 3547: 50% of the fees. In the case of an aortogram for peripheral vascular disease the lower limbs are not added as well. In the case of selective catheterisation of a branch of the aorta, the catheterisation and examination of the aorta are not added.

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
	Celebral angiography			
3527	First two series.....	255.80	169.70	124.00 +T 4
3529	Additional series: Each.....	95.00	62.90	-
3531	Peripheral angiography: per limb: First series.....	186.20	123.40	124.00 +T 4
3533	Other arteriography: per field: First series			

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
3534	Digital vascular subtraction: Per series for first 6 series.....	367.30	244.20	124.00 +T 4
FOR USE BY THE PRACTITIONER OWNING THE EQUIPMENT:				
	RADIOLOGIST OR CARDIOLOGIST			
3535	Aortography: First series.....	266.00	244.20	124.00 +T 4
3537	Cine cardiac angiography or cardiac digital imaging: Per series for first 6 series.....	372.40	246.70	279.00 +T 9
3543	Vena cavography: First series...	234.30	156.10	-
3545	Venography: Per limb.....	186.20	123.40	-
3547	Splenoportography.....	266.00	176.20	124.00 +T 4
19.8.2	**Introduction of contrast medium**			
3553	Femoral artery: Direct injection	152.00	100.70	-
3555	Other artery or aorta. Direct injection	225.40	148.50	-
3557	Cathererisation of artery or aorta (including percutaneous catheterisation of the axillary artery): Add.....	+336.90	222.80	-
3559	Selective catheterisation of artery or ascending aorta (manipulation of a catheter from a large vessel, usually the aorta into a smaller branch under fluoroscopy.....	449.60	297.10	124.00 +T 4

MODIFIER GOVERNING CORONARY CINE ANGIOGRAPHY

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

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
3561	Selective catheterisation of vena-renalis and vena-cava for selective catheterisation of a vein.....	449.60	297.10	124.00 +T 4

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
3563	Direct intravenous for limb: Add	+74.70	50.40	-
3571	Splenoportography: Direct injection or catheter: Add.....	+214.00	141.00	-
3573	Splenoportography: With pressure studies: Add.....	+112.70	74.30	-
3575	"Cut-downs" for venography: Add.....	+112.70	74.30	-
19.9	**Tomography and cinematography**			
3577	Tomography (conventional except where otherwise specified): Add 100% provided that if in more than one dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations.			
3579	Tomography (multi-dimensional in motion): Add 150%.....			
3581	Cinematography: For first series: Add 100%.....			
3583	Cinematography: For each series after the first: Add 80% of the primary fee.....			

19.9.1 Computed Tomography

MODIFIERS GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

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

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
3585	Head, single examination, full series.....	.998.00	-	155.00 +T 5
3587	Head, repeat examination at the same visit after contrast, full series.....	243.20	-	155.00 +T 5

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
3589	Chest.....	1 155.10	-	155.00 +T 5
3591	Abdomen (including base of chest and/or pelvis).....	1 342.50	-	155.00 +T 5
3593	Multiple examinations: For an additional part the lesser fee shall be reduced.....	311.60	-	155.00 +T 5
3595	Limbs and other limited examinations.....	311.60	-	155.00 +T 5
3597	Contrast media: General Rule Y applies	-	-	-

19.10 Miscellaneous

GENERAL RULES

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

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

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
3601	Fluoroscopy: Per half hour: Add (items 3445 and 3447 include fluoroscopy).....	+78.50	52.90	-
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: Add.....	+108.90	71.80	-
3603	Sinography.....	187.40	123.40	-
3604	Bone densitometry.....	667.50	444.40	-
3607	Attendance at operation in theatre or a radiological procedure performed by a surgeon or physician in X-ray department except 3309: Per half hour: Plus fee for examination performed..	57.00	36.50	-
3609	Foreign body localisation: Fee for part examined plus two thirds for every additional series plus fluoroscopy fee if this is done...	-	-	-
3611	Foreign body localisation: Introduction of sterile needle markers: Add.....	+111.50	74.30-	
3613	Setting of sterile trays.....	22.80	22.70	-

19.11 Ultrasonic investigations

MODIFIER GOVERNING ULTRASONIC INVESTIGATIONS

M/W 0160 Aspiration or biopsy procedure performed under direct ultrasonic control by an ultrasonic aspiration biopsy transducer (Static Realtime). Fee for part examined plus.

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

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
3621	Cardiac examination (M.Mode)...	155.80	105.70	-
3622	Cardiac examination: 2 Dimensional.....	311.60	205.20	-
3623	Cardiac examination + effort: Add	+62.10	41.50	-
3624	Cardiac examination + contrast: Add	+62.10	41.50	-
3625	Cardiac examination + doppler: Add.....	+311.60	205.20	-
3626	Cardiac examination + phonocardiography: Add.....	+62.10	41.50	
3627	Examination of the whole abdomen (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area), renal tract.....	311.60	205.20	-
3628	Renal tract.....	311.60	205.20	-
3630	Examination of mass (extra abdominal).....	311.60	205.20	-
3631	Ophthalmic examination.....	311.60	205.20	-
3632	Axial length measurement and calculation of intra-ocular lens power.....	311.60	205.20	-
3634	Peripheral vascular scan.....	243.20	161.10	-
3635	+Doppler.....	243.20	161.10	-
3637	Duplex scan	486.30	322.30	-

19.12 Portable unit examinations

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
3638	Where X-ray unit has to be transported: Add.....	+167.00	117.10	-
3639	Where X-ray unit is kept and used in the hospital: Add.....	+67.10	46.60	-
3640	Theatre investigations (with portable unit or fixed installation)	30.40	30.20	-

Note: In regard to multiple examinations see modifier 0080.

19.13 Diagnostic procedures requiring the use of radio-isotopes

RULE GOVERNING THIS SUB-SECTION OF THE TARIFF

AA Procedures to exclude cost of Isotope

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
3641	Tracer test.....	225.40	148.50	-
3642	Repeat of further tracer tests for same investigation.....	108.90	71.80	-
3643	If both tracer and therapeutic procedures are done, half fee of tracer tests to be charged plus therapeutic fee.			
3645	Other organ scanning with use of relevant radio isotopes.....	557.30	368.80	-

19.14 Interventional radiological procedures

MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES

M/W 0090 Radiologist's fee for participation in a team: N$ 169.70 per half 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.

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
5022	Embolisation of extracranial arteries for bleeding.....	507.90	-	279.00 +T 9
5028	Antegrade pyelography with insertion of the drainage catheter into the renal pelvis or ureter.....	339.40	-	186.00 +T 6
5034	Fine needle aspiration or biopsy	169.70	-	186.00 +T 6
5036	Insertion of drainage catheter into abdominal abscesses under ultrasound or CT control.....	169.70	-	186.00 +T 6

19.15 Magnetic Resonance Imaging

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 Commission will consider approval.

MODIFIERS GOVERNING THIS SECTION OF THE TARIFF

6100 In order to charge the full fee (N$3 339.80) 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.

6101 Where a limited series of a specific anatomical region is performed (except bone tumor), e.g. a T2 weighted image of a bone for an occult stress fracture, not more than two thirds of the fee may be charged.

6102 All post-contrast studies (except bone tumor) to be charged at 50% of the fee.

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
	Magnetic Resonance Imaging: Per anatomical Region **Note:** See modifier 6101 for limited examinations.			
6210	Cervical vertebrae.....	3 339.80	2 210.50	155.00 +T 5
6211	Thoracic vertebrae.....	3 339.80	2 210.50	155.00 +T 5
6212	Lumbar vertebrae.....	3 339.80	2 210.50	155.00 +T 5
6213	Sacrum.....	3 339.80	2 210.50	155.00 +T 5
	CONTRAST MEDIUM			
6260	Current price according to the regular price list published by the Radiological Society of SA.			

20. RADIOTHERAPY

MODIFIERS GOVERNING THIS SECTION OF THE TARIFF

M 0093 The fees for radiotherapy shall apply only where a specialist in radiotherapy use his own apparatus

M 0094 Where a specialist in radiotherapy uses equipment which is not his own, only 33.30% (1/3) of the fee for the procedure is chargeable. The other 66.70% (2/3) is chargeable by the owner of the equipment.

20.1 Kilovolt therapy

RULE GOVERNING THIS SECTION OF THE TARIFF

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

		Specialist Radiologist	Other Specialists/G.P's	Anaesthetic Unit
		N$	N$	N$
	Lesions per treatment			
3657	First field.....	148.20	-	-
3659	Additional fields.....	49.40	-	-

21. PATHOLOGY

Please note: Item 0201 may not be used together with any pathology item.

MODIFIER GOVERNING THIS SPECIFIC SECTION OF THE TARIFF

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

M 0099 For tests performed on a *stat* basis, an additional premium of 50% of the fee for the pathology service shall apply, with the following provisos:

* *Stat* test requesting may only be done by the referring practitioner and not by the pathologist.
* Specimens must be collected on a *stat* basis where applicable.
* Test must be performed on a *stat* basis.
* Documentation (or copy thereof) relating to the request of the referring practitioner must be retained.
* This modifier will only apply during normal working hours and will never be used in combination with item 4547.

Notes: For fees for Histology and Cytology refer to items 4561 - 4593 under section 22 Anatomical Pathology.

		Pathologists	Other specialists and general practitioners
		N$	N$
21.1	**Haematology**		
3701	ACTH or adrenalin-eosinophil response	46.40	31.00
3703	Authaemolysis: Quantitive	37.40	24.50
3704	Antithrombin III	46.40	31.00
3705	Alkali resistant haemoglobin	28.40	19.40
3706	Coomb's consumption	46.40	31.00
3708	Drug induced Coomb's test	46.40	31.00
3709	Antiglobulin test (Coomb's or trypsinzied red cells)	23.20	15.50
3710	Antibody titration	46.40	31.00
3711	Arneth count	14.20	9.00
3712	Antibody identification	54.20	36.10
3713	Bleeding time (does not include the cost of the simplate device)	14.20	9.00
3715	Buffy layer examination	126.40	83.90
3717	Bone marrow cytological examination only	126.40	83.90
3719	Bone marrow: Aspiration	52.80	36.10
3720	Bone marrow trephine biopsy (excluding aspiration and histological examination)	86.40	85.10
3721	Bone marrow aspiration and trephine biopsy (excluding histological examination)	236.10	157.40
3722	Capillary fragility: Hess	8.80	5.90
3723	Circulating anticoagulants	37.40	24.50
3724	Coagulation factor inhibitor assay	60.60	40.00
3725	Clot retraction	9.00	6.50
3727	Coagulation time	14.20	9.00
3729	Cold agglutinins	23.20	15.50
3730	Protein S: Functional	239.90	160.00

		Pathologists	Other specialists and general practitioners
		N$	N$
3731	Compatibility for blood transfusion	23.20	15.50
3733	Donath-Landsteiner (qualitative)	23.20	15.50
3739	Erythrocyte sedimentation rate	15.50	9.80
3741	Coagulation factor assay: Functional	60.60	40.00
3743	Erythrocyte sedimentation rate	15.50	10.30
3744	Fibrin stabilising factor (urea test).....	.28.40	19.40
3745	Fibrinolysin.....	28.40	19.40
3746	Fibrin monomers.....	16.80	11.60
3747	Folic acid clearance test	103.20	68.40
3749	Folic acid absorption test	103.20	68.40
3751	Osmotic fragility (screen)	14.20	9.00
3753	Osmotic fragility (before and after incubation).....	114.80	76.10
3755	Full blood count (including items 3799, 3762, 3783, 3785, 3791)	67.10	45.20
3756	Full cross match.....	46.40	31.00
3757	Coagulation factors (quantitative).....	129.00	86.40
3759	Coagulation factor correction study.....	60.60	40.00
3760	Coagulation studies, maximum.....	691.40	460.50
3762	Haemoglobin estimation.....	11.60	7.70
3763	Contact activated product assay.....	103.20	68.40
3764	Grouping: A-, B- and O-antigens.....	23.20	15.50
3765	Grouping: Rh antigens.....	23.20	15.50
3767	Euglobulin lysis time.....	46.40	31.00
3768	Haemoglobin A (column chromatography)	95.50	63.20
3769	Haemoglobin electrophoresis.....	60.60	40.00
3770	Haemoglobin-S (solubility test).....	23.20	15.50
3773	Ham's acidfied serum test.....	50.30	33.50

		Pathologists	Other specialists and general practitioners
		N$	N$
3775	Heinz bodies	14.20	9.00
3776	Haemosiderin in urinary sediment	14.20	9.00
3777	Heparin estimation	60.60	40.00
3779	Heparin-protamine titration	46.40	31.00
3781	Heparin tolerance	46.40	31.00
3783	Leucocyte defferential count	40.00	25.80
3785	Leucocytes: total count	11.60	7.70
3786	QBC malaria concentration and fluorescent staining	160.00	107.10
3789	Neutrophil alkaline phosphatase	178.00	118.70
3791	Packed cell volume: Haematocrit	11.60	7.70
3793	Plasma haemoglobin	42.60	28.40
3795	Platelet aggregation per aggregant	37.40	24.50
3796	Platelet antibodies: agglutination	34.80	23.20
3797	Platelet count	14.20	9.00
3798	Platelet antibodies: Coomb's consumption	46.40	31.00
3799	Platelet adhesiveness	28.40	19.40
3801	Prothrombin consumption	37.40	24.50
3803	Prothrombin determination (two stages)	37.40	24.50
3805	Prothrombin index	33.50	21.90
3807	Reclassification time	14.20	9.00
3809	Reticulocyte count	19.40	12.90
3814	Sucrose lysis test for PNH	23.20	15.50
3815	Strypven or reptilase time: each	14.20	9.00
3816	T and B-cells EAC markers (per marker)	129.00	86.40
3817	Thromboplastin generation	82.60	55.50
3819	Thromboplastin inhibition	103.20	68.40
3821	Viscosity: whole blood or plasma	23.20	15.50

		Pathologists	Other specialists and general practitioners
		N$	N$
3825	Fibrinogen titre	23.20	15.50
3827	Fibrindex text	23.20	15.50
3830	Glucose 6-phosphate-dehydrogenase: quantitative	101.90	68.40
3831	Red cell pyruvate kinase: qualitative	50.30	33.50
3832	Red cell pyruvate kinase: quantitative	101.90	68.40
3833	Glutatione: red cells	51.60	34.80
3835	Haemoglobin F in blood smear	37.40	24.50
3837	Partial thromboplastin time	37.40	24.50
3839	Plasminogen assay	80.00	51.60
3841	Thrombin time (screen)	14.20	9.00
3843	Thrombin time (serial)	49.00	32.30
3845	Thromboplastin generation (screen)	51.60	34.80
3847	Haemoglobin H	14.20	9.00
3849	Fibrinolysin: diffusion plate	37.40	24.50
3851	Fibrin degeneration products (diffusions plate)	65.80	43.90
3853	Fibrin degeneration products (latex slide)	28.40	19.40
3855	Haemagglutination inhibition	63.20	42.60
3861	Nitro tetrazolium leucocyte function	60.60	40.00
21.2	**Microscopic examinations**		
3865	Parasites in blood smear	36.10	23.20
3866	Bilharzia: hatch test	19.40	12.90
3867	Miscellaneous (body fluids, urine, exudate, fungi, pus, scrapings, sputum, wounds, etc)	27.10	18.10
3868	Fungus identification	52.80	34.80
3869	Faeces (including parasites)	31.00	20.60
3871	Addis count	37.40	24.50
3873	Transmission electron microscopy	540.50	362.50

		Pathologists	Other specialists and general practitioners
		N$	N$
3874	Scanning electron microscopy.....	636.00	425.70
3875	Inclusion bodies	28.40	19.40
3876	QBC malaria concentration and fluorescent staining.....	158.70	105.80
3878	Crystal identification polarised light microscopy.....	28.40	19.40
3880	Antigen detection within polyclonal antibodies.....	28.40	19.40
3881	Mycobacteria.....	19.40	12.90
3882	Antigen detection with monoclonal antibodies.....	68.40	46.40
3883	Concentration techniques for parasites...	19.40	12.90
3884	Dark field, phase - or interference contrast microscopy, Nomarski or Fontana.....	40.00	25.80
3885	Cytochemical stain.....	34.80	23.20
21.3	**Bacteriology (culture and biological examination)**		
3886	Autogenous vaccine	80.00	52.80
3887	Antibiotic susceptibility test, per organism	38.70	33.50
3889	Clostridium difficile toxin: Monoclonal immunological.....	34.80	23.20
3890	Antibiotic assay of tissues and fluids.....	89.00	59.30
3891	Blood culture: aerobic.....	37.40	24.50
3892	Blood culture: miscellaneous.....	38.00	25.80
3894	Radiometric blood culture.....	68.40	46.40
3895	Bacteriological culture: fastidious organisms.....	63.20	42.60
3896	In vivo culture: bacteria.....	101.90	67.10
3897	In vivo culture: virus.....	101.90	67.10
3898	Bacterial exotoxin production (in vitro assay).....	28.40	19.40
3899	Bacterial exotoxin production (in vivo assay).....	131.60	87.70

		Pathologists	Other specialists and general practitioners
		N$	N$
3901	Fungal culture.....	28.40	19.40
3903	Antibiotic level: biological fluids.....	74.80	49.00
3905	Identification of virus rickettsia.....	131.60	87.70
3906	Identification: chlamydia.....	101.90	67.10
3907	Culture for staphylococcus aureus.....	14.20	9.00
3908	Anaerobic culture: comprehensive.....	63.20	42.60
3909	Anaerobic culture: limited procedure.....	28.40	19.40
3910	Biological fluid assay: Bact. Stat + % kill	71.00	47.70
3912	Bacteriophage typing.....	28.40	19.40
3915	Mycobacterium culture.....	28.40	19.40
3917	Mycoplasma culture: limited.....	14.20	9.00
3918	Mycoplasma culture: comprehensive.....	63.20	42.60
3919	Identification of mycobacterium.....	63.20	42.60
3920	Mycobacterium: antibiotic sensitivity.....	63.20	42.60
3921	Antibiotic synergistic study.....	131.60	87.70
3922	Viable cell count	8.80	6.50
3923	Biochemical identification of bacterium: abridged.....	20.50	12.90
3924	Biochemical identification of bacterium: extended.....	79.98	52.80
3925	Serological identification of bacterium: abridged.....	20.50	12.90
3926	Serological identification of bacterium: extended.....	64.50	43.90
3927	Grouping of streptococci.....	46.40	31.00
3928	Antimicrobic substance.....	24.50	15.50
3929	Radiometric mycobacterium identification	89.00	59.30
3930	Radiometric mycobacterium antibiotic sensitivity.....	158.70	105.80

		Pathologists	Other specialists and general practitioners
		N$	N$
21.4	**Serology**		
3933	IgE: Total; EMT or ELISA.....	74.80	49.00
3934	Auto antibodies by labelled antibodies...	101.90	67.10
3938	Precipitin test per antigen.....	28.40	19.40
3939	Agglutination test per antigen	34.80	23.20
3940	Haemagglutination test: per antigen.....	63.20	42.60
3941	Modified Coomb's test for brucellosis...	28.40	19.40
3943	Antibody titer to bacterial exotoxin.....	23.20	15.50
3944	IgE: Specific antibody titer: ELISA/EMIT: per Ag.....	78.70	52.80
3945	Complement fixation test.....	37.40	24.50
3946	IgM: Specific antibody titer: ELISA or EMIT: per Ag.....	89.00	59.30
3947	C-reactive protein.....	23.20	15.50
3948	IgE: Specific antibody titer: ELISA/EMIT: per Ag.....	82.60	55.50
3949	Qualitative Kahn, VDRL or other flocculation.....	14.20	9.00
3950	Neutrophil phagocytosis.....	159.96	107.10
3952	Neutrophil chemotaxis.....	433.20	287.70
3953	Tube agglutination test.....	25.80	17.90
3954	Neutrophil killing ability.....	228.30	152.20
3955	Paul Bunnel: presumptive.....	14.20	9.00
3956	Infectious Mononucleosis latex slide test (Monospot or equivalent).....	54.20	36.10
3957	Paul Bunnel: Absorption.....	28.40	19.40
4601	Panel typing: Antiobody detection: Class I	228.30	152.20
4602	Panel typing: Antiobody detection: Class II	279.90	185.80
4603	HLA test for specific locus/antigen.....	171.60	114.80
4604	HLA typing: Class I.....	330.20	220.60

		Pathologists	Other specialists and general practitioners
		N$	N$
4605	HLA typing: Class II.....	330.20	220.60
4606	HLA typing: Class I & II.....	572.80	380.60
4607	Crossmatching T-cells (per tray).....	114.80	76.10
4608	Crossmatching B-cells.....	241.20	161.30
4609	Crossmatching T- & B- cells.....	304.40	203.80
3959	Rose Waaler Agglutination test	28.40	19.40
3961	Slide agglutination test.....	16.80	11.40
3962	Rebuck skin window.....	34.80	23.20
3963	Serum complement level: each component	20.50	12.90
3964	Stimulated NBT test.....	40.00	27.10
3967	Auto-antibody: Sensitised erythrocytes...	28.40	19.40
3969	Western blot technique.....	470.90	310.90
3970	Epstein-Barr virus antibody titer.....	42.60	28.40
3971	Immuno-diffusion test: per antigen.....	20.50	12.90
3973	Immuno electrophoresis: per immune serum.....	60.60	40.00
3975	Indirect immuno-fluorescence test (Bacterial, viral, parasitic).....	37.40	24.50
3976	LIF or MIF production: per stimulant.....	500.50	334.10
3977	Counter immuno-electrophoresis.....	42.60	28.40
3978	Lymphocyte transformation.....	329.00	219.30
21.5	**Skin test**		
3979	Miscellaneous antigens each.....	14.20	9.00
3981	Bacteria.....	28.40	19.40
3983	Bee venom.....	16.80	11.60
3985	Foods: 15 antigens.....	60.60	40.00
3987	Inhalants: 10 antigens.....	34.80	23.20
3989	Additional antigens: each.....	3.90	2.60

		Pathologists	Other specialists and general practitioners
		N$	N$
21.6	**Biochemical test: Blood**		
3991	Abnormal pigments: qualitative	28.40	19.40
3993	Abnormal pigments: quantitative	56.80	38.70
3995	Acid phosphatase	33.50	21.90
3997	Acid phosphatase fractionation	11.60	7.70
3998	Amino acids: Quantitative (Post derivatisation HPLC)	500.50	332.80
3999	Albumin	19.40	12.90
4000	Alcohol	42.60	28.40
4001	Alkaline phosphatase	33.50	21.90
4002	Alkaline phosphatase-iso-enzymes	74.80	49.00
4003	Ammonia: enzymatic	49.00	32.30
4004	Ammonia: monitor	28.40	19.40
4005	Alpha-antitrypsin	46.40	31.00
4006	Amylase	33.50	21.90
4009	Bilirubin: total	31.00	20.60
4010	Bilirubin: conjugated	23.20	15.50
4014	Cadmium: atomic absorp	40.00	27.10
4017	Calcium: spectrophotometric	23.20	15.50
4018	Calcium: atomic absorption	46.40	31.00
4019	Carotene	14.20	9.00
4023	Chloride	16.80	11.20
4025	Cholesterol: total, free and esters	60.60	40.00
4027	Cholesterol total	23.20	15.50
4028	HDL cholesterol	33.50	21.90
4029	Cholinesterase: serum or erythrocyte: each	47.70	32.30
4031	Total CO_2	33.50	21.90
4032	Creatinine	23.20	15.50

		Pathologists	Other specialists and general practitioners
		N$	N$
4042	D-Xylose absorption test: two hours.....	83.90	55.50
4045	Fibrinogen: quantitative	23.20	15.50
4047	Hollander test.....	157.40	104.50
4049	Glucose tolerance test (2 specimens).....	56.80	37.40
4050	Glucose strip-test with photometric reading	11.60	7.70
4051	Galactose.....	71.00	47.70
4052	Glucose tolerance test (3 specimens).....	83.90	55.50
4053	Glucose tolerance test (4 specimens).....	110.90	73.50
4057	Glucose Quantitative.....	23.20	15.50
4061	Glucose tolerance test (5 specimens).....	136.70	91.60
4064	Glycated haemoglobin: chromatography..	46.40	31.00
4067	Lithium: flame ionisation.....	33.50	21.90
4068	Lithium: atomic absorption.....	47.70	32.30
4069	Ionised calcium.....	42.60	28.40
4071	Iron.....	42.60	28.40
4073	Iron-binding capacity.....	49.00	32.30
4077	Astrup: pH, pCo_2, stand, bicarb + base excess.....	86.40	56.80
4078	Oximetry analysis: MetHbCOHbO_2 HbR= HbSulfHb.....	42.60	28.40
4079	Ketones in plasma: qualitative.....	14.20	9.00
4081	Drug level-biological fluid: Quantitative.	68.40	46.40
4085	Lipase.....	33.50	21.90
4091	Lipoprotein electrophoresis	56.80	38.70
4093	Osmolality: serum or urine.....	42.60	28.40
4094	Magnesium: spectrophotometric.....	23.20	15.50
4095	Magnesium: atomic absorption.....	46.40	31.00
4096	Mercury: atom absorption.....	46.40	31.00

		Pathologists	Other specialists and general practitioners
		N$	N$
4097	Copper: spectrophotometric.....	23.20	15.50
4098	Copper: atomic absorption.....	46.40	31.00
4100	Para-aminophippuric acid	56.80	38.70
4105	Para-aminophippuric acid	56.80	38.70
4106	IgG sub-class 1,2,3 or 4: Per sub-class...	127.70	83.90
4109	Phosphate.....	23.20	15.50
4111	Phospholipids.....	20.50	12.90
4113	Potassium.....	23.20	15.50
4114	Sodium.....	23.20	15.50
4117	Protein: total.....	19.40	12.90
4121	pH, pCO_2 or pO_2 each	42.60	28.40
4123	Pyruvic acid.....	28.40	19.40
4125	Salicylates.....	28.40	19.40
4126	Secretin-pancreozymin responds.....	166.40	110.90
4127	Caeruloplasmin.....	28.40	19.40
4128	Phenylalanine: Quantitative.....	71.00	47.70
4129	Glutamate dehydrogenase (GDH).....	34.80	23.20
4130	Asparate aminotransferase (AST).....	34.80	23.20
4131	Alanine aminotransferase (ALT).....	34.80	23.20
4132	Cretine kinase (CK).....	34.80	23.20
4133	Lactate dehidrogenase (LD).....	34.80	23.20
4134	Gamma glutamyl transferase (GGT).....	34.80	23.20
4135	Aldolase	34.80	23.20
4136	Angiotensin convertine enzyme (ACE)...	56.80	38.70
4137	Lactate dehydrogenase isoenzyme.....	68.40	33.50
4139	Adenosine deaminase.....	34.80	23.20
4142	Red cell enzymes: each.....	50.30	33.50

		Pathologists	Other specialists and general practitioners
		N$	N$
4143	Serum/plasma enzymes: each	34.80	23.20
4144	Transferrin	74.80	50.30
4145	Lead: spectrophotometric	28.40	19.40
4146	Lead: atomic absorption	95.50	64.50
4147	Triglyceride	40.00	27.10
4151	Urea	23.20	15.50
4155	Uric acid	24.50	15.50
4157	Vitamin A-saturation test	96.80	64.50
4158	Vitamin E (tocopherol)	23.20	15.50
4159	Vitamin A	40.00	27.10
4160	Vitamin C (ascorbic acid)	14.20	9.00
4171	Sodium + potassium + cloride + CO_2 + urea	100.60	67.10
4172	ELIZA or EMIT technique (drug assay)	78.70	52.80
4181	Quant. Protein estimation: Mancini method	49.00	33.50
4182	Quant. Protein estimation: nephelometer	52.80	34.80
4183	Quant. Protein estimation: labelled antibody	78.70	52.80
4185	Lactose	68.40	45.20
4187	Zinc: atomic absorption	40.00	27.10
21.7	**Biochemical test: Urine**		
4189	Abnormal pigments	28.40	19.40
4193	Alkapton test: homogentisic	28.40	19.40
4194	Amino acids: quantitative (Post derivatisation PHLC)	500.50	332.80
4195	Amino laevulinic acid	114.80	76.10
4197	Amylase	33.50	21.90
4199	Ascorbic acid	14.20	9.00
4201	Bence-Jones protein	16.80	11.60

		Pathologists	Other specialists and general practitioners
		N$	N$
4202	Bence-Jones protein: Bradshaw's test.....	14.20	9.00
4203	Phenol.....	23.20	15.50
4204	Calcium: atomic absorption.....	46.40	31.00
4205	Calcium: spectrophotometric.....	23.20	15.50
4206	Calcium, absorption and excretion studies	158.70	105.80
4207	Catecholamines fluorimetric screen tests	71.00	47.70
4208	Lead: spectrophotometric.....	28.40	19.40
4209	Lead: atomic absorption	95.50	64.50
4211	Bile pigments: qualitative.....	14.20	9.00
4212	Urine dipstick (with 5 or fewer tests)...	6.50	4.00
4213	Protein; quantitative.....	14.20	9.00
4214	Mercury.....	46.40	31.00
4216	Mucopolysaccharides: qualitative.....	23.20	15.50
4217	Oxalate/Citrate: enzymatic each.....	28.40	19.40
4218	Glucose: quantitative.....	14.20	9.00
4219	Steroids: chromatography (each).....	46.40	31.00
4221	Creatinine.....	23.20	15.50
4223	Creatinine clearance.....	49.00	32.30
4225	Xylose.....	2050	12.90
4227	Electrophoreses: qualitative.....	28.40	19.40
4229	Uric acid clearance.....	49.00	32.30
4237	5-Hydroxy-indole-acetic acid: screen...	16.80	11.60
4239	5-Hydroxy-indole-acetic acid: quantitative	42.60	28.40
4241	Indican or indole: qualitative	20.50	12.90
4245	Vitamin A-screen test.....	34.80	23.20
4247	Ketones: excluding dip-stick method.....	14.20	9.00
4248	Reducing substances.....	11.60	7.70

		Pathologists	Other specialists and general practitioners
		N$	N$
4249	Melanogen (melanin).....	28.40	19.40
4251	Metanephrines: column chromatography	140.60	92.90
4253	Aromatic amines (gaschromatography/ mass spectrophotometry).....	171.60	114.80
4254	Nitrosonaphtol test for tyrosine.....	14.20	9.00
4563	pH: Excluding dip-stick method.....	5.90	3.90
4265	Thin layer chromatography: one way....	42.60	28.40
4266	Thin layer chromatography: two way....	71.00	47.70
4267	Total organic matter screen: Infrared.....	200.00	132.90
4268	Organic acids: quantitative: GCMS.....	700.50	467.00
4269	Phenylpyruvic acid: ferric chloride.....	14.20	9.00
4271	Phosphate excretion index	140.60	92.90
4283	Magnesium: spectrophotometric.....	23.20	15.50
4284	Magnesium: atomic absorption.....	46.40	31.00
4285	Identification of carbohydrate.....	49.00	32.30
4287	Identification of drug: qualitative.....	28.40	19.40
4288	Identification of drug: quantitative.....	68.40	46.40
4293	Urea clearance.....	34.80	23.20
4297	Copper: spectrophotometric.....	23.20	15.50
4298	Copper: Atomic absorption.....	46.40	31.00
4299	Indoles: quantitative.....	42.60	28.40
4301	Chloride.....	16.80	11.20
4307	Ammonium chloride loading test.....	140.60	92.90
4309	Urobilnogen: quantitative.....	42.60	28.40
4313	Phosphate.....	23.20	15.50
4315	Potassium.....	23.20	15.50
4316	Sodium	23.20	15.50

		Pathologists	Other specialists and general practitioners
		N$	N$
4319	Urea	23.20	15.50
4321	Uric acid	23.20	15.50
4322	Fluoride	33.50	21.90
4323	Total protein and protein electrophoresis	71.00	47.70
4325	VMA: quantitative	71.00	47.70
4327	Immunofixation: Total protein IgGigA= IgMKappaLambda	300.60	200.00
4335	Cystine: quantitative	80.00	52.90
4336	Dinitrophenal hydrazine test: ketoacids	14.20	9.00
4337	Hydroxyproline: quantitative	120.00	80.00
4338	Hydroxyproline: qualitative	42.60	28.40
21.8	**Biochemical tests: Faeces**		
4339	Chloride	16.80	11.60
4343	Fat: qualitative	20.50	12.90
4345	Fat: quantitative	140.60	92.90
4347	pH	5.90	3.90
4351	Occult blood: chemical test	14.20	9.00
4352	Occult blood (monoclonal antibodies)	64.50	42.60
4357	Potassium	23.20	15.50
4358	Sodium	23.20	15.50
4361	Stercobilin	14.20	9.00
4363	Stercobilinogen: quantitative	42.60	28.40
4365	Tryptic activity	14.20	9.00
21.9	**Biochemical tests: Miscellaneous**		
4371	Amylase in exudate	32.30	21.90
4374	Trace metals in biological fluid: Atomic absorption	116.10	77.40
4375	Calcium in fluid: Spectrophotometric	23.20	15.50
4376	Calcium in fluid: Atomic absorption	46.40	31.00

		Pathologists	Other specialists and general practitioners
		N$	N$
4388	Gastric contents: Maximal stimulation...	171.60	114.80
4389	Gastric fluid: Total acid.....	14.20	9.00
4391	Renal calculus: Chemistry.....	34.80	23.20
4392	Renal calculus: Crystallography.....	103.20	68.40
4393	Saliva: Potassium.....	23.20	15.50
4394	Saliva: Sodium.....	23.20	15.50
4395	Sweat: Sodium.....	23.20	15.50
4396	Sweat: Potassium.....	23.20	15.50
4397	Sweat: Chloride.....	16.80	11.20
4399	Sweat collection by iontophoresis.....	28.40	19.40
4400	Triptophane loading test.....	140.60	92.90
21.10	**Cerebrospinal fluid**		
4401	Cell count.....	21.90	14.20
4407	Cell count, protein, glucose and chloride	49.00	32.30
4409	Chloride.....	16.80	11.60
4415	Potassium	23.20	15.50
4416	Sodium.....	23.20	15.50
4417	Protein: Qualitative.....	5.90	3.90
4419	Protein: Quantitative.....	19.40	12.90
4421	Clucose.....	23.20	15.50
4423	Urea.....	23.20	15.50
4425	Protein electrophoresis.....	62.00	52.90
21.12	**Isotopes**		
4528	Ferritin	78.70	52.90
21.13	**After hour service and travelling fees (applicable to pathologists only)** + Miscellaneous		

		Pathologists	Other specialists and general practitioners
		N$	N$
4541	Venesection fee outside the laboratory (non ambulatory patients: At home or hospitalised) within six(6) kilometre radius (including travelling expenses): May only be charged if the specimen is produced by pathologists or registered individuals in their employment.....	20.50	-
4542	Specimen handling fee.....	14.20	-
4543	Collection material: Per patient.....	7.70	7.70
4544	Attendance in theatre	171.60	-
4547	After hour services: (Monday to Friday) 17:00 to 07:00 Saturday 13:00 to Monday 07:00 and public holidays.....	Tariff + 50%	Tariff + 50%
4548	Minimum fee during normal hours.....	19.40	-
4549	Minimum fee for after hour service.....	40.00	-
4551	Fees not detailed in the above Pathology Schedule (section 21) are obtainable from the National Pathology Group of the MASA and will be based on the fee for a comparable service in the Tariff of fees..	-	-
22.	**ANATOMICAL PATHOLOGY**		
	Note: Histological examinations entailing more than five blocks should receive special consideration		
	Exfoliative cytology		
	Sputum and all body fluids		
4561	First Unit.....	91.10	60.50
4563	Each additional unit	52.90	34.80
4567	Histology, per unit or sample.....	136.00	88.40
4569	Histology, two blocks.....	170.00	115.60
4571	Histology (more than two units).....	16.80	10.90
4575	Histology and frozen section in laboratory	154.40	102.70
4577	Histology and frozen section in theatre..	282.50	188.30

		Pathologists	Other specialists and general practitione
rs		N$	N$
4578	Examination of fine needle aspiration in theatre.....	282.50	188.30
4579	Attendance in theatre - no frozen section performed.....	187.80	119.00
4582	Serial step sections (including 4567).....	158.40	106.10
4583	Serial step sections, two blocks (including 4569).....	197.40	131.60
4584	Serial step sections (more than two units, per additional unit).....	19.40	12.90
4587	Histology consultation.....	68.70	45.60
4589	Special stains.....	45.60	31.00
4591	Immuno-fluorescence	140.80	93.80
4593	Electron microscopy.....	639.20	428.40

IV. TRAVELLING EXPENSES

REFER TO GENERAL RULE P

When in case of emergency (refer to general rule P), a doctor has to travel more than 16 kilometres in total to visit an employee, travelling costs can be charged and shall be calculated as follows:

Consultation, visit or surgical fee

5001 Cost of public transport and travelling time or item 5003.

5003 N$1.00 per km for each kilometre in excess of 16 kilometres total travelled in own car 19 km total = 3xN$1.00 = N$3.00 (no travelling time).

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

5005 Specialist: N$117.40 per hour or part thereof.

5007 General practitioner: N$78.70 per hour or part thereof.

5009 After hours: Specialist: N$176.70 per hour or part thereof.

5011 After hours: General Practitioner: N$117.40 per hour or part thereof.

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

5015 Travelling expenses may be charged from the medical practitioner's residence for calls received at night or during weekends in cases where travelling fees are allowed. (For distances of 8 kilometres or more from starting point).