

TARIFF CODES 2019 • H to N

Please click on the relevant headings below to see a full list of the **GEMS Tariff codes for 2019**

HCT and Pharmacy Services

Hearing Aid Acousticians

Hospices

Medical Scientists

Medical Technology

Naturopathy

Non-Contracted Dental Practitioners

Non-Contracted Dental Therapy

Non-Contracted Emergency Medical Services

Non-Contracted Medical Practitioners

Non-Contracted Medical Practitioners Consultative Services

Non-Contracted Medical Practitioners Procedures

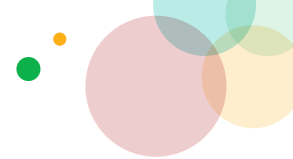
Non-Contracted Oral Hygienists

Non-Contracted Psychiatrist

Non-Contracted Surgeons Physicians Anaesthesiologist

Non-Network Specialist

Nursing



GEMS TARIFF FOR HCT AND PHARMACY SERVICES EFFECTIVE FROM 1 January 2019

Tariff Code	Tariff description	2019 Values
0012	Blood Glucose	R58,50
0013	Blood Cholesterol	R90,30
0014	Urine Analysis	R58,50
0015	Blood Pressure Monitoring	R15,90
0016	Pre-counselling (without going ahead with the HIV Test)	R28,70
0017	HIV and AIDS Testing and Post Counselling	R180,80
0018	Pregnancy Screening	R58,50
0019	Peak Flow Measurement	R42,60
0022	Administration of Immunisation	R42,60
HIV COUNSELLING AND TEST CAMPAIGN(HCT)		
	General Practitioner s	
7016	Pre-counselling	R31,40
7017	Pre-counselling,Screen test,Post test counselling,Confirmatory test (all inclusive code)	R125,30

HEARING AID ACOUSTICIANS

GEMS TARIFF FOR SERVICES BY HEARING AID ACOUSTICIANS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Hearing Aid Acoustician**
Code: **38300**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.					
GENERAL RULES						
003	The fee in respect of more than one evaluation shall be the full fee for the first evaluation plus half the fee in respect of each additional evaluation, but under no circumstances may fees be charged for more than three evaluations carried out					
004	Each practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars: - the practice code number of the supplier of service - the name of the collaborating medical practitioner or audiologist - the name of the member - the name of the patient - the name of the medical scheme - the membership number of the member - the nature of the treatment - the date on which the service was rendered - the relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered					
005	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account					
ITEMS						
001	First consultation (comprehensive)	220	15,7	1		R147,60
003	Consultation (screening interview)	220	10	1		R94,00
021	Test – air conduction	220	10	1		R94,00
023	Test – bone conduction	220	10	1		R94,00
025	Test – speech hearing tests	220	14	1		R131,50
027	Test – free field	220	12,8	1		R120,60

HEARING AID ACOUSTICIANS CONTINUED

GEMS TARIFF FOR SERVICES BY HEARING AID ACOUSTICIANS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Hearing Aid Acoustician**
Code: **38300**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
029	Test – insertion gain (per ear)	220	10,9	1		R102,40
031	Test – binaural loudness balance test, per ear	220	12,8	1		R120,60
051	Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme)	220	0	0		R0,00
053	Hearing Aid Evaluation, per ear (refer to General Rule 003)	220	12,8	1		R120,60
055	Technical adjustment or replacement of earmolds	220	21,1	1		R198,40
057	Repairs/service per instrument (3 X services/4 year cycle)	220	0	0		R0,00
059	Tympanogram	220	10	1		R94,00
061	Reflex test (stapedial reflex)	220	10	1		R94,00
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the “By arrangement with the scheme” or “Patient own account” category)	220	0	0		R0,00

**GEMS TARIFF IN RESPECT OF HOSPICE OR SIMILAR APPROVED FACILITIES
WITH A PRACTICE NUMBER COMMENCING WITH “79” WITH EFFECT FROM 01 JANUARY 2019**

Practice Type: **Hospices**
Code: **57900**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.					
GENERAL RULES						
A	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.					
SCHEDULE						
10	HOSPICE OR SIMILAR APPROVED FACILITIES WITH A PRACTICE NUMBER COMMENCING WITH “79”					
950	Ward fee, per day (Inclusive of professional fees and disposables, except for pharmacy dispensed medication)	550	30,552	1,0		R1 338,70
955	Home healthcare, per visit	550	10,000	1,0		R438,20
960	Global fee for a terminally ill patient - By arrangement with medical scheme/patient	550	-	0,0		R0,00

GEMS TARIFF FOR MEDICAL SCIENTISTS
 WITH EFFECT FROM 1 JANUARY 2019

 Practice Type: **Medical Scientist: Genetic Counselling**
 Code: **36901**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.					
GENERAL RULES						
01	Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, as amended, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars: - the name and practice code number of the referring practitioner - the name of the member - the name of the patient - the name of the medical scheme - the membership number of the member - the nature of the treatment - the date on which the service was rendered - the relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered					
ITEMS						
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).					
200	Genetic counselling. Duration: 1-10 mins	370	0,500	1,0		R62,80
201	Genetic counselling. Duration: 11-20 mins	370	1,500	1,0		R188,50
202	Genetic counselling. Duration: 21-30 mins	370	2,500	1,0		R314,30
203	Genetic counselling. Duration: 31-40 mins	370	3,500	1,0		R439,90
204	Genetic counselling. Duration: 41-50 mins	370	4,500	1,0		R565,80
205	Genetic counselling. Duration: 51-60 mins	370	5,500	1,0		R691,50
206	Genetic counselling. Duration: 61-70 mins	370	6,500	1,0		R817,10

MEDICAL SCIENTISTS CONTINUED

GEMS TARIFF FOR MEDICAL SCIENTISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Scientist: Genetic Counselling**
Code: **36901**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
207	Genetic counselling. Duration: 71-80 mins	370	7,500	1,0		R942,80
208	Genetic counselling. Duration: 81-90 mins	370	8,500	1,0		R1 068,50
	Sample extraction					
300	DNA extraction – blood	370	-	1,0		R0,00
310	DNA extraction – tissue (other than blood and including CVS and amniotic fluid)	370	-	1,0		R0,00
320	DNA extraction – tissue (paraffin blocks)	370	-	1,0		R0,00
330	RNA extraction – blood	370	-	1,0		R0,00
340	RNA extraction – tissue (other than blood and including CVS and amniotic fluid)	370	-	1,0		R0,00
350	RNA extraction – tissue (paraffin blocks)	370	-	1,0		R0,00
	PCR					
400	PCR-basic (up to four PCR primer sets)	370	-	1,0		R0,00
410	PCR-multiplex (five or more primer sets)	370	-	1,0		R0,00
420	PCR-realtime	370	-	1,0		R0,00
430	PCR-reverse transcriptase	370	-	1,0		R0,00
	Detection methods					
500	Diagnostic electrophoresis (agarose and polyacrylamide gel electrophoresis and capillary electrophoresis)	370	-	1,0		R0,00
510	Restriction enzyme digestion (use multiples based on cost of enzyme)	370	-	1,0		R0,00
520	Probe hybridisation assays	370	-	1,0		R0,00
530	dHPLC	370	-	1,0		R0,00
540	MLPA	370	-	1,0		R0,00

MEDICAL SCIENTISTS CONTINUED

GEMS TARIFF FOR MEDICAL SCIENTISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Scientist: Genetic Counselling**
Code: **36901**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
	Southern blotting					
610	DNA probe labelling (including hybridisation and autoradiography)	370	-	1,0		R0,00
600	Southern blot (digest, gel and blotting)	370	-	1,0		R0,00
	Other					
700	Protein truncation test	370	-	1,0		R0,00
730	Interpretation and reporting	370	-	1,0		R0,00
720	DNA sequencing	370	-	1,0		R0,00
710	Maternal contamination test (prenatal testing)	370	-	1,0		R0,00

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.					
PREAMBLE						
	It is recommended that, when such benefits are granted, the following should be clearly specified in the scheme's rules. Services must only be on referral.					
GENERAL RULES						
001	Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered. NB: Every account shall contain the following particulars. The account or statement contemplated in section 59(1) of the Act must contain the following: a. The surname and initials of the member; b. The surname, first name and other initials, if any, of the patient; c. The name of the scheme concerned; d. The membership number of the member; e. The practice code number, group practice number and individual provider registration number issued by the registering authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, the name of the practitioner who provided the service; f. The relevant diagnostic and such other item code numbers that relates to such relevant health service; g. The date on which each relevant health service was rendered; h. The nature and cost of each relevant health service rendered, including the supply of medicine to the member concerned or to a dependant of that member; and the name, quantity and dosage of and net amount payable by the member in respect of, the medicine.					
002	No "shopping list" must be distributed to doctors and no group tests will be carried out					
003	No charge to be raised in respect of services such as sample handling and after hours services					
004	Interaction with patient for collecting of specimens shall be limited to those specimens that are physiologically expelled, such as sputum and urine and taking of venous and peripheral blood.					
005	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.					

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
	Haematology					
3705	Alkali resistant haemoglobin	350,00	4,5	1		R60,00
3709	Antiglobulin test (Coombs' or trypsinized red cells)	350,00	3,65	1		R48,40
3710	Antibody titration	350,00	7,2	1		R95,70
3712	Antibody identification	350,00	8,45	1		R112,40
3713	Bleeding time (does not include the cost of the simplate device)	350,00	6,94	1		R92,50
3714	Blood volume, dye method	350,00	7,2	1		R95,70
3715	Buffy layer examination	350,00	19,9	1		R264,80
3716	Mean cell volume			1		R15,80
3717	Bone marrow cytological examination only	350,00	19,9	1		R264,80
3722	Capillary fragility: Hess	350,00	2,02	1		R26,90
3723	Circulating anticoagulants	350,00	5,85	1		R77,70
3724	Coagulation factor inhibitor assay	350,00	57,56	1		R765,40
3726	Activated protein C resistance	350,00	26	1		R345,90
3727	Coagulation time	350,00	3,16	1		R41,80
3729	Cold agglutinins	350,00	3,6	1		R48,00
3730	Protein S: Functional	350,00	37,5	1		R498,60
3731	Compatibility for blood transfusion	350,00	3,6	1		R48,00
3732	Cryoglobulin	350,00	3,6	1		R48,00
3734	Protein C (chromogenic)	350,00	30,29	1		R402,70
3735	Anti-thrombin III (chromogenic)	350,00	22	1		R292,70
3736	Plasminogen (chromogenic)	350,00	61,65	1		R820,00
3737	Lupus Russel Viper method	350,00	17	1		R226,20

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
3738	Lupus Kaolin Exner method	350,00	25	1		R332,60
3739	Erythrocyte count	350,00	2,25	1		R29,80
3740	Factors V and VII: Qualitative	350,00	7,2	1		R95,70
3741	Coagulation factor assay: Functional	350,00	9,45	1		R125,70
3743	Erythrocyte sedimentation rate	350,00	3	1		R39,60
3744	Fibrin stabilizing factor (urea test)	350,00	4,5	1		R60,00
3746	Fibrin monomers	350,00	2,7	1		R36,00
3753	Osmotic fragility (before and after incubation)	350,00	18	1		R239,60
3754	ABO reverse group			1		R39,80
3755	Full blood count (including Items 3739, 3762, 3783, 3785, 3791)	350,00	10,5	1		R139,80
3756	Full cross match	350,00	7,2	1		R95,70
3757	Coagulation factors: Quantitative	350,00	32,2	1		R428,30
3758	Factor VIII related antigen	350,00	60,46	1		R804,00
3759	Coagulation factor correction study	350,00	11,72	1		R156,00
3762	Haemoglobin estimation	350,00	1,8	1		R24,00
3763	Contact activated product assay	350,00	16,2	1		R215,40
3764	Grouping: A B and O antigens	350,00	3,6	1		R48,00
3765	Grouping: Rh antigen	350,00	3,6	1		R48,00
3767	Euglobulin Lysis time	350,00	25,58	1		R340,20
3768	Haemoglobin A2 (column chromatography)	350,00	15	1		R199,50
3769	Haemoglobin electrophoresis	350	26,82	1		R356,60
3770	Haemoglobin-S (solubility test)	350	3,6	1		R48,00
3772	Haptoglobin: Quantitative	350	9,45	1		R125,70

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
3773	Ham's acidified serum test	350	8	1		R106,30
3775	Heinz bodies	350	2,25	1		R29,80
3776	Haemosiderin in urinary sediment	350	2,25	1		R29,80
3783	Leucocyte differential count	350	6,2	1		R82,50
3785	Leucocytes: Total count	350	1,8	1		R24,00
3786	QBC malaria concentration and fluorescent staining	350	25	1		R332,60
3787	LE-cells	350	8,3	1		R110,40
3789	Neutrophil alkaline phosphatase	350	28	1		R372,50
3791	Packed cell volume: Haematocrit	350	1,8	1		R24,00
3792	Plasmodium falciparum: Monoclonal immunological identification	350	9	1		R119,60
3793	Plasma haemoglobin	350	6,75	1		R89,70
3795	Platelet aggregation per aggregant	350	12,14	1		R161,50
3797	Platelet count	350	2,25	1		R29,80
3799	Platelet adhesiveness	350	4,5	1		R60,00
3801	Prothrombin consumption	350	5,85	1		R77,70
3803	Prothrombin determination (two stages)	350	5,85	1		R77,70
3805	Prothrombin index	350	6	1		R80,00
3806	Therapeutic drug level: Dosage	350	4,5	1		R60,00
3809	Reticulocyte count	350	3	1		R39,60
3810	Schumm's test	350	3,6	1		R48,00
3811	Sickling test	350	2,25	1		R29,80
3814	Sucrose lysis test for PNH	350	3,6	1		R48,00
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	350	21,1	1		R280,60

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
3820	Thrombo – Elastogram	350	26	1		R345,90
3825	Fibrinogen titre	350	3,6	1		R48,00
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	350	8	1		R106,30
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	350	16	1		R213,00
3832	Red cell pyruvate kinase: Quantitative	350	16	1		R213,00
3834	Red cell Rhesus phenotype	350	9,9	1		R131,90
3835	Haemoglobin F in blood smear	350	5,85	1		R77,70
3837	Partial thromboplastin time	350	5,85	1		R77,70
3841	Thrombin time (screen)	350	7,16	1		R95,20
3843	Thrombin time (serial)	350	7,65	1		R101,80
3847	Haemoglobin H	350	2,25	1		R29,80
3851	Fibrin degeneration products (diffusion plate)	350	10,35	1		R137,70
3853	Fibrin degeneration products (latex slide)	350	4,5	1		R60,00
3854	XDP (Dimer test or equivalent latex slide test)	350	8,5	1		R112,90
3855	Haemagglutination inhibition	350	9,9	1		R131,90
3856	D-Dimer (quantitative)			1		R318,00
3863	Autogenous vaccine	350	12,6	1		R167,50
3864	Entomological examination	350	20,7	1		R275,30
3865	Parasites in blood smear	350	5,6	1		R74,40
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	350	4,9	1		R65,10
3868	Fungus identification	350	8,3	1		R110,40
3869	Faeces (including parasites)	350	4,9	1		R65,10
3875	Inclusion bodies	350	4,5	1		R60,00

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
3878	Crystal identification polarised light microscopy	350	4,5	1		R60,00
3879	Campylobacter in stool: Fastidious culture	350	9,9	1		R131,90
3880	Antigen detection with polyclonal antibodies	350	4,5	1		R60,00
3881	Mycobacteria	350	3	1		R39,60
3882	Antigen detection with monoclonal antibodies	350	10,8	1		R143,80
3883	Concentration techniques for parasites	350	3	1		R39,60
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	350	6,3	1		R83,90
3885	Cytochemical stain	350	5,45	1		R72,50
3887	Antibiotic susceptibility test: Per organism	350	8	1		R106,30
3888	Adhesive tape preparation	350	2,7	1		R36,00
3889	Clostridium difficile toxin: Monoclonal immunological	350	12,4	1		R164,80
3890	Antibiotic assay of tissues and fluids	350	13,9	1		R184,80
3891	Blood culture: Aerobic	350	5,85	1		R77,70
3892	Blood culture: Anaerobic	350	5,85	1		R77,70
3893	Bacteriological culture: Miscellaneous	350	6,3	1		R83,90
3894	Radiometric blood culture	350	10,8	1		R143,80
3895	Bacteriological culture: Fastidious organisms	350	9,9	1		R131,90
3896	In vivo culture: Bacteria	350	16	1		R213,00
3897	In vivo culture: Virus	350	16	1		R213,00
3899	Bacterial exotoxin production (in vivo assay)	350	20,7	1		R275,30
3901	Fungal culture	350	4,5	1		R60,00
3902	Clostridium difficile (cytotoxicity neutralisation)	350	30	1		R399,00
3903	Antibiotic level: Biological fluids	350	11,7	1		R155,80

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
3904	Rotavirus latex slide test	350	5,62	1		R74,80
3905	Identification of virus or rickettsia	350	20,7	1		R275,30
3906	Identification: Chlamydia	350	16	1		R213,00
3907	Culture for staphylococcus aureus	350	2,25	1		R29,80
3908	Anaerobe culture: Comprehensive	350	9,9	1		R131,90
3909	Anaerobe culture: Limited procedure	350	4,5	1		R60,00
3911	Beta-lactamase assay	350	4,5	1		R60,00
3914	Sterility control test: Biological method	350	4,5	1		R60,00
3915	Mycobacterium culture	350	4,5	1		R60,00
3916	Radiometric tuberculosis culture	350	10,8	1		R143,80
3918	Mycoplasma culture: Comprehensive	350	9,9	1		R131,90
3919	Identification of mycobacterium	350	9,9	1		R131,90
3920	Mycobacterium: Antibiotic sensitivity	350	9,9	1		R131,90
3921	Antibiotic synergistic study	350	20,7	1		R275,30
3922	Viable cell count	350	1,35	1		R17,90
3923	Biochemical identification of bacterium: Abridged	350	3,15	1		R41,70
3924	Biochemical identification of bacterium: Extended	350	12,5	1		R166,30
3925	Serological identification of bacterium: Abridged	350	3,15	1		R41,70
3926	Serological identification of bacterium: Extended	350	10,2	1		R135,50
3927	Grouping for streptococci	350	7,3	1		R97,20
3928	Antimicrobial substances	350	3,8	1		R50,50
3929	Radiometric mycobacterium identification	350	14	1		R186,10
3930	Radiometric mycobacterium antibiotic sensitivity	350	25	1		R332,60

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
3931	Helicobacter: Monoclonal immunological	350	12,4	1		R164,80
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	350	14,1	1		R187,50
3933	IgE: Total: EMIT or ELISA	350	11,7	1		R155,80
3934	Auto antibodies by labelled antibodies	350	16	1		R213,00
3935	Sperm antibodies	350	16	1		R213,00
3936	Virus neutralisation test: First antibody	350	75	1		R997,80
3937	Virus neutralisation test: Each additional antibody	350	15	1		R199,50
3938	Precipitation test per antigen	350	4,5	1		R60,00
3939	Agglutination test per antigen	350	5,5	1		R73,10
3940	Haemagglutination test: Per antigen	350	9,9	1		R131,90
3941	Modified Coombs' test for brucellosis	350	4,5	1		R60,00
3942	HEPATITIS VIRAL AB RAPID			1		R142,90
3943	Antibody titer to bacterial exotoxin	350	3,6	1		R48,00
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	350	12,4	1		R164,80
3945	Complement fixation test	350	5,85	1		R77,70
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	350	14,05	1		R186,80
3947	C-reactive protein	350	10,84	1		R144,40
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	350	12,95	1		R172,20
3949	Qualitative Kahn, VDRL or other flocculation	350	2,25	1		R29,80
3950	Neutrophil phagocytosis	350	25,2	1		R335,40
3951	Quantitative Kahn, VDRL or other flocculation	350	3,6	1		R48,00
3952	Neutrophil chemotaxis	350	67,95	1		R904,00
3953	Tube agglutination test	350	4,15	1		R55,40

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
3955	Paul Bunnell: Presumptive	350	2,25	1		R29,80
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	350	8,5	1		R112,90
3958	ANTI GAD & ANTI LA2 AB			1		R785,70
3959	Rose Waaler agglutination test	350	4,5	1		R60,00
3960	Gonococcal, listeria or echinococcus agglutination	350	9,5	1		R126,30
3961	Slide agglutination test	350	2,63	1		R35,00
3963	Serum complement level: Each component	350	3,15	1		R41,70
3965	ANTI LA2 AB			1		R416,20
3967	Auto-antibody: Sensitised erythrocytes	350	4,5	1		R60,00
3968	Herpes virus typing: Monoclonal immunological	350	20,69	1		R275,20
3969	Western blot technique	350	74	1		R984,10
3970	Epstein-Barr virus antibody titer	350	6,75	1		R89,70
3971	Immuno-diffusion test: Per antigen	350	3,15	1		R41,70
3972	Respiratory syncytial virus (ELISA technique)	350	35	1		R465,40
3973	Immuno electrophoresis: Per immune serum	350	9,45	1		R125,70
3974	Polymerase chain reaction	350	75	1		R997,80
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	350	12	1		R159,50
3978	Lymphocyte transformation	350	51,7	1		R687,40
3980	Bilharzia AG			1		R103,90
3991	Abnormal pigments: Qualitative	350	4,5	1		R60,00
3993	Abnormal pigments: Quantitative	350	9	1		R119,60
3995	Acid phosphate	350	5,18	1		R69,00
3998	Amino acids: Quantitative (Post derivatisation HPLC)	350	78,12	1		R1 039,30

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
3999	Albumin	350	4,8	1		R63,80
4000	Alcohol	350	12,4	1		R164,80
4001	Alkaline phosphatase	350	5,18	1		R69,00
4002	Alkaline phosphatase-iso-enzymes	350	11,7	1		R155,80
4003	Ammonia: Enzymatic	350	7,71	1		R102,60
4004	Ammonia: Monitor	350	4,5	1		R60,00
4005	Alpha-1-antitrypsin: Total	350	7,2	1		R95,70
4006	Amylase	350	5,18	1		R69,00
4007	Arsenic in blood, hair or nails	350	36,25	1		R482,20
4009	Bilirubin: Total	350	4,77	1		R63,50
4010	Bilirubin: Conjugated	350	3,62	1		R48,20
4014	Cadmium: Atomic absorption	350	18,12	1		R240,90
4016	Calcium: Ionised	350	6,75	1		R89,70
4017	Calcium: Spectrophotometric	350	3,62	1		R48,20
4018	Calcium: Atomic absorption	350	7,25	1		R96,20
4019	Carotene	350	2,25	1		R29,80
4020	Carnitine (Total or free) in biological fluid: Each	350	11,69	1		R155,60
4021	Carnitine (Total or free) in muscle: Each	350	23,38	1		R311,00
4022	Acyl Carnitine	350	23,38	1		R311,00
4023	Chloride	350	2,59	1		R34,50
4025	CHOL/HDL/LDL/TRIG/TERS			1		R313,00
4026	LDL cholesterol (chemical determination)	350	6,9	1		R91,70
4027	Cholesterol total	350	5,34	1		R71,00

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4028	HDL cholesterol	350	6,9	1		R91,70
4029	Cholinesterase: Serum or erythrocyte: Each	350	7,48	1		R99,60
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	350	9	1		R119,60
4031	Total CO2	350	5,18	1		R69,00
4032	Creatinine	350	3,62	1		R48,20
4034	C1-ESTERASE INHIBITOR			1		R109,20
4035	CSF-ALBUMIN			1		R109,20
4040	Homocysteine (random)	350	15,3	1		R203,50
4041	Homocysteine (after Methionine load)	350	18,1	1		R240,70
4042	D-Xylose absorption test: Two hours	350	13,15	1		R174,80
4045	Fibrinogen: Quantitative	350	3,6	1		R48,00
4049	Glucose tolerance test (2 specimens)	350	8,97	1		R119,40
4050	Glucose strip-test with photometric reading	350	1,8	1		R24,00
4051	Galactose	350	11,25	1		R149,60
4052	Glucose tolerance test (3 specimens)	350	13,17	1		R175,00
4053	Glucose tolerance test (4 specimens)	350	17,37	1		R231,00
4057	Glucose: Quantitative	350	3,62	1		R48,20
4061	Glucose tolerance test (5 specimens)	350	21,56	1		R286,80
4062	Galactose-1-phosphate uridyl transferase	350	16	1		R213,00
4063	Fructosamine	350	7,2	1		R95,70
4064	HbA1C	350	14,25	1		R189,60
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	350	46,88	1		R623,70
4067	Lithium: Flame ionisation	350	5,18	1		R69,00

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4068	Lithium: Atomic absorption	350	7,48	1		R99,60
4071	Iron	350	6,75	1		R89,70
4073	Iron-binding capacity	350	7,65	1		R101,80
4076	Blood gases: Panel 2: Panel 1 (4075) & ancillary tests			1		R221,10
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	350	6,75	1		R89,70
4079	Ketones in plasma: Qualitative	350	2,25	1		R29,80
4081	Drug level-biological fluid: Quantitative	350	10,8	1		R143,80
4083	Lysosomal enzyme assay	350	36,56	1		R486,30
4085	Lipase	350	5,18	1		R69,00
4091	Lipoprotein electrophoresis	350	9	1		R119,60
4093	Osmolality: Serum or urine	350	6,75	1		R89,70
4094	Magnesium: Spectrophotometric	350	3,62	1		R48,20
4095	Magnesium: Atomic absorption	350	7,25	1		R96,20
4096	Mercury: Atomic absorption	350	18,12	1		R240,90
4098	Copper: Atomic absorption	350	18,12	1		R240,90
4105	Protein electrophoresis	350	9	1		R119,60
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	350	20	1		R266,10
4109	Phosphate	350	3,62	1		R48,20
4113	Potassium	350	3,62	1		R48,20
4114	Sodium	350	3,62	1		R48,20
4117	Protein: Total	350	3,11	1		R41,40
4121	pH, pCO2 or pO2: Each	350	6,75	1		R89,70
4123	Pyruvic acid	350	4,5	1		R60,00

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4125	Salicylates	350	4,5	1		R60,00
4127	Caeruloplasmin	350	4,5	1		R60,00
4128	Phenylalanine: Quantitative	350	11,25	1		R149,60
4130	Aspartate aminotransferase (AST)	350	5,4	1		R71,80
4131	Alanine aminotransferase (ALT)	350	5,4	1		R71,80
4132	Creatine kinase (CK)	350	5,4	1		R71,80
4133	Lactate dehydrogenase (LD)	350	5,4	1		R71,80
4134	Gamma glutamyl transferase (GGT)	350	5,4	1		R71,80
4135	Aldolase	350	5,4	1		R71,80
4136	Angiotensin converting enzyme (ACE)	350	9	1		R119,60
4137	Lactate dehydrogenase isoenzyme	350	10,8	1		R143,80
4138	CK-MB: Immunoinhibition/precipitation	350	10,8	1		R143,80
4139	Adenosine deaminase	350	5,4	1		R71,80
4143	Serum/plasma enzymes	350	5,4	1		R71,80
4144	Transferrin	350	11,7	1		R155,80
4146	Lead: Atomic absorption	350	15	1		R199,50
4147	Triglyceride	350	7,93	1		R105,60
4149	Red cell magnesium	350	11,7	1		R155,80
4151	Urea	350	3,62	1		R48,20
4152	CK-MB: Mass determination: Quantitative (Automated)	350	12,4	1		R164,80
4153	CK-MB: Mass determination: Quantitative (Not automated)	350	17,47	1		R232,40
4154	Myoglobin quantitative: Monoclonal immunological	350	12,4	1		R164,80
4155	Uric acid	350	3,78	1		R50,30

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4156	Vitamin D3			1		R145,10
4157	Vitamin A-saturation test	350	15,3	1		R203,50
4158	Vitamin E (tocopherol)	350	3,6	1		R48,00
4159	Vitamin A	350	6,3	1		R83,90
4161	Troponin isoforms: Each	350	20	1		R266,10
4163	Apoprotein AI: Turbidometric method	350	8,28	1		R110,20
4165	Apoprotein AII: Turbidometric method	350	8,28	1		R110,20
4167	Apoprotein B: Turbidometric method	350	8,28	1		R110,20
4170	Lipoprotein (a)(Lp(a)) assay	350	12,42	1		R165,30
4171	Sodium + potassium + chloride + CO2 + urea	350	15,84	1		R210,70
4172	ELISA/EMIT technique	350	12,42	1		R165,30
4181	Quantitative protein estimation: Mancini method	350	7,76	1		R103,30
4182	Quantitative protein estimation: Nephelometer or Turbidometric method	350	8,28	1		R110,20
4183	Quantitative protein estimation: Labelled antibody	350	12,42	1		R165,30
4184	C-reactive protein (ultra sensitive)			1		R135,00
4185	Lactose	350	10,8	1		R143,80
4186	Vitamin B6			1		R177,00
4187	Zinc: Atomic absorption	350	18,12	1		R240,90
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	350	1,5	1		R20,10
4189	Abnormal pigments	350	4,5	1		R60,00
4193	Alkapton test: Homogentisic acid	350	4,5	1		R60,00
4194	Amino acids: Quantitative (Post derivatisation HPLC)	350	78,12	1		R1 039,30
4195	Amino laevulinic acid	350	18	1		R239,60

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4197	Amylase	350	5,18	1		R69,00
4198	Arsenic	350	18,12	1		R240,90
4199	Ascorbic acid	350	2,25	1		R29,80
4201	Bence-Jones protein	350	2,7	1		R36,00
4204	Calcium: Atomic absorption	350	7,25	1		R96,20
4205	Calcium: Spectrophotometric	350	3,62	1		R48,20
4209	Lead: Atomic absorption	350	15	1		R199,50
4211	Bile pigments: Qualitative	350	2,25	1		R29,80
4213	Protein: Quantitative	350	2,25	1		R29,80
4216	Mucopolysaccharides: Qualitative	350	3,6	1		R48,00
4217	Oxalate	350	9,38	1		R124,80
4218	Glucose: Quantitative	350	2,25	1		R29,80
4219	Steroids: Chromatography (each)	350	7,2	1		R95,70
4221	Creatinine	350	3,62	1		R48,20
4223	Creatinine clearance	350	7,65	1		R101,80
4227	Electrophoresis: Qualitative	350	4,5	1		R60,00
4230	Urine/fluid – specific gravity			1		R10,40
4237	5-Hydroxy-indole-acetic acid: Screen test	350	2,7	1		R36,00
4247	Ketones: Excluding dip-stick method	350	2,25	1		R29,80
4248	Reducing substances	350	1,8	1		R24,00
4251	Metanephrines: Column chromatography	350	22,05	1		R293,30
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	350	27	1		R359,10
4254	Nitrosonaphtol test for tyrosine	350	2,25	1		R29,80

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4261	Micro U-Albumin Quant			1		R143,60
4262	Micro Albumin-Qual			1		R52,10
4263	pH: Excluding dip-stick method	350	0,9	1		R12,00
4265	Thin layer chromatography: One way	350	6,75	1		R89,70
4266	Thin layer chromatography: Two way	350	11,25	1		R149,60
4268	Organic acids: Quantitative: GCMS	350	109,38	1		R1 454,90
4269	Phenylpyruvic acid: Ferric chloride	350	2,25	1		R29,80
4271	Phosphate excretion index	350	22,05	1		R293,30
4272	Porphobilinogen qualitative screen: Urine	350	5	1		R66,50
4273	Porphobilinogen/ALA: Quantitative each	350	15	1		R199,50
4283	Magnesium: Spectrophotometric	350	3,62	1		R48,20
4284	Magnesium: Atomic absorption	350	7,25	1		R96,20
4285	Identification of carbohydrate	350	7,65	1		R101,80
4287	Identification of drug: Qualitative	350	4,5	1		R60,00
4288	Identification of drug: Quantitative	350	10,8	1		R143,80
4293	Urea clearance	350	5,4	1		R71,80
4297	Copper: Spectrophotometric	350	3,62	1		R48,20
4298	Copper: Atomic absorption	350	18,12	1		R240,90
4301	Chloride	350	2,59	1		R34,50
4309	Urobilinogen: Quantitative	350	6,75	1		R89,70
4313	Phosphates	350	3,62	1		R48,20
4315	Potassium	350	3,62	1		R48,20
4316	Sodium	350	3,62	1		R48,20

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4319	Urea	350	3,62	1		R48,20
4321	Uric acid	350	3,62	1		R48,20
4323	Total protein and protein electrophoresis	350	11,25	1		R149,60
4325	VMA: Quantitative	350	11,25	1		R149,60
4326	Catecholamines (HPLC)	350	78,12	1		R1 039,30
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	350	46,88	1		R623,70
4335	Cystine: Quantitative	350	12,6	1		R167,50
4336	Dinitrophenol hydrazine test: Ketoacids	350	2,25	1		R29,80
4339	Chloride	350	2,59	1		R34,50
4343	Fat: Qualitative	350	3,15	1		R41,70
4345	Fat: Quantitative	350	22,05	1		R293,30
4347	Ph	350	0,9	1		R12,00
4351	Occult blood: Chemical test	350	2,25	1		R29,80
4352	Occult blood: Monoclonal antibodies	350	10	1		R132,90
4357	Potassium	350	3,62	1		R48,20
4358	Sodium	350	3,62	1		R48,20
4362	Elastase quantitative ELISA	350	47	1		R625,20
4363	Stercobilinogen: Quantitative	350	6,75	1		R89,70
4366	Porphyrin screen qualitative: Urine, stool, red blood cells: Each	350	5	1		R66,50
4367	Porphyrin qualitative analysis by TLC: Urine, stool, red blood cells: Each	350	20	1		R266,10
4368	Porphyrin: Total quantisation: Urine, stool, red blood cells: Each	350	20	1		R266,10
4369	Porphyrin quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	350	30	1		R399,00
4370	Drug level in biological fluid: Monoclonal immunological	350	12,4	1		R164,80

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4371	Amylase in exudate	350	5,18	1		R69,00
4372	Fluoride in biological fluids and water	350	15,62	1		R207,70
4374	Trace metals in biological fluid: Atomic absorption	350	18,13	1		R241,00
4375	Calcium in fluid: Spectrophotometric	350	3,62	1		R48,20
4376	Calcium in fluid: Atomic absorption	350	7,25	1		R96,20
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	350	21,88	1		R291,10
4380	Lecithin in amniotic fluid: L/S ratio	350	27	1		R359,10
4390	Foam test: Amniotic fluid	350	3,15	1		R41,70
4391	Renal calculus: Chemistry	350	5,4	1		R71,80
4392	Renal calculus: Crystallography	350	16,25	1		R216,20
4395	Sweat: Sodium	350	3,62	1		R48,20
4396	Sweat: Potassium	350	3,62	1		R48,20
4397	Sweat: Chloride	350	2,59	1		R34,50
4399	Sweat collection by iontophoresis (excluding collection material)	350	4,5	1		R60,00
4400	Tryptophane loading test	350	22,05	1		R293,30
4401	Cell count	350	3,45	1		R46,00
4407	Cell count, protein, glucose and chloride	350	7,65	1		R101,80
4409	Chloride	350	2,59	1		R34,50
4416	Sodium	350	3,62	1		R48,20
4417	Protein: Qualitative	350	0,9	1		R12,00
4419	Protein: Quantitative	350	3,11	1		R41,40
4421	Glucose	350	3,62	1		R48,20
4423	Urea	350	3,62	1		R48,20

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4425	Protein electrophoresis	350	12,6	1		R167,50
4429	Quantitative PCR (DNA/RNA)			1		R1 007,40
4430	Recombinant DNA technique	350	25	1		R332,60
4431	Ribosomal RNA targeting for bacteriological identification	350	35	1		R465,40
4432	Ribosomal RNA amplification for bacteriological identification	350	75	1		R997,80
4433	Bacteriological DNA identification (LCR)	350	25	1		R332,60
4434	Bacteriological DNA identification (PCR)	350	75	1		R997,80
4435	Mixed antiglobulin reaction: Semen	350	6,6	1		R87,80
4436	Friberg test: Semen	350	14,5	1		R192,90
4437	Kremer test: Semen	350	3,6	1		R48,00
4439	Quantitative PCR: Viral load (not HIV): Hepatitis C, hepatitis B, CMV etc.			1		R1 733,80
4440	Semen analysis: Cell count	350	7,65	1		R101,80
4441	Semen analysis: Cytology	350	7,2	1		R95,70
4442	Semen analysis: Viability + motility – 6 hours	350	6	1		R80,00
4443	Semen analysis: Supravital stain	350	5,44	1		R72,40
4445	Seminal fluid: Alpha glucosidase	350	20	1		R266,10
4446	Seminal fluid fructose	350	3,15	1		R41,70
4447	Seminal fluid: Acid phosphatase	350	5,18	1		R69,00
4448	HCG: Latex agglutination: Qualitative (side-room)	350	4	1		R53,20
4449	HCG: Latex agglutination: Semi-quantitative (side-room)	350	9,31	1		R124,00
4450	HCG: Monoclonal immunological: Qualitative	350	10	1		R132,90
4451	HCG: Monoclonal immunological: Quantitative	350	12,4	1		R164,80
4455	Anti IgE receptor antibody test (10 samples and dilution)	350	161,56	1		R2 149,00

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4456	Eosinophil cationic protein	350	27,81	1		R370,00
4457	Mast cell tryptase	350	96,87	1		R1 288,40
4458	Micro-albuminuria: Radio-isotope method	350	12,42	1		R165,30
4459	Acetyl choline receptor antibody	350	158,12	1		R2 103,20
4460	CA-199 tumour marker	350	20	1		R266,10
4462	CA-125 tumour marker	350	20	1		R266,10
4463	C6 complement functional essay	350	45	1		R598,60
4466	Beta-2-microglobulin	350	12,42	1		R165,30
4467	Chromograqnin A/Isotopes: Protein loss in stools			1		R543,30
4468	CA-549	350	20	1		R266,10
4469	Tumour markers: Monoclonal immunological (each)	350	20	1		R266,10
4470	CA-195 tumour marker	350	20	1		R266,10
4471	Carcino-embryonic antigen	350	20	1		R266,10
4474	CAST PER ALLERGEN			1		R320,30
4475	CA-724			1		R231,20
4477	Neuron specific enolase	350	20	1		R266,10
4478	Osteocalcin			1		R363,10
4479	Vitamin B12-absorption: Shilling test	350	11,7	1		R155,80
4480	Serotonin	350	18,75	1		R249,50
4482	Free thyroxine (FT4)	350	17,48	1		R232,50
4484	Thyrotropin (TSH)/free thyroxine (FT4)			1		R428,80
4485	Insulin	350	12,42	1		R165,30
4486	C-peptide			1		R143,60

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4487	Calcitonin			1		R218,60
4488	B-type naturetic peptide			1		R543,90
4490	Releasing hormone response	350	50	1		R665,10
4491	Vitamin B12	350	12,42	1		R165,30
4492	Vitamin D3: Calcitriol (RIA)	350	75	1		R997,80
4493	Drug concentration: Quantitative	350	12,42	1		R165,30
4494	Free hormone assay	350	17,48	1		R232,50
4495	Growth hormone	350	12,42	1		R165,30
4496	Hormone concentration: Quantitative	350	12,42	1		R165,30
4497	Carbohydrate deficient transferrin	350	29,06	1		R386,50
4499	Cortisol	350	12,42	1		R165,30
4500	DHEA sulphate	350	12,42	1		R165,30
4501	Testosterone	350	12,42	1		R165,30
4502	Free testosterone	350	17,48	1		R232,50
4503	Oestradiol	350	12,42	1		R165,30
4505	Oestriol	350	10,8	1		R143,80
4506	Multiple antigen specific IgE screening test for Atopy	350	37,26	1		R495,70
4507	Thyrotropin (TSH)	350	19,6	1		R260,90
4508	Combined antigen specific IgE	350	24,48	1		R325,70
4509	Free tri-iodothyronine (FT3)	350	17,48	1		R232,50
4512	Parathormone	350	17,08	1		R227,30
4513	IgE: Total	350	12,42	1		R165,30
4514	Antigen specific IgE	350	12,42	1		R165,30

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4515	Aldosterone	350	12,42	1		R165,30
4516	Follitropin (FSH)	350	12,42	1		R165,30
4517	Lutropin (LH)	350	12,42	1		R165,30
4519	Prostate specific antigen	350	14,49	1		R192,80
4520	17 Hydroxy progesterone	350	12,42	1		R165,30
4521	Progesterone	350	12,42	1		R165,30
4522	Alpha-feto protein	350	12,42	1		R165,30
4523	ACTH	350	21,74	1		R289,20
4524	FREE PSA			1		R231,20
4526	Sex hormone binding globulin	350	12,42	1		R165,30
4527	Gastrin	350	12,42	1		R165,30
4528	Ferritin	350	12,42	1		R165,30
4529	Anti-DNA antibodies	350	12,42	1		R165,30
4530	Antiplatelet antibodies	350	15,3	1		R203,50
4531	Hepatitis: Per antigen or antibody	350	14,49	1		R192,80
4532	Transcobalamine	350	12,42	1		R165,30
4533	Folic acid	350	12,42	1		R165,30
4534	Prostatic acid phosphatase	350	12,42	1		R165,30
4536	Erythrocyte folate	350	17,48	1		R232,50
4537	Prolactin	350	12,42	1		R165,30
4538	Procalcitonin – semi-quantitative			1		R370,10
4539	Isotopes: Human chorionic gonadotropin: Qualitative			1		R532,10
4540	HCG: Quantitative as used for Down's screen	350	15	1		R199,50

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4544	Attendance in theatre	350	27	1		R359,10
4546	First trimester Down's screen			1		R618,50
4552	Second trimester Down's screen			1		R388,90
4553	Thyroglobulin, liver			1		R231,20
4559	Liquid based cytology: First unit			1		R211,30
4561	Sputum, all body fluids and tumour aspirates: First unit	351	13,4	1		R205,60
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	351	7,8	1		R119,60
4564	Performance of fine-needle aspiration for cytology	351	15	1		R230,10
4565	Examination of fine needle aspiration in theatre	351	90	1		R1 380,30
4566	Vaginal or cervical smears, each	351	11	1		R168,90
4600	ANTI-CCP			1		R201,80
4601	Panel typing: Antibody detection: Class I	350	36	1		R478,80
4602	Panel typing: Antibody detection: Class II	350	44	1		R585,30
4603	HLA test for specific locus/antigen – serology	350	27	1		R359,10
4604	HLA typing: Class I – serology	350	52	1		R691,60
4605	HLA typing: Class II – serology	350	52	1		R691,60
4606	HLA typing: Class I & II – serology	350	90	1		R1 197,20
4607	Cross matching T-cells (per tray)	350	18	1		R239,60
4608	Cross matching B-cells	350	38	1		R505,50
4609	Cross matching T- & B-cells	350	48	1		R638,60
4610	Helicobacter pylori stool antigen test			1		R400,00
4614	HIV AB rapid test			1		R138,80
4650	Antibiotic MIC per organism per antibiotic	350	8	1		R106,30

MEDICAL TECHNOLOGY CONTINUED

GEMS TARIFF FOR SERVICES BY MEDICAL LABORATORY TECHNOLOGISTS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Medical Technology**
Code: **37600**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
4651	Non-radiometric automated blood cultures	350	13,9	1		R184,80
4652	Rapid automated bacterial identification per organism	350	15	1		R199,50
4653	Rapid automated antibiotic susceptibility per organism	350	17	1		R226,20
4654	Rapid automated MIC per organism per antibiotic	350	17	1		R226,20
4655	Mycobacteria: MIC determination – E test			1		R186,10
4656	Mycobacteria: Identification HPLC			1		R404,40
4657	Mycobacteria: Liquefied concentrated fluorochrome stain			1		R63,80
4750	Cell culture: Lymphocytes, cord blood	352	15	1		R204,20
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	352	45	1		R612,90
4752	Cell culture: Chorionic villi	352	60	1		R817,20
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	352	135	1		R1 838,70
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukemia bloods: Idiograms, karyotyping, one staining technique.	352	270	1		R3 677,40
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	352	70	1		R953,30
4760	FISH procedure, including cell culture	352	115	1		R1 566,20
4761	FISH analysis per probe system	352	35	1		R476,50
4763	Blood: DNA extraction	352	45	1		R612,90
4764	Blood: Genotype per person: Southern blotting	352	89	1		R1 212,20
4765	Blood: Genotype per person: PCR	352	60	1		R817,20
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	352	90	1		R1 225,80
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	352	188	1		R2 560,40
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	352	120	1		R1 634,10

GEMS TARIFF FOR SERVICES BY NATUROPATHS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Naturopathy**
Code: **41100**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.					
RULES						
01	All accounts must be presented with the following information clearly stated: - Name of naturopath; - Qualifications of the naturopath; - BHF practice number; - Postal address and telephone number; - Date on which the service(s) were provided; - Applicable item codes; - The nature of the treatment; - The surname and initials of the member; - The first name of the patient; - The name of the medical scheme; - The membership number of the patient; - The name and practice number of the referring practitioner.					
ITEMS						
1	CONSULTATIONS					
10010	Consultation (initial or follow up). Duration 5 – 15 mins	570	10,000	1,0		R97,50
10020	Consultation (initial or follow up). Duration 16 – 30 mins	570	22,500	1,0		R213,00
10090	Consultation, each additional full 15 mins, to a maximum of 60 mins	570	15,000	1,0		R142,00
2	DIAGNOSTIC PROCEDURES					
20010	Vega testing	570	15,000	1,0		R142,00
20020	Life blood testing	570	15,000	1,0		R142,00

NATUROPATHYCONTINUED

GEMS TARIFF FOR SERVICES BY NATUROPATHS WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Naturopathy**
Code: **41100**

Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values
3	TREATMENT PROCEDURES					
30010	Hydrotherapy 30 minutes	570	30,000	1,0		R283,70
30011	Hydrotherapy, each additional full 15 mins, after initial 30 mins, to a maximum of 60 mins	570	15,000	1,0		R142,00
30020	Electrotherapy	570	15,000	1,0		R142,00
30021	Electrotherapy, each additional full 15 mins, after initial 15 mins, to a maximum of 60 mins	570	15,000	1,0		R142,00
30030	Vibration therapy	570	15,000	1,0		R142,00
30031	Vibration therapy, each additional full 15 mins, after initial 15 mins, to a maximum of 60 mins	570	15,000	1,0		R142,00
30040	Light therapy	570	15,000	1,0		R142,00
30041	Light therapy, each additional full 15 mins, after initial 15 mins, to a maximum of 60 mins	570	15,000	1,0		R142,00
30050	Thermal therapy	570	15,000	1,0		R142,00
30051	Thermal therapy, each additional full 15 mins, after initial 15 mins, to a maximum of 60 mins	570	15,000	1,0		R142,00
30060	Massage therapy	570	30,000	1,0		R283,70
30061	Massage therapy, each additional full 15 mins, after initial 30 mins, to a maximum of 60 mins	570	15,000	1,0		R142,00
30070	Exercise therapy	570	15,000	1,0		R142,00
30071	Exercise therapy, each additional full 15 mins, after initial 15 mins, to a maximum of 60 mins	570	15,000	1,0		R142,00
30080	Reflex therapy	570	15,000	1,0		R142,00
30081	Reflex therapy, each additional full 15 mins, after initial 15 mins, to a maximum of 60 mins	570	15,000	1,0		R142,00
4	MEDICINES AND MATERIALS					
40100	Proprietary Naturopathic medicine, appropriate NAPPI codes to be charged	570	-	1,0		
40200	Non-proprietary Naturopathic medicine liquid per 100ml	570	-	1,0		R444,30
40300	Naturopathic ointments/creams per 10 ml	570	-	1,0		R42,70
40400	Naturopathic syrups and tonics per 10 ml	570	-	1,0		R6,02

NON-CONTRACTED DENTAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.						
	The schedule includes procedures and services for use by Oral Healthcare Providers for purposes of keeping accurate patient records, reporting procedures on patients, and processing oral healthcare related insurance claims. The procedures are those performed by General Dental Practitioners, Oral Pathologists, Prosthodontists, Periodontists, Orthodontists, Maxillo facial and Oral Surgeons and Dental Therapists. The procedures codes listed in the schedule have, for the convenience in using the schedule, been divided into categories of services, based on the branches of clinical dental practice. The procedures are grouped under the category of service with which the procedures are most frequently identified and should not be interpreted as excluding certain categories of Oral Healthcare Providers from performing such procedures. Individual procedure codes consist of a procedure code, procedure description (nomenclature), and when necessary, a descriptor, that provides further definition and/or guidelines to clarify the intended use of the procedure code.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code		Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
I	INTRODUCTION							
A	Administrative and invoicing rules							
001	Invoices a. A practitioner shall render a monthly invoice for every procedure which has been completed irrespective of whether the total treatment plan has been concluded b. An invoice shall contain the following particulars: i. the surname and initials of the member ii. the first name of the patient iii. the name of the scheme iv. the membership number of the member v. the practice number vi. the date on which every service was rendered vii. the code number, description and fee/benefit of the procedure or service viii. the name of the dentist rendering the service ix. the name of the general dental practitioner/ specialist assistant (when applicable) x. the appropriate ICD-10 code(s) for the procedures performed Note: Photocopies of original invoices shall be certified by way of a rubber stamp or the signature of the dentist.							

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
002	Cost of direct materials The expenses incurred for direct materials identified in the Schedule may be billed in addition to the procedure code. These expenses are limited to the net acquisition cost of the materials and a handling fee. The price of the materials should be VAT inclusive. Use modifier 8025 for handling fee.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
003	Dental laboratory services Manual submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by reporting code 8099 – Dental laboratory service with the appropriate laboratory fee on the line following the relevant dental procedure code. The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. The original invoice of the dental technician (or a copy thereof) shall accompany the invoice of the dentist and a copy (or the original) shall be filed by the dentist for record purposes. Electronic submission of invoices. Fees charged by dental technicians for laboratory services (PLUS L) shall be indicated on the dentist's invoice by submitting code 8099 – Dental laboratory service with the appropriate laboratory fee on the line following the relevant dental procedure code on the date on which the dental procedure was rendered. The laboratory fee shall be submitted for payment on the date on which the procedure code is submitted for payment, and the appropriate dental laboratory service codes shall be reported on the lines following code 8099. The technician's invoice shall be certified by the dentist (or a person appointed by the dentist) for correctness by means of a signature. The original invoice of the dental technician shall be filed by the dentist for record purposes.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
005	Procedure accompanied by unusual circumstances In exceptional cases where the proposed fee/benefit is disproportionately low in relation to the actual services rendered by a practitioner, such higher fee as may be mutually agreed upon between the dental practitioner and the patient/medical scheme may be billed. Use modifier 8011 with a narrative description. Under certain circumstances a service or procedure is partially reduced or eliminated at the practitioner's election. Under these circumstances a lower fee may be billed. The service provided can be identified by its usual procedure code and the addition of modifier 8012, signifying the service is reduced.						
B	General coding rules						
006	The schedule does not prescribe the scope of practice of a particular category of Oral Healthcare Provider; neither does it confine the performing of procedures or services to a registered speciality. Fees listed within a column of a particular category of Oral Healthcare Provider are customary fees, should the procedure or service be rendered by that provider category. Specialists are however encouraged to confine their practice to the speciality or related specialities in which they are registered. Specialist may charge fees for procedures or services which usually pertain to some other speciality, if such procedures or services are also recognised in their speciality, and if it is carried out only for their bona fide patients. Such fees shall not be higher than those charged by General Practitioners for the same procedures or services (HPCSA, Rule 25).						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
	Fees for procedures or services not listed within the column of dental therapists that do fall within the field of dental therapy in terms of their scope of practice are regarded as being "by arrangement" until such fees are listed.						
007	Procedures not listed in the Dental Schedule When a procedure is performed that is not listed in the schedule, an appropriate procedure code, listed in the NHRPL for medical practitioners may be reported. Unlisted procedures: Any procedure that is neither described in the schedule, nor in the medical schedule, should be reported using code 9099 – Unlisted dental procedure or service. The fee for an unlisted dental procedure or service should be based on the fee of a comparable procedure. Code 9099 codes should not be used to report procedures where the fee is determined "by arrangement" with the patient and/or medical scheme.						
C	Services rules						
008	Oral evaluations and completion of treatment plans Oral examinations include an examination, diagnosis and treatment planning (when treatment is required). No further fees/benefits shall be levied for an oral examination (code 8101) or comprehensive examination (code 8102) until the treatment plan resulting from these type of examinations is completed. The completion of a treatment plan effected from an oral examination and/or comprehensive examination should be indicated by reporting code 8120 – Treatment plan completed.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
	Oral diagnosis defined: The determination by the dentist of the oral health condition of an individual patient achieved through the evaluation of data gathered by means of history-taking, direct examination, patient conference, and such clinical aids and tests as may be necessary in the judgement of the dentist. Treatment plan defined: The treatment plan is the sequential guide for the patient's care as determined by the dentist's diagnosis and is used by the dentists for the restoration and/or maintenance of optimal oral health						
009	Surgery guidelines 1. Follow-up care for therapeutic surgical procedures: The fee/benefit for an operation shall, unless otherwise stated, include normal post-operative care for a period not exceeding four months. If a practitioner does not him/herself complete the post-operative care, he/she shall arrange for post-operative care without additional charges. A fee/benefit for post-operative treatment of a prolonged or specialised nature may be charged as agreed upon between the practitioner and the scheme.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
	2. Multiple Procedures (Maxillo facial and oral surgery): The fee/benefit for more than one operation or procedure performed through the same incision shall be determined as the fee for the major operation plus fee/benefit for the subsidiary operation to the indicated maximum for each such subsidiary operation or procedure (modifier 8005). The fee/benefit for more than one operation or procedure performed under the same anaesthetic but through another incision shall be determined on the fee/benefit for the major operation plus: 75% for the second procedure/operation (modifier 8009). 50% for the third and subsequent procedures/operations (modifier 8006). This rule shall not apply where two or more unrelated operations are performed by practitioners in different specialities, in which case each practitioner shall be entitled to the full fee/benefit of the operation. If, within four months, a second operation for the same condition or injury is performed, the fee/benefit for the second operation shall be 50% of that of the first operation (modifier 8006).						
	3. Assistant Surgeon (Maxillo facial and periodontal surgery): The fee payable to a specialist assistant is determined as 1/3 of the fee of the practitioner performing the procedure (modifier 8001). The fee payable to a general dental practitioner assistant is determined as 15% of the fee of the practitioner performing the procedure (modifier 8007). The patient must be informed beforehand that another dentist/specialist will be assisting at the operation and that a fee will be payable to the assistant. The assistant's name must appear on the invoice rendered to the patient.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
	4. Surgical team (Maxillo facial and oral surgery): The additional fee to all members of the surgical team for after hours emergency surgery shall be calculated by adding 25% to the fee for the procedure or procedures performed (modifier 8008).						
010	Orthodontic guidelines The documentation and first invoice to the patient/ medical scheme regarding orthodontic services will include the following information: a. the treatment plan and type of treatment (treatment code number) b. a diagnostic code (ICD-10) c. an orthodontic payment plan indicating the following: i. the total fee that will be levied for the treatment ii. the total months of orthodontic treatment (retention period excluded) iii. the initial fee payable by the patient (approximately 20% of the total fee) iv. the monthly payments of the balance of the fee						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
	2. The fee for orthodontic treatment does not include a clinical oral evaluation and necessary diagnostic services. The fee for corrective therapy (i.e. codes 8861 to 8888) is an inclusive fee and no additional fees may be levied for intra-operative oral evaluations and preventive services. A pre-orthodontic treatment visit, an orthodontic retention, and an oral evaluation on completion of the treatment plan (retention phase included) are excluded and should be reported in addition to corrective orthodontic treatment as separate procedures (Code 8803 x3). Intra/post orthodontic treatment records consisting of radiographs/ diagnostic images (limited to a cephalometric film and 5 oral/facial images) and diagnostic casts may be levied when a corrective orthodontic treatment plan is completed (retention phase included).						
	3. The fee for 'Fixed appliance therapy' (codes 8861 and 8865 to 8888), as determined by the individual practitioner, will be levied on a monthly manner over the treatment period (retention phase excluded).						
	4. When partial fixed appliance or preliminary orthodontic treatment (codes 8858, 8861, 8865 or 8866) is followed by full fixed appliance orthodontic treatment (codes 8873 to 8888) provided by the same orthodontist, the fees levied for the partial fixed appliance therapy or preliminary treatment will be deducted from the fee quoted for the full fixed appliance orthodontic treatment.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
	5. The total fee for multiple phases of full fixed appliance orthodontic treatment provided by the same orthodontist may not exceed the most recent fee (determined on commencement date of the final stage of full fixed appliance treatment) for the appropriate full fixed orthodontic procedure.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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	6. When the patient transfers to another practitioner during treatment, or treatment is terminated for any reason, the original treating practitioner must report the number of treatment months remaining and determine the balance of the fee by applying the following formula: Total payment (for treatment only) minus 20% of the total fee (for banding – when applicable) multiplied by the percentage of treatment remaining. For example, if the practitioner was paid R 10,000.00 for a 24-month treatment plan and 18 months of treatment were completed the balance would be R 2,000.00 (or R 10,000.00 – R 2,000.00 x 6/24). The length of the treatment plan from the original request for authorisation will be used to determine the number of treatment months remaining. The practitioner continuing treatment will provide the information stipulated in paragraph 1 above. Report code 8891 (Orthodontic transfer) with the fee that will be levied for continuation of the treatment in addition to the appropriate orthodontic treatment code. The fee for continuous treatment is subject to prior authorisation by the patient's medical scheme.						
	7. When an established orthodontic patient requires re-treatment, the information stipulated in paragraph 1 above and the cause(s) for re-treatment will be provided. Report code 8892 (Orthodontic re-treatment) with the fee that will be levied for re-treatment in addition to the appropriate orthodontic treatment code. Orthodontic re-treatment is subject to prior authorisation by the patient's medical scheme.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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011	Dento-legal fees Practitioners are entitled to remuneration if they are present at Court at the request of an advocate or attorney. Use code 8111 (Dental testimony) to report dento-legal work. The code is listed in the adjunctive general services sections in the code lists.						
D	Modifiers						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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012	Modifiers Modifiers should be used with procedures identified throughout the NHRPL. Modifiers provide the means by which the reporting practitioner can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed its definition or code. The sensible application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the recipient of the report that: a. a service or procedure was performed by more than one practitioner b. a service or procedure has been increased or reduced c. only part of a service was performed d. an adjunctive service was performed e. a service or procedure was provided more than once f. the fee/benefit was altered due to a financial agreement						
8001	Assistant surgeon – specialist (1/3 of the appropriate benefit)						
8005	Maximum multiple procedures (same incision) – MFO surgeon						
8006	Multiple surgical procedures – third and subsequent procedures (50% of the appropriate benefit)						
8007	Assistant surgeon – General Dental Practitioner (15% of the appropriate benefit)						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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8008	Emergency surgery – after hours (PLUS 25% of the appropriate benefit)						
8009	Multiple surgical procedures – second procedure (75% of the appropriate benefit)						
8010	Open reduction (PLUS 75% of the appropriate benefit)						
8011	Procedure accompanied by unusual circumstances (Benefit PLUS x% as determined by the practitioner and agreed upon by patient/medical scheme)						
8012	Reduced services (benefit MINUS x% as determined by the practitioner)						
8013	Multiple modifiers						
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)						
8025	Handling fee – direct materials (26% of material cost to a maximum of R26.00)						
E	Explanations						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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	Tooth identification and designation of areas of the oral cavity Tooth identification and designation of areas of the oral cavity is compulsory for all invoices rendered. Tooth identification is applicable to procedures identified with the letter (T), and other designation of areas of the oral cavity with the letter (Q) for a quadrant and the letter (M) for the maxillary or mandibular area in the mouth part (MP) column of the Dental Coding. The International Standards Organisation (ISO) in collaboration with the FDI designated system for teeth and areas of the oral cavity should be used. For supernumeraries, the abbreviation SUP should be used.						
	Treatment categories Treatment categories (TC) of dental procedures are identified in the TC column of the Dental Coding as follows: • Basic dentistry – designated as (B) in the treatment category column • Advanced dentistry – designated as (A) in the treatment category column • Surgery – designated as (S) in the treatment category column						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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	Abbreviations used in Dental Coding DM Direct Material Column +D Add fee/benefit for denture +L Add laboratory fee +M Add material fee MP Mouth Part Column M Maxilla/Mandible Q Quadrant S Sextant T Tooth TC Treatment Category Column A Advanced dentistry B Basic dentistry S Surgery						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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	Practice type codes 25400 General Dental Practitioner 26200 Specialist Maxillo Facial and Oral Surgeon 26400 Specialist Orthodontist 29200 Specialist in Oral Medicine and Periodontics 29400 Specialist Prosthodontist 29800 Specialist Oral Pathologist 39500 Dental Therapist						
F	Guidelines to medical schemes						
	Age of a child The determination of a child or adult status of the patient should be based on the clinical development of the patient's dentition. Where administrative constraints preclude the use of clinical development so that the chronological age must be used to determine the child or adult status, the patient is defined as an adult beginning at age 12 with the exclusion of treatment for orthodontics or sealants.						
	Frequency of benefits The South African Dental Association recommends to medical schemes, where considered necessary and appropriate, that contract limitations on the frequency of providing care for certain services be stated as "twice a calendar year" rather than once in every six months.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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	Radiographs and records Radiographs should be taken only for clinical reasons as determined by the treating dentist. Post-operative radiographs should only be required as part of dental treatment. When a dentist determined it is appropriate to comply with a third-party payer's request for radiographs, a duplicate set should be submitted and the originals retained by the dentist. Any additional costs incurred by the dentists in copying radiographs and clinical records for claims determination should be reimbursed by the third-party payer or the patient.						
	New vs. established patient A new patient is one who has not received any professional services from the dentist or another dentist of the same speciality who belongs to the same group practice, within the past three years. An established patient (patient of record) is one who has received professional services from the dentist or another dentist of the same speciality who belongs to the same group practice, within the past three years. In the instance where a dentist is on call for or covering for another dentist, the patient's encounter will be classified as it would have been by the dentist who is not available.						
II	DENTAL PROCEDURES AND SERVICES						
A	Diagnostic services						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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	The branch of dentistry used to identify and prevent dental disorders and disease. Includes all services/procedures available to the dentist for evaluating existing conditions and determining any further dental care that may be required.						
	Clinical oral examinations						
	The purpose of oral examinations is to observe and record pertinent information, past and present, necessary to arrive at a diagnosis and treatment plan (when treatment is indicated). A treatment plan is a list of procedures or services the dentist proposes to perform on a dental patient based on the results of the examination and diagnosis. Often more than one treatment plan is presented. Oral examinations may require the integration of information that is acquired through additional diagnostic procedures, which should be reported separately. The oral examination, diagnosis, and treatment planning are the responsibility of the dentist. The collection and recording of some data and components of the oral examination may however be delegated. Oral examinations and consultations include the issuing of prescriptions where medication is required.						
	General Dental Practitioner						
8101	Oral examination	R214,60					
8102	Comprehensive oral examination	R346,40					
8104	Limited oral examination	R104,00					
8189	Re-examination – existing condition	R104,00					

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8176	Periodontal screening	R180,90					
8190	Consultation – second opinion or advice	R214,60					
	Maxillo Facial Surgeon						
8901	Consultation – MFOS		R273,60				
8902	Consultation – MFOS (detailed)		R716,10				
*8840	Treatment planning for orthognathic surgery – ALL	R617,80	R926,70	R926,70			
	Orthodontist						
8801	Consultation – Orthodontist			R273,60			
8803	Consultation – Orthodontis (subsequent, retention and post treatment)			R159,30			
8837	Diagnosis and treatment planning – Orthodontist			R127,20			
8895	Examination under general anaesthesia		R239,70				
	Periodontist/oral medicine						
	Codes 8701, 8703, 8705 and 8707 cannot be charged at one and the same visit.						
8701	Consultation – Periodontist				R273,60		
8703	Consultation – Periodontist (detailed)				R716,10		
8705	Re-examination – Periodontist				R214,00		
8707	Periodontal screening – Periodontist				R214,00		
8781	Consultation – Oral medicine (simple)				R214,00		
8782	Consultation – Oral medicine (complex)				R376,20		

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8783	Consultation – Oral medicine (subsequent)				R159,30		
	Prosthodontist						
8501	Consultation – Prosthodontis					R273,60	
8507	Comprehensive consultation – Prosthodontist					R439,20	
8506	Detailed consultation – Prosthodontist					R716,10	
	Oral Pathologist						
9201	Consultation – Oral Pathologist						R274,60
9205	Consultation – Oral Pathologist (subsequent)						R159,80
	Radiographs/diagnostic imaging						
	Diagnostic radiographs/diagnostic images include interpretation Radiographs/diagnostic images should only be taken for clinical reasons as determined by the dentist and practitioners should comply with the Regulations concerning safe radiological practice and take the necessary precaution to minimise radiation of patients. Radiographs/diagnostic images are part of the patient's clinical record, should be of diagnostic quality, properly identified and dated. The dentist should retain the original images and only copies should be used to fulfil requests made by patients or third party funders.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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	A complete series of intra-oral radiographs/images for diagnostic purposes is required once per treatment plan only. A second series may be required in exceptional cases e.g., following periodontal surgery. The same applies to panoramic films, where additional films may be required for follow-up/re-evaluation purposes. Diagnostic radiographs/diagnostic images preceding endodontic treatment, periodontal treatment, the surgical extraction of teeth or roots and fixed prostheses are fundamental to ethical clinical practice.						
8107	Intraoral radiograph – periapical	R86,80	R86,80	R86,80	R86,80	R86,80	
8108	Intraoral radiographs – complete series	R672,70	R672,70	R672,70	R672,70	R672,70	
8112	Intraoral radiograph – bitewing	R86,80	R86,80	R86,80	R86,80	R86,80	
8113	Intraoral radiograph – occlusal	R149,70	R149,70	R149,70	R149,70	R149,70	
8114	Extraoral radiograph – hand-wrist	R347,60	R347,60	R347,60	R347,60	R347,60	
8115	Extraoral radiograph – panoramic	R347,60	R347,60	R347,60	R347,60	R347,60	
8116	Extraoral radiograph – cephalometric	R347,60	R347,60	R347,60	R347,60	R347,60	
8118	Extraoral radiograph – skull/facial bone	R347,60	R347,60	R347,60	R347,60	R347,60	
8121	Oral and/or facial image (digital/conventional)	R93,40	R93,40	R93,40	R93,40	R93,40	
8194	CBCT capture and interpretation with limited field of view – less than one whole jaw	R1 042,80	R1 042,80	R1 042,80	R1 042,80	R1 042,80	
8195	CBCT capture and interpretation with limited field of view of one full dental arch – mandible	R1 042,80	R1 042,80	R1 042,80	R1 042,80	R1 042,80	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8196	CBCT capture and interpretation with limited field of view of one full dental arch – maxilla without orbits and/or cranium	R1 042,80	R1 042,80	R1 042,80	R1 042,80	R1 042,80	
8199	CBCT capture and interpretation with limited field of view of one full dental arch – maxilla with orbits and/or cranium		R695,20			R695,20	
8197	CBCT capture and interpretation with limited field of view of both dental arches – without orbits and/or cranium	R695,20	R695,20	R695,20	R695,20	R695,20	
8200	CBCT capture and interpretation with field of view of both dental arches – with orbits and/or cranium		R695,20			R695,20	
8217	CBCT capture and interpretation for the visualisation of sinuses	R1 042,80	R1 042,80	R1 042,80	R1 042,80	R1 042,80	
8198	CBCT capture and interpretation for TMJ series including two or more exposures.	R1 042,80	R1 042,80	R1 042,80	R1 042,80	R1 042,80	
	Other diagnostic procedures						
8117	Diagnostic models	R93,40	R93,40	R93,40	R93,40	R93,40	
8119	Diagnostic models mounted	R234,90	R234,90	R234,90	R234,90	R234,90	
*8122	Microbiological studies						
*8123	Caries susceptibility tests (by arrangement)	R97,30					
8124	Pulp tests	R25,50					

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8126	Digital diagnostic models	R153,60					
8503	Occlusion analysis mounted	R292,40				R439,20	
8505	Pantographic recording	R424,70				R637,10	
*8508	Electrognathographic recording	R454,80				R682,00	
*8509	Electrognathographic recording with computer analysis	R755,10				R1 132,60	
8811	Tracing and analysis of extra-oral film	R40,30	R40,30	R40,30	R40,30	R40,30	
8839	Diagnostic setup (orthodontics)	R179,40		R268,90			
8920	Exfoliative cytological specimen collection	R838,70	R1 258,20				
8923	Aspiration biopsy (FNA)	R512,50	R768,90				
8924	Open biopsy of a single lymphnode in the neck		R1 258,20				
8932	Biopsy of soft tissue – intraoral superficial, with suturing	R838,70	R1 258,20				
8934	Biopsy of soft tissue– intraoral deep or intramuscular, requiring suturing in multiple layers	R838,70	R1 258,20				
8925	Biopsy of soft tissue – extraoral deep or intramuscular, requiring suturing in multiple layers	R838,70	R1 258,20				
8926	Biopsy of tissue – intra-oral bone	R512,50	R768,90				
8927	Biopsy of tissue – extra-oral bone		R768,90				
8928	Core Needle biopsy		R768,90				
B	Preventive services						
	Services/procedures intended to eliminate or reduce the need for future dental treatment.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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	Dental prophylaxis						
8155	Polishing – complete dentition	R131,80			R181,60	R131,80	
8159	Prophylaxis – complete dentition	R259,20			R365,20	R259,20	
*8160	Removal of gross calculus						
8179	Polishing – complete dentition (periodontally compromised patient)	R151,30					
8180	Prophylaxis – complete dentition (periodontally compromised patient)	R281,60					
	Topical fluoride treatment						
	Topical fluoride treatment procedures involve the professional application of topical fluoride within the dental office. Excludes fluoride application as part of prophylaxis paste, fluoride rinses or “swish.” For application of desensitising medicaments, see codes 8166 and 8167 in the supplementary section.						
8161	Topical application of fluoride – child	R131,80			R131,80	R131,80	
8162	Topical application of fluoride – adult	R131,80			R131,80	R131,80	
	Space maintenance (passive appliances)						
	Passive appliances are designed to prevent tooth movement.						
8173	Space maintainer – fixed, per abutment	R244,70					
8174	Recementation of space maintainer	R61,20					
8175	Space maintainer – removable	R315,40					
	Other preventive procedures						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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*8149	Nutritional counselling						
*8150	Tobacco counselling						
*8151	Oral hygiene instruction	R131,80			R264,00	R264,00	
*8153	Oral hygiene instruction – each additional visit	R96,50			R127,20	R127,20	
8163	Dental sealant	R86,80				R86,80	
8169	Occlusal guard	R506,70					
8171	Mouth guard	R153,60					
8177	Oral hygiene instruction (periodontally compromised patient)	R199,80					
8178	Oral hygiene instruction – each additional visit (periodontally compromised patient)	R107,70					
C	Restorative services						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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	The branch of dentistry that deals with the reconstruction of the hard tissues of a tooth or group of teeth, injured or destroyed by trauma or disease. Restorative services/procedures intend to restore the function of a natural tooth. Anterior teeth include incisors and canines. Posterior teeth include premolars and molars. The number of tooth surfaces restored, i.e. mesial, occlusal (or incisal), distal, lingual, or vestibular (buccal or labial), is used to determine the appropriate procedure code. A one-surface restoration for example, involves only one of the surfaces, while a two-surface restoration extends to two of the five surfaces. With a four-or-more-surfaces anterior restoration involving four tooth surfaces and the incisal angle is involved.						
	Limitations on amalgam and resin-based composite restorations: 1. The reporting of two separate restorations of the same material (e.g., a MO and DO amalgam restoration) on the same tooth is appropriate. Some medical schemes however, have a clause in its dental plan(s) that restricts coverage of the same tooth surface, such as an occlusal, twice on the same day and may require the reporting of a MOD restoration instead of a separate MO and DO restoration. 2. The current NHRPL rates include direct pulp capping (code 8301) and rubber dam application (code 8304).						
8228	ART restorations	R287,20					

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
	This applies to minimally invasive procedures						
	Amalgam restorations						
	All adhesives, liners, bases and polishing are included as part of the restoration. If pins are used, they should be reported separately. See codes 8345, 8347 and 8348 for post and/or pin retention.						
8341	Amalgam – one surface	R262,20					
8342	Amalgam – two surfaces	R323,10					
8343	Amalgam – three surfaces	R394,10					
8344	Amalgam – four or more surfaces	R439,20					
	Resin-based composite restorations						
	Resin restorations refer to a broad category of materials including but not limited to composites. Report these codes when glass ionomers/compomers are used as restorations. The procedures include acid etching, adhesives (including resin bonding agents) and curing part of the restoration. Resin restorations utilise the direct technique. For the indirect technique, see “Resin inlays/onlays”. If pins are used, they should be reported in addition to these codes – See codes 8345, 8347 and 8348 for post and/or pin retention.						
8350	Resin crown – anterior primary tooth (direct)	R572,20					
8351	Resin – one surface, anterior	R287,80					

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8352	Resin – two surfaces, anterior	R362,20					
8353	Resin – three surfaces, anterior	R432,50					
8354	Resin – four or more surfaces, anterior	R482,70					
8367	Resin – one surface, posterior	R312,20					
8368	Resin – two surfaces, posterior	R386,00					
8369	Resin – three surfaces, posterior	R466,70					
8370	Resin – four or more surfaces, posterior	R502,10					
	Gold foil restorations – deleted from GEMS tariff 2011						
*8561	Gold foil class I or IV – DELETED FROM GEMS TARIFF 2011					R1 145,30	
*8563	Gold foil class V – DELETED FROM GEMS TARIFF 2011					R1 340,00	
*8565	Gold foil class III – DELETED FROM GEMS TARIFF 2011					R1 686,20	
	Inlay/onlay restorations						
	Temporary and/or intermediate inlays/onlays, the removal thereof and cementing of the permanent restoration are included as part of the restoration. The cusp tip must be overlaid to be considered an onlay.						
	Metal Inlays/Onlays						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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	Use these codes for single metal inlay/onlay restorations. See the Fixed Prosthodontic Service section for metal inlay/only bridge retainers. Metal components include structures manufactured by means of conventional casting and/or electroforming. The benefits provided by some medical schemes for metal inlays on anterior teeth (incisors and canines) may be subject to pre-authorisation.						
8361	Inlay – metal – one surface	R400,70				R789,90	
8362	Inlay/onlay – metal – two surfaces	R585,70				R1 145,30	
8363	Inlay/onlay – metal – three surfaces	R976,40				R1 776,00	
8364	Inlay/onlay – metal – four or more surfaces	R1 181,00				R1 776,00	
	Porcelain/Ceramic Inlays/Onlays						
	Use these codes for single porcelain/ceramic inlay/onlay restorations. See the Fixed Prosthodontic Service section for porcelain/ceramic inlay/only bridge retainers. Porcelain/ceramic inlays/onlays include all indirect ceramic, porcelain and polymer-reinforced porcelain type inlays/onlays.						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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	Fees for the application of a rubber dam (8304) may be levied in addition to these codes. TO BE CONFIRMED: When computer generated (CAD-CAM) ceramic restorations are fabricated by the dental practitioner, laboratory costs do not apply. Report codes 8570 (Fabrication of computer generated ceramic restoration) and 8560 for the cost of the ceramic block in addition to the restoration.						
8371	Inlay – porcelain – one surface	R482,70				R954,20	
8372	Inlay/onlay – porcelain – two surfaces	R712,60				R1 373,90	
8373	Inlay/onlay – porcelain – three surfaces	R1 174,40				R2 134,80	
8374	Inlay/onlay – porcelain – four or more surfaces	R1 422,50				R2 134,80	
8560	Cost of ceramic block						
8570	Fabrication of computer generated ceramic restoration						
	Resin-based Inlays/Onlays						
	Resin based inlays/onlays usually utilise the indirect technique. Fees for the application of a rubber dam (8304) may be levied in addition to these codes. When the direct technique is used, laboratory costs do not apply. An additional fee may be levied by reporting modifier 8023 in addition to these codes.						
8381	Inlay – resin – one surface	R482,70				R954,20	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8382	Inlay/onlay – resin – two surfaces	R712,60				R1 373,90	
8383	Inlay/onlay – resin – three surfaces	R1 174,40				R2 134,80	
8384	Inlay/onlay – resin – four or more surfaces	R1 422,50				R2 134,80	
	Crowns – single restorations						
	Use these codes for single crown restorations. See the Fixed Prosthodontic Service section for crown bridge retainers and the Implant Services section for crowns on osseo-integrated implants. Porcelain/ceramic crowns include all ceramic, porcelain and porcelain fused to metal crowns. Resin crowns and resin metal crowns include all reinforced heat and/or pressure-cured resin materials. Metal components include structures manufactured by means of conventional casting and/or electroforming.						
	Temporary and/or intermediate crowns, the removal thereof (provisional crowns included) and cementing of the permanent restorations are included as part of the restorations. TO BE CONFIRMED: When computer generated (CAD-CAM) ceramic restorations are fabricated by the dental practitioner, laboratory costs do not apply. Report codes 8570 (Fabrication of computer generated ceramic restoration) and 8560 for the cost of the ceramic block in addition to the restoration.						
8401	Crown – full cast metal	R1 506,00				R2 217,00	
8403	Crown – 3/4 cast metal	R1 506,00				R2 217,00	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8404	Crown – 3/4 porcelain/ceramic	R1 422,40				R2 134,80	
8405	Crown – resin laboratory	R1 422,40				R2 134,80	
8407	Crown – resin with metal	R1 506,00				R2 217,00	
8409	Crown – porcelain/ceramic	R1 506,00				R2 217,00	
8411	Crown – porcelain with metal	R1 506,00				R2 217,00	
8410	Provisional crown	R292,40			R292,40	R439,20	
	Veneers						
8355	Veneer – resin (chair-side)	R456,90				R456,90	
8552	Veneer – porcelain (laboratory)	R1 011,30				R1 517,20	
8554	Veneer – resin (laboratory)	R1 011,30				R1 517,20	
	Temporary restorations						
8137	Emergency crown (chair-side)	R452,20				R452,20	
8357	Prefabricated metal crown	R268,90				R268,90	
8375	Prefabricated resin crown	R268,90				R268,90	
	Other restorative procedures						
	Pin retention and cores						
8345	Prefabricated post retention, per post (in addition to restoration)	R259,20					
8347	Pin retention – first pin (in addition to restoration)	R130,30					
8348	Pin retention – each additional pin (in addition to restoration)	R120,70					

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8366	Pin retention as part of cast restoration (any number of pins)	R194,80				R264,00	
8376	Core build-up with prefabricated posts	R717,30				R717,30	
8379	Cost of prefabricated posts						
8391	Cast core with single post	R302,60					
8392	Cast post (each additional)	R180,00					
8397	Cast core with pins (any number of pins)	R482,70				R627,60	
8398	Core build-up with or without pins	R585,70				R585,70	
8581	Cast core with single post					R447,00	
8582	Cast core with double post					R637,10	
8583	Cast core with triple post					R789,90	
	Unclassified restorative procedures						
8133	Recement inlay, onlay, crown or veneer	R131,80				R167,20	
8135	Remove inlay, onlay or crown	R262,20				R262,20	
8138	Remove retention post (prefabricated or cast)	R172,10					
*8146	Resin bonding for restorations						
8157	Re-burnishing and polishing of restorations – complete dentition	R131,80					
8349	Carve restoration to accommodate existing removable prosthesis	R53,10					
8413	Repair crown (permanent or provisional)	R292,40				R292,40	
8414	Additional fee for provision of crown within an existing clasp or rest	R86,80					

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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D	Endodontic services						
	Services/procedures intended to treat diseases of the dental pulp and their sequelae.						
	Pulp capping						
	These codes should not be used as a base or liner under a restoration. Certain funders (medical aids) may restrict the placement of the final restoration during the same visit.						
8301	Pulp cap – direct	R175,50					
8303	Pulp cap – indirect	R175,50					
	Pulpotomy						
8307	Pulp amputation (pulpotomy)	R172,10					
8132	Pulp removal (pulpectomy)	R215,50					
	Endodontic therapy						
	Includes endodontic therapy on primary teeth. Does not include diagnostic evaluation and necessary radiographs/diagnostic images. Limitation: Intra-operative radiographs/diagnostic images are limited to three on a single canal tooth and five on a multi-canal tooth for each completed endodontic therapy. Report code 8304 (application of a rubber dam) in addition to these codes.						
	Preparatory visits						
8332	Root canal preparatory visit – single canal tooth	R131,80					

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8333	Root canal preparatory visit – multi canal tooth	R184,70					
	Obtuation of canals						
	Codes 8328, 8335, 8336 and 8337 (obturation of root canals at a subsequent visit) are intended to be used in conjunction with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously obturated canal).						
8335	Root canal obturation – anteriors and premolars – first canal	R598,50					
8328	Root canal obturation – anteriors and premolars – each additional canal	R244,80					
8336	Root canal obturation – posteriors – first canal	R823,50					
8337	Root canal obturation – posteriors – each additional canal	R244,80					
	Complete therapy						
	Codes 8329, 8338, 8339 and 8340 (endodontic treatment completed at a single visit) may not be used with codes 8332, 8333 and 8334 (endodontic preparatory visits and re-preparation of previously obturated canal).						
8338	Root canal therapy – anteriors and premolars – first canal	R915,40					
8329	Root canal therapy – anteriors and premolars – each additional canal	R305,50					
8339	Root canal therapy – posteriors – first canal	R1 258,20					
8340	Root canal therapy – posteriors – each additional canal	R305,50					

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8631	Root canal therapy – first canal					R1 554,10	
8633	Root canal therapy – each additional canal					R391,00	
	Endodontic retreatment						
8334	Re-preparation of previously obturated root canal	R194,80				R234,90	
	Apexification/recalcification procedures						
8634	Apexification/apexogenesis/revascularisation – initial visit	R175,50				R259,20	
8635	Apexification/recalcification – per visit	R175,50				R259,20	
	Periradicular procedures						
8637	Apicectomy/periradicular surgery, first root – premolar	R650,00	R862,20		R862,20		
8638	Apicectomy/periradicular surgery, each additional root – anteriors and premolars	R325,00	R431,10		R431,10		
8641	Apicectomy/periradicular surgery, first root – molar	R1 146,50	R1 719,90		R1 719,90		
8642	Apicectomy/periradicular surgery, each additional root – molars	R573,30	R860,00		R860,00		
	Other endodontic procedures						
8330	Removal of root canal obstruction	R172,10					
8136	Access through a prosthetic crown or inlay to facilitate root canal treatment	R117,50					
8640	Removal of fractured post or instrument from root canal					R456,90	
8765	Hemisection of a tooth, resection of a root or tunnel preparation (isolated procedure)	R575,10			R862,20	R862,20	
E	Periodontic services						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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	The branch of dentistry used to treat and prevent disease affecting the gingivae, ligaments and bone that supports the teeth.						
	Surgical services						
	Surgical services includes usual post-operative care						
8741	Gingivectomy/gingivoplasty – four or more teeth per quadrant	R688,60			R944,50		
8743	Gingivectomy or gingivoplasty – one to three teeth per quadrant	R550,10			R749,80		
8749	Flap procedure, root planing and one to three surgical services – per quadrant	R1 429,60			R2 144,60		
8751	Flap procedure, root planing and one to three surgical services – per sextant	R1 184,10			R1 776,00		
8753	Flap procedure, root planing and four or more surgical services – per quadrant	R1 771,90			R2 658,00		
8755	Flap procedure, root planing and four or more surgical services – per sextant	R1 436,10			R2 154,30		
8756	Clinical crown lengthening (isolated procedure)	R870,80			R1 306,30		
8759	Pedicle flapped graft (isolated procedure)	R654,40			R981,30		
*8761	Masticatory mucosal autograft – one to four teeth (isolated procedure)	R710,90	R1 066,60		R1 066,60		
*8762	Masticatory mucosal autograft – four or more teeth (isolated procedure)	R1 068,30	R1 602,30		R1 602,30		
8763	Wedge resection (isolated procedure)	R418,40			R627,60		

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*8766	Bone regeneration/repair procedure – as part of a flap operation	R342,30			R513,20		
*8767	Bone regeneration/repair procedure – at a single site	R887,20	R1 330,70		R1 330,70		
*8769	Membrane removal (used for guided tissue regeneration)	R418,40	R627,60		R627,60		
*8770	Cost of bone regenerative/repair material						
*8772	Submucosal connective tissue autograft (isolated procedure)	R718,70	R1 078,00		R1 078,00		
8995	Gingivectomy – per jaw	R1 020,10	R1 529,90				
8713	Blood and Blood Products for Regeneration						
8774	Guided tissue regeneration – resorbable barrier, per site						
8775	Guided tissue regeneration – non-resorbable barrier, per site (includes subsequent removal of membrane)						
8776	Submucosal connective tissue autograft – extending across one to three teeth per quadrant						
8777	Submucosal connective tissue autograft – extending across four or more teeth per quadrant						
8778	Submucosal soft tissue allograft – extending across one to three teeth per quadrant						
8779	Submucosal soft tissue allograft – extending across four or more teeth per quadrant						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8785	Root resection	R575,10			R862,20		
	Amputation of one or more roots of a multi-rooted tooth leaving at least one root and the crown intact. Does not include the raising and closure of a flap. If access for root resection as an isolated procedure via a flap is required, use code 8785 together with code 8745 or 8747 as appropriate. If root resection is only one of several procedures to be done, then use code 8785 together with code 8745, 8746, 8747 or 8748 as appropriate. May not be used with code 8784 on the same tooth.						
8786	Tunnel preparation	R575,10			R862,20		
	The through-and-through opening of a diseased radicular furcation to gain access for maintenance. Does not include the raising and closure of a flap. If access for a tunnel preparation as an isolated procedure via a flap is required, use code 8786 together with code 8745 or 8747 as appropriate. If a tunnel preparation is only one of several procedures to be done, then use code 8786 together with code 8745, 8746, 8747 or 8748 as appropriate. May not be used with code 8784 on the same tooth.						
8796	Repair of oronasal opening	R1 335,40	R2 003,20				
	Non-surgical periodontal services						
8723	Provisional splinting – extracoronal (wire) – per sextant	R244,80			R366,90	R366,90	
8725	Provisional splinting – extracoronal (wire plus resin) – per sextant	R355,20			R532,50	R532,50	
8727	Provisional splinting – intracoronal – per tooth	R111,40			R167,20	R167,20	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8737	Root planing – four or more teeth per quadrant	R527,80			R716,10		
8739	Root planing – one to three teeth per quadrant	R419,90			R571,10		
8773	Cost of intrapocket chemotherapeutic agent						
	Other periodontal services						
8732	Topical treatment of diseased soft tissue	R153,60					
8768	Unlisted periodontal procedure	R418,40			R627,60		
8787	Unlisted oral medicine procedure	R150,00			R225,10		
F	Removable prosthodontics						
	The branch of prosthodontics concerned with the replacement of teeth by artificial substitutes that is readily removable. Removable prosthodontic services include routine post-operative care.						
	Complete dentures						
8231	Complete dentures – maxillary and mandibular	R2 127,00				R4 440,50	
8232	Complete denture – maxillary or mandibular	R1 311,20				R3 106,70	
8244	Immediate denture – maxillary	R1 311,20				R1 967,00	
8245	Immediate denture – mandibular	R1 311,20				R1 967,00	
8246	Immediate denture – partial	R917,80				R1 376,90	
8643	Complete dentures – maxillary and mandibular (with complications)					R5 762,70	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8645	Complete dentures – maxillary and mandibular (with major complications)					R7 088,60	
8649	Complete denture – maxillary or mandibular (with complications)					R3 545,90	
8651	Complete denture – maxillary or mandibular (with major complications)					R3 988,50	
	Partial dentures						
8233	Partial denture – resin base – one tooth	R609,70					
8234	Partial denture – resin base – two teeth	R609,70					
8235	Partial denture – resin base – three teeth	R912,40					
8236	Partial denture – resin base – four teeth	R912,40					
8237	Partial denture – resin base – five teeth	R912,40					
8238	Partial denture – resin base – six teeth	R1 210,10					
8239	Partial denture – resin base – seven teeth	R1 210,10					
8240	Partial denture – resin base – eight teeth	R1 210,10					
8241	Partial denture – resin base – nine or more teeth	R1 210,10					
8281	Partial denture – cast metal framework only	R1 422,50					
8671	Partial denture – cast metal framework with resin denture base					R3 545,90	
	Adjustments to dentures						
8275	Adjust complete or partial denture	R96,50				R96,50	
8662	Adjust complete or partial dentures (remounting)	R341,20				R512,00	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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	Repairs to dentures						
	Professional fees should not be levied for the repair of dentures/intra-oral appliances if the practitioner did not examine the patient. Laboratory costs, however, may be recovered.						
8269	Repair denture or other intra-oral appliance	R167,20				R180,00	
8270	Add clasp to existing partial denture	R120,70					
8271	Add tooth to existing partial denture	R120,70					
8273	Impression to repair or modify a denture or other intra-oral appliance	R96,50				R96,50	
	Denture rebase procedures						
	Rebase – the partial or complete removal and replacement of the denture base						
8259	Rebase complete or partial denture (laboratory)	R497,10				R717,30	
8261	Remodel complete or partial denture	R797,90					
	Denture reline procedures						
	Reline – the addition of material to the fitting surface of a denture base						
8263	Reline complete or partial denture (chair-side)	R315,40				R394,10	
8267	Reline complete or partial denture (laboratory)	R725,80				R725,80	
	Interim dentures						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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	Also known as provisional, temporary, or transitional dentures. Provisional dentures are used for a limited period of time for reasons of aesthetics, function or occlusal support, after which it is replaced by a more definitive prosthesis.						
8658	Interim complete denture	R1 311,20				R1 966,90	
8659	Interim partial denture	R1 048,90				R1 573,60	
8661	Diagnostic dentures (including tissue conditioning)					R3 545,90	
	Other removable prosthetic procedures						
*8251	Clasp or rest – cast gold	R120,70					
*8253	Clasp or rest – wrought gold	R120,70					
8255	Clasp or rest – stainless steel	R127,20					
8257	Bar – lingual or palatal	R149,70					
8265	Tissues conditioning per arch (including soft self-cure reline)	R206,20				R264,00	
*8277	Inlay in denture						
8597	Locks and milled rests	R120,10				R180,00	
8599	Precision attachment (removable denture)	R292,40				R439,20	
8652	Overdenture – complete	R2 364,00				R3 545,90	
8653	Overdenture – partial	R1 891,10				R2 836,80	
8657	Replacement of precision attachment	R167,20				R180,00	
8663	Metal base to complete denture	R712,20				R1 068,30	
8664	Remount crown or bridge for prosthetics	R341,20				R534,60	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8667	Soft base to denture (heat cured)	R712,20				R1 068,30	
8672	Altered cast technique (in addition to partial denture)	R91,30				R137,00	
8674	Additive partial denture	R1 072,50				R1 609,00	
G	Maxillo facial prosthetics						
	The branch of prosthodontics concerned with the restoration of stomatognathic and associated facial structures that have been affected by disease, injury, surgery or congenital defect. Where “+D” appears the practitioner will charge the relevant fee/benefit for the denture. Where “+D” appears the practitioner will charge the relevant fee/benefit for the denture in the Schedule plus the fee/benefit indicated.						
	Maxillary prosthesis						
9101	Obturator prosthesis, surgical – modified denture	R176,30				R264,00	
9102	Obturator prosthesis, surgical – continuous base	R477,10				R716,10	
9103	Obturator prosthesis, surgical – split base	R710,90				R1 066,60	
9104	Obturator prosthesis, interim – on existing denture	R1 072,50				R1 609,00	
9105	Obturator prosthesis, interim – on new denture	R3 312,20				R4 968,20	
9106	Obturator prosthesis, definitive – open/hollow box	R1 072,50				R1 609,00	
9107	Obturator prosthesis, definitive – silicone glove	R2 071,20				R3 106,70	
8685	Modification of obturator prostheses per visit					R180,00	
	Mandibular resection prostheses						
9108	Mandibular resection prosthesis w/ guide flange	R2 543,90				R3 816,20	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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9109	Mandibular resection prosthesis w/o guide flange	R2 364,00				R3 545,90	
9110	Mandibular resection prosthesis, palatal augmentation	R477,10				R716,10	
	Glossal resection prostheses						
9111	Glossal resection prosthesis – simple	R995,30				R1 493,20	
9112	Glossal resection prosthesis – complex	R1 491,00				R2 236,50	
	Radiotherapy appliances						
9113	Radiation carrier – simple	R1 072,50				R1 609,00	
9114	Radiation carrier – complex	R2 960,30				R4 440,50	
9115	Radiation shield – simple	R1 072,50				R1 609,00	
9116	Radiation shield – complex	R2 960,30				R4 440,50	
9117	Radiation cone locator	R1 072,50				R1 609,00	
	Chemotherapy appliances						
9118	Chemotherapeutic agent carrier	R1 072,50				R1 609,00	
	Cleft palate prostheses						
8855	Consultation – cleft palate therapy (house or hospital)	R244,80		R366,90		R366,90	
8856	Consultation – cleft palate (subsequent)	R120,10		R180,00		R180,00	
8857	Consultation – cleft palate (maximum)	R835,40		R1 253,30		R1 253,30	
	Neonatal prostheses						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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9119	Feeding aid prosthesis, neonatal	R949,20		R1 423,90		R1 423,90	
9120	Orthopaedic appliance, active presurgical – minor	R949,20		R1 423,90		R1 423,90	
9121	Orthopaedic appliance, active presurgical – moderate	R1 405,00		R2 107,30		R2 107,30	
9122	Orthopaedic appliance, active presurgical – severe	R2 364,00		R3 545,90		R3 545,90	
9123	Orthopaedic appliance, active presurgical – modification	R120,10		R180,00		R180,00	
	Intermediate/definitive prostheses						
9125	Speech aid/obturator prosthesis – palatal alteration	R478,40				R717,30	
9126	Speech aid/obturator prosthesis – velar alteration	R1 072,50				R1 609,00	
9127	Speech aid/obturator prosthesis – pharyngeal alteration	R2 364,00				R3 545,90	
9128	Speech aid/obturator prosthesis – modification	R120,10				R180,00	
9129	Speech aid/obturator prosthesis – surgical	R949,20				R1 423,90	
	Speech appliances						
9130	Speech aid appliance – palatal lift	R477,10				R716,10	
9131	Speech aid appliance – palatal stimulating	R1 072,50				R1 609,00	
9132	Speech aid appliance – bulb	R2 364,00				R3 545,90	
9133	Speech aid appliance – modification	R120,10				R180,00	
9134	Unspecified speech aid appliance						
	Extra-oral appliances						
9135	Auricular prosthesis – simple	R2 960,30				R4 440,50	
9136	Auricular prosthesis – complex	R3 862,40				R5 762,70	
9137	Nasal prosthesis – simple	R2 960,30				R4 440,50	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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9138	Nasal prosthesis – complex	R3 862,40				R5 762,70	
9139	Ocular prosthesis – interim	R1 072,50				R1 609,00	
9140	Ocular prosthesis – modified stock appliance	R2 660,80				R3 991,60	
9141	Ocular prosthesis – custom appliance	R3 862,40				R5 762,70	
9142	Orbital prosthesis – simple	R2 660,80				R3 991,60	
9143	Orbital prosthesis – complex	R3 862,40				R5 762,70	
9144	Facial prosthesis, combination – small						
9145	Facial prosthesis, combination – medium						
9146	Facial prosthesis, combination – large						
9147	Facial prosthesis, combination – complex						
9148	Unspecified body prosthesis – simple	R2 660,80				R3 991,60	
9149	Unspecified body prosthesis – complex	R3 862,40				R5 762,70	
9150	Facial prosthesis, surgical – simple	R2 071,20				R3 106,70	
9151	Facial prosthesis, surgical – complex	R2 660,80				R3 991,60	
9152	Extraoral appliance – additional prosthesis						
9153	Extraoral appliance – replacement prosthesis						
9155	Cranial prosthesis	R1 072,50				R1 609,00	
	Custom implants						
9156	Cranial implant prosthesis, custom made	R1 294,80				R1 941,80	
9157	Facial implant prosthesis, custom made – simple	R646,80				R970,10	
9158	Facial implant prosthesis, custom made – complex	R1 294,80				R1 941,80	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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9159	Ocular implant prosthesis, custom made	R646,80				R970,10	
9160	Body implant prosthesis, custom made	R2 878,70				R4 318,10	
	Surgical appliances						
9161	Surgical splint – simple	R292,40				R439,20	
9162	Surgical splint – complex	R1 072,50				R1 609,00	
9163	Surgical template – simple	R292,40				R439,20	
9164	Surgical template – complex	R1 072,50				R1 609,00	
9165	Surgical conformer – simple	R292,40				R439,20	
9166	Surgical conformer – complex	R1 072,50				R1 609,00	
	Trismus appliances						
9167	Trismus appliance – simple	R120,10				R180,00	
9168	Trismus appliance – complex	R1 072,50				R1 609,00	
9169	Orthoses appliance	R2 364,00				R3 545,90	
9170	Facial palsy appliance	R710,90				R1 066,60	
9171	Commissure splint	R292,40				R439,20	
9172	Oral retractor, dynamic – per arm	R292,40				R439,20	
9173	Hand splint						
9174	Unspecified burn appliance						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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	Attendance in theatre						
9175	Theatre attendance (MaxFac prosthodontic)/hour	R395,60				R593,60	
H	Implant services						
	Services/procedures concerned with the surgical insertion of materials and devices into, onto and about the jaws and oral cavity for purposes of oral maxillo facial or oral occlusal rehabilitation or cosmetic corrections.						
	Surgical implant procedures						
	The codes in this subsection are intended to report surgical procedures for the placement of implants to be used as prosthetic abutments. The surgical phase includes all procedures concerned with placing the implant into or onto the bone and preparation for the prosthetic phase.						
*9180	Surgical placement of sub-periosteal implant – preparatory stage	R1 735,50	R2 603,40				
*9181	Surgical placement of sub-periosteal implant – placement stage	R1 735,50	R2 603,40				
*9182	Surgical placement of endosteal implant plate	R868,60	R1 303,20		R1 303,20		
*9183	Surgical placement of endosteal implant – first per jaw	R1 222,90	R1 662,00		R1 662,00		
*9184	Surgical placement of endosteal implant – second per jaw	R915,40	R1 246,60		R1 246,60		
*9185	Surgical placement of endosteal implant – third and subsequent per jaw	R613,00	R834,70		R834,70		
*9190	Surgical placement of abutment – first per jaw	R453,70	R614,10		R614,10	R614,10	
*9191	Surgical placement of abutment – second per jaw	R341,00	R461,80		R461,80	R461,80	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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*9192	Surgical placement of abutment – third and subsequent per jaw	R228,60	R310,80		R310,80	R310,80	
	Implant supported prosthetics						
	Services/procedures concerned with the construction and placement of fixed or removable prosthesis on any implant device. Prosthetic devices which are not listed in this subsection should be reported using existing fixed or removable prosthetic codes.						
	Abutments and Bars						
	These codes are intended to report the placement of final restorations and should not be used to report the placement of temporary/provisional components e.g., healing abutments/collars, temporary abutments, caps, cylinders, etc. Abutments as part of one-piece endosteal implants (incorporating both the implant and integral fixed abutment) are considered being part of the implant body and should not be reported in addition to the surgical placement of the implant. See codes 9187 to 9189 located in the "Other implant services" section to submit the cost of implant components.						
*8584	Connector bar – implant supported	R2 364,00				R3 545,90	
*8578	Prefabricated abutment	R244,80				R366,90	
*8579	Custom abutment	R1 115,60				R1 673,20	
	Removable dentures						
*8533	Implant supported removable complete overdenture	R2 364,00				R3 545,90	
*8534	Implant supported removable partial overdenture	R1 891,10				R2 836,80	
	Fixed-detachable dentures						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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8654	Implant supported fixed-detachable complete overdenture	R2 659,00				R3 988,50	
*8655	Implant supported fixed-detachable partial overdenture	R2 127,10				R2 732,90	
*8660	Additional fee to implant supported fixed-detachable denture – per implant	R366,90				R366,90	
	Crowns – single restorations						
*8536	Crown – implant/abutment supported – porcelain/ceramic	R1 954,80				R2 585,50	
*8537	Crown – implant/abutment supported – porcelain with metal	R1 954,80				R2 585,50	
*8538	Crown – implant/abutment supported – cast metal	R1 954,80				R2 585,50	
*8592	Crown – implant/abutment supported					R2 585,50	
	Bridge retainers – crowns						
*8546	Crown retainer – implant/abutment supported – porcelain/ceramic	R1 954,80				R2 585,50	
*8547	Crown retainer – implant/abutment supported – porcelain with metal	R1 954,80				R2 585,50	
*8548	Crown retainer – implant/abutment supported – cast metal	R1 954,80				R2 585,50	
	Other implant services						
*8590	Implant maintenance procedures – per implant	R108,30				R162,40	
*8594	Repair of implant supported prosthesis	R120,10				R180,00	
*8595	Repair of implant abutment	R120,10				R180,00	
*8600	Cost of implant components						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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*9187	Cost of endosteal implant body						
*9188	Cost of prefabricated abutment						
*9189	Cost of other implant components						
*9198	Surgical removal of implant	R565,30	R847,90		R847,90		
I	Fixed prosthodontics						
	The branch of prosthodontics concerned with the replacement or restoration of teeth by artificial substitutes that are not readily removable. A prosthetic retainer (e.g., crown/inlay/onlay retainer) in this section is defined as a part of a bridge that attaches a pontic to the abutment tooth. A pontic is that part of a bridge which replaces a missing tooth or teeth. Each retainer and each pontic constitutes a unit in a bridge. Porcelain/ceramic retainers and pontics presently include all ceramic, porcelain and porcelain fused to metal retainers and pontics. Resin retainers and pontics and resin metal retainers and pontics include all reinforced heat and/or pressure-cured resin materials. Metal components include structures manufactured by means of conventional casting and/or electroforming.						
	Pontics						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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	Comment: Codes 8415, 8416, 8417 and 8418 include ovate pontic designs. The nomenclatures of the pontics have been revised to coincide with the nomenclature used for crowns, which improves accurate record keeping. A similar approach has been followed for crowns and inlays/onlays utilised as bridge retainers.						
8415	Pontic – porcelain/ceramic	R1 229,10					
8416	Pontic – cast metal	R976,40					
8417	Pontic – resin with metal	R1 229,10					
8418	Pontic – porcelain fused to metal	R1 229,10					
8419	Provisional pontic	R292,40				R439,20	
8611	Pontic – sanitary					R1 340,00	
8613	Pontic – posterior					R1 639,60	
8615	Pontic – anterior/premolar					R1 771,30	
	Bridge retainers – inlays/onlays						
	An inlay/onlay retainer for a bridge that gains retention, support and stability from a tooth. The cusp tip must be overlaid to be considered an onlay. See inlay/onlay restorations in the Restorative Services Section for inlay/onlay retainers.						
8432	Inlay/onlay retainer – metal – two surfaces	R585,70				R1 145,30	
8433	Inlay/onlay retainer – metal – three surfaces	R976,40				R1 776,00	
8434	Inlay/onlay retainer – metal – four or more surfaces	R1 181,00				R1 776,00	
8436	Inlay/onlay retainer – porcelain – two surfaces	R712,60				R1 373,90	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8437	Inlay/onlay retainer – porcelain – three surfaces	R1 174,40				R2 134,80	
8438	Inlay/onlay retainer – porcelain – four or more surfaces	R1 422,50				R2 134,80	
8617	Retainer cast metal (Maryland type retainer)	R585,70				R1 145,30	
8619	Fibre reinforced resin inlay retainer – use for direct Maryland type resin-bonded bridges	R585,70				R1 145,30	
	Bridge retainers – crowns						
	A crown retainer for a bridge that gains retention, support and stability from a tooth.						
8441	Crown retainer – full cast metal	R1 506,00				R2 217,00	
8442	Crown retainer – 3/4 cast metal	R1 506,00				R2 217,00	
8443	Crown retainer – porcelain/ceramic	R1 506,00				R2 217,00	
8444	Crown retainer – 3/4 porcelain/ceramic	R1 506,00				R2 217,00	
8445	Crown retainer – porcelain with metal	R1 506,00				R2 217,00	
8446	Crown retainer – resin with metal	R1 506,00				R2 217,00	
8447	Provisional crown retainer	R292,40				R439,20	
	Other fixed prosthodontic procedures						
	See “other restorative services” for procedures related to fixed prosthesis not listed in this sub-section.						
8514	Recement bridge	R131,80				R167,20	
8515	Sectioning of a bridge	R262,20				R262,20	
	Sectioning of a bridge resulting in one of the retainers of the bridge being removed. The removal of the underlying tooth will be charged in addition to the sectioning of the bridge						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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8516	Remove bridge	R262,20				R262,20	
8518	Repair bridge	R292,40				R292,40	
8585	Connector bar	R2 364,00				R3 545,90	
8586	Stress breaker	R881,70				R1 322,50	
8587	Coping metal	R196,30				R366,90	
J	Oral and maxillo facial surgery						
	The branch of dentistry using surgery to treat disorders/ diseases of the mouth. Surgical procedures include routine postoperative care.						
	Extractions						
8201	Extraction – tooth or exposed tooth roots (first per quadrant)	R131,80	R197,70				
8202	Extraction – each additional tooth or exposed tooth roots	R53,10	R79,80				
	Surgical extractions						
	Report code 8220 when sutures are provided by the practitioner.						
8213	Surgical removal of residual roots, first tooth – per tooth	R569,70					
8214	Surgical removal of residual roots, second and subsequent teeth's roots	R439,20					
8937	Surgical removal of tooth	R569,70	R768,90				
8941	Surgical removal of impacted tooth – first tooth	R944,50	R1 241,90				
8943	Surgical removal of impacted tooth – second tooth	R506,70	R669,30				

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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8945	Surgical removal of impacted tooth – third and subsequent teeth	R287,80	R379,90				
8953	Surgical removal of residual roots, first tooth – per tooth		R768,90				
	Distraction osteogenesis						
9073	Distraction for the reconstruction of the mandibular body (per side)						
9078	Distraction for the reconstruction of the mandibular condyle and temporo-mandibular joint						
9080	Distraction for the reconstruction of the midface (internal distractor)						
9082	Distraction for the reconstruction of the midface (external distractor)						
9084	Removal of an internal or external distractor device		R735,30				
	Other surgical procedures						
8517	Reimplantation of avulsed tooth (include stabilisation)	R304,80				R456,90	
8909	Oral antral fistula closure	R1 335,40	R2 003,20				
8911	Caldwell-Luc procedure	R522,60	R783,90				
8917	Biopsy of oral tissue – soft	R333,20	R444,20		R444,20		
8919	Biopsy of bone – needle	R512,50	R768,90				
8921	Biopsy – extra-oral bone/soft tissue	R838,70	R1 258,20				
8961	Tooth transplantation	R1 146,50	R1 719,90				
8965	Peripheral neurectomy	R1 146,50	R1 719,90				
8966	Repair of oronasal fistula (local flaps)	R1 594,90	R2 392,50				

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

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8981	Surgical exposure of impacted or unerupted teeth to aid eruption	R1 052,30	R1 433,60		R1 433,60		
8983	Corticotomy – first tooth	R761,50	R1 142,30				
8984	Corticotomy – each additional tooth	R386,00	R579,20				
8999	Craniofacial transmucosal endosseus implant						
	The transmucosal placement of an implant into any part of the craniofacial skeleton, excluding the alveolar processes, for anchorage of facial prosthesis; or for purposes of post-cancer or post- traumatic reconstruction.						
8606	Placement of implant fixtures outside the oral cavity						
	(e.g. for the retention of extraoral prostheses such as ears, noses, faces limbs and digits)						
	Alveoloplasty						
8957	Alveolotomy or alveolectomy (including extractions)	R699,40	R1 049,00				
*9003	Reposition mental foramen and nerve – per side	R1 592,70	R2 389,40				
*9004	Lateralisation of inferior dental nerve	R2 566,40	R3 850,10				
	Vestibuloplasty						
	Any of a series of surgical procedures designed to increase relative alveolar ridge height.						
8997	Sulcoplasty/Vestibuloplasty	R2 628,90	R3 943,60		R3 943,60		
	Surgical excision of soft tissue lesions						
8968	Excision of benign soft tissue tumour requiring extensive resection and suturing in multiple layers with muscular involvement		R768,90				

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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8970	Excision of benign soft tissue tumour requiring suturing in multiple layers no muscular involvement		R768,90		R768,90		
8972	Excision small malignant lesion requiring minimal suturing		R576,70		R576,70		
8974	Excision of malignant soft tissue tumour requiring suturing in multiple layers no muscular or intraosseus involvement		R384,50				
8976	Extensive resection for malignant soft tissue tumour – excluding reconstruction		R768,90				
8978	Excision of a lesion of the tongue requiring no suture or primary suture, excludes primary suture and may be reported with code 8990		R512,60		R512,60		
8910	Vermillionectomy		R1 252,80				
8982	Local excision of benign lesion of lip with primary closure		R768,90		R768,90		
8986	Local excision of benign lesion of lip where primary closure is not possible.		R768,90				
8988	Resection for lip malignancy		R1 201,30				
	This excludes closure or reconstruction						
	Surgical excision of intra-osseous lesions						
8967	Surgical removal of jaw cyst – intra-oral approach	R1 592,70	R2 389,40				
8969	Surgical removal of jaw cyst – extra-oral approach	R2 551,40	R3 827,40				
8973	Surgical excision of tumours of the jaw	R2 551,40	R3 827,40				
9290	Maxillectomy – alveolus only, Level I						

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9292	Maxillectomy – alveolus and sinus or nasal floor, Level II						
9294	Maxillectomy – alveolus, sinus, nasal floor and zygoma excluding orbital rim, Level III						
9296	Maxillectomy – alveolus, sinus, nasal floor and zygoma including orbital rim, Level IV						
9298	Maxillectomy – alveolus, sinus, nasal floor, zygoma, orbital rim and pterygoid plates Level V						
9300	Hemiresection of jaw including condyle and coronoid process						
9040	Surgical removal of jaw cyst/tumor – intra-oral approach for lesions >1cm with no involvement of vital structures	R1 592,70	R2 389,40				
9042	Surgical removal of jaw cyst/tumor – intra-oral approach for lesions >1cm with involvement of vital structures, reconstructive procedures not included		R2 867,30				
9044	Surgical excision of malignant tumours of the jaws – extra-oral approach, reconstructive procedures not included		R4 592,90				
9054	Surgical excision of tumours of the midface (zygoma, nose and orbits), reconstructive procedures not included		R4 210,20				
9056	Radical resection of palate (including skin graft)		R2 640,60				
9058	Wide excision of lesion of palate		R1 320,20				
9064	Complicated reconstruction of bony defects following major ablative procedure for head and neck cancer – soft tissue reconstruction excluded						

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9086	Tumour resection from infratemporal or pterygopalatine fossa		R5 492,40				
9088	Tarsorrhaphy		R620,50				
9090	Excision of lacrimal sac: unilateral		R620,50				
9094	Orbitectomy: removal of tumour		R2 534,90				
9097	Orbit: exenteration		R2 904,50				
	Repair/reconstructive procedures						
8990	Repair by primary suture		R862,20				
8992	Repair by skin graft or local flap		R862,20				
9006	Lip reconstruction following an injury or tumour removal: primary closure		R2 884,60				
9018	Lip reconstruction following an injury or tumour removal: simple advancement, rotation flap (Abbe or Estlander) (first stage)		R2 175,80				
9020	Lip reconstruction following an injury or tumour removal: simple advancement, rotation flap (Abbe or Estlander) (subsequent stages)		R2 175,80				
9022	Lip reconstruction following an injury or tumour removal: Total complicated reconstruction with a complicated advancement flap (Bernard flap)		R1 373,20				
	Excision of bone tissue						
8975	Hemiresection of jaw excluding condyl	R2 680,40	R4 020,70				
9098	Partial mandibulectomy		R3 379,70				
8987	Reduction of mylohyoid ridges – per side	R1 146,50	R1 719,90				
8989	Removal torus mandibularis	R1 146,50	R1 719,90				

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8991	Removal of torus palatinus	R1 146,50	R1 719,90				
8993	Surgical reduction of osseous tuberosity – per side	R512,50	R768,90				
	Surgical incision						
8731	Incision & drainage of abscess – intra-oral	R210,10			R315,40		
8908	Surgical removal of roots from maxillary antrum	R1 741,90	R2 612,80				
9011	Incision & drainage of abscess – intra-oral (pyogenic)	R326,10	R489,00				
9013	Incision & drainage of abscess – extra-oral (pyogenic)	R445,80	R669,30				
9017	Decortication, saucerisation and sequestrectomy	R2 360,70	R3 540,90				
9019	Sequestrectomy – intra-oral per sextant and or ramus	R512,50	R768,90				
9100	Multiple extra-oral incision & drainages (eg. Ludiwig's angina)		R803,20				
9299	Abscess – retropharyngeal or equivalent		R462,00				
	Treatment of fractures						
	Alveolus fractures						
9024	Dento-alveolar fracture – per sextant	R575,10	R862,20				
	Mandibular fractures						
9025	Mandible fracture – closed reduction	R1 273,20	R1 909,80				
9027	Mandible fracture – compound, with eyelet wiring	R1 788,10	R2 681,90				
9029	Mandible fracture – splints	R1 980,00	R2 969,90				
9031	Mandible fracture – open reduction	R2 934,70	R4 401,90				
	Maxillary fractures						
9035	Maxilla fracture – Le Fort I or Guerin	R1 791,50	R2 686,80				

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9036	Open treatment of maxillary fracture – Le Fort I		R2 686,80				
9037	Maxilla fracture – Le Fort II or middle third face	R2 934,70	R4 401,90				
9038	Open treatment of maxillary fracture – II or middle third of face		R4 401,90				
9039	Maxilla fracture – Le Fort III or craniofacial disjunction	R4 209,00	R6 313,20				
	Zygoma/orbital/antral fractures						
9041	Zygomatic arch fracture – closed reduction	R1 273,20	R1 909,80				
9043	Zygomatic arch fracture – open reduction	R2 551,40	R3 827,40				
9045	Zygomatic arch fracture – open reduction (requiring osteosynthesis and/or grafting)	R3 822,60	R5 734,00				
9046	Placement of Zygomaticus fixture, per fixture	R2 525,10	R3 787,40				
9291	Zygomatic fracture-open reduction with fixation at two sites		R3 827,40				
8944	Zygomatic fracture-open reduction with fixation at three or more sites		R3 827,40				
9293	Zygomatic fracture-closed reduction		R1 909,80				
9279	Eyelid surgery for facial paralysis including tarsoraphy (excludes material)		R1 975,10				
9281	Full thickness eyelid repair (tumor or trauma surgery)		R1 584,20				
9283	Repair by superior rectus, levator or frontalis muscle operation		R2 006,60				
9285	Ptosis: by lesser procedure e.g. sling operation		R1 584,20				
9287	Dacryocystorhinostomy		R2 217,90				

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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	Nasal fractures						
9280	Open reduction and fixation of nasal fractures						
9282	Manipulation and immobilisation of nasal fracture						
	Temporomandibular joint						
	Procedures which are an integral part of a primary procedure should not be reported separately.						
8172	Cost of orthotic appliance						
8929	Removal of temporomandibular joint prosthesis		R735,30				
8930	Design meeting and/or planning for a custom prosthesis/temporo-mandibular joint, charge per joint/ prosthesis designed		R716,10				
8850	Treatment of MPDS – first visit	R201,70		R302,60		R302,60	
8851	Treatment of MPDS – subsequent visit	R106,40		R159,30		R159,30	
8852	Occlusal orthotic appliance	R506,70	R667,70	R667,70	R667,70	R667,70	
9053	Coronoidectomy (intra-oral approach)	R1 591,70	R2 387,50				
9074	TMJ arthroscopy diagnostic	R1 266,60	R1 900,20				
9075	Condylectomy, coronoidectomy or both	R3 182,40	R4 773,60				
9076	TMJ arthrocentesis	R699,40	R1 049,00				
9077	TMJ intra-articular injection	R191,00	R286,60				
9079	Trigger point injection	R148,80	R223,70				
9081	Condylectomy (Ward/Kostecka)	R1 273,20	R1 909,80				
9083	TMJ arthroplasty	R3 182,40	R4 773,60				
9085	Reduction of TMJ disloc w/o anaesthetic	R253,10	R379,90				

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9087	Reduction of TMJ disloc w/anaesthetic	R512,50	R768,90				
9089	Reduction of TMJ disloc w/anaesthetic and immobilisation	R1 273,20	R1 909,80				
9091	Reduction of TMJ dislocation – open reduction	R3 182,40	R4 773,60				
9092	Joint reconstruction	R8 495,80	R12 743,90				
	Repair of traumatic wounds						
8192	Suture – minor	R650,00					
	Complicated suturing						
	Reconstruction requiring delicate handling of tissues and undermining for meticulous closure. Excludes the closure of surgical incisions.						
9021	Suture – reconstruction, minor (excludes closure of surgical incisions)	R650,00	R862,20				
9023	Suture – reconstruction, major (excludes closure of surgical incisions)	R1 210,10	R1 814,80				
	Other repair procedures						
8958	Emergency tracheotomy	R587,50	R881,40				
8959	Pharyngostomy	R587,50	R881,40				
*8962	Harvest iliac crest graft	R422,80	R519,30				
*8963	Harvest rib graft	R485,10	R727,20				
*8964	Harvest cranium graft	R379,90	R569,70				
8977	Surgical repair of maxilla or mandible – major	R2 678,40	R4 017,30				
*8979	Harvesting of autogenous grafts (intra-oral)	R220,80	R331,40		R331,40		

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9208	Harvest iliac crest graft – monocortical						
9209	Harvest iliac crest graft – bicortical						
9210	Harvest tibial bone – spongiosa						
9212	Harvest rib graft – bone						
9213	Harvest rib graft – cartilage						
9214	Harvest auricular cartilage graft						
8980	Intraoral harvesting of bone-coagulum/bone-scraping, not per site						
9215	Intra-oral harvesting of particulate bone						
9216	Harvest fascia lata						
9217	Harvest of free fat						
9206	Surgical removal of reconstruction plate		R735,30				
9218	Nerve repair: 1st fasciculus		R2 133,30				
9219	Nerve repair: 2nd and additional fasciculus		R660,30				
8985	Frenulectomy/frenulotomy	R699,40	R1 049,00		R1 049,00		
*9005	Alveolar ridge augmentation – total (by bone graft)	R2 680,40	R4 020,70		R4 020,70		
*9007	Alveolar ridge augmentation – total (by alloplastic material)	R1 687,10	R2 530,70				
*9008	Alveolar ridge augmentation – one to two tooth sites	R521,50	R954,20		R954,20		
*9009	Alveolar ridge augmentation – three across 3 or more tooth sites	R1 159,30	R1 739,00		R1 739,00		
*9010	Sinus lift procedure	R1 741,90	R2 612,80		R2 612,80		

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*9032	Reduction of masseter muscle and bone – extra-oral approach						
*9033	Reduction of masseter muscle and bone – intra-oral approach						
9048	Surgical removal of internal fixation devices, per site	R490,20	R735,30				
	Functional correction of malocclusion						
	For codes 9047 to 9072 the full fee may be charged.						
*9047	Osteotomy – open with stabilisation	R5 350,00	R8 025,30				
*9049	Osteotomy – mandible body, anterior segmental	R4 458,80	R6 688,00				
*9050	Osteotomy – total subapical	R8 155,90	R12 233,90				
*9051	Genioplasty	R2 551,40	R3 827,40				
*9052	Midfacial exposure	R4 039,30	R6 058,90				
*9055	Osteotomy – segmented, posterior	R4 458,80	R6 688,00				
*9057	Osteotomy – segmented, anterior	R4 458,80	R6 688,00				
9204	Sandwich osteotomy – for placement of an interpositional bone graft to increase the alveolar ridge height, may also be reported if utilized in the maxilla						
*9059	Reconstruct maxilla – Le Fort I osteotomy, one piece	R8 389,70	R12 584,40				
*9060	Reconstruct maxilla – Le Fort I osteotomy w/ repositioning and graft	R9 418,50	R14 127,30				
*9061	Palatal osteotomy	R2 934,70	R4 401,90				
*9062	Reconstruct maxilla – Le Fort I osteotomy, multiple segments	R10 709,90	R16 064,50				

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9063	Reconstruct maxilla – Le Fort 2 osteotomy (facial and post-traumatic deformities)	R10 715,10	R16 072,50				
9065	Reconstruct maxilla – Le Fort 3 osteotomy (severe congenital deformities)	R16 058,50	R24 087,90				
9229	Choanal atresia repair through a palatal osteotomy		R2 049,00				
9227	Turbinectomy		R826,50				
*9066	Surgical expansion – maxillary or mandibular	R2 551,40	R3 827,40				
9069	Glossectomy – partial	R1 911,10	R2 866,70				
*9071	Geniohyoidotomy	R1 146,50	R1 719,90				
9072	Close secondary oro-nasal fistula w/ bone grafting (complete procedure)	R8 389,70	R12 584,40				
	Salivary glands						
9093	Removal of salivary stone (Sialolithotomy)	R575,10	R862,20				
9095	Excision of sublingual salivary gland	R1 417,00	R2 125,40				
9096	Excision of salivary gland – extra oral approach	R2 099,20	R3 148,70				
8960	Salivary duct dilatation or canalisation		R132,00				
8948	Endoscopic procedure: Wharton's duct		R132,00				
8949	Endoscopic procedure: Stenson's duct		R132,00				
8950	Excision of a ranula (marsupialisation)		R1 130,30				
9202	Excision of submandibular salivary gland with any type of neck dissection		R3 717,90				
9186	Closure of salivary fistula		R1 201,30				
9176	Local resection of parotid tumour (lumpectomy)		R1 791,40				

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9177	Superficial parotidectomy		R3 274,20				
9178	Total parotidectomy with preservation of facial nerve		R3 786,30				
9179	Total parotidectomy without preservation of facial nerve		R3 786,30				
	Pedicle flaps						
	Report codes 9284, 9286 and 9288 for flaps taken for repair of post –cancer/trauma/tumour surgery. These are not vestibuloplasty procedures. The use of the codes are not subject to modifier use.						
9284	Musculofascial flap						
9286	Musculocranial flap						
9288	Buccal fat pad (major repair)						
	Repair of frontal bones						
	The use of codes 9274, 9275 and 9278 imply the bicoronal/hemicoronal approach.						
9274	Repair anterior table, frontal sinus and/or supraorbital rim						
9276	Repair anterior and posterior wall w/ obturation and/or cranialisation of frontal sinus						
9278	Repair medial canthal ligament (canthopexy), per side						
9200	Cranioplasty		R2 957,40				
9233	Obliteration of the frontal sinus		R3 106,00				
	Cleft lip and palate						
9220	Repair cleft hard palate – unilateral	R4 686,10	R7 029,10				
9222	Repair cleft hard palate – bilateral (one procedure)	R5 948,60	R8 922,50				

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9224	Repair cleft hard palate – bilateral (two procedures)	R8 863,90	R13 294,10				
9226	Repair cleft soft palate – w/o muscle reconstruction	R3 926,40	R5 890,20				
9228	Repair cleft soft palate – w/ muscle reconstruction	R5 701,60	R8 552,80				
9230	Repair submucosal cleft and/or bifid uvula – w/ muscle reconstruction	R4 245,20	R6 368,00				
9232	Velopharyngeal reconstruction – uncomplicated	R4 368,40	R6 552,90				
9234	Velopharyngeal reconstruction – complicated	R4 671,10	R7 006,50				
9238	Repair oronasal fistula (one procedure)	R2 672,00	R4 007,60				
9240	Repair oronasal fistula (two procedures)	R4 661,40	R6 992,10				
9246	Secondary periosteal flaps	R2 329,50	R3 494,50				
9248	Lipadhesion	R870,80	R1 306,30				
9250	Repair cleft lip – unilateral w/o muscle reconstruction	R1 533,90	R2 300,70				
9252	Repair cleft lip – unilateral w/ muscle reconstruction	R2 079,60	R3 119,50				
9254	Repair cleft lip – bilateral w/o muscle reconstruction	R2 141,90	R3 212,90				
9256	Repair cleft lip – bilateral w/ muscle reconstruction	R3 309,00	R4 963,50				
9258	Repair anterior nasal floor	R835,40	R1 253,30				
9260	Revision of secondary cleft lip deformity – partial	R835,40	R1 253,30				
9262	Revision of secondary cleft lip deformity – total w/ muscle reconstruction	R1 887,80	R2 831,40				
9264	Abbe-flap – two stages	R2 137,80	R3 206,70				
9266	Reconstruct columella	R1 263,50	R1 895,40				
9268	Reconstruct nose due to cleft deformity – partial	R1 605,50	R2 408,30				

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

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9270	Reconstruct nose due to cleft deformity – complete	R2 537,90	R3 806,60				
9272	Paranasal augmentation for nasal base deviation	R1 263,50	R1 895,40				
K	Orthodontic services						
	The branch of dentistry used to correct malocclusions of the mouth and restore it to proper alignment and function. Includes all services/procedures concerned with the supervision, guidance and correction of the growing and mature dentofacial structures.						
8870	Therapy to control harmful habits – removable appliance	R1 479,10		R2 218,50			
8871	Therapy to control harmful habits – fixed appliance	R1 771,90		R2 658,00			
	Removable appliance therapy						
	Removable indicates patient can remove; includes appliances for limited orthodontic treatment (e.g., partial treatment to open spaces or upright of a tooth) and minor orthodontic treatment to control harmful habits (e.g., thumb sucking and tongue trusting).						
8862	Ortho Tx – removable appliance	R1 479,10		R2 218,50			
8863	Ortho Tx – each additional removable appliance	R743,50		R1 114,90			
	Functional appliance therapy						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
	A removable functional appliance is an appliance with no fixed dental component which is designed to harness the forces generated by the muscles of mastication and the associated soft tissues of the oro-facial region. This appliance incorporates components which act on both the maxillary and mandibular arches and should be differentiated from a simple removable appliance including appliances incorporating an anterior and posterior bite plane. Orthodontic treatment by means of a functional appliance is usually followed by comprehensive orthodontic treatment utilising fixed orthodontic appliances. When both phases of orthodontic treatment is provided by the same practitioner, the fees levied for treatment by means of the functional appliance, will be deducted from the fee quoted for comprehensive orthodontic treatment.						
8858	Ortho Tx – functional appliance	R2 664,30		R3 996,30			
	Fixed appliance therapy						
	Fixed Appliance Therapy – partial						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
	The intention of this phase in treatment is to intercept and modify the development of skeletal, dental and functional components of developing malocclusion usually in the mixed dentition. When the preliminary/interceptive phase(s) of orthodontic treatment is followed by comprehensive orthodontic treatment and both phases of orthodontic treatment is provided by the same practitioner, the fees levied for preliminary/interceptive orthodontic treatment will be deducted from the fee quoted for comprehensive orthodontic treatment.						
8861	Ortho Tx – partial fixed appliance – minor	R1 771,90		R2 658,00			
8865	Ortho Tx – partial fixed appliance – one arch	R4 726,70		R7 090,10			
8866	Ortho Tx – partial fixed appliance – both arches	R6 500,60		R9 751,20			
	Fixed Appliance Therapy – comprehensive: single arch						
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within an arch and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.						
8867	Ortho Tx – fixed appliance – one arch	R5 080,90		R7 621,10			
8868	Ortho Tx – fixed appliance – one arch, moderate	R6 267,00		R9 400,50			
8869	Ortho Tx – fixed appliance – one arch, severe	R7 330,20		R10 995,10			
	Fixed Appliance Therapy – comprehensive: both arches						

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
	This form of therapy requires the placement of fixed bands and or brackets on the majority of teeth within both arches and the subsequent placement of active arch wires to treat the case through to completion of active treatment excluding the retention phase.						
8873	Ortho Tx – fixed appliance – both arches, Class 1 mild	R9 298,20		R13 947,20			
8875	Ortho Tx – fixed appliance – both arches, Class 1 moderate	R11 414,70		R17 121,50			
8877	Ortho Tx – fixed appliance – both arches, Class 1 severe	R13 306,40		R19 959,60			
8879	Ortho Tx – fixed appliance – both arches, Class 1 severe w/ complications	R14 954,10		R22 430,70			
8881	Ortho Tx – fixed appliance – both arches, Class 2/3 mild	R13 306,40		R19 959,60			
8883	Ortho Tx – fixed appliance – both arches, Class 2/3 moderate	R14 954,10		R22 430,70			
8885	Ortho Tx – fixed appliance – both arches, Class 2/3 severe	R16 787,00		R25 180,30			
8887	Ortho Tx – fixed appliance – both arches, Class 2/3 severe w/ complications	R18 913,90		R28 370,90			
	Lingual Orthodontics – Comprehensive: Single Arch						
	This form of therapy requires the placement of bands and or brackets on the lingual aspect of the majority of teeth within at least one arch and must include the placement of active arch wires.						
8841	Ortho Tx – fixed lingual appliance – one arch	R9 549,50		R14 323,80			

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
8842	Ortho Tx – fixed lingual appliance – one arch, moderate	R11 222,30		R16 833,60			
8843	Ortho Tx – fixed lingual appliance – one arch, severe	R12 786,30		R19 179,10			
	Lingual Orthodontics – comprehensive: both arches						
8874	Ortho Tx – fixed lingual appliance – both arches, Class 1 mild	R18 216,90		R27 325,30			
8876	Ortho Tx – fixed lingual appliance – both arches, Class 1 moderate	R21 328,10		R31 992,50			
8878	Ortho Tx – fixed lingual appliance – both arches, Class 1 severe	R24 205,00		R36 307,20			
8880	Ortho Tx – fixed lingual appliance – both arches, Class 1 severe w/complications	R26 857,60		R40 286,00			
8882	Ortho Tx – fixed lingual appliance – both arches, Class 2/3 mild	R22 234,30		R33 351,70			
8884	Ortho Tx – fixed lingual appliance – both arches, Class 2/3 moderate	R24 873,30		R37 309,50			
8886	Ortho Tx – fixed lingual appliance – both arches, Class 2/3 severe	R27 702,50		R41 553,60			
8888	Ortho Tx – fixed lingual appliance – both arches, Class 2/3 severe w/ complications	R30 824,90		R46 237,00			
	Other orthodontic services						
8804	Placement of fixed orthodontic retainer	R418,40		R627,60			
8846	Repair orthodontic appliance – removable	R120,90		R181,60			
8847	Replace orthodontic appliance – removable	R418,40		R627,60			
8848	Repair orthodontic appliance – fixed	R179,40		R268,90			

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
8849	Retainer (orthodontic)	R418,40		R627,60			
8890	Monthly instalment ortho tx						
8891	Orthodontic transfer						
*8892	Orthodontic re-treatment						
L	Supplementary services						
	The branch of dentistry for unclassified treatment including palliative care and anaesthesia						
	Anaesthesia						
8471	Procedural sedation or general anaesthesia-assessment		R239,70				
8499	General anaesthetic						
8141	Inhalation sedation – first 15 minutes or part thereof	R96,50					
8143	Inhalation sedation – each additional 15 minutes	R49,80					
8144	Intravenous sedation	R58,10					
8145	Local anaesthetic – per visit	R83,80					
8147	Monitoring equipment for intravenous sedation	R206,20					
	Professional visits						
8129	Office/hospital visit – after regularly scheduled hours	R323,30					
8140	House/extended care facility/hospital call	R214,00			R214,00		
8903	House/Hosp/Nursing home consultation – MFOS		R239,70				
8904	House/Hosp/Nursing home consultation (subsequent) – MFOS		R159,30				
8905	After regularly hours consultation – MFOS		R350,80				

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
8907	House/Hosp/Nursing home consultation (maximum per week) – MFOS		R398,80				
9203	House/Hosp/Nursing home consultation – Oral pathologist						R240,50
9207	After hours visit – Oral pathologist						R352,30
	Drugs, medicaments and materials						
8109	Infection control/barrier techniques	R19,50					
8110	Sterilised instrumentation	R49,80					
8183	Therapeutic drug injection	R58,10					
8220	Cost of suture material						
8304	Rubber dam per arch	R103,00					
8306	Cost of MTA						
*8310	Supply of bleaching materials						
	Administrative and laboratory services						
*8099	Dental laboratory service						
*8106	Special report	R220,40	R220,40	R220,40	R220,40	R220,40	
*8111	Dental testimony						
*8120	Treatment plan completed						
*8139	Appointment not kept/30min						
	Miscellaneous services						
	Palliative treatment						
8131	Emergency dental treatment	R131,80				R268,90	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
8166	Application of desensitising resin, per tooth	R86,80					
8167	Application of desensitising medicament, per visit	R101,30					
8165	Sedative filling	R131,80					
	Post surgical complications						
8931	Treatment of post-extraction haemorrhage	R96,50	R579,20				
8933	Treatment of haemorrhage (blood dyscracias)	R1 335,40	R2 003,20				
9235	Severe nasal bleeding – anterior pack		R528,00				
9236	Severe nasal bleeding – anterior + posterior pack or cauterisation		R792,30				
9223	Ligation of maxillary artery		R2 070,00				
8935	Treatment of septic socket	R96,50	R151,30				
	Bleaching						
*8308	External bleaching – per arch						
*8309	Home bleaching – instructions and applicator						
*8311	Home bleaching – subsequent visit						
8325	Internal bleaching – per tooth	R312,20				R468,30	
8327	Internal bleaching – each additional visit	R149,70				R224,60	
	Unclassified treatment						
*8158	Enamel microabrasion	R120,70					
*8168	Behavior management						
8551	Occlusal adjustment – major	R834,20		R1 251,60		R1 251,60	
*8553	Occlusal adjustment – minor	R291,10		R398,80	R398,80	R398,80	

NON-CONTRACTED DENTAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Codes	Practice type: General Dental Practitioner 2019 Value Code: 25400	Practice type: Maxillo facial and oral surgery 2019 Value Code: 26200	Practice type: Orthodontics 2019 Value Code: 26400	Practice type: Oral medicine and periodontics 2019 Value Code: 29200	Practice type: Prosthodontist 2019 Value Code: 29400	Practice type: Oral pathology 2019 Value Code: 29800
*9099	Unlisted dental procedure or service (by report)						
MODIFIERS							
8001	Assistant surgeon – specialist (1/3 of the appropriate benefit)						
8005	Maximum multiple procedures (same incision) – MFO surgeon						
8006	Multiple surgical procedures – third and subsequent procedures (50% of the appropriate benefit)						
8007	Assistant surgeon – general dental practitioner (15% of the appropriate benefit)						
8008	Emergency surgery – after hours (PLUS 25% of the appropriate benefit)						
8009	Multiple surgical procedures – second procedure (75% of the appropriate benefit)						
8010	Open reduction (PLUS 75% of the appropriate benefit)						
8011	Procedure accompanied by unusual circumstances (Benefit PLUS x% as determined by the practitioner and agreed upon by patient/medical scheme)						
8012	Reduced services (benefit MINUS x% as determined by the practitioner)						
8013	Multiple modifiers						
8023	Fabrication of inlay/onlay (PLUS 25% of the appropriate benefit)						
8025	Handling fee – direct materials (26% of material cost to a maximum of R26.00)						

NON-CONTRACTED DENTAL THERAPY

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL THERAPY WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Dental Therapy**
Code: **39500**

Tariff Code	Description of Tariff Code	CF	Units	BF	2019 values
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.				
GENERAL RULES					
001	Item 001 refers to a Full Mouth Examination, charting and treatment planning and no further fee shall be chargeable until the treatment plan resulting from this consultation is completed				
002	a. Every dental therapist shall render a monthly account for every procedure which has been completed irrespective of whether the total treatment plan has been. b. Every account shall contain the following particulars: - the surname and initials of the member - the first name of the patient - the name of the scheme - the membership number of the member - the practice number - date on which every service was rendered - where the account is a photocopy of the original, certification by way of a rubberstamp or the signature of the dental therapist - a statement of whether the account is in accordance with the National Reference Price List - the name of the dental therapist rendering the service must be shown on the account - the relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered				
003	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.				
ITEMS					
8139	Appointment not kept/30 mins	210	-	1,0	
8109	Infection control/barrier techniques	210	1,730	1,0	R19,40
8110	Sterilised instrumentation	210	4,460	1,0	R49,60
8120	Treatment plan completed	210	-	1,0	R0,00

NON-CONTRACTED DENTAL THERAPY CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL THERAPY WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Dental Therapy**
Code: **39500**

Tariff Code	Description of Tariff Code	CF	Units	BF	2019 values
	Diagnostic services				R0,00
8101	Oral examination	210	10,000	1,0	R111,20
8102	Comprehensive oral examination	210	16,147	1,0	R179,70
8104	Limited oral examination	210	7,791	1,0	R86,60
8189	Re-examination – existing condition	210	7,791	1,0	R86,60
8129	Office/hospital visit – after regularly scheduled hours	210	24,000	1,0	R267,10
8140	House/extended care facility/hospital call	210	15,875	1,0	R176,80
8190	Consultation – second opinion or advice	210	-	1,0	R0,00
	Radiographs/diagnostic imaging				R0,00
8107	Intraoral radiograph – periapical	210	7,500	1,0	R83,30
8108	Intraoral radiographs – complete series	210	60,187	1,0	R669,50
8112	Intraoral radiograph – bitewing	210	7,500	1,0	R83,30
8113	Intraoral radiograph – occlusal	210	12,894	1,0	R143,50
8114	Extraoral radiograph – hand-wrist	210	-	1,0	R0,00
8115	Extraoral radiograph – panoramic	210	30,000	1,0	R333,80
8116	Extraoral radiograph – cephalometric	210	30,000	1,0	R333,80
8118	Extraoral radiograph – skull/facial bone	210	-	1,0	R0,00
8121	Oral and/or facial image (digital/conventional)	210	8,044	1,0	R89,30
	Preventive services				
	Note: Items 8159, 8155, 8161 and 8162 may not be charged more than once in six months per patient. Where Item 8159 is applied, Item 8155 may not be charged. Item 8151 and 8153 may not be charged to patients under 9 years of age.				
8151	Oral hygiene instruction	210	7,850	1,0	R87,30
8153	Oral hygiene instruction – each additional visit	210	5,746	1,0	R63,90

NON-CONTRACTED DENTAL THERAPY CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL THERAPY WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Dental Therapy**
Code: **39500**

Tariff Code	Description of Tariff Code	CF	Units	BF	2019 values
8155	Polishing – complete dentition	210	9,603	1,0	R106,90
8159	Prophylaxis – complete dentition	210	17,491	1,0	R194,80
8161	Topical application of fluoride – child	210	9,603	1,0	R106,90
8162	Topical application of fluoride – adult	210	9,603	1,0	R106,90
8163	Dental sealant	210	7,109	1,0	R79,50
	Note: 8163 chargeable once only in respect of a tooth per annum 8163 apply to individuals below 21 years of age. Fee for patients over 21 years of age by arrangement with scheme				
	Extractions during a single visit				
8201	Extraction – tooth or exposed tooth roots (first per quadrant)	210	11,200	1,0	R124,40
8202	Extraction – each additional tooth or exposed tooth roots	210	4,324	1,0	R48,30
8145	Local anaesthetic – per visit	210	1,700	1,0	R19,10
8220	Cost of suture material	210	-	1,0	R0,00
8931	Treatment of post-extraction haemorrhage	210	7,304	1,0	R81,00
8935	Treatment of septic socket	210	7,304	1,0	R81,00
9011	Incision & drainage of abscess – intra-oral (pyogenic)	210	13,790	1,0	R153,60
8303	Pulp cap – indirect	210	14,200	1,0	R158,20
	Amalgam restorations (including polishing)				
8341	Amalgam – one surface	210	20,491	1,0	R228,00
8342	Amalgam – two surfaces	210	25,263	1,0	R281,20
8343	Amalgam – three surfaces	210	30,795	1,0	R342,60
8344	Amalgam – four or more surfaces	210	34,301	1,0	R381,60
	Only one of the above items may be charged per tooth within a year				
	Resin restorations (using resin bonding technique)				
8351	Resin – one surface, anterior	210	24,795	1,0	R275,80

NON-CONTRACTED DENTAL THERAPY CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED DENTAL THERAPY WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Dental Therapy**
Code: **39500**

Tariff Code	Description of Tariff Code	CF	Units	BF	2019 values
8352	Resin – two surfaces, anterior	210	31,165	1,0	R346,60
8367	Resin – one surface, posterior	210	26,880	1,0	R298,90
8369	Resin – three surfaces, posterior	210	40,164	1,0	R446,60
8370	Resin – four or more surfaces, posterior	210	43,202	1,0	R480,70
8368	Resin – two surfaces, posterior	210	33,249	1,0	R370,10
8353	Resin – three surfaces, anterior	210	37,242	1,0	R414,30
8354	Resin – four or more surfaces, anterior	210	41,566	1,0	R462,40
8350	Resin crown – anterior primary tooth (direct)	210	44,683	1,0	R497,20
	Note: Only one of the above codes may be charged per tooth within a year				
	Palliative Treatment				
8131	Emergency dental treatment	210	10,000	1,0	R111,20
8165	Sedative filling	210	10,000	1,0	R111,20
8166	Application of desensitising resin, per tooth	210	6,603	1,0	R73,40
8167	Application of desensitising medicament, per visit	210	7,694	1,0	R85,70

NON-CONTRACTED EMERGENCY MEDICAL SERVICES



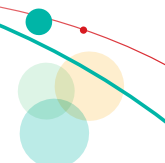
GEMS TARIFF FOR SERVICES RENDERED BY NON-CONTRACTED EMERGENCY MEDICAL SERVICES WITH EFFECT FROM 1 JANUARY 2019

Tariff Code		Description of Tariff Code	2019 Primary Response
All services for Emergency Medical Services are subject to pre-authorisation. Please contact the GEMS Emergency Medical Evacuation Dispatch Centre at 0800 444 367			
BASIC LIFE SUPPORT	100	Up to 45 minutes	R1 312,30
	102	Up to 60 minutes	R1 748,30
	103	Every 15 minutes after	R437,40
	111	>100 km transfer with patient	R21,90
	112	>100 km transfer without patient	R9,04
	104	Call out fee (under 100 km travel to scene)	
	113	Non-patient carrying rate per km up to a maximum of R1 800	
INTERMEDIATE LIFE SUPPORT	125	Up to 45 minutes	R1 771,80
	127	Every 15 minutes after	R590,70
	129	>100 km transfer with patient	R29,50
	130	>100 km transfer without patient	R9,04
	126	Call out fee (under 100 km travel to scene)	
	128	Non-patient carrying rate per km up to a maximum of R1 800	
ADVANCED LIFE SUPPORT/MICU	131	Up to 60 minutes	R3 115,90
	133	Every 15 minutes after	R779,00
	141	>100 km transfer with patient	R38,80
	142	>100 km transfer without patient	R9,04
	151	Resuscitation fee	R3 478,80
	134	Call out fee (under 100 km travel to scene)	
	143	Non-patient carrying rate per km up to a maximum of R1 800	

NON-CONTRACTED MEDICAL PRACTITIONERS

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
	In calculating the GEMS Tariff , the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.												
RULES GOVERNING THE STRUCTURE													
A.	Consultations: Definitions: (a) New and established patients: A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration. (b) Subsequent visits: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling. (c) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal aftercare and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code.												
B.	Normal hours and after hours: After-hours services are paid at the same rate as benefits for normal hours services. Bona fide emergency medical services rendered to a patient, at any time, may attract a fee as specified in modifier 0011 and items 0146 or 0147 (which should be added to the appropriate consultative services code selected from items 0190-0192, 0173-0175, 0161-0164, 0166-0169)												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED



GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
C.	Comparable services: A service may be rendered that is not listed in this edition of the coding structure. The fee that may be charged in respect of the rendering of a service not listed in this coding structure shall be based on the fee in respect of a comparable service. For these procedure(s)/service(s), item 6999: Unlisted procedure or service code, should be used. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted procedure/service which will be based on the fee for a comparable service in the coding structure. When item 6999 is used to indicate that an unlisted service was rendered, the use of the item must be supported by a special report. This report must include: (1) An adequate definition or description of the nature, extent and need for the procedure/service or “medical necessity”; (2) In which respect is this service unusual or different in technique, compared to available procedures/services listed in the coding structure? Information regarding the nature and extent of the procedure/service, time and effort, special/dedicated equipment needed to provide this service, must be included in the report; (3) Is this procedure/service medically appropriate under the circumstances? Explain why another procedure/service listed in the coding structure will not be appropriate in this case; (4) A description of the complexity of the symptoms and concurrent problems must be supplied; (5) Final diagnosis supported by the appropriate ICD-10 code(s); (6) Pertinent physical findings (size, location and number of lesions if applicable); (7) Mention any other diagnostic or therapeutic procedure(s)/service(s) provided at the same session; (8) Any further diagnostic or therapeutic procedure(s)/service(s) to be provided in the follow-up period; and (9) Description of the follow-up care needed. Please note: This comparable service code may not be used for a period longer than six months for a particular procedure/service after which time an application has to be made for the addition of a specific code for this procedure												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
D.	Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation, the relevant consultation fee may be charged. In the case of a General Practitioner "timely" shall mean two hours and in the case of a specialist 24-hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be												
E.	Pre-operative visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital												
F.	Administering of injections and/or infusions: Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself												
G.	Post-operative care: (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal aftercare for a period not exceeding ONE month (aftercare is excluded from pure diagnostic procedures during which no therapeutic procedures were performed). (b) If the normal aftercare is delegated to any other registered health professional and not completed by the surgeon, it shall be his/her own responsibility to arrange for this to be done without extra charge. (c) When post-operative care/treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the scheme or the patient (in case of a private account) may be charged. (d) Normal aftercare refers to an uncomplicated post-operative period not requiring any further incisions												
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for 10 days												
J.	Disproportionately low fees: In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. The use of this rule is not intended merely to increase the Medical Schemes Benefits.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
K.	Practice of specialists: In terms of the conditions in respect of the practice of specialists as published in Government Gazette No. 12958 of 11 January 1991, a specialist may treat any person who comes to him direct for consultation. A specialist who is consulted by a patient or who treats a patient, shall take all reasonable steps to ensure the collaboration of the patient's General Practitioner . Medical practitioners referring cases to other medical practitioners shall indicate in the reference whether the patient is a member of a medical scheme or a dependant of such member. This also applies in respect of specimens sent to pathologists												
L.	Procedures performed at time of visits: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged												
M.	Procedure planned to be performed later: In cases where, during a consultation/visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion												
N.	"Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention												
O.	Costly or prolonged medical services or procedures: In the case of costly or prolonged medical services or procedures, the medical practitioner shall first ascertain from the medical scheme for what amount the medical scheme will accept responsibility in respect of such treatment, should the practitioner wish any direct payment from the scheme												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (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 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (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). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and X-rays . (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion inpatient s under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)												
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)												
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) 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 for 24-hours.												
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring												

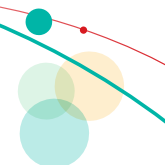
NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
U.	Obstetric procedures: (a) When a General Practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the General Practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the General Practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the General Practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a General Practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a General Practitioner calls an obstetrician (specialist or General Practitioner) to help with a confinement, or take over the management of a confinement, but the General Practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the General Practitioner according to item 2614: Global obstetric care.												
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods												
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used												
Z.	No fee is subject to more than one reduction												
AA.	Procedures to exclude cost of isotope												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes												
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED



GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist												
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years												
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or General Practitioner s. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").												
XX.	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays , pathology tests) performed on patients officially admitted to hospital or day clinic												
YY.	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays , pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital)												
MODIFIERS GOVERNING THE STRUCTURE													
0002	Written report on X-rays : The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0004	Procedures performed in own procedure rooms: Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: as per fee for procedure + 100% (the value of modifier 0004 equals 100% of the value of the procedure performed). See Section V (Section G in SAMA's DBT) for a list of procedures, which are often done in rooms to which Modifier 0004 should not be applied. Please note: Only the medical practitioner who owns the facility and the equipment may charge modifier 0004. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms												
0005	Multiple therapeutic procedures/operations under the same anaesthetic: a) Unless otherwise identified in the tariff when multiple therapeutic 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, 75% for the second procedure/operation, 50% for												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
	the third procedure/operation, 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures. b) In the case of multiple fractures and/or dislocations the above values shall prevail. c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedures performed, are performed under the same general anaesthetic, Modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for aftercare. Specify unrelated endoscopic procedure and provide diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other (therapeutic) procedures performed under the same anaesthetic. d) Please note: When more than one small procedure is performed and the tariff makes provision for items for “subsequent” or “maximum for multiple additional procedures” (see Section 2. Integumentary System) Modifier 0005 is not applicable as the fee is already a reduced fee. e) “+” Means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to Modifier 0005 (see also Modifier 0082)												
0006	Visiting specialists performing procedures: Where specialists visit smaller centres to perform procedures, fees for these particular procedures are exclusive of aftercare. The referring practitioner will then be entitled to subsequent hospital visits for aftercare. If the referring practitioner is not available, the specialist shall, on consultation with the patient, choose an appropriate locum tenens. Both the surgeon and the practitioner who handled the aftercare, must in such instances quote Modifier 0006 with the particular items which they use												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0007	a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation - 15,00 clinical procedure units irrespective of the number of items of equipment provided. b) Use of own equipment in hospital theatre or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15,00 clinical procedure units irrespective of the number of items of equipment provided.	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
0008	Specialist surgeon assistant: Where a procedure requires a registered specialist surgeon assistant, the fee is 33,33% (1/3) of the fee for the specialist surgeon												
0009	Assistant: The fee for an assistant is 20% of the fee for the specialist surgeon, with a minimum of 36,00 clinical procedure units. The minimum fee payable may not be less than 36,00 clinical procedures units												
0010	Local anaesthetic: (a) A fee for a local anaesthetic administered by the operator may only be charged for (1) an operation or procedure having a value greater than 30,00 clinical procedure units (i.e. 31,00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value greater than 50,00 clinical procedure units. (b) The fee shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per Modifier 0036: Anaesthetic administered by a General Practitioner , shall be applicable in such a case. (c) Not applicable to radiological procedures (such as angiography and myelography). (d) No fee may be levied for topical application of local anaesthetic. (e) Please note: Modifier 0010: Local anaesthetic administered by the operator, may not be added on the surgeon's account for procedures that were performed under general anaesthetic.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)												
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged												
0014	Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff												
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	R10,00	R7,50	R164,40		R10,00	R7,50	R164,40		R10,00	R7,50	R160,00	
0018	Surgical modifier for persons with a BMI of 35> (calculated according to kg/m2): Fee for procedure +50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists												
0019	Surgery on neonates (up to and including 28 days after birth) and low birth weight infants (less than 2500g) under general anaesthesia (excluding circumcision): per fee for procedure + 50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists												
0046	Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, a full fee as for the initial treatment, is applicable												
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis												
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including aftercare)	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (General Practitioner s) are to be added to the units for the fractures including debridement	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/ or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/ or bone grafting, as applicable)	R20,00	R115,50	R1 567,50		R20,00	R115,50	R1 567,50		R20,00	R115,50	R1 524,90	
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General Practitioner s add 77,00 clinical procedure units	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and General Practitioner s add 32,00 clinical procedure units	R20,00	R32,00	R434,30		R20,00	R32,00	R434,30		R20,00	R32,00	R422,60	
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General Practitioner s add 77,00 clinical procedure units	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/ operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot												
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): Units as for the procedure(s) + 100% of the units as for the total revision procedure (the units for modifier 0058 equals 100% of the procedure(s) performed plus appropriate modifiers)												
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure												
0064	Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts												
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere												
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee												
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (øFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff)												
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083												
0070	Add 45,00 clinical procedure units to procedure(s) performed through a thoroscope	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins												
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%												
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	R20,00	R21,00	R285,00		R20,00	R21,00	R285,00		R20,00	R21,00	R277,40	
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)												
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure												
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975)												
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	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used												
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)												

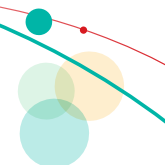
NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0085	Left Side' modifier to be added to when items 6500 to 6519 are used when the left side is examined. Please note that the absence of this modifier indicates that the right side was examined												
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations												
0090	Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)												
0091	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays , pathology tests) performed on patients officially admitted to hospital or day clinic (refer to Rule XX)												
0092	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays , pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital) (refer to Rule YY)												
0095	Radiation materials: Exclusively for use where radiation materials supplied by the practice are used by clinical and radiation oncologists, modifier 0095 should be used to identify these materials. A material code list with descriptions and guideline costs for these materials, maintained and updated on a regular basis, will be supplied by the Society of Clinical and Radiation Oncology. This modifier is only chargeable by the practice responsible for the cost of this material and where the hospital did not charge therefore. Please note that item 0201 should not be used for these materials												
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or General Practitioner s, the fee is to be charged at two-thirds of the pathologists fee												
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units												
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	R60,00	R6,00	R77,60		R60,00	R6,00	R77,60		R60,00	R6,00	R75,30	
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%												
6100	In order to charge the full fee (600,00 magnetic resonance units) 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 tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region												
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee												
6103	Post-contrast study: Bone tumour: 100% of the fee												
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable												
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED



GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability												
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability												
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a “flow sensitive series”												
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain												
6110	MRI spectroscopy: 50% of fee												
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)												
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)												
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)												
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value												
I.	CONSULTATIVE SERVICES (REFER TO PSYCHIATRISTS CONSULTATIVE SERVICE GUIDE)												
I.a	General Practitioner visits												
I.b	Specialists tiered consultation structure												
I.b.1	New and established patients: Consultations/visits by psychiatrists (22) only												
0161	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with problem-focused history, clinical examination and straightforward decision-making for minor problem. Typically occupies the doctor personally with the patient between 10 and 20 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)												
0162	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision-making and counselling. Typically occupies the doctor personally with the patient between 21 and 35 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)												
0163	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision-making and counselling. Typically occupies the doctor personally with the patient between 36 and 45 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0164	Psychiatry ("22"): New and established patients: Consultation/visit of new or established patient with comprehensive history and clinical examination for complex problem requiring complex decision-making and counselling. Typically occupies a doctor personally with the patient between 46 and 60 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)												
0166	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 10 and 20 minutes												
0167	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 21 and 35 minutes												
0168	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 36 and 45 minutes												
0169	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 46 and 60 minutes												
I.c	General Practitioner and specialist services (Refer to the Medical Practitioner Consultative service guide)												
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0191	New and established patient: Consultation/visit of new or established patient of a moderately above-average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure												
0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure												
0173	First hospital consultation/visit of an average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)												
0174	First hospital consultation/visit of a moderately above-average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)												
0175	First hospital consultation/visit of long duration and/or high complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0109	Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care) (may only be charged once per day) (not to be used with items 0111, 0145, 0146, 0147 or ICU items 1204-1214)												
0111	Paediatric hospital follow-up visits (excluding neonates) by paediatricians or paediatric cardiologists (may only be charged once per day) (not to be used with items 0109 or ICU items 1204-1214). For a healthy neonate please use item 0109 for a hospital follow-up visit												
0129	Prolonged face-to-face attendance to a patient: ADD to either item 0192, item 0175, item 0164 or item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes												
0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof												
0146	For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0161-0164 or items 0151-0153, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof												
0147	For an emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof												
I.e	Pre-anaesthetic assessment												
0151	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Problem-focused history and clinical examination and straightforward decision-making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0152	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision-making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes												
0153	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient or other consultative service. Consultation with detailed history, complete examination and moderate complex decision-making and counselling. Typically occupies the doctor face-to-face for between 30 and 45 minutes												
I.f	Prenatal visits and newborn attendance												
0107	Newborn attendance: Exclusive attendance to baby at Caesarean section, normal delivery or visit in the ward (once per patient) (items 0109, 0111, 0113, 0145, 0146 and/or 0147 may not be added to item 0107)												
	Item 0107 can be used once only for given confinement												
0113	Newborn attendance: Emergency attendance to newborn at all hours (once per patient) (items 0107, 0109, 0111, 0145, 0146 and/or 0147 may not be added to item 0113)												
I.g	Consultative services: Miscellaneous												
0130	Telephone consultation (all hours)												
0132	Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (needs not be face-to-face contact) ("Consultation" via SMS or electronic media included)												
0133	Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent												
0199	Completion of chronic medication forms by medical practitioners with or without the physical presence of the patient requested by or on behalf of a third party funder or its agent												
II.	MEDICINE, MATERIAL, SUPPLIES AND USE OF OWN EQUIPMENT												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
II.a	Medicine codes												
II.a.1	Dispensing of medicine by licensed dispensing medical practitioners												
0197	Licensed dispensing medical practitioners: Dispensing cost : As per legislated tariff. Add to each Nappi code to provide for the dispensing cost.												
II.a.2	Once-off administration of medicine used during a consultation												
0198	Once-off administration of medicines: This item provides for medicines used at a consultation, viz, once off administration of medicine, special medicine used in treatment, or emergency dispensing. Charge for medicine used according to the Single Exit Price (SEP) PLUS legislated tariff for dispensing fees.(Where applicable, VAT should be added to the dispensing fee only and not to the SEP, since the SEP is VAT inclusive). [According to Section 18(8) of the Medicines and Related Substances Act (Act 101 of 1965) compounding and dispensing does not refer to a medicine requiring preparation for a once-off administration to a patient during a consultation]. The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the medicine used. Please note: Refer to item 0201 for cost of material used in treatment.												
II.a.3	Cost of chemotherapy drugs												
0212	Cost of chemotherapy drugs: This item provides for a charge for chemotherapy drugs used in treatment. Charge for chemotherapy drugs used in treatment at cost price PLUS 16% (with a maximum of R16,00). (Where applicable, VAT should be added to the above). The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the chemotherapy drugs used.												
II.b	Material codes												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
II.b.1	Prosthesis and/or internal fixation												
II.b.2	Material used during a consultation												
0201	Cost of material in treatment: This item provides for a charge for material used in treatment. Charge for material at cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above). The appropriate Surgical and Material Nappi code(s), selected from those codes commencing with 4, 5, 6, where applicable, for the material used, must be provided. Please note: Refer to item 0198 for once off administration of medicine.												
II.c	Setting of sterile tray												
0202	Setting of sterile tray: A fee of 10,00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201, as appropriate	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
II.d	Own equipment used in treatment												
5930	Surgical laser apparatus: Hire fee for own equipment	R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 439,10	
5932	Candella laser apparatus: Hire fee for own equipment (Rates by arrangement with the scheme concerned)												
III.	PROCEDURES												
6999	Unlisted procedure/service: A procedure/service may be provided that is not listed in this edition of the coding structure. Refer to General Rule C for the criteria to use item 6999												
GENERAL MODIFIERS GOVERNING THIS SECTION													

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)												
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged												
0014	Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff												
MODIFIERS GOVERNING SECTION 1													
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	R10,00	R7,50	R164,40		R10,00	R7,50	R164,40		R10,00	R7,50	R160,00	
1	GENERAL												
1.1	Injections, Infusions and Inhalation Sedation Treatment												
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
0204	Inhalation sedation: Per additional quarter-hour or part thereof	R20,00	R3,00	R40,70		R20,00	R3,00	R40,70		R20,00	R3,00	R39,60	
0205	Intravenous treatment: Intravenous infusions (cut-down or push-in) (patients under three years): Cut-down and/or insertion of cannula - chargeable once per 24-hours	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90		R20,00	R12,00	R158,50	
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24-hours	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24-hours	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
0209	Umbilical artery cannulation at birth	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30		R20,00	R18,00	R237,70	
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	R20,00	R3,25	R44,10		R20,00	R3,25	R44,10		R20,00	R3,25	R43,00	
0211	Exchange transfusion: First and subsequent (including aftercare)	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
	Note: HOW TO CHARGE FOR INTRAVENOUS INFUSIONS: Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24-hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations (not applicable to item 0205)												
1.2	Chemotherapy treatment (not in chemotherapy facilities)												
0213	Treatment with cytostatic agents: Administering of Chemotherapy: Intramuscular or subcutaneous: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
0214	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous bolus technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
0215	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous infusion technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
1.3	Oncology related services in non-oncology facilities												
5780	Interstitial implants: Placing of guide tubes for interstitial implants under local or general anaesthetic. The cost of materials is not included	R20,00	R394,86	R5 359,10	Z	R20,00	R394,86	R5 359,10	Z	R20,00	R315,89	R4 170,50	Z
5781	Intracavitary applications: Placing of guide tubes under local or general anaesthetic for manual or remote afterloading brachytherapy. The cost of materials is not included	R20,00	R262,41	R3 561,30	Z	R20,00	R262,41	R3 561,30	Z	R20,00	R209,93	R2 771,60	Z

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5782	Isotope Therapy: Administration of low dose surface applicators, up to five applications. Typically an outpatient procedure. The cost of materials is not included	R20,00	R77,81	R1 056,10	Z	R20,00	R77,81	R1 056,10	Z	R20,00	R77,81	R1 027,30	Z
5783	Infusional pharmacotherapy: Fee for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be charged separately)	R20,00	R42,65	R578,90	Z	R20,00	R42,65	R578,90	Z	R20,00	R42,65	R563,00	Z
MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETICS FOR ALL PROCEDURES AND OPERATIONS													
0020	Conscious sedation: Any case that is conducted outside of a hospital theatre shall be coded with the relevant procedure code. To identify these cases, the above modifier should be used to indicate to the medical scheme that there will be no hospital/theatre account.												
0021	Determination of anaesthetic fees: Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units (allocated to each procedure that might be performed under anaesthetic as indicated in the "Anaesthetic Performed" column) plus the time units (calculated according to the formula in Modifier 0023) and the appropriate modifiers (see Modifiers 0037-0044). In cases of operative procedures on the musculoskeletal system, open fractures and open reduction of fractures or dislocations add units as laid down by Modifiers 5441 to 5448												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0023	The basic anaesthetic units are laid down in the tariff and are reflected in the anaesthetic column. These basic anaesthetic units reflect the additional anaesthetic risk, the technical skill required of the anaesthesiologist/anaesthetist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis: Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic, i.e. 2,00 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one (1) hour the number of units shall, after one (1) hour, be 3,00 anaesthetic units per 15 minute period or part thereof.												
0024	Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, it will be regarded as a visit at hospital or nursing home and the appropriate hospital visit item should be charged.												
0025	Calculation of anaesthetic time: Anaesthetic time is calculated from the time the anaesthesiologist/anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist/anaesthetist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist/anaesthetist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0027	More than one procedure under the same anaesthetic: Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units												
0028	Indicator for use of low flow anaesthetic technique less than 1litre/minute: Fresh gas flow of less than 1 litre/minute												
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a General Practitioner administers the anaesthetic												
0030	Indicator for use of low flow anaesthetic technique 1-2 litre/minute: Fresh gas flow of 1 to 2 litre/minute												
0031	Intravenous drips and transfusions: Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time												
0032	Patients in prone position: Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added												
0033	Participating in general care of patients: When an anaesthesiologist/ anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisos of modifier 0035: Anaesthetic administered by an anaesthesiologist/anaesthetist. and modifier 0036: Anaesthetic administered by General Practitioners.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0034	Head and neck procedures: All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added												
0035	Anaesthetic administered by an anaesthesiologist/anaesthetist: No anaesthetic administered shall have a total value of less than 7,00 anaesthetic units (basic units, time units plus appropriate modifiers).												
0036	Anaesthetic administered by General Practitioner s: The units (basic units plus time plus the appropriate modifiers) used to calculate the fee for an anaesthetic administered by a General Practitioner lasting one hour or less, shall be the same as that for an anaesthesiologist. For anaesthetic lasting more than one hour, the units used to calculate the fee for an anaesthetic administered by a General Practitioner will be 4/5 (80%) of the total number of units (basic units plus time [refer to modifier 0023] plus the appropriate modifiers) applicable to an anaesthesiologist. Please note that the 4/5 (80%) principle will be applied to all anaesthetics administered by General Practitioner s with the proviso that no anaesthetic with a total number of units higher than 11.00 will be reduced to less than 11,00 units in total. The monetary value of the unit is the same for both an anaesthesiologist/anaesthetist.												
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units												
0038	Peri-operative blood salvage: Add 4,00 anaesthetic units for intra-operative blood salvage and 4,00 anaesthetic units for post-operative blood salvage												
0039	Control of blood pressure: Deliberate control of the blood pressure: All cases up to one hour: Add 3,00 anaesthetic units, thereafter add 1,00 (one) additional anaesthetic unit per quarter hour or part thereof												
0040	Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units												
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units												
0043	Patients under one year of age: For all cases where the patient is under one year of age – 3,00 anaesthetic units to be added												
0044	Neonates (i.e up to and including 28 days after birth): 3,00 anaesthetic units to be added to the basic anaesthetic units for the particular procedure. This modifier is charged in addition to Modifier 0043: Cases under one year of age												
0100	Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units is applicable.												
	Modifiers 5441 to 5448 Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items)												
5441	Add one (1,00) anaesthetic unit, 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 two (2,00) anaesthetic units												
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units												
5444	Shaft of femur: Add four (4,00) anaesthetic units												
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units												
	POST-OPERATIVE ALLEVIATION OF PAIN												
0045	Post-operative alleviation of pain: (a) When a regional or nerve block procedure is performed, the appropriate procedure item to patient in ward or nursing facility, can be charged, provided that it is not the primary anaesthetic technique (b) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain, it shall be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility. (c) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (non-steroidal anti-inflammatory drug)												
2	INTEGUMENTARY SYSTEM												
2.1	Allergy												
0217	Allergy: Patch tests: First patch	R20,00	R4,00	R54,30		R20,00	R4,00	R54,30		R20,00	R4,00	R52,90	
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	R20,00	R2,80	R38,00		R20,00	R2,80	R38,00		R20,00	R2,80	R37,00	
0219	Allergy: Patch tests: Each additional patch	R20,00	R2,00	R27,20		R20,00	R2,00	R27,20		R20,00	R2,00	R26,50	
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	R20,00	R1,90	R25,80		R20,00	R1,90	R25,80		R20,00	R1,90	R25,00	
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	R20,00	R2,80	R38,00		R20,00	R2,80	R38,00		R20,00	R2,80	R37,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2.2	Skin (general)												
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	R20,00	R4,00	R54,30		R20,00	R4,00	R54,30		R20,00	R4,00	R52,90	
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
0225	Epilation: Per session	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
0227	Special treatment of severe acne cases, including draining of cysts, expressing of cleaning of Comedones and/or steaming, abrasive cleaning of skin and UVR per session	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
0228	PUVA Treatment: Maximum of 21 treatments	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
0229	PUVA: Follow-up or maintenance therapy once a week	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
0230	UVR-Treatment	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
0231	UVR-Follow-up - for use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp	R20,00	R5,50	R74,60		R20,00	R5,50	R74,60		R20,00	R5,50	R72,60	
0232	Biopsy of superficial soft tissue: Back or flank		R47,40	R643,00			R47,40	R643,00			R47,40	R625,60	
0233	Biopsy without suturing: First lesion	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
0234	Biopsy without suturing: Subsequent lesions (each)	R20,00	R3,00	R40,70		R20,00	R3,00	R40,70		R20,00	R3,00	R39,60	
0235	Biopsy without suturing: Maximum for multiple additional lesions	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30		R20,00	R18,00	R237,70	
0236	Biopsy of superficial soft tissue: Shoulder area		R49,10	R666,10			R49,10	R666,10			R49,10	R648,00	
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90		R20,00	R12,00	R158,50	
0238	Biopsy of superficial soft tissue: Upper arm or elbow area		R49,10	R666,10			R49,10	R666,10			R49,10	R648,00	
0239	Biopsy of superficial soft tissue: Forearm and/or wrist		R48,50	R657,90			R48,50	R657,90			R48,50	R640,00	
0240	Biopsy of superficial soft tissue: Leg or ankle area		R48,30	R655,30			R48,30	R655,30			R48,30	R637,50	
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	R20,00	R3,00	R40,70		R20,00	R3,00	R40,70		R20,00	R3,00	R39,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	R20,00	R42,00	R570,00		R20,00	R42,00	R570,00		R20,00	R42,00	R554,50	
0244	Repair of nail bed	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
0247	Biopsy of superficial soft tissue: Pelvis and hip area		R58,30	R791,10			R58,30	R791,10			R58,30	R769,60	
0248	Biopsy of superficial soft tissue: Thigh or knee area		R52,30	R709,60			R52,30	R709,60			R52,30	R690,20	
0251	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: First lesion	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
0257	Drainage of major hand or foot infection: Drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of pilonidal cyst or sinus	R20,00	R87,00	R1 180,80		R20,00	R87,00	R1 180,80		R20,00	R87,00	R1 148,60	
0259	Removal of foreign body superficial to deep fascia (except hands)	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
0261	Removal of foreign body deep to deep fascia (except hands)	R20,00	R31,00	R420,80		R20,00	R31,00	R420,80		R20,00	R31,00	R409,40	
0262	Excision tumour of subcutaneous soft tissue: Neck or anterior thorax; less than 3 cm		R90,10	R1 222,60			R90,10	R1 222,60			R90,10	R1 189,00	
0263	Excision tumour of subcutaneous soft tissue: Shoulder area; less than 3 cm		R84,20	R1 142,40			R84,20	R1 142,40			R84,20	R1 111,20	
0264	Excision tumour of subcutaneous soft tissue: Upper arm or elbow area; less than 3cm		R94,50	R1 282,30			R94,50	R1 282,30			R94,50	R1 247,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0265	Excision tumour of subcutaneous soft tissue: Forearm and/or wrist area; less than 3 cm		R94,70	R1 284,90			R94,70	R1 284,90			R94,70	R1 249,80	
0266	Excision tumour or vascular malformation of subcutaneous soft tissue: Hand or finger; less than 1,5 cm		R99,30	R1 347,10			R99,30	R1 347,10			R99,30	R1 310,40	
0267	Excision tumour of subcutaneous soft tissue: Pelvis and hip area; less than 3 cm		R111,60	R1 514,10			R111,60	R1 514,10			R111,60	R1 472,90	
0268	Excision tumour of subcutaneous soft tissue: Thigh or knee area; less than 3 cm		R92,10	R1 249,70			R92,10	R1 249,70			R92,10	R1 215,50	
0269	Excision tumour of subcutaneous soft tissue: Leg or ankle area; less than 3 cm		R92,60	R1 256,20			R92,60	R1 256,20			R92,60	R1 222,00	
0270	Excision tumour of subcutaneous soft tissue: Foot or toe; less than 1,5 cm		R78,30	R1 062,30			R78,30	R1 062,30			R78,30	R1 033,30	
0271	Kurtin planing for acne scarring: Whole face	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
0273	Kurtin planing for acne scarring: Extensive	R20,00	R70,00	R950,10		R20,00	R70,00	R950,10		R20,00	R70,00	R924,40	
0274	Mohs micrographic surgery: Including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): First stage, up to 5 tissue blocks		R113,90	R1 545,30			R113,90	R1 545,30			R113,90	R1 503,20	
0275	Kurtin planing for acne scarring: Limited	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
0276	Mohs micrographic surgery: Including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): Each additional stage after the first stage, up to 5 tissue blocks		R60,50	R820,80			R60,50	R820,80			R60,50	R798,40	
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	R20,00	R103,00	R1 397,90		R20,00	R103,00	R1 397,90		R20,00	R103,00	R1 359,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0278	Mohs micrographic surgery: Includes removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): Each additional block after the first 5 tissue blocks, any stage		R15,90	R215,70			R15,90	R215,70			R15,90	R209,80	
0279	Surgical treatment for axillary hyperhidrosis	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
0280	Laser treatment for small skin lesions: First lesion	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	R20,00	R56,00	R760,00		R20,00	R56,00	R760,00		R20,00	R56,00	R739,30	
0283	Laser treatment for large skin lesions: Limited area	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
0284	Laser treatment for large skin lesions: Extensive area	R20,00	R70,00	R950,10		R20,00	R70,00	R950,10		R20,00	R70,00	R924,40	
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	R20,00	R56,63	R768,50	Z	R20,00	R56,63	R768,50	Z	R20,00	R56,63	R747,60	Z
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	R20,00	R43,44	R589,40	Z	R20,00	R43,44	R589,40	Z	R20,00	R43,44	R573,50	Z
2.3	Major plastic repair												
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	R20,00	R234,00	R3 175,80		R20,00	R234,00	R3 175,80		R20,00	R187,20	R2 471,40	
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	R20,00	R410,00	R5 564,60		R20,00	R410,00	R5 564,60		R20,00	R328,00	R4 330,40	
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	R20,00	R800,00	R10 857,90		R20,00	R800,00	R10 857,90		R20,00	R640,00	R8 449,50	
0292	Distant flaps: First stage	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
0293	Contour grafts (excluding cost of material)	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	R20,00	R1 200,00	R16 286,40		R20,00	R1 200,00	R16 286,40		R20,00	R960,00	R12 674,30	
0295	Local skin flaps (large, complicated)	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
0296	Other procedures of major technical nature	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
0297	Subsequent major procedures for repair of same lesion	R20,00	R104,00	R1 411,40		R20,00	R104,00	R1 411,40		R20,00	R104,00	R1 373,20	
0298	Lower abdominal dermo-lipectomy	R20,00	R170,00	R2 307,40		R20,00	R170,00	R2 307,40		R20,00	R136,00	R1 795,70	
0299	Major abdominal lipectomy with repositioning of umbilicus	R20,00	R275,00	R3 732,20		R20,00	R275,00	R3 732,20		R20,00	R220,00	R2 904,50	
2.4	Lacerations, scars, tumours, cysts and other skin lesions												
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal aftercare)	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R120,00	R1 584,20	
0304	Major debridement of wound, sloughectomy or secondary suture	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
0305	Needle biopsy - soft tissue	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
0308	Each additional small procedure done at the same time	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
0310	Radical excision of nailbed	R20,00	R38,00	R515,70		R20,00	R38,00	R515,70		R20,00	R38,00	R501,80	
0311	Excision of large benign tumour (more than 5 cm)	R20,00	R55,00	R746,40		R20,00	R55,00	R746,40		R20,00	R55,00	R726,10	
0313	Extensive resection for malignant soft tissue tumour including muscle	R20,00	R283,90	R3 853,20		R20,00	R283,90	R3 853,20		R20,00	R227,12	R2 998,60	
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	R20,00	R104,00	R1 411,40		R20,00	R104,00	R1 411,40		R20,00	R104,00	R1 373,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	R20,00	R55,00	R746,40		R20,00	R55,00	R746,40		R20,00	R55,00	R726,10	
4830,00	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; <= 20 square cm		R13,90	R188,70			R13,90	R188,70			R13,90	R183,40	
4831,00	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; ADD for every additional 20 square cm or part thereof		R5,30	R71,90			R5,30	R71,90			R5,30	R70,00	
4832,00	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; <= 20 square cm		R36,00	R488,50			R36,00	R488,50			R36,00	R475,00	
4833,00	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; ADD for every additional 20 square cm or part thereof		R11,20	R152,00			R11,20	R152,00			R11,20	R147,80	
4834,00	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; <= 20 square cm		R62,50	R848,10			R62,50	R848,10			R62,50	R824,80	
4835,00	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; ADD for every additional 20 square cm or part thereof		R19,50	R264,50			R19,50	R264,50			R19,50	R257,20	
4880,00	Biopsy soft tissue: Neck or thorax		R46,40	R629,60			R46,40	R629,60			R46,40	R612,20	
4881,00	Biopsy of soft tissue: Deep: Back or flank		R100,40	R1 362,20			R100,40	R1 362,20			R100,40	R1 325,00	
4882,00	Biopsy of soft tissue: Deep: Shoulder area		R117,60	R1 595,60			R117,60	R1 595,60			R117,60	R1 552,10	
4883,00	Biopsy of soft tissue: Deep (subfascial or intramuscular): Upper arm or elbow area		R117,60	R1 595,60			R117,60	R1 595,60			R117,60	R1 552,10	
4884,00	Biopsy of soft tissue: Deep (subfascial or intramuscular): Forearm and/or wrist		R106,60	R1 446,30			R106,60	R1 446,30			R106,60	R1 406,80	
4885,00	Biopsy of soft tissue: Deep (subfascial or intramuscular): Thigh or knee area		R112,90	R1 531,80			R112,90	R1 531,80			R112,90	R1 489,90	
4886,00	Biopsy of soft tissue: Deep (subfascial or intramuscular): Leg or ankle area		R119,50	R1 621,30			R119,50	R1 621,30			R119,50	R1 577,10	
4887,00	Biopsy of soft tissue: Deep (subfascial or intramuscular): Pelvis and hip area		R197,70	R2 682,40			R197,70	R2 682,40			R197,70	R2 609,10	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2.5	Breasts												
0316	Fine needle aspiration for soft tissue (all areas)	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
0317	Aspiration of cyst or tumour	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	R20,00	R42,00	R570,00		R20,00	R42,00	R570,00		R20,00	R42,00	R554,50	
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	R20,00	R94,20	R1 278,40		R20,00	R94,20	R1 278,40		R20,00	R94,20	R1 243,50	
0323	Subareolar cone excision of ducts of wedge excision of breast	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
0324	Wedge excision of breast and axillary dissection	R20,00	R225,00	R3 053,80		R20,00	R225,00	R3 053,80		R20,00	R180,00	R2 376,60	
0325	Total mastectomy	R20,00	R155,00	R2 103,90		R20,00	R155,00	R2 103,90		R20,00	R124,00	R1 637,10	
0327	Total mastectomy with axillary gland biopsy	R20,00	R185,00	R2 510,90		R20,00	R185,00	R2 510,90		R20,00	R148,00	R1 954,00	
0329	Total mastectomy with axillary gland dissection	R20,00	R275,00	R3 732,20		R20,00	R275,00	R3 732,20		R20,00	R220,00	R2 904,50	
0330	Nipple and areola reconstruction	R20,00	R95,00	R1 289,30		R20,00	R95,00	R1 289,30		R20,00	R95,00	R1 254,20	
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	R20,00	R234,00	R3 175,80		R20,00	R234,00	R3 175,80		R20,00	R187,20	R2 471,40	
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	R20,00	R410,00	R5 564,60		R20,00	R410,00	R5 564,60		R20,00	R328,00	R4 330,40	
0334	Removal of breast implant by means of capsulectomy: Per breast	R20,00	R234,00	R3 175,80		R20,00	R234,00	R3 175,80		R20,00	R187,20	R2 471,40	
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	R20,00	R234,00	R3 175,80		R20,00	R234,00	R3 175,80		R20,00	R187,20	R2 471,40	
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	R20,00	R410,00	R5 564,60		R20,00	R410,00	R5 564,60		R20,00	R328,00	R4 330,40	
0341	Gynaecomastia: Unilateral	R20,00	R92,00	R1 248,70		R20,00	R92,00	R1 248,70		R20,00	R92,00	R1 214,60	
0343	Gynaecomastia: Bilateral	R20,00	R161,00	R2 185,10		R20,00	R161,00	R2 185,10		R20,00	R128,80	R1 700,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2.6	Burns												
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	R20,00	R276,00	R3 745,70		R20,00	R276,00	R3 745,70		R20,00	R220,80	R2 914,90	
0353	Tangential excision and grafting: Small	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
0354	Tangential excision and grafting: Large	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
2.7	Hands (skin)												
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler	R20,00	R147,40	R2 000,50		R20,00	R147,40	R2 000,50		R20,00	R120,00	R1 584,20	
0357	Small skin graft in acute hand injury	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	R20,00	R192,00	R2 606,00		R20,00	R192,00	R2 606,00		R20,00	R153,60	R2 027,90	
0361	Z-plasty	R20,00	R220,10	R2 987,20		R20,00	R220,10	R2 987,20		R20,00	R176,08	R2 324,60	
0363	Local flap and skin graft	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
0365	Cross finger flap (all stages)	R20,00	R192,00	R2 606,00		R20,00	R192,00	R2 606,00		R20,00	R153,60	R2 027,90	
0367	Palmar flap (all stages)	R20,00	R192,00	R2 606,00		R20,00	R192,00	R2 606,00		R20,00	R153,60	R2 027,90	
0369	Distant flap: First stage	R20,00	R158,00	R2 144,30		R20,00	R158,00	R2 144,30		R20,00	R126,40	R1 668,90	
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0373	Transfer neurovascular island flap	R20,00	R230,50	R3 128,30		R20,00	R230,50	R3 128,30		R20,00	R184,40	R2 434,50	
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	R20,00	R242,40	R3 289,80		R20,00	R242,40	R3 289,80		R20,00	R193,92	R2 560,20	
0375	Dupuytren's contracture: Fasciotomy	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	
0376	Dupuytren's contracture: Fasciectomy	R20,00	R218,00	R2 958,60		R20,00	R218,00	R2 958,60		R20,00	R174,40	R2 302,50	
2.8	Acupuncture												
	Please note: General Rule M not applicable to section 2.8 of this price list												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0377	Standard acupuncture	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
0378	Laser acupuncture using more than 6 points	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
0379	Electro-acupuncture	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
0380	Scalp acupuncture	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
0381	Micro-acupuncture (ear, hand)	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
RULES GOVERNING THE SECTION ACUPUNCTURE													
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp												
3	MUSCULO-SKELETAL SYSTEM												
MODIFIERS GOVERNING ORTHOPAEDIC OPERATIONS AND ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS													
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis												
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including aftercare)	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (General Practitioner s) are to be added to the units for the fractures including debridement	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	R20,00	R115,50	R1 567,50		R20,00	R115,50	R1 567,50		R20,00	R115,50	R1 524,90	
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General Practitioner s add 77,00 clinical procedure units	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0052	Except where otherwise specified, fracture (traumatic or surgical, ie. osteotomy) requiring open reduction and/or internal fixation, external skeletal fixation and/or bone grafting (excluding fixation with Kirschner wires (refer to modifier 0053), as well as long bone or pelvis fracture/osteotomy (refer to modifier 0051) for specialist and General Practitioner s for HAND or FOOT fracture/osteotomy: Add		R81,10	R1 100,30			R81,10	R1 100,30			R81,10	R1 070,40	
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and General Practitioner s add 32,00 clinical procedure units	R20,00	R32,00	R434,30		R20,00	R32,00	R434,30		R20,00	R32,00	R422,60	
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General Practitioner s add 77,00 clinical procedure units	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%												
3.1	Bones												
3.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)												
0383	Fracture (reduction under general anaesthetic): Scapula	R20,00	R0,00		v	R20,00	R0,00		v	R20,00	R0,00	R1 481,60	v
0384	Fracture: Scapula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R284,20	R3 855,90			R284,20	R3 855,90			R227,36	R3 000,70	
0386	Fracture: Clavicle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R209,40	R2 840,90			R209,40	R2 840,90			R67,52	R891,20	
0387	Fracture (reduction under general anaesthetic): Clavicle	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0388	Percutaneous pinning of supracondylar fracture: Elbow - Stand-alone procedure	R20,00	R175,70	R2 384,60		R20,00	R175,70	R2 384,60		R20,00	R140,56	R1 855,70	
0389	Fracture (reduction under general anaesthetic): Humerus	R20,00	R111,60	R1 514,70		R20,00	R111,60	R1 514,70		R20,00	R111,60	R1 473,30	
0390	Fracture: Humerus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R255,30	R3 463,70			R255,30	R3 463,70			R204,24	R2 695,40	
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
0401	Fracture: Carpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R208,70	R2 831,40			R208,70	R2 831,40			R166,96	R2 203,40	
0402	Fracture (reduction under general anaesthetic): Carpal bone	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	
0404	Fracture: Bennett fracture/dislocation: Open reduction and internal fixation (modifiers 0051, 0052, 0055 not applicable)		R179,80	R2 439,50			R179,80	R2 439,50			R143,84	R1 898,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	R20,00	R118,30	R1 605,30		R20,00	R118,30	R1 605,30		R20,00	R118,30	R1 561,80	
0406	Fracture: Metacarpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R163,60	R2 219,70			R163,60	R2 219,70			R130,88	R1 727,40	
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	R20,00	R0,00		β	R20,00	R0,00		β	R20,00	R0,00	R1 016,00	β
0410	Fracture: Finger phalanx, distal, simple: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R141,10	R1 914,50			R141,10	R1 914,50			R120,00	R1 583,70	
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	R20,00	R52,00	R705,80		R20,00	R52,00	R705,80		R20,00	R52,00	R686,40	
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	R20,00	R48,00	R651,60		R20,00	R48,00	R651,60		R20,00	R48,00	R633,80	
0414	Fracture: Finger phalanx, proximal or middle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R169,90	R2 305,10			R169,90	R2 305,10			R135,92	R1 793,80	
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	R20,00	R102,00	R1 384,40		R20,00	R102,00	R1 384,40		R20,00	R102,00	R1 346,60	
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	R20,00	R0,00		β	R20,00	R0,00		β	R20,00	R0,00	R1 583,40	β
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
0420	Fracture: Acetabulum: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R560,00	R7 597,70			R560,00	R7 597,70			R448,00	R5 912,60	
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	R20,00	R237,00	R3 216,60		R20,00	R237,00	R3 216,60		R20,00	R189,60	R2 503,10	
0422	Fracture: Femur neck or shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R392,30	R5 322,40			R392,30	R5 322,40			R313,84	R4 141,70	
0425	Fracture (reduction under general anaesthetic): Patella	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	
0426	Fracture: Patella: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R219,50	R2 978,10			R219,50	R2 978,10			R175,60	R2 317,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R120,00	R1 584,20	
0430	Fracture: Tibia, with or without fibula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R293,20	R3 977,90			R293,20	R3 977,90			R234,56	R3 095,50	
0433	Fracture (reduction under general anaesthetic): Fibula shaft	R20,00	R0,00		β	R20,00	R0,00		β	R20,00	R0,00	R1 483,00	β
0434	Fracture: Fibula shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R207,00	R2 808,50			R207,00	R2 808,50			R165,68	R2 186,60	
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	R20,00	R58,00	R787,10		R20,00	R58,00	R787,10		R20,00	R58,00	R765,90	
0436	Fracture: Ankle malleolus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R207,10	R2 809,90			R207,10	R2 809,90			R165,68	R2 186,60	
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R120,00	R1 584,20	
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	R20,00	R198,70	R2 696,70		R20,00	R198,70	R2 696,70		R20,00	R158,96	R2 098,80	
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	R20,00	R403,50	R5 476,30		R20,00	R403,50	R5 476,30		R20,00	R322,50	R4 257,70	
0441	Fracture (reduction under general anaesthetic): Metatarsal	R20,00	R41,80	R567,10		R20,00	R41,80	R567,10		R20,00	R41,80	R551,70	
0442	Fracture: Metatarsal bones: Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		R154,70	R2 098,90			R154,70	R2 098,90			R123,76	R1 633,20	
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	R20,00	R0,00		β	R20,00	R0,00		β	R20,00	R0,00		β
0444	Fracture: Toe phalanx, distal: Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		R144,50	R1 960,40			R144,50	R1 960,40			R120,00	R1 583,70	
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	R20,00	R32,00	R434,30		R20,00	R32,00	R434,30		R20,00	R32,00	R422,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0446	Fracture: Tarsal bones (excluding talus and calcaneus): Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		R178,20	R2 417,70			R178,20	R2 417,70			R142,56	R1 881,40	
0447	Fracture (reduction under general anaesthetic): Other: Simple	R20,00	R26,00	R352,80		R20,00	R26,00	R352,80		R20,00	R26,00	R343,30	
0448	Fracture: Calcaneus (reduction under general anaesthetic)		R103,30	R1 401,60			R103,30	R1 401,60			R103,30	R1 363,40	
0449	Fracture (reduction under general anaesthetic): Other: Compound	R20,00	R52,00	R705,80		R20,00	R52,00	R705,80		R20,00	R52,00	R686,40	
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	R20,00	R0,00		β	R20,00	R0,00		β	R20,00	R0,00		β
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	R20,00	R230,00	R3 121,70		R20,00	R230,00	R3 121,70		R20,00	R184,00	R2 429,10	
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	R20,00	R0,00		β	R20,00	R0,00		β	R20,00			β
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	R20,00	R0,00		v	R20,00	R0,00		v	R20,00			v
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	R20,00	R0,00		v	R20,00	R0,00		v	R20,00			v
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	R20,00	R0,00		v	R20,00	R0,00		v	R20,00			v
3.1.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures												
0465	Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	R20,00	R288,00	R3 908,70		R20,00	R288,00	R3 908,70		R20,00	R230,40	R3 041,70	
0466	Fractures involving digital joints: Includes the metaphysis of the relative bone. Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		R210,90	R2 861,30			R210,90	R2 861,30			R168,72	R2 226,60	
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no aftercare) (modifier 0005 not applicable)	R20,00	R43,00	R583,80		R20,00	R43,00	R583,80		R20,00	R43,00	R567,80	
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	R20,00	R282,00	R3 827,40		R20,00	R282,00	R3 827,40		R20,00	R225,60	R2 978,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	R20,00	R154,00	R2 090,20		R20,00	R154,00	R2 090,20		R20,00	R123,20	R1 626,40	
0480	Radical resection of bone tumour/infection: Ilium including acetabulum, both pubic rami, or ischium and acetabulum		R415,00	R5 630,50			R415,00	R5 630,50			R332,00	R4 381,40	
0481	Radical resection of bone tumour: Fibula		R240,10	R3 257,70			R240,10	R3 257,70			R192,08	R2 535,00	
0482	Radical resection of bone tumour: Femur or knee		R371,80	R5 044,30			R371,80	R5 044,30			R297,44	R3 925,30	
0483	Radical resection of malignant bone tumour: Scapula		R237,70	R3 225,00			R237,70	R3 225,00			R190,16	R2 509,80	
0484	Radical resection of bone tumour: Clavicle		R413,80	R5 614,20			R413,80	R5 614,20			R331,04	R4 368,70	
0485	Radical resection of bone tumour: Metatarsal		R185,00	R2 510,10			R185,00	R2 510,10			R148,00	R1 953,10	
3.1.2	Bony operations												
3.1.2.1	Bony operations: Bone grafting												
0497	Resection of bone or tumour with or without grafting (benign)	R20,00	R282,00	R3 827,40		R20,00	R282,00	R3 827,40		R20,00	R225,60	R2 978,40	
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	R20,00	R340,00	R4 614,60		R20,00	R340,00	R4 614,60		R20,00	R272,00	R3 591,20	
0499	Grafts to cysts: Large bones	R20,00	R192,00	R2 606,00		R20,00	R192,00	R2 606,00		R20,00	R153,60	R2 027,90	
0501	Grafts to cysts: Small bones	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R120,00	R1 584,20	
0503	Grafts to cysts: Cartilage graft	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
0505	Grafts to cysts: Inter-metacarpal bone graft	R20,00	R147,00	R1 995,10		R20,00	R147,00	R1 995,10		R20,00	R120,00	R1 584,20	
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
3.1.2.2	Bony operations: Acute or chronic osteomyelitis												
0509	Acute or chronic osteomyelitis: Conservative treatment	R20,00	R0,00		v	R20,00	R0,00		v	R20,00	R0,00		
0511	Acute or chronic osteomyelitis: Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care												
0512	Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks aftercare	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R120,00	R1 584,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3.1.2.3	Bony operations: Osteotomy												
0514	Osteotomy: Sternum: Repair of pectus excavatum	R20,00	R330,00	R4 478,80		R20,00	R330,00	R4 478,80		R20,00	R264,00	R3 485,50	
0515	Osteotomy: Sternum: Repair of pectus carinatum	R20,00	R330,00	R4 478,80		R20,00	R330,00	R4 478,80		R20,00	R264,00	R3 485,50	
0516	Osteotomy: Pelvic	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
0521	Osteotomy: Femoral: Proximal	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
0527	Osteotomy: Knee region	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
0528	Osteotomy: Os Calcis (Dwyer operation)	R20,00	R115,00	R1 560,70		R20,00	R115,00	R1 560,70		R20,00	R115,00	R1 518,30	
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
0531	Rotational osteotomy of tibia and fibula - Stand-alone procedure	R20,00	R278,90	R3 785,30		R20,00	R278,90	R3 785,30		R20,00	R223,12	R2 945,60	
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0533	Osteotomy: Single metatarsal	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
0534	Osteotomy: Multiple metatarsal osteotomies	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
3.1.2.4	Bony operations: Exostosis												
0535	Exostosis: Excision: Readily accessible sites	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
0537	Exostosis: Excision: Less accessible sites	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
3.1.2.5	Bony operations: Biopsy												
0539	Needle Biopsy: Spine (no aftercare) (modifier 0005 not applicable)	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
0541	Needle Biopsy: Other sites (no aftercare) (modifier 0005 not applicable)	R20,00	R32,00	R434,30		R20,00	R32,00	R434,30		R20,00	R32,00	R422,60	
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
3.2	Joints												
3.2.1	Joints: Dislocations												
0547	Joint: Dislocation: Clavicle either end	R20,00	R38,00	R515,70		R20,00	R38,00	R515,70		R20,00	R38,00	R501,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0549	Joint: Dislocation: Shoulder	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	
0551	Joint: Dislocation: Elbow	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	
0552	Joint: Dislocation: Wrist	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	R20,00	R130,00	R1 764,60		R20,00	R130,00	R1 764,60		R20,00	R120,00	R1 584,20	
0555	Joint: Dislocation: Lunate	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0556	Joint: Dislocation: Carpo-metacarpo dislocation	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	R20,00	R26,00	R352,80		R20,00	R26,00	R352,80		R20,00	R26,00	R343,30	
0559	Joint: Dislocation: Hip	R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 439,10	
0561	Joint: Dislocation: Knee	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
0563	Joint: Dislocation: Patella	R20,00	R32,00	R434,30		R20,00	R32,00	R434,30		R20,00	R32,00	R422,60	
0565	Joint: Dislocation: Ankle	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
0567	Joint: Dislocation: Sub-Talar dislocation	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
0573	Joint: Dislocation: Spine with or without paralysis	R20,00	R0,00		v	R20,00	R0,00		v	R20,00	R0,00		v
3.2.2	Joints: Operations for dislocations												
0578	Operations for dislocations: Recurrent dislocation of shoulder	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
0579	Operations for dislocations: Recurrent dislocation of all other joints	R20,00	R161,00	R2 185,10		R20,00	R161,00	R2 185,10		R20,00	R128,80	R1 700,40	
3.2.3	Joints: Capsular operations												
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks aftercare)	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks aftercare)	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
0585	Capsulectomy digital joint	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
0587	Release of digital joint contracture	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R120,00	R1 584,20	
3.2.4	Joints: Synovectomy												
0589	Synovectomy: Digital joint	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0592	Synovectomy: Large joint	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0593	Tendon synovectomy	R20,00	R203,70	R2 764,60		R20,00	R203,70	R2 764,60		R20,00	R162,96	R2 151,40	
3.2.5	Joints: Arthrodesis												
0597	Arthrodesis: Shoulder	R20,00	R224,00	R3 040,30		R20,00	R224,00	R3 040,30		R20,00	R179,20	R2 365,80	
0598	Arthrodesis: Elbow	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
0599	Arthrodesis: Wrist	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
0600	Arthrodesis: Digital joint	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R120,00	R1 584,20	
0601	Arthrodesis: Hip	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
0602	Arthrodesis: Knee	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
0603	Arthrodesis: Ankle	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
0604	Arthrodesis: Sub-talar	R20,00	R130,00	R1 764,60		R20,00	R130,00	R1 764,60		R20,00	R120,00	R1 584,20	
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
0607	Arthrodesis: Mid-tarsal wedge resection	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
3.2.6	Joints: Arthroplasty												
0614	Arthroplasty: Debridement large joints	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0615	Arthroplasty: Excision medial or lateral end of clavicle	R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 531,60	
0617	Shoulder: Acromioplasty	R20,00	R192,00	R2 606,00		R20,00	R192,00	R2 606,00		R20,00	R153,60	R2 027,90	
0619	Shoulder: Partial replacement	R20,00	R277,00	R3 759,50		R20,00	R277,00	R3 759,50		R20,00	R221,60	R2 925,70	
0620	Shoulder: Total replacement	R20,00	R416,00	R5 645,90		R20,00	R416,00	R5 645,90		R20,00	R332,80	R4 393,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0621	Elbow: Excision head of radius	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
0622	Elbow: Excision	R20,00	R192,00	R2 606,00		R20,00	R192,00	R2 606,00		R20,00	R153,60	R2 027,90	
0623	Elbow: Partial replacement	R20,00	R188,00	R2 551,70		R20,00	R188,00	R2 551,70		R20,00	R150,40	R1 985,50	
0624	Elbow: Total replacement	R20,00	R282,00	R3 827,40		R20,00	R282,00	R3 827,40		R20,00	R225,60	R2 978,40	
0625	Wrist: Excision distal end of ulna	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
0626	Wrist: Excision single bone	R20,00	R110,00	R1 493,00		R20,00	R110,00	R1 493,00		R20,00	R110,00	R1 452,30	
0627	Wrist: Excision proximal row	R20,00	R166,00	R2 253,10		R20,00	R166,00	R2 253,10		R20,00	R132,80	R1 753,40	
0631	Wrist: Total replacement	R20,00	R249,00	R3 379,40		R20,00	R249,00	R3 379,40		R20,00	R199,20	R2 630,10	
0635	Digital Joint: Total replacement	R20,00	R192,00	R2 606,00		R20,00	R192,00	R2 606,00		R20,00	R153,60	R2 027,90	
0637	Hip: Total replacement	R20,00	R416,00	R5 645,90		R20,00	R416,00	R5 645,90		R20,00	R332,80	R4 393,80	
0641	Hip: Prosthetic replacement of femoral head	R20,00	R288,00	R3 908,70		R20,00	R288,00	R3 908,70		R20,00	R230,40	R3 041,70	
0643	Hip: Girdlestone	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
0645	Knee: Partial replacement	R20,00	R277,00	R3 759,50		R20,00	R277,00	R3 759,50		R20,00	R221,60	R2 925,70	
0646	Knee: Total replacement	R20,00	R416,00	R5 645,90		R20,00	R416,00	R5 645,90		R20,00	R332,80	R4 393,80	
0649	Ankle: Total replacement	R20,00	R290,40	R3 941,50		R20,00	R290,40	R3 941,50		R20,00	R232,32	R3 067,20	
0650	Ankle: Astragalectomy	R20,00	R154,00	R2 090,20		R20,00	R154,00	R2 090,20		R20,00	R123,20	R1 626,40	
3.2.7	Joints: Miscellaneous (joints)												
0661	Aspiration of joint or intra-articular injection (not including aftercare) (modifier 0005 not applicable)	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding aftercare) (modifier 0005 not applicable): First joint	R20,00	R7,50	R101,80		R20,00	R7,50	R101,80		R20,00	R7,50	R99,00	
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding aftercare) (modifier 0005 not applicable): Additional (each)	R20,00	R4,00	R54,30		R20,00	R4,00	R54,30		R20,00	R4,00	R52,90	
0667	Arthroscopy (excluding aftercare) (modifiers 0005 and 0013 not applicable)	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0669	Manipulation knee or shoulder joint under general anaesthetic (not including aftercare) (modifier 0005 not applicable)	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
0669A	Manipulation hip joint under general anaesthetic (not including aftercare) (modifier 0005 not applicable)	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
	Only the consultation fee should be charged when manipulation of a large joint is performed without general anaesthetic												
0673	Meniscectomy or operation for other internal derangement of knee	R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 439,10	
3.2.8	Joints: Joint ligament reconstruction or suture												
0675	Joint ligament reconstruction or suture: Ankle: Collateral	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0677	Joint ligament reconstruction or suture: Knee: Collateral	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0678	Joint ligament reconstruction or suture: Knee: Cruciate	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	R20,00	R280,00	R3 800,30		R20,00	R280,00	R3 800,30		R20,00	R224,00	R2 957,40	
0680	Joint ligament reconstruction or suture: Digital joint ligament	R20,00	R165,00	R2 239,40		R20,00	R165,00	R2 239,40		R20,00	R132,00	R1 742,60	
3.3	Amputations												
3.3.1	Amputations: Specific Amputations												
0681	Amputation Humerus: Includes primary closure		R211,60	R2 871,00			R211,60	R2 871,00			R169,28	R2 234,20	
0682	Amputation: Fore-quarter amputation	R20,00	R294,00	R3 990,30		R20,00	R294,00	R3 990,30		R20,00	R235,20	R3 105,20	
0683	Amputation: Through shoulder	R20,00	R148,00	R2 008,60		R20,00	R148,00	R2 008,60		R20,00	R120,00	R1 584,20	
0684	Amputation: Forearm		R213,50	R2 896,60			R213,50	R2 896,60			R170,48	R2 249,80	
0685	Amputation: Upper arm or fore-arm	R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 531,60	
0686	Amputation: Ankle (e.g. Syme, Pirogoff type)		R204,10	R2 769,20			R204,10	R2 769,20			R163,28	R2 154,80	
0687	Partial amputation of the hand: One ray	R20,00	R102,00	R1 384,40		R20,00	R102,00	R1 384,40		R20,00	R102,00	R1 346,60	
0688	Amputation: Foot, midtarsal (Chopart type)		R165,70	R2 248,30			R165,70	R2 248,30			R132,00	R1 742,10	
0691	Amputation: Whole or part of finger	R20,00	R116,80	R1 585,20		R20,00	R116,80	R1 585,20		R20,00	R116,80	R1 542,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0692	Scar revision/secondary closure: amputated thigh, through femur, any level		R150,70	R2 044,60			R150,70	R2 044,60			R120,56	R1 591,10	
0693	Hindquarter amputation	R20,00	R420,00	R5 700,30		R20,00	R420,00	R5 700,30		R20,00	R336,00	R4 436,00	
0694	Scar revision/secondary closure: amputated leg, through tibia and fibula, any level		R173,90	R2 359,40			R173,90	R2 359,40			R139,12	R1 836,00	
0695	Amputation: Through hip joint region	R20,00	R192,00	R2 606,00		R20,00	R192,00	R2 606,00		R20,00	R153,60	R2 027,90	
0696	Re-amputation: Thigh, through femur, any level		R217,30	R2 948,00			R217,30	R2 948,00			R173,84	R2 294,20	
0697	Amputation: Through thigh	R20,00	R205,00	R2 782,30		R20,00	R205,00	R2 782,30		R20,00	R164,00	R2 165,00	
0698	Re-amputation: Leg, through tibia and fibula		R198,20	R2 689,20			R198,20	R2 689,20			R158,56	R2 092,50	
0699	Amputation: Below knee, through knee or Syme	R20,00	R194,00	R2 633,20		R20,00	R194,00	R2 633,20		R20,00	R155,20	R2 049,00	
0700	Scar revision/secondary closure: Amputated shoulder		R128,10	R1 737,90			R128,10	R1 737,90			R120,00	R1 583,70	
0701	Amputation: Trans-metatarsal or trans-tarsal	R20,00	R142,00	R1 927,20		R20,00	R142,00	R1 927,20		R20,00	R120,00	R1 584,20	
0702	Scar revision/secondary closure: Amputated humerus		R163,10	R2 212,70			R163,10	R2 212,70			R130,48	R1 722,00	
0703	Amputation: Foot: One ray	R20,00	R97,00	R1 316,60		R20,00	R97,00	R1 316,60		R20,00	R97,00	R1 280,70	
0704	Scar revision/secondary closure: Amputated forearm		R184,10	R2 498,00			R184,10	R2 498,00			R147,28	R1 943,80	
0705	Amputation: Toe	R20,00	R66,00	R895,50		R20,00	R66,00	R895,50		R20,00	R66,00	R871,30	
3.3.2	Amputations: Post-amputation reconstruction												
0706	Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
0707	Post-amputation reconstruction: Krukenberg reconstruction	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
0708	Re-amputation: Humerus		R223,10	R3 026,90			R223,10	R3 026,90			R178,48	R2 355,60	
0710	Re-amputation: Through forearm		R206,00	R2 794,90			R206,00	R2 794,90			R164,80	R2 174,80	
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	R20,00	R282,00	R3 827,40		R20,00	R282,00	R3 827,40		R20,00	R225,60	R2 978,40	
0712	Post-amputation reconstruction: Toe to thumb transfer	R20,00	R800,00	R10 857,90		R20,00	R800,00	R10 857,90		R20,00	R640,00	R8 449,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3.4	Muscles, tendons and fasciae												
3.4.1	Muscles, tendons and fasciae: Investigations												
0713	Electromyography	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	R20,00	R57,00	R773,50		R20,00	R57,00	R773,50		R20,00	R57,00	R752,50	
0715	Strength duration curve per session	R20,00	R10,50	R142,50		R20,00	R10,50	R142,50		R20,00	R10,50	R138,50	
0717	Electrical examination of single nerve or muscle	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
0718	Oxidative study for mitochondrial function	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
0721	Voltage integration during isometric contraction	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90		R20,00	R12,00	R158,50	
0723	Tonometry with edrophonium	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
0725	Isometric tension studies with edrophonium	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
0727	Cranial reflex study (both early and late responses) supra oculofacial or corneofacial or flabellofacial: Unilateral	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
0728	Cranial reflex study (both early and late responses) supra oculofacial or corneofacial or flabellofacial: Bilateral	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
0729	Tendon reflex time	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
0730	Limb brain somatosensory studies (per limb)	R20,00	R49,00	R665,00		R20,00	R49,00	R665,00		R20,00	R49,00	R646,80	
0731	Vision and audio-sensory studies	R20,00	R49,00	R665,00		R20,00	R49,00	R665,00		R20,00	R49,00	R646,80	
0733	Motor nerve conduction studies (single nerve)	R20,00	R26,00	R352,80		R20,00	R26,00	R352,80		R20,00	R26,00	R343,30	
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	R20,00	R31,00	R420,80		R20,00	R31,00	R420,80		R20,00	R31,00	R409,40	
0737	Biopsy for motor nerve terminals and end plates	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	R20,00	R34,00	R461,40		R20,00	R34,00	R461,40		R20,00	R34,00	R448,70	
0740	Muscle fatigue studies	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
0741	Muscle biopsy	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0742	Global fee for all muscle studies, including histochemical studies	R20,00	R262,00	R3 556,00		R20,00	R262,00	R3 556,00					
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	R20,00	R20,25	R274,80		R20,00	R20,25	R274,80					
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	R20,00	R33,30	R452,00		R20,00	R33,30	R452,00					
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	R20,00	R5,70	R77,40		R20,00	R5,70	R77,40					
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	R20,00	R1,60	R21,80		R20,00	R1,60	R21,80					
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	R20,00	R9,90	R134,40		R20,00	R9,90	R134,40					
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	R20,00	R13,70	R186,00		R20,00	R13,70	R186,00					
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	R20,00	R25,90	R351,60		R20,00	R25,90	R351,60					
4715	Biochemical estimations on muscle biopsy specimens: Enolase	R20,00	R32,70	R443,60		R20,00	R32,70	R443,60					
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	R20,00	R37,70	R511,90		R20,00	R37,70	R511,90					
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	R20,00	R15,75	R213,90		R20,00	R15,75	R213,90					
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	R20,00	R11,06	R150,10		R20,00	R11,06	R150,10					
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	R20,00	R34,70	R471,00		R20,00	R34,70	R471,00					
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucomutase	R20,00	R40,30	R546,80		R20,00	R40,30	R546,80					
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	R20,00	R28,80	R390,80		R20,00	R28,80	R390,80					
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	R20,00	R43,00	R583,80		R20,00	R43,00	R583,80					
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80					

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50					
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	R20,00	R71,00	R963,70		R20,00	R71,00	R963,70					
4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	R20,00	R69,00	R936,50		R20,00	R69,00	R936,50					
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	R20,00	R82,00	R1 113,00		R20,00	R82,00	R1 113,00					
4744	Biochemical estimations on muscle biopsy specimens: Tension/cafeine/ halothane procedure in malignant hyperthermia	R20,00	R143,00	R1 940,60		R20,00	R143,00	R1 940,60					
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00					
3.4.2	Muscles, tendons and fasciae: Decompression Operations												
0743	Major compartmental decompression	R20,00	R132,00	R1 791,60		R20,00	R132,00	R1 791,60		R20,00	R120,00	R1 584,20	
0744	Decompression operation: Fasciotomy only	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
5550	Decompression Faciotomy: Buttock compartments:(unilateral)		R243,00	R3 296,90			R243,00	R3 296,90			R243,00	R3 207,00	
5551	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). EXCLUDES debridement of nonviable muscle and/or nerve		R151,90	R2 060,80			R151,90	R2 060,80			R151,90	R2 004,70	
5552	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). INCLUDES debridement of nonviable muscle and/or nerve		R253,10	R3 433,70			R253,10	R3 433,70			R253,10	R3 340,30	
5553	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. EXCLUDES debridement of nonviable muscle and/or nerve		R123,70	R1 678,30			R123,70	R1 678,30			R123,70	R1 632,60	
5554	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. INCLUDES debridement of nonviable muscle and/or nerve		R162,10	R2 199,40			R162,10	R2 199,40			R162,10	R2 139,40	
5555	Decompression fasciotomy: Leg: Posterior compartment only. EXCLUDES debridement of nonviable muscle and/or nerve		R130,80	R1 774,70			R130,80	R1 774,70			R130,80	R1 726,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5556	Decompression fasciotomy: Leg: Posterior compartment only. INCLUDES debridement of nonviable muscle and/or nerve		R171,50	R2 326,80			R171,50	R2 326,80			R171,50	R2 263,30	
5557	Decompression fasciotomy: Fasciotomy/tenotomy, iliotibial		R137,30	R1 862,90			R137,30	R1 862,90			R137,30	R1 812,00	
5558	Decompression fasciotomy: Fasciotomy: Foot and/or toe		R86,60	R1 175,10			R86,60	R1 175,10			R86,60	R1 142,90	
5559	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. EXCLUDES debridement of nonviable muscle or nerve		R226,30	R3 070,40			R226,30	R3 070,40			R226,30	R2 986,40	
5560	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. INCLUDES debridement of nonviable muscle or nerve		R354,50	R4 809,60			R354,50	R4 809,60			R354,50	R4 678,40	
5561	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. EXCLUDES debridement of nonviable muscle or nerve		R166,80	R2 263,10			R166,80	R2 263,10			R166,80	R2 201,40	
5562	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. INCLUDES debridement of nonviable muscle or nerve		R321,10	R4 356,50			R321,10	R4 356,50			R321,10	R4 237,70	
5563	Decompression Faciotomy: Fingers and/or hand		R165,60	R2 246,80			R165,60	R2 246,80			R165,60	R2 185,50	
3.4.3	Muscles, tendons and fasciae: Muscle and tendon repair												
0745	Muscle and tendon repair: Biceps humeri	R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 439,10	
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
0747	Muscle and tendon repair: Rotator cuff	R20,00	R134,00	R1 818,80		R20,00	R134,00	R1 818,80		R20,00	R120,00	R1 584,20	
0748	Muscle and tendon repair: Debridement rotator cuff	R20,00	R139,70	R1 896,20		R20,00	R139,70	R1 896,20		R20,00	R120,00	R1 584,20	
0749	Muscle and tendon repair: Scapulopexy - Stand-alone procedure	R20,00	R271,90	R3 690,40		R20,00	R271,90	R3 690,40		R20,00	R217,52	R2 871,80	
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R120,00	R1 584,20	
0757	Muscle and tendon repair: Achilles tendon repair	R20,00	R197,60	R2 681,80		R20,00	R197,60	R2 681,80		R20,00	R158,08	R2 087,10	
0759	Muscle and tendon repair: Other single tendon	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
0760	Hand: Flexor tendon suture: Primary, zone 1 (each) (modifier 0005 applicable)		R220,30	R2 988,80			R220,30	R2 988,80			R176,24	R2 325,80	
0761	Hand: Flexor tendon repair: Primary, zone 2 (no mans land) (each) (modifier 0005 applicable)		R249,60	R3 386,40			R249,60	R3 386,40			R199,68	R2 635,10	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0762	Hand: Flexor tendon suture: Primary, zone 3 and 4 (wrist and forearm) (each) (modifier 0005 applicable)		R191,30	R2 595,40			R191,30	R2 595,40			R153,04	R2 019,80	
0763	Muscle and tendon repair: Tendon or ligament injection	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
0764	Hand: Flexor tendon repair: Secondary, zone 1		R243,90	R3 309,10			R243,90	R3 309,10			R195,10	R2 574,60	
0765	Hand: Flexor tendon repair: Secondary, zone 2 (no mans land)		R249,60	R3 386,40			R249,60	R3 386,40			R199,68	R2 635,10	
0766	Hand: Flexor tendon repair: Secondary, zone 3 and 4 (wrist and forearm)		R190,60	R2 586,00			R190,60	R2 586,00			R152,48	R2 012,30	
0767	Hand: Flexor tendon suture: Primary (per tendon)	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R120,00	R1 584,20	
0768	Repair: Intrinsic muscles of hand (each) (modifier 0005 applicable)		R125,30	R1 700,00			R125,30	R1 700,00			R100,24	R1 322,90	
0769	Hand: Flexor tendon suture: Secondary (per tendon)	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0771	Extensor tendon suture: Primary (per tendon)	R20,00	R129,70	R1 760,40		R20,00	R129,70	R1 760,40		R20,00	R120,00	R1 584,20	
0773	Extensor tendon suture: Secondary (per tendon)	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
0774	Repair of Boutonniere deformity or Mallet finger with graft	R20,00	R183,70	R2 493,20		R20,00	R183,70	R2 493,20		R20,00	R146,96	R1 940,20	
3.4.4	Muscles, tendons and fasciae: Tendon graft												
0775	Free tendon graft	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0776	Reconstruction of pulley for flexor tendon	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
0777	Tendon graft: Finger: Flexor	R20,00	R192,00	R2 606,00		R20,00	R192,00	R2 606,00		R20,00	R153,60	R2 027,90	
0779	Tendon graft: Finger: Extensor	R20,00	R122,00	R1 655,70		R20,00	R122,00	R1 655,70		R20,00	R120,00	R1 584,20	
0780	Two stage flexor tendon graft using silastic rod	R20,00	R240,00	R3 257,50		R20,00	R240,00	R3 257,50		R20,00	R192,00	R2 534,90	
3.4.5	Muscles, tendons and fasciae: Tendolysis												
0781	Tendon freeing operation, except where specified elsewhere	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
0782	Carpal tunnel syndrome	R20,00	R98,70	R1 339,60		R20,00	R98,70	R1 339,60		R20,00	R98,70	R1 303,20	
0783	Tenolysis: De Quervain	R20,00	R38,00	R515,70		R20,00	R38,00	R515,70		R20,00	R38,00	R501,80	
0784	Trigger finger	R20,00	R38,00	R515,70		R20,00	R38,00	R515,70		R20,00	R38,00	R501,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0785	Flexor tendon freeing operation following free tendon graft or suture	R20,00	R186,80	R2 535,50		R20,00	R186,80	R2 535,50		R20,00	R149,44	R1 972,90	
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	R20,00	R180,90	R2 455,20		R20,00	R180,90	R2 455,20		R20,00	R144,72	R1 910,60	
0788	Intrinsic tendon release per finger	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
0789	Central tendon tenotomy for Boutonniere deformity	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
3.4.6	Muscles, tendons and fasciae: Tenodesis												
0790	Tenodesis: Digital joint	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer												
0791	Single tendon transfer	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
0792	Multiple tendon transfer	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R120,00	R1 584,20	
0793	Hamstring to quadriceps transfer	R20,00	R141,00	R1 913,40		R20,00	R141,00	R1 913,40		R20,00	R120,00	R1 584,20	
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
0795	Tendon transfer at elbow	R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 531,60	
0802	Radial club hand repair - Stand-alone procedure	R20,00	R360,30	R4 890,10		R20,00	R360,30	R4 890,10		R20,00	R288,24	R3 805,50	
0803	Hand tendons: Single tendon transfer (first)	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
0809	Hand tendons: Substitution for intrinsic paralysis of hand	R20,00	R224,00	R3 040,30		R20,00	R224,00	R3 040,30		R20,00	R179,20	R2 365,80	
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	R20,00	R220,60	R2 994,20		R20,00	R220,60	R2 994,20		R20,00	R176,48	R2 329,90	
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening												
0812	Percutaneous Tenotomy: All sites	R20,00	R38,00	R515,70		R20,00	R38,00	R515,70		R20,00	R38,00	R501,80	
0813	Torticollis	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
0815	Scalenotomy	R20,00	R132,00	R1 791,60		R20,00	R132,00	R1 791,60		R20,00	R120,00	R1 584,20	
0817	Scalenotomy with excision of first rib	R20,00	R190,00	R2 578,70		R20,00	R190,00	R2 578,70		R20,00	R152,00	R2 006,60	
0821	Tennis elbow	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner's General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0822	Open release elbow (Mitals) - Stand-alone procedure	R20,00	R278,20	R3 775,70		R20,00	R278,20	R3 775,70		R20,00	R222,56	R2 938,30	
0823	Excision or slide for Volkmann's Contracture	R20,00	R192,00	R2 606,00		R20,00	R192,00	R2 606,00		R20,00	R153,60	R2 027,90	
0825	Hip: Open muscle release	R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 531,60	
0829	Knee: Quadriceps plasty	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0831	Knee: Open tenotomy	R20,00	R141,00	R1 913,40		R20,00	R141,00	R1 913,40		R20,00	R120,00	R1 584,20	
0835	Calf	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
0837	Open elongation tendon Achilles	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
0838	Percutaneous "Hoke" elongation tendo Achilles	R20,00	R79,30	R1 076,20		R20,00	R79,30	R1 076,20		R20,00	R79,30	R1 046,70	
0845	Foot: Plantar fasciotomy	R20,00	R70,00	R950,10		R20,00	R70,00	R950,10		R20,00	R70,00	R924,40	
0846	Foot: Postero-medial release for club-foot	R20,00	R192,00	R2 606,00		R20,00	R192,00	R2 606,00		R20,00	R153,60	R2 027,90	
3.5	Bursae and ganglia												
0847	Excision: Semimembranosus	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
0849	Excision: Prepatellar	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
0851	Excision: Olecranon	R20,00	R81,80	R1 110,10		R20,00	R81,80	R1 110,10		R20,00	R81,80	R1 080,00	
0853	Excision: Small bursa or ganglion	R20,00	R80,90	R1 097,90		R20,00	R80,90	R1 097,90		R20,00	R80,90	R1 068,10	
0855	Excision: Compound palmar ganglion or synovectomy	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 689,90	
0857	Bursae and ganglia: Aspiration or injection (no aftercare) (modifier 0005 not applicable)	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
3.6	Musculo-skeletal system: Miscellaneous												
3.6.1	Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet												
0859	Leg equalisation and congenital hips and feet: Leg shortening	R20,00	R282,00	R3 827,40		R20,00	R282,00	R3 827,40		R20,00	R225,60	R2 978,40	
0861	Leg equalisation and congenital hips and feet: Leg lengthening	R20,00	R416,00	R5 645,90		R20,00	R416,00	R5 645,90		R20,00	R332,80	R4 393,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 531,60	
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 439,10	
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0868	Open reduction of congenital dislocation of the hip	R20,00	R186,00	R2 524,40		R20,00	R186,00	R2 524,40		R20,00	R148,80	R1 964,50	
0869	Subsequent plasters	R20,00	R32,00	R434,30		R20,00	R32,00	R434,30		R20,00	R32,00	R422,60	
0873	Congenital club foot: Manipulation and plaster: One foot	R20,00	R26,00	R352,80		R20,00	R26,00	R352,80		R20,00	R26,00	R343,30	
0874	Ponseti technique assistant (medical practitioner)	R20,00	R13,00	R176,50	Z	R20,00	R13,00	R176,50	Z	R20,00	R13,00	R171,60	Z
3.6.2	Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis												
0883	Removal of internal fixatives or prosthesis: Readily accessible	R20,00	R36,60	R496,70		R20,00	R36,60	R496,70		R20,00	R36,60	R483,30	
0884	Removal of internal fixatives: Less accessible	R20,00	R75,50	R1 024,90		R20,00	R75,50	R1 024,90		R20,00	R75,50	R996,80	
0885	Removal of prosthesis for infection soon after operation	R20,00	R128,00	R1 737,30		R20,00	R128,00	R1 737,30		R20,00	R120,00	R1 584,20	
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks aftercare): ADD to the item for total joint replacement of the specific joint	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
3.7	Plasters (exclusive of aftercare)												
0887	Limb cast (excluding aftercare) (modifier 0005 not applicable)	R20,00	R13,00	R176,50	ò	R20,00	R13,00	R176,50	ò	R20,00	R13,00	R171,60	ò
0888	Application of short limb cast (forearm, lower leg) (excluding aftercare) (first cast included in procedure)		R18,40	R249,70			R18,40	R249,70			R18,40	R242,80	
0889	Spica, plaster jacket or hinged cast brace (excluding aftercare)	R20,00	R32,00	R434,30		R20,00	R32,00	R434,30		R20,00	R32,00	R422,60	
0891	Turnbuckle cast for scoliosis (excluding aftercare)	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	
0892	Application of cast: Revision (walker, window, bivalve) (excluding aftercare)		R18,90	R256,60			R18,90	R256,60			R18,90	R249,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding aftercare)	R20,00	R19,00	R257,80		R20,00	R19,00	R257,80		R20,00	R19,00	R250,80	
0894	Application of cast: Clubfoot (excluding aftercare) (first cast included in procedure)		R34,00	R461,30			R34,00	R461,30			R34,00	R448,60	
3.8	Musculo-skeletal system: Special areas												
3.8.1	Special areas: Foot and Ankle												
0895	Club foot: Revision club foot release - Stand-alone procedure	R20,00	R302,70	R4 108,40		R20,00	R302,70	R4 108,40		R20,00	R242,16	R3 197,00	
0896	Club foot: Posterior release only - Stand-alone procedure	R20,00	R159,30	R2 162,20		R20,00	R159,30	R2 162,20		R20,00	R127,44	R1 682,40	
0900	Excision tarsal coalition - Stand-alone procedure	R20,00	R141,50	R1 920,40		R20,00	R141,50	R1 920,40		R20,00	R120,00	R1 584,20	
0901	Tenotomy: Single tendon	R20,00	R63,30	R859,10		R20,00	R63,30	R859,10		R20,00	R63,30	R835,80	
0903	Hammer toe: One toe	R20,00	R99,50	R1 350,50		R20,00	R99,50	R1 350,50		R20,00	R99,50	R1 313,50	
0905	Filleting of toe or Ruiz-Mora procedure	R20,00	R99,50	R1 350,50		R20,00	R99,50	R1 350,50		R20,00	R99,50	R1 313,50	
0906	Arthrodesis Hallux	R20,00	R148,00	R2 008,60		R20,00	R148,00	R2 008,60		R20,00	R120,00	R1 584,20	
0907	Silver bunionectomy or similar for Hallux Valgus	R20,00	R126,20	R1 712,70		R20,00	R126,20	R1 712,70		R20,00	R120,00	R1 584,20	
	Not to be charged with item 0911												
0909	Excision arthroplasty	R20,00	R145,20	R1 970,60		R20,00	R145,20	R1 970,60		R20,00	R120,00	R1 584,20	
0910	Cheilectomy or metatarsophangeal implant Hallux	R20,00	R183,00	R2 483,80		R20,00	R183,00	R2 483,80		R20,00	R146,40	R1 933,00	
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - Stand-alone procedure	R20,00	R189,20	R2 567,70		R20,00	R189,20	R2 567,70		R20,00	R151,36	R1 998,20	
	Not to be charged with item 0907												
5730	Hallux Valgus double osteotomy etc.	R20,00	R182,60	R2 478,30		R20,00	R182,60	R2 478,30		R20,00	R146,08	R1 928,60	
5731	Distal soft tissue procedure for Hallux Valgus	R20,00	R173,60	R2 356,10		R20,00	R173,60	R2 356,10		R20,00	R138,88	R1 833,50	
5732	Aitkin procedure or similar	R20,00	R166,80	R2 263,90		R20,00	R166,80	R2 263,90		R20,00	R133,44	R1 761,80	
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 201,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5735	Repair angular deformity toe (lesser toes)	R20,00	R97,20	R1 319,40		R20,00	R97,20	R1 319,40		R20,00	R97,20	R1 283,20	
5736	Sesamoidectomy	R20,00	R97,80	R1 327,10		R20,00	R97,80	R1 327,10		R20,00	R97,80	R1 291,20	
5737	Repair major foot tendons e.g. Tib Post	R20,00	R147,30	R1 999,20		R20,00	R147,30	R1 999,20		R20,00	R120,00	R1 584,20	
5738	Repair of dislocating peroneal tendons	R20,00	R173,20	R2 350,70		R20,00	R173,20	R2 350,70		R20,00	R138,56	R1 829,50	
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	R20,00	R202,30	R2 745,80		R20,00	R202,30	R2 745,80		R20,00	R161,84	R2 136,90	
5740	Steindler strip - plantar fascia	R20,00	R97,20	R1 319,40		R20,00	R97,20	R1 319,40		R20,00	R97,20	R1 283,20	
5741	Kelikian syndactilly (one web space)	R20,00	R97,20	R1 319,40		R20,00	R97,20	R1 319,40		R20,00	R97,20	R1 283,20	
5742	Tendon transfer foot	R20,00	R172,00	R2 334,60		R20,00	R172,00	R2 334,60		R20,00	R137,60	R1 816,70	
5743	Capsulotomy metatarsophalangeal joints: Foot	R20,00	R86,80	R1 178,00		R20,00	R86,80	R1 178,00		R20,00	R86,80	R1 146,00	
3.8.2	Big toe (refer to section 3.8.1 for procedures on big toe)												
3.8.3	Special areas: Reimplantations												
0912	Replantation of amputated upper limb proximal to wrist joint	R20,00	R730,00	R9 907,40		R20,00	R730,00	R9 907,40		R20,00	R584,00	R7 710,20	
0913	Replantation of thumb	R20,00	R670,00	R9 093,40		R20,00	R670,00	R9 093,40		R20,00	R536,00	R7 076,50	
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	R20,00	R580,00	R7 871,90		R20,00	R580,00	R7 871,90		R20,00	R464,00	R6 125,90	
0915	Replantation operation through the palm	R20,00	R1 270,00	R17 236,60		R20,00	R1 270,00	R17 236,60		R20,00	R1 016,00	R13 413,60	
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)												
0919	Tumours: Epidermoid cysts	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
0920	Tumours: Ganglion or fibroma	R20,00	R77,50	R1 051,80		R20,00	R77,50	R1 051,80		R20,00	R77,50	R1 023,20	
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	R20,00	R86,00	R1 167,10		R20,00	R86,00	R1 167,10		R20,00	R86,00	R1 135,30	
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	R20,00	R19,00	R257,80		R20,00	R19,00	R257,80		R20,00	R19,00	R250,80	
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	R20,00	R32,00	R434,30		R20,00	R32,00	R434,30		R20,00	R32,00	R422,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	R20,00	R37,00	R502,20		R20,00	R37,00	R502,20		R20,00	R37,00	R488,40	
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioner s.												
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	R20,00	R16,00	R217,40		R20,00	R16,00	R217,40		R20,00	R16,00	R211,10	
3.8.5	Special areas: Spine												
	Please note the following with regard to section 3.8.5: Spine a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together: 1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis. 2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition. b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Osteotomy, laminectomy.												
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	R20,00	R207,00	R2 809,70		R20,00	R207,00	R2 809,70		R20,00	R165,60	R2 186,50	
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	R20,00	R42,00	R570,00		R20,00	R42,00	R570,00		R20,00	R42,00	R554,50	
0929	Manipulation of spine under general anaesthetic: (no aftercare) (modifier 0005 not applicable)	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
0930	Posterior osteotomy of spine: One vertebral segment	R20,00	R339,00	R4 600,90		R20,00	R339,00	R4 600,90		R20,00	R271,20	R3 580,50	
0931	Posterior spinal fusion: One level	R20,00	R385,00	R5 225,20		R20,00	R385,00	R5 225,20		R20,00	R308,00	R4 066,20	
0932	Posterior osteotomy of spine: Each additional vertebral segment	R20,00	R103,00	R1 397,90		R20,00	R103,00	R1 397,90		R20,00	R103,00	R1 359,70	
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	R20,00	R315,00	R4 275,00		R20,00	R315,00	R4 275,00		R20,00	R252,00	R3 327,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	R20,00	R103,00	R1 397,90		R20,00	R103,00	R1 397,90		R20,00	R103,00	R1 359,70	
0938	Anterior fusion base of skull to C2	R20,00	R449,00	R6 093,90		R20,00	R449,00	R6 093,90		R20,00	R359,20	R4 742,40	
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
0941	Anterior interbody fusion: One level	R20,00	R360,00	R4 886,00		R20,00	R360,00	R4 886,00		R20,00	R288,00	R3 802,20	
0942	Anterior interbody fusion: Each additional level	R20,00	R102,00	R1 384,40		R20,00	R102,00	R1 384,40		R20,00	R102,00	R1 346,60	
0944	Posterior fusion: Occiput to C2	R20,00	R390,00	R5 293,00		R20,00	R390,00	R5 293,00		R20,00	R312,00	R4 119,10	
0946	Posterior spinal fusion: Each additional level	R20,00	R111,00	R1 506,40		R20,00	R111,00	R1 506,40		R20,00	R111,00	R1 465,80	
0948	Posterior interbody lumbar fusion: One level	R20,00	R364,00	R4 940,30		R20,00	R364,00	R4 940,30		R20,00	R291,20	R3 844,50	
0950	Posterior interbody lumbar fusion: Each additional interspace	R20,00	R95,00	R1 289,30		R20,00	R95,00	R1 289,30		R20,00	R95,00	R1 254,20	
0959	Excision of coccyx	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
0961	Costo-transversectomy	R20,00	R198,00	R2 687,20		R20,00	R198,00	R2 687,20		R20,00	R158,40	R2 091,30	
0963	Antero-lateral decompression of spinal cord or anterior debridement	R20,00	R326,00	R4 424,50		R20,00	R326,00	R4 424,50		R20,00	R260,80	R3 443,10	
MODIFIER													
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed												
3.8.6	Special areas: Spinal deformities												
	Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees).												
0952	Posterior fusion for spinal deformity: Up to 6 levels	R20,00	R359,00	R4 872,50		R20,00	R359,00	R4 872,50		R20,00	R287,20	R3 791,80	
0954	Posterior fusion for spinal deformity: 7 to 12 levels	R20,00	R547,00	R7 424,00		R20,00	R547,00	R7 424,00		R20,00	R437,60	R5 777,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0955	Posterior fusion for spinal deformity: 13 or more levels	R20,00	R593,00	R8 048,20		R20,00	R593,00	R8 048,20		R20,00	R474,40	R6 263,20	
0956	Anterior fusion for spinal deformity: 2 or 3 levels	R20,00	R410,00	R5 564,60		R20,00	R410,00	R5 564,60		R20,00	R328,00	R4 330,40	
0957	Anterior fusion for spinal deformity: 4 to 7 levels	R20,00	R444,00	R6 026,00		R20,00	R444,00	R6 026,00		R20,00	R355,20	R4 689,50	
0958	Anterior fusion for spinal deformity: 8 or more levels	R20,00	R539,00	R7 315,30		R20,00	R539,00	R7 315,30		R20,00	R431,20	R5 693,10	
MODIFIER													
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere												
3.8.7	Special areas: All spinal problems												
0943	Laminectomy with decompression of nerve roots and disc removal: One level	R20,00	R240,00	R3 257,50		R20,00	R240,00	R3 257,50		R20,00	R192,00	R2 534,90	
0960	Posterior non-segmental instrumentation	R20,00	R167,00	R2 266,70		R20,00	R167,00	R2 266,70		R20,00	R133,60	R1 763,80	
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	R20,00	R176,00	R2 388,60		R20,00	R176,00	R2 388,60		R20,00	R140,80	R1 859,10	
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	R20,00	R201,00	R2 727,80		R20,00	R201,00	R2 727,80		R20,00	R160,80	R2 123,00	
0966	Posterior segmental instrumentation:13 or more vertebrae	R20,00	R245,00	R3 325,30		R20,00	R245,00	R3 325,30		R20,00	R196,00	R2 587,50	
0968	Anterior instrumentation: 2 to 3 vertebrae	R20,00	R159,00	R2 157,90		R20,00	R159,00	R2 157,90		R20,00	R127,20	R1 679,40	
0969	Skull or skull-femoral traction including two weeks aftercare	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
0970	Anterior instrumentation: 4 to 7 vertebrae	R20,00	R185,00	R2 510,90		R20,00	R185,00	R2 510,90		R20,00	R148,00	R1 954,00	
0971	Halo-splint and POP jacket including two weeks aftercare	R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 531,60	
0972	Anterior instrumentation: 8 or more vertebrae	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
0974	Additional pelvic fixation of instrumentation other than sacrum	R20,00	R108,00	R1 465,90		R20,00	R108,00	R1 465,90		R20,00	R108,00	R1 426,00	
5750	Reinsertion of instrumentation	R20,00	R276,00	R3 745,70		R20,00	R276,00	R3 745,70		R20,00	R220,80	R2 914,90	
5751	Removal of posterior non-segmental instrumentation	R20,00	R173,00	R2 347,90		R20,00	R173,00	R2 347,90		R20,00	R138,40	R1 827,20	
5752	Removal of posterior segmental instrumentation	R20,00	R175,00	R2 375,20		R20,00	R175,00	R2 375,20		R20,00	R140,00	R1 848,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5753	Removal of anterior instrumentation	R20,00	R204,00	R2 768,80		R20,00	R204,00	R2 768,80		R20,00	R163,20	R2 154,70	
5755	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels	R20,00	R295,00	R4 003,80		R20,00	R295,00	R4 003,80		R20,00	R236,00	R3 115,80	
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	R20,00	R304,00	R4 126,10		R20,00	R304,00	R4 126,10		R20,00	R243,20	R3 210,80	
5757	Laminectomy for decompression without foraminotomy or diskectory more than two levels	R20,00	R321,00	R4 357,00		R20,00	R321,00	R4 357,00		R20,00	R256,80	R3 390,50	
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	R20,00	R63,00	R855,00		R20,00	R63,00	R855,00		R20,00	R63,00	R831,70	
5759	Laminectomy for decompression diskectomy, etc. revision operation	R20,00	R352,00	R4 777,40		R20,00	R352,00	R4 777,40		R20,00	R281,60	R3 717,90	
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	R20,00	R301,00	R4 085,40		R20,00	R301,00	R4 085,40		R20,00	R240,80	R3 179,10	
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	R20,00	R68,00	R922,90		R20,00	R68,00	R922,90		R20,00	R68,00	R897,80	
5763	Anterior disc removal and spinal decompression cervical: One level	R20,00	R344,00	R4 668,70		R20,00	R344,00	R4 668,70		R20,00	R275,20	R3 633,40	
5764	Anterior disc removal and spinal decompression cervical: Each additional level	R20,00	R81,00	R1 099,30		R20,00	R81,00	R1 099,30		R20,00	R81,00	R1 069,30	
5765	Vertebral corpectomy for spinal decompression: One level	R20,00	R466,00	R6 324,60		R20,00	R466,00	R6 324,60		R20,00	R372,80	R4 921,80	
5766	Vertebral corpectomy for spinal decompression: Each additional level	R20,00	R88,00	R1 194,30		R20,00	R88,00	R1 194,30		R20,00	R88,00	R1 161,80	
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	R20,00	R71,00	R963,70		R20,00	R71,00	R963,70		R20,00	R71,00	R937,30	
3.9	Facial bone procedures												
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9												
0987	Repair of orbital floor (blowout fracture)	R20,00	R184,60	R2 505,50		R20,00	R184,60	R2 505,50		R20,00	R147,68	R1 949,60	
0988	Genioplasty	R20,00	R263,00	R3 569,50		R20,00	R263,00	R3 569,50		R20,00	R210,40	R2 777,80	
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	R20,00	R202,20	R2 744,10		R20,00	R202,20	R2 744,10		R20,00	R161,76	R2 135,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	R20,00	R302,00	R4 098,90		R20,00	R302,00	R4 098,90		R20,00	R241,60	R3 189,90	
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	R20,00	R433,00	R5 877,10		R20,00	R433,00	R5 877,10		R20,00	R346,40	R4 573,30	
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	R20,00	R970,00	R13 164,90		R20,00	R970,00	R13 164,90		R20,00	R776,00	R10 245,00	
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	R20,00	R302,00	R4 098,90		R20,00	R302,00	R4 098,90		R20,00	R241,60	R3 189,90	
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	R20,00	R1 103,00	R14 970,20		R20,00	R1 103,00	R14 970,20		R20,00	R882,40	R11 649,80	
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	R20,00	R1 654,00	R22 448,20		R20,00	R1 654,00	R22 448,20		R20,00	R1 323,20	R17 469,10	
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	R20,00	R0,00		F	R20,00	R0,00		F	R20,00	R0,00	R0,00	F
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	R20,00	R302,00	R4 098,90		R20,00	R302,00	R4 098,90		R20,00	R241,60	R3 189,90	
0998	Excision mandible bone, e.g. osteomyelitis, abscess		R219,30	R0,00			R219,30	R0,00			R175,44	R2 317,10	
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	R20,00	R184,00	R2 497,30		R20,00	R184,00	R2 497,30		R20,00	R147,20	R1 943,40	
1000	Excision facial bone e.g., osteomyelitis, abscess		R144,30	R0,00			R144,30	R0,00			R120,00	R1 585,00	
1001	Temporo-mandibular joint: Reconstruction for dysfunction	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
1002	Harvesting: Bone for contouring of benign bony growths (e.g., fibrous dysplasia)		R189,20	R0,00			R189,20	R0,00			R151,36	R1 999,10	
1003	Manipulation: Immobilisation and follow-up of fractured nose	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
1005	Nasal fracture without manipulation	R20,00	R0,00		F	R20,00	R0,00		F	R20,00	R0,00	R0,00	F
1007	Mandibulectomy	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
1008	Excision: Torus Mandibularis		R84,10	R0,00			R84,10	R0,00			R84,10	R1 110,70	
1009	Maxillectomy	R20,00	R382,50	R5 191,40		R20,00	R382,50	R5 191,40		R20,00	R306,00	R4 040,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1010	Excision: Torus Palatinus		R83,30	R0,00			R83,30	R0,00			R83,30	R1 100,10	
1011	Bone graft to mandible	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
1012	Adjustment of occlusion by ramisection	R20,00	R227,00	R3 080,90		R20,00	R227,00	R3 080,90		R20,00	R181,60	R2 397,40	
1013	Fracture of arch of zygoma without displacement	R20,00	R0,00		F	R20,00	R0,00		F	R20,00	R0,00	R0,00	F
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	R20,00	R131,00	R1 778,00		R20,00	R131,00	R1 778,00		R20,00	R120,00	R1 584,20	
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	R20,00	R262,00	R3 556,00		R20,00	R262,00	R3 556,00		R20,00	R209,60	R2 767,20	
4	RESPIRATORY SYSTEM												
4.1	Nose and sinuses												
1018	Flexible nasopharyngolaryngoscope examination	R20,00	R51,94	R704,90		R20,00	R51,94	R704,90		R20,00	R51,94	R685,90	
1019	ENT endoscopy in rooms with rigid endoscope	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90					
1020	Repair of perforated septum: Any method	R20,00	R141,90	R1 925,90		R20,00	R141,90	R1 925,90		R20,00	R120,00	R1 584,20	
1022	Functional reconstruction of nasal septum	R20,00	R121,20	R1 645,10		R20,00	R121,20	R1 645,10		R20,00	R120,00	R1 584,20	
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	R20,00	R64,60	R876,90		R20,00	R64,60	R876,90		R20,00	R64,60	R852,90	
1027	Dacrocystorhinostomy	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	R20,00	R62,60	R849,70		R20,00	R62,60	R849,70		R20,00	R62,60	R826,50	
1030	Endoscopic turbinectomy: Laser or microdebrider	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
1031	Removal of single nasal polyp at rooms (at initial consultation only)	R20,00	R25,40	R344,80		R20,00	R25,40	R344,80		R20,00	R25,40	R335,50	
1033	Removal of multiple polyps in hospital under general anaesthetic	R20,00	R81,80	R1 110,10		R20,00	R81,80	R1 110,10		R20,00	R81,80	R1 080,00	
1034	Autogenous nasal bone transplant: Bone removal included	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
1035	Functional endoscopic sinus surgery: Unilateral	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10		R20,00	R120,00	R1 584,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1036	Functional endoscopic sinus surgery: Bilateral	R20,00	R245,00	R3 325,30		R20,00	R245,00	R3 325,30		R20,00	R196,00	R2 587,50	
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
1045	Ligation anterior ethmoidal artery	R20,00	R135,40	R1 837,60		R20,00	R135,40	R1 837,60		R20,00	R120,00	R1 584,20	
1047	Caldwell-Luc operation: Unilateral	R20,00	R137,30	R1 863,40		R20,00	R137,30	R1 863,40		R20,00	R120,00	R1 584,20	
1048	Endonasal frontal sinus drainage, with or without removal of tissue (modifier 0069 applies)		R152,20	R0,00			R152,20	R0,00			R121,76	R1 608,20	
1049	Ligation internal maxillary artery	R20,00	R196,00	R2 660,10		R20,00	R196,00	R2 660,10		R20,00	R156,80	R2 070,00	
1050	Vidian neurectomy (transantral or transnasal)	R20,00	R113,00	R1 533,70		R20,00	R113,00	R1 533,70		R20,00	R113,00	R1 491,70	
1051	Removal nasopharyngeal fibroma	R20,00	R285,00	R3 868,10		R20,00	R285,00	R3 868,10		R20,00	R228,00	R3 010,20	
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1053	Frontal sinus drainage, trephine operation	R20,00	R93,10	R1 263,50		R20,00	R93,10	R1 263,50		R20,00	R93,10	R1 229,10	
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)	R20,00	R37,30	R506,30		R20,00	R37,30	R506,30					
1055	External frontal ethmoidectomy	R20,00	R190,70	R2 588,20		R20,00	R190,70	R2 588,20		R20,00	R152,56	R2 013,90	
1056	Anterior cranial fossa, craniofacial approach, extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	R20,00	R433,30	R5 880,60		R20,00	R433,30	R5 880,60					
1057	External ethmoidectomy and/or sphenoidectomy	R20,00	R199,40	R2 706,40		R20,00	R199,40	R2 706,40		R20,00	R159,52	R2 106,10	
1058	Sublabial transseptal sphenoidotomy	R20,00	R137,00	R1 859,50		R20,00	R137,00	R1 859,50		R20,00	R120,00	R1 584,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1059	Frontal osteomyelitis	R20,00	R194,00	R2 633,20		R20,00	R194,00	R2 633,20		R20,00	R155,20	R2 049,00	
1060	Obliteration of frontal sinus	R20,00	R291,10	R3 950,80		R20,00	R291,10	R3 950,80		R20,00	R232,88	R3 074,60	
1061	Lateral rhinotomy	R20,00	R164,00	R2 225,90		R20,00	R164,00	R2 225,90		R20,00	R131,20	R1 732,30	
1062	Excision nasolabial cyst	R20,00	R186,10	R2 525,60		R20,00	R186,10	R2 525,60		R20,00	R148,88	R1 965,30	
1063	Removal of foreign bodies from nose: At rooms	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1065	Removal of foreign body from nose: Under general anaesthetic	R20,00	R38,60	R523,70		R20,00	R38,60	R523,70		R20,00	R38,60	R509,60	
1067	Proof puncture at rooms: Unilateral	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1069	Proof puncture, uni- or bilateral under general anaesthetic	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
1071	Proetz treatment (consultation fee only to be charged for first treatment)	R20,00	R4,00	R54,30		R20,00	R4,00	R54,30		R20,00	R4,00	R52,90	
1077	Septum abscess: At rooms, including aftercare	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
1079	Septum abscess: Under general anaesthetic	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
1081	Oro-antral fistula (without Caldwell-Luc)	R20,00	R111,80	R1 517,40		R20,00	R111,80	R1 517,40		R20,00	R111,80	R1 476,10	
1083	Choanal atresia: Intranasal approach	R20,00	R113,00	R1 533,70		R20,00	R113,00	R1 533,70		R20,00	R113,00	R1 491,70	
1084	Choanal atresia: Transpalatal approach	R20,00	R194,00	R2 633,20		R20,00	R194,00	R2 633,20		R20,00	R155,20	R2 049,00	
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
1089	Forehead rhinoplasty (all stages): Total	R20,00	R552,00	R7 491,90		R20,00	R552,00	R7 491,90		R20,00	R441,60	R5 830,30	
1091	Forehead rhinoplasty (all stages): Partial	R20,00	R414,00	R5 618,90		R20,00	R414,00	R5 618,90		R20,00	R331,20	R4 372,60	
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	R20,00	R138,00	R1 873,10		R20,00	R138,00	R1 873,10		R20,00	R120,00	R1 584,20	
1095	Full nasal reconstruction for secondary cleft lip deformity	R20,00	R357,90	R4 857,50		R20,00	R357,90	R4 857,50		R20,00	R286,32	R3 780,00	
1097	Partial nasal reconstruction for cleft lip deformity	R20,00	R199,70	R2 710,10		R20,00	R199,70	R2 710,10		R20,00	R159,76	R2 109,30	
1099	Columella reconstruction or lengthening	R20,00	R138,00	R1 873,10		R20,00	R138,00	R1 873,10		R20,00	R120,00	R1 584,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4896	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, brow incision	R20,00	R220,10	R2 986,90		R20,00	R220,10	R2 986,90					
4897	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, coronal incision	R20,00	R232,90	R3 160,80		R20,00	R232,90	R3 160,80					
4898	Sinusotomy: Obliterative frontal, with osteoplastic flap, brow incision	R20,00	R181,60	R2 464,70		R20,00	R181,60	R2 464,70					
4899	Sinusotomy: Obliterative frontal, with osteoplastic flap, coronal incision	R20,00	R120,00	R1 628,50		R20,00	R120,00	R1 628,50					
4900	Sinusotomy: Non-oblitterative frontal, with osteoplastic flap, brow incision	R20,00	R196,60	R2 667,60		R20,00	R196,60	R2 667,60					
4901	Sinusotomy: Non-oblitterative frontal, with osteoplastic flap, coronal incision	R20,00	R195,40	R2 652,80		R20,00	R195,40	R2 652,80					
MODIFIERS GOVERNING NASAL OPERATIONS													
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083												
4.2	Throat												
1101	Tonsillectomy (dissection of the tonsils)	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
1102	Laser tonsillectomy	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
1105	Removal of adenoids	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	R20,00	R168,30	R2 284,40		R20,00	R168,30	R2 284,40		R20,00	R134,64	R1 777,60	
1107	Opening of quinsy: At rooms	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90		R20,00	R12,00	R158,50	
1108	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon	R20,00	R85,00	R1 153,50		R20,00	R85,00	R1 153,50		R20,00	R85,00	R1 122,00	
1109	Opening of quinsy: Under general anaesthetic	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
1110	Ludwig's Angina: Drainage	R20,00	R42,00	R570,00		R20,00	R42,00	R570,00		R20,00	R42,00	R554,50	
1111	Post tonsillectomy or adenoidectomy haemorrhage	R20,00	R46,00	R624,40		R20,00	R46,00	R624,40		R20,00	R46,00	R607,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1112	Pharyngeal pouch operation	R20,00	R231,80	R3 145,90		R20,00	R231,80	R3 145,90		R20,00	R185,44	R2 448,40	
1113	Retropharyngeal abscess: Internal approach	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
1115	Retropharyngeal abscess: External approach	R20,00	R85,00	R1 153,50		R20,00	R85,00	R1 153,50		R20,00	R85,00	R1 122,00	
1116	Functional reconstruction of palate and uvula	R20,00	R168,30	R2 284,40		R20,00	R168,30	R2 284,40		R20,00	R134,64	R1 777,60	
4.3	Larynx												
1117	Laryngeal intubation	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1118	Laryngeal stroboscopy with video capture	R20,00	R39,00	R529,40		R20,00	R39,00	R529,40		R20,00	R39,00	R515,10	
1119	Laryngectomy without block dissection of the neck	R20,00	R430,00	R5 835,90		R20,00	R430,00	R5 835,90		R20,00	R344,00	R4 541,70	
1122	Laryngeal function studies	R20,00	R11,60	R157,30		R20,00	R11,60	R157,30				R0,00	
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00				R0,00	
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding aftercare)	R20,00	R81,10	R1 100,50		R20,00	R81,10	R1 100,50		R20,00	R81,10	R1 070,70	
1126	Post laryngectomy for voice restoration	R20,00	R139,50	R1 893,30		R20,00	R139,50	R1 893,30		R20,00	R120,00	R1 584,20	
1127	Tracheotomy	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
1128	Endolaryngeal operations	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	R20,00	R294,40	R3 995,50		R20,00	R294,40	R3 995,50		R20,00	R235,52	R3 109,20	
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	R20,00	R41,40	R562,00		R20,00	R41,40	R562,00		R20,00	R41,40	R546,40	
1131	Direct laryngoscopy plus foreign body removal	R20,00	R64,60	R876,90		R20,00	R64,60	R876,90		R20,00	R64,60	R852,90	
4916	Laryngoplasty: Laryngeal web, two stage, with keel insertion and removal	R20,00	R220,50	R2 992,40		R20,00	R220,50	R2 992,40				R0,00	
4917	Laryngoplasty: Laryngeal stenosis, with graft or core mold, including tracheotomy	R20,00	R342,10	R4 642,80		R20,00	R342,10	R4 642,80				R0,00	
4918	Laryngoplasty: Open reduction of fracture	R20,00	R293,80	R3 986,90		R20,00	R293,80	R3 986,90				R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4919	Laryngoplasty: Cricoid split	R20,00	R184,20	R2 500,70		R20,00	R184,20	R2 500,70				R0,00	
4922	Tracheostoma: Revision, without flap rotation, simple	R20,00	R102,40	R1 389,90		R20,00	R102,40	R1 389,90				R0,00	
4923	Tracheostoma: Revision, with flap rotation, complex	R20,00	R133,80	R1 816,60		R20,00	R133,80	R1 816,60				R0,00	
4926	Tracheostomy: Fenestration with skin flaps	R20,00	R144,30	R1 958,80		R20,00	R144,30	R1 958,80				R0,00	
4927	Tracheostomy: Revision of scar	R20,00	R105,50	R1 432,00		R20,00	R105,50	R1 432,00				R0,00	
4928	Tracheostomy/fistula: Closure, without plastic repair	R20,00	R104,00	R1 411,50		R20,00	R104,00	R1 411,50				R0,00	
4929	Tracheostomy/fistula: Closure, with plastic repair	R20,00	R120,00	R1 628,50		R20,00	R120,00	R1 628,50				R0,00	
4932	Tracheobronchoscopy: Through established tracheostomy incision	R20,00	R37,70	R511,90		R20,00	R37,70	R511,90				R0,00	
4933	Tracheoplasty: Cervical	R20,00	R208,10	R2 824,10		R20,00	R208,10	R2 824,10				R0,00	
4934	Tracheoplasty: Tracheopharyngeal fistulisation, per stage	R20,00	R263,20	R3 572,40		R20,00	R263,20	R3 572,40				R0,00	
MODIFIERS													
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (òFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff)												
4.4	Bronchial procedures												
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy												
1132	Bronchoscopy: Diagnostic bronchoscopy	R20,00	R65,00	R882,10		R20,00	R65,00	R882,10		R20,00	R65,00	R858,10	
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
1134	Bronchoscopy: Bronchoscopy with laser	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00				R0,00	
1136	Nebulisation (in rooms)	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90		R20,00	R12,00	R158,50	
1137	Bronchial lavage											R0,00	
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4.5	Pleura												
1139	Pleural needle biopsy (no aftercare) (modifier 0005 not applicable)	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1141	Insertion of intercostal catheter (under water drainage)	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1142	Intra-pleural block	R20,00	R36,00	R488,60		R20,00	R36,00	R488,60		R20,00	R36,00	R475,40	
1143	Paracentesis chest: Diagnostic	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
1145	Paracentesis chest: Therapeutic	R20,00	R13,00	R176,50		R20,00	R13,00	R176,50		R20,00	R13,00	R171,60	
1147	Pneumothorax: Induction (diagnostic)	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
1149	Pleurectomy	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
1151	Decortication of lung	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	R20,00	R55,00	R746,40		R20,00	R55,00	R746,40		R20,00	R55,00	R726,10	
4.6	Pulmonary procedures												
4.6.1	Pulmonary procedures: Surgical												
1155	Needle biopsy lung: (no aftercare) (modifier 0005 not applicable)	R20,00	R32,00	R434,30		R20,00	R32,00	R434,30		R20,00	R32,00	R422,60	
1157	Pneumonectomy	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
1159	Pulmonary lobectomy	R20,00	R389,50	R5 286,30		R20,00	R389,50	R5 286,30		R20,00	R311,60	R4 113,80	
1161	Segmental lobectomy	R20,00	R365,00	R4 953,80		R20,00	R365,00	R4 953,80		R20,00	R292,00	R3 855,00	
1163	Excision tracheal stenosis: Cervical	R20,00	R375,00	R5 089,70		R20,00	R375,00	R5 089,70		R20,00	R300,00	R3 960,70	
1164	Excision tracheal stenosis: Intra thoracic	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	R20,00	R215,00	R2 918,00		R20,00	R215,00	R2 918,00		R20,00	R172,00	R2 270,90	
1168	Thoracoplasty: Complete	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
1169	Thoracoplasty: Limited (osteoplastic)	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
1171	Drainage empyema (including six weeks after treatment)	R20,00	R170,00	R2 307,40		R20,00	R170,00	R2 307,40		R20,00	R136,00	R1 795,70	
1173	Drainage of lung abscess (including six weeks after treatment)	R20,00	R170,00	R2 307,40		R20,00	R170,00	R2 307,40		R20,00	R136,00	R1 795,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1175	Thoracotomy (limited): For lung or pleural biopsy	R20,00	R115,00	R1 560,70		R20,00	R115,00	R1 560,70		R20,00	R115,00	R1 518,30	
1177	Major: Diagnostic, as for inoperable carcinoma	R20,00	R215,00	R2 918,00		R20,00	R215,00	R2 918,00		R20,00	R172,00	R2 270,90	
1179	Thoracoscopy	R20,00	R89,00	R1 208,00		R20,00	R89,00	R1 208,00		R20,00	R89,00	R1 175,20	
1181	Lung transplant: Unilateral	R20,00	R600,00	R8 143,30		R20,00	R600,00	R8 143,30		R20,00	R480,00	R6 337,10	
1182	Harvesting donor lung: Unilateral	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
1183	Excision or plication of emphysematous cyst: Unilateral	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	R20,00	R438,00	R5 944,50		R20,00	R438,00	R5 944,50		R20,00	R350,40	R4 626,10	
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
4.6.2	Pulmonary function tests												
	When these procedures are performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.												
1186	Flow volume test: Inspiration/expiration	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
1187	Exhaled nitric oxide determination	R20,00	R4,90	R66,60		R20,00	R4,90	R66,60				R0,00	
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1189	Forced expirogram only	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	R20,00	R45,31	R614,90		R20,00	R45,31	R614,90				R0,00	
1191	N2 single breath distribution	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1192	Peak expiratory flow only	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	R20,00	R37,76	R512,50		R20,00	R37,76	R512,50				R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioners General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1195	Thoracic gas volume	R20,00	R37,93	R514,80		R20,00	R37,93	R514,80				R0,00	
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	R20,00	R45,31	R614,90		R20,00	R45,31	R614,90				R0,00	
1197	Compliance and resistance, using oesophageal balloon	R20,00	R24,00	R325,80		R20,00	R24,00	R325,80		R20,00	R24,00	R316,80	
1198	Prolonged post exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine, other chemical agent or after exercise, with subsequent spirometry	R20,00	R55,89	R758,40		R20,00	R55,89	R758,40		R20,00	R55,89	R737,70	
1199	Pulmonary stress testing: For determination of VO2 max	R20,00	R96,50	R1 309,70		R20,00	R96,50	R1 309,70		R20,00	R96,50	R1 274,20	
1200	Carbon monoxide diffusing capacity, any method	R20,00	R38,06	R516,60		R20,00	R38,06	R516,60				R0,00	
1201	Maximum inspiratory/expiratory pressure	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
4.7	Intensive care												
RULES GOVERNING THIS SECTION													
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and X-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion inpatient s under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)												
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) 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 for 24-hours.												
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Catogory 1: Cases requiring intensive monitoring												
4.7.1	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures												
1202	Insertion of central venous catheter via peripheral vein in neonates	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
4.7.2	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care												
1204	Intensive care: Category 1 (High Care) : Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
	(i) Only one practitioner may charge category 1: Intensive monitoring of patient in high care unit. (ii) Item 1204 may not be charged by the surgeon who performed a surgical procedure. Intensive monitoring is regarded as normal postoperative care, which is included in the global fee attached to that surgical procedure (iii) Practitioners involved in treating a patient in a high care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1205	Intensive care: Category 2 (ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): First day	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
1206	Intensive care: Category 2 (ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): Subsequent days, per day	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1207	Intensive care: Category 2(ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): After two weeks, per day	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
	Please Note: (i) The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109 (ii) Only one practitioner may charge category 2: Intensive monitoring of patient in intensive care unit. (iii) Should a patient during the post-operative care period require active system support, the person who is responsible for the active systems support, may use items 1205-1207 (as appropriate). (iv) It would be acceptable for the surgeon who performed a surgical procedure of which the aftercare is included, to charge fees according to the appropriate hospital follow-up visit (item 0109) (v) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1208	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	R20,00	R137,00	R1 859,50		R20,00	R137,00	R1 859,50		R20,00	R120,00	R1 584,20	
1209	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	R20,00	R58,00	R787,10		R20,00	R58,00	R787,10		R20,00	R58,00	R765,90	
1210	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
	Please note: (i) Items 1208-1210 are used if more than one practitioner is involved in active system support on a category 2 patient in the intensive care unit. (ii) Items 1208-1210 are used for category 3 patients with multiple organ failure. (iv) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.												
4.7.3	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Procedures												
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.												
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) - 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc.											R0,00	
1212	Ventilation: First day	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1213	Ventilation: Subsequent days, per day	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1214	Ventilation: After two weeks, per day	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
1215	Insertion of arterial pressure cannula	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1217	Insertion of central venous line via peripheral vein	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1218	Insertion of central venous line via subclavian or jugular veins	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
1219	Hyperalimentation (daily tariff)	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
1220	Patient-controlled analgesic pump: Hire fee: Per 24-hours (Cassette to be charged for according to item 0201 per patient)	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
1221	Professional fee for managing a patient-controlled analgesic pump: First 24-hours (for subsequent days charged the appropriate hospital follow-up consultation/visit code)	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
4.8	Hyperbaric Oxygen Therapy												
	Internationally recognized scientific indications for Hyperbaric Oxygen Therapy: a. Arterial gas embolism (traumatic or iatrogenic). b. Decompression sickness ('the bends') c. Carbon monoxide poisoning d. Gas gangrene e. Crush injuries, compartment syndromes or acute traumatic ischaemias. f. Problem wounds (selected diabetic wounds, complicated pressure sores, arterial and refractory venous stasis ulcers and non-union) g. Necrotising soft tissue infections (e.g. necrotising fasciitis) h. Refractory osteomyelitis. i. Bone and soft tissue radiation necrosis. j. Compromised skin grafts and flaps. k. Acute thermal burns. l. Acute bloodloss anaemia (transfusion is contraindicated - e.g. Jehovah's Witnesses or haemolytic anaemia). m. Cerebral abscesses												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Low pressure table (1,5-1,8 ATA x 45-60 min): PROFESSIONAL COMPONENT	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	R20,00	R101,13	R1 372,50	Z	R20,00	R101,13	R1 372,50	Z	R20,00	R101,13	R1 335,10	Z
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Routine HBO table (2-2,5 ATA x 90-120 min): PROFESSIONAL COMPONENT	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	R20,00	R131,26	R1 781,30	Z	R20,00	R131,26	R1 781,30	Z	R20,00	R131,26	R1 732,90	Z
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Emergency HBO table (2,5-3 ATA x 90-120 min): PROFESSIONAL COMPONENT	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	R20,00	R131,26	R1 781,30	Z	R20,00	R131,26	R1 781,30	Z	R20,00	R131,26	R1 732,90	Z
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT5 (2,8 ATA x 135 min): PROFESSIONAL COMPONENT	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	R20,00	R214,18	R2 906,80	Z	R20,00	R214,18	R2 906,80	Z	R20,00	R214,18	R2 827,80	Z
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6 (2,8 ATA x 285 min): PROFESSIONAL COMPONENT	R20,00	R190,00	R2 578,70		R20,00	R190,00	R2 578,70		R20,00	R190,00	R2 508,40	
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	R20,00	R386,42	R5 244,90	Z	R20,00	R386,42	R5 244,90	Z	R20,00	R386,42	R5 101,40	Z

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6ext/6A or Cx 30 (2,8-6 ATA x 305-490 min): PROFESSIONAL COMPONENT	R20,00	R327,00	R4 438,10		R20,00	R327,00	R4 438,10		R20,00	R327,00	R4 317,10	
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	R20,00	R680,85	R9 240,70	Z	R20,00	R680,85	R9 240,70	Z	R20,00	R680,85	R8 988,80	Z
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	R20,00	R678,28	R9 205,70	Z	R20,00	R678,28	R9 205,70	Z	R20,00	R678,28	R8 954,80	Z
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	R20,00	R671,85	R9 118,30	Z	R20,00	R671,85	R9 118,30	Z	R20,00	R671,85	R8 870,00	Z
4815	Prolonged attendance inside a hyperbaric chamber: 40,00 clinical procedure units per half hour or part thereof for the first hour, thereafter 20,00 clinical procedure units per half hour: Minimum 40,00 clinical procedure units; maximum 320,00 clinical procedure units											R0,00	
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.												
5	MEDIASTINAL PROCEDURES												
1222	Mediastinal tumours	R20,00	R285,00	R3 868,10		R20,00	R285,00	R3 868,10		R20,00	R228,00	R3 010,20	
1223	Mediastinoscopy	R20,00	R95,00	R1 289,30		R20,00	R95,00	R1 289,30		R20,00	R95,00	R1 254,20	
1224	Mediastinotomy	R20,00	R115,00	R1 560,70		R20,00	R115,00	R1 560,70		R20,00	R115,00	R1 518,30	
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
1226	Removal of single rib with a lesion	R20,00	R282,00	R3 827,40		R20,00	R282,00	R3 827,40		R20,00	R225,60	R2 978,40	
6	CARDIOVASCULAR SYSTEM												
MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP													
6.1	Cardiovascular system: General												
1227	Prolonged neonatal resuscitation	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
	Where ECG is done by a General Practitioner but interpreted by a physician, the General Practitioner is entitled to a consultation fee, plus half of fee determined for ECG												
1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)									R20,00	R4,50	R59,40	
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)									R20,00	R6,50	R85,80	
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added												
1230	Physician's fee for interpreting an ECG: Without effort	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60				R0,00	
1231	Physician's fee for interpreting an ECG: With and without effort	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50				R0,00	
	A specialist physician is entitled to the fees specified in item 1230 and 1231 for interpretation of an ECG tracing referred for interpretation. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation												
1232	Electrocardiogram: Without effort	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
1233	Electrocardiogram: With and without effort	R20,00	R13,00	R176,50		R20,00	R13,00	R176,50		R20,00	R13,00	R171,60	
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
1235	Multi-stage treadmill test	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
1236	Electrocardiogram without effort: Under 4 years old	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30		R20,00	R18,00	R237,70	
1237	24-hour ambulatory blood pressure: Hire fee	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
1238	24-hour ambulatory ECG monitoring (holter): Hire fee	R20,00	R55,00	R746,40		R20,00	R55,00	R746,40		R20,00	R55,00	R726,10	
1239	24-hour ambulatory ECG monitoring (holter): Interpretation	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
1240	Signal averaged electrocardiogram	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
1241	X-ray Screening: Chest	R20,00	R4,00	R54,30		R20,00	R4,00	R54,30		R20,00	R4,00	R52,90	
1242	X-ray screening: Prosthetic valves	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	R20,00	R55,00	R746,40		R20,00	R55,00	R746,40		R20,00	R55,00	R726,10	
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
1245	Angiography cerebral: First two series	R20,00	R34,30	R465,60		R20,00	R34,30	R465,60		R20,00	R34,30	R452,90	
1246	Angiography peripheral: Per limb	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	R20,00	R65,00	R882,10		R20,00	R65,00	R882,10		R20,00	R65,00	R858,10	
1248	Paracentesis of pericardium	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	
MODIFIER GOVERNING PAEDIATRIC CARDIAC CATHETERISATION BY PAEDIATRIC CARDIOLOGISTS WITH A "33" PRACTICE NUMBER													
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%												
6.2	Invasive Cardiology												
6.2.1	Invasive cardiology: Cardiac catheterisation												
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10				R0,00	
1250	Endomyocardial biopsy	R20,00	R70,00	R950,10		R20,00	R70,00	R950,10		R20,00	R70,00	R924,40	
1251	Transeptal puncture	R20,00	R70,00	R950,10		R20,00	R70,00	R950,10		R20,00	R70,00	R924,40	
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10				R0,00	
1253	Right heart catheterisation (with or without biopsy)	R20,00	R70,00	R950,10		R20,00	R70,00	R950,10				R0,00	
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
1255	Tilt test	R20,00	R31,30	R424,80		R20,00	R31,30	R424,80		R20,00	R31,30	R413,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6.2.2	Invasive cardiology: Electrophysiological study												
1256	Ventricular stimulation study	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60				R0,00	
1257	Full electrophysiological study	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60				R0,00	
6.2.3	Invasive cardiology: Pacemakers												
1258	Pacemaker: Permanent - single chamber	R20,00	R155,00	R2 103,90		R20,00	R155,00	R2 103,90		R20,00	R124,00	R1 637,10	
1259	Pacemaker: Permanent - dual chamber	R20,00	R230,00	R3 121,70		R20,00	R230,00	R3 121,70		R20,00	R184,00	R2 429,10	
1260	AV nodal ablation	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
1261	Accessory pathway ablation	R20,00	R600,00	R8 143,30		R20,00	R600,00	R8 143,30		R20,00	R480,00	R6 337,10	
1262	Electrophysiological mapping	R20,00	R500,00	R6 786,00		R20,00	R500,00	R6 786,00		R20,00	R400,00	R5 280,80	
1263	Insertion transvenous implantable defibrillator	R20,00	R212,00	R2 877,30		R20,00	R212,00	R2 877,30		R20,00	R169,60	R2 239,20	
1264	Test for implantable transvenous defibrillator	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
1265	Renewal of pacemaker unit only, team fee	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60		R20,00	R120,00	R1 584,20	
1266	Resiting pacemaker generator	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
1267	Repositioning of catheter electrode	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1268	Threshold testing: Own equipment	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70				R0,00	
1269	Threshold testing: Hospital equipment	R20,00	R11,00	R149,40		R20,00	R11,00	R149,40				R0,00	
1270	Programming of atrio-ventricular sequential pacemaker	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
1274	Percutaneous transluminal thrombectomy for clot extraction in native coronary arteries and venous and arterial bypass grafts	R20,00	R260,00	R3 528,80		R20,00	R260,00	R3 528,80		R20,00	R208,00	R2 746,00	
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
6.2.4	Invasive cardiology: Percutaneous transluminal angioplasty												
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	R20,00	R260,00	R3 528,80		R20,00	R260,00	R3 528,80		R20,00	R208,00	R2 746,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10		R20,00	R120,00	R1 584,20	
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	R20,00	R260,00	R3 528,80		R20,00	R260,00	R3 528,80		R20,00	R208,00	R2 746,00	
1283	Use of balloon procedure as in item 1282: Second cardiologist	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10		R20,00	R120,00	R1 584,20	
1284	Atherectomy: Single lesion: First cardiologist	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
1285	Atherectomy: Single lesion: Second cardiologist	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
1286	Insertion of intravascular stent: First cardiologist	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
1287	Insertion of intravascular stent: Second cardiologist	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
	The insertion of a stent(s) (item 1286 & 1267) may only be charged once per vessel regardless of the number of stents inserted in this vessel.												
1290	Use of balloon procedures including: First paediatric cardiologist (33): Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty; Closure atrial septal defect; Closure of patient ductus arteriosus	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60				R0,00	
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60				R0,00	
1292	Multi-slice computed tomography coronary angiography: Own equipment	R20,00	R655,26	R8 893,30		R20,00	R655,26	R8 893,30		R20,00	R524,21	R6 920,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5961	Balloon angioplasty pulmonary mitral valve or tricuspid valve		R437,70	R5 938,60			R437,70	R5 938,60				R0,00	
5962	Balloon angioplasty aortic valve (congenital aortic stenosis)		R424,10	R5 753,90			R424,10	R5 753,90				R0,00	
5963	Balloon angioplasty, pulmonary artery branches: First vessel		R202,00	R2 740,60			R202,00	R2 740,60				R0,00	
5964	Balloon angioplasty, pulmonary artery branches: Subsequent vessels (per vessel)		R101,60	R1 378,50			R101,60	R1 378,50				R0,00	
5965	Balloon angioplasty aorta for congenital lesion/coarctation		R629,70	R8 543,40			R629,70	R8 543,40				R0,00	
5966	Balloon/cutting balloon angioplasty, collateral vessel (incl MAPCA) or venous system (IVC, SVC, systemic vein): First vessel		R451,40	R6 124,30			R451,40	R6 124,30				R0,00	
5967	Balloon angioplasty, collateral vessel (incl. MAPCA): Subsequent vessels (per vessel)		R112,85	R1 531,00			R112,85	R1 531,00				R0,00	
5968	Balloon angioplasty venous system (IVC, SVC, systemic vein)		R451,40	R6 124,30			R451,40	R6 124,30				R0,00	
5969	Cutting balloon angioplasty, cardiovascular structure: First vessel		R451,40	R6 124,30			R451,40	R6 124,30				R0,00	
5970	Cutting balloon angioplasty, cardiovascular structure: Subsequent vessels (per vessel)		R112,85	R1 531,00			R112,85	R1 531,00				R0,00	
6.2.5	Invasive cardiology: Paediatric cardiac catheterisation												
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
1289	Paediatric cardiac catheterisation: Infants below the age of one year	R20,00	R263,00	R3 569,50		R20,00	R263,00	R3 569,50		R20,00	R210,40	R2 777,80	
6.3	Cardiac surgery												
1294	Patent ductus arteriosus	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
1295	Pericardiectomy for constrictive pericarditis	R20,00	R400,00	R5 428,70		R20,00	R400,00	R5 428,70		R20,00	R320,00	R4 224,60	
1296	Fractional flow reserve (FFR): First vessel (add-on code)		R28,00	R379,90			R28,00	R379,90			R28,00	R369,60	
1297	Coarctation of aorta	R20,00	R425,00	R5 768,20		R20,00	R425,00	R5 768,20		R20,00	R340,00	R4 488,90	
1298	Fractional flow reserve (FFR): Each additional vessel (add-on code)		R22,40	R304,00			R22,40	R304,00			R22,40	R295,80	
1299	Systemo-pulmonary anastomosis	R20,00	R425,00	R5 768,20		R20,00	R425,00	R5 768,20		R20,00	R340,00	R4 488,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1300	Renal denervation (RDN), per artery (modifier 0005 applicable)		R223,00	R3 025,60			R223,00	R3 025,60			R178,40	R2 354,40	
1301	Mitral valvotomy: Closed heart technique	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
1302	Heart transplant	R20,00	R875,00	R11 875,80		R20,00	R875,00	R11 875,80		R20,00	R700,00	R9 241,60	
1303	Harvesting donor heart	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
1305	Operative implantation of cardiac pacemaker by thoracotomy	R20,00	R220,00	R2 985,80		R20,00	R220,00	R2 985,80		R20,00	R176,00	R2 323,40	
1307	Re-exploration after cardiac surgery	R20,00	R215,00	R2 918,00		R20,00	R215,00	R2 918,00		R20,00	R172,00	R2 270,90	
1308	Heart and lung transplant	R20,00	R1 000,00	R13 572,10		R20,00	R1 000,00	R13 572,10		R20,00	R800,00	R10 561,70	
1309	Harvesting donor heart and lungs	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
1311	Pericardial drainage	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10		R20,00	R120,00	R1 584,20	
6.3.1	Cardiac surgery: Open heart surgery												
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20				R0,00	
1320	Repeat open heart surgery (additional fee above procedure fee)	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
1321	Stand-by fee for coronary angioplasty	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50				R0,00	
6.3.1.1	Cardiac surgery: Open heart surgery: Congenital conditions												
1323	Atrial septal defect: Osteum secundum	R20,00	R500,00	R6 786,00		R20,00	R500,00	R6 786,00		R20,00	R400,00	R5 280,80	
1325	Atrial septal defect: Sinus venosus or osteum primum	R20,00	R563,00	R7 641,00		R20,00	R563,00	R7 641,00		R20,00	R450,40	R5 946,30	
1327	Atrial septal defect: Ventricular septal defect	R20,00	R603,80	R8 195,00		R20,00	R603,80	R8 195,00		R20,00	R483,04	R6 377,30	
1329	Atrial septal defect: Fallot's tetralogy	R20,00	R563,00	R7 641,00		R20,00	R563,00	R7 641,00		R20,00	R450,40	R5 946,30	
1330	Atrial septal defect: Pulmonary stenosis	R20,00	R500,00	R6 786,00		R20,00	R500,00	R6 786,00		R20,00	R400,00	R5 280,80	
1331	Transposition of large vessels (venous repair)	R20,00	R563,00	R7 641,00		R20,00	R563,00	R7 641,00		R20,00	R450,40	R5 946,30	
1332	Transposition of great arteries (arterial repair)	R20,00	R750,00	R10 178,90		R20,00	R750,00	R10 178,90		R20,00	R600,00	R7 921,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1333	Ebstein's Anomaly	R20,00	R563,00	R7 641,00		R20,00	R563,00	R7 641,00		R20,00	R450,40	R5 946,30	
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	R20,00	R548,80	R7 448,30		R20,00	R548,80	R7 448,30		R20,00	R439,04	R5 796,40	
1335	Total anomalous venous drainage	R20,00	R563,00	R7 641,00		R20,00	R563,00	R7 641,00		R20,00	R450,40	R5 946,30	
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	R20,00	R658,90	R8 942,70		R20,00	R658,90	R8 942,70		R20,00	R527,12	R6 959,40	
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	R20,00	R500,00	R6 786,00		R20,00	R500,00	R6 786,00		R20,00	R400,00	R5 280,80	
1338	Fontan type repair	R20,00	R750,00	R10 178,90		R20,00	R750,00	R10 178,90		R20,00	R600,00	R7 921,40	
6.3.1.2	Cardiac surgery: Open heart surgery: Acquired conditions												
1339	Mitral valve replacement	R20,00	R657,00	R8 916,80		R20,00	R657,00	R8 916,80		R20,00	R525,60	R6 939,30	
1340	Mitral valvuloplasty	R20,00	R688,00	R9 337,60		R20,00	R688,00	R9 337,60		R20,00	R550,40	R7 266,40	
1341	Aortic valve replacement	R20,00	R623,80	R8 466,30		R20,00	R623,80	R8 466,30		R20,00	R499,04	R6 588,50	
1342	Tricuspid annulo plasty	R20,00	R188,00	R2 551,70		R20,00	R188,00	R2 551,70		R20,00	R150,40	R1 985,50	
1343	Double valve replacement	R20,00	R968,90	R13 149,80		R20,00	R968,90	R13 149,80		R20,00	R775,12	R10 233,60	
1344	Acute dissecting aneurysm repair	R20,00	R750,00	R10 178,90		R20,00	R750,00	R10 178,90		R20,00	R600,00	R7 921,40	
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	R20,00	R1 000,00	R13 572,10		R20,00	R1 000,00	R13 572,10		R20,00	R800,00	R10 561,70	
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	R20,00	R175,00	R2 375,20		R20,00	R175,00	R2 375,20		R20,00	R140,00	R1 848,20	
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	R20,00	R750,00	R10 178,90		R20,00	R750,00	R10 178,90		R20,00	R600,00	R7 921,40	
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	R20,00	R781,00	R10 599,90		R20,00	R781,00	R10 599,90		R20,00	R624,80	R8 248,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	R20,00	R813,00	R11 033,80		R20,00	R813,00	R11 033,80		R20,00	R650,40	R8 586,80	
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	R20,00	R875,00	R11 875,80		R20,00	R875,00	R11 875,80		R20,00	R700,00	R9 241,60	
1352	Cardiac aneurysm	R20,00	R563,00	R7 641,00		R20,00	R563,00	R7 641,00		R20,00	R450,40	R5 946,30	
1353	Ascending/descending thoracic aortic aneurysm repair	R20,00	R625,00	R8 482,60		R20,00	R625,00	R8 482,60		R20,00	R500,00	R6 601,20	
1354	Arrhythmia surgery	R20,00	R688,00	R9 337,60		R20,00	R688,00	R9 337,60		R20,00	R550,40	R7 266,40	
1355	Cardiac tumour	R20,00	R625,00	R8 482,60		R20,00	R625,00	R8 482,60		R20,00	R500,00	R6 601,20	
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	R20,00	R188,00	R2 551,70		R20,00	R188,00	R2 551,70		R20,00	R150,40	R1 985,50	
1358	Harvesting of radial artery	R20,00	R175,00	R2 375,20		R20,00	R175,00	R2 375,20		R20,00	R140,00	R1 848,20	
6.4	Peripheral vascular system												
MODIFIER GOVERNING THIS SECTION													
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins											R0,00	
6.4.1	Peripheral vascular system: Investigations												
1357	Skin temperature test: Response to reflex heating	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
1359	Skin temperature test: Response to reflex cooling	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
1360	Closure: Left atrial appendage (LAA)		R828,00	R11 233,90			R828,00	R11 233,90			R662,40	R8 742,00	
1361	Cold sensitivity test	R20,00	R17,00	R230,70		R20,00	R17,00	R230,70		R20,00	R17,00	R224,50	
1362	Trans-aortic valve implantation (TAVI)/Transcatheter aortic valve replacement (TAVR)		R397,50	R5 393,10			R397,50	R5 393,10			R318,00	R4 196,90	
1363	Oscillometry test	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
1365	Sweating test	R20,00	R17,00	R230,70		R20,00	R17,00	R230,70		R20,00	R17,00	R224,50	
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	R20,00	R26,30	R357,10		R20,00	R26,30	R357,10		R20,00	R26,30	R347,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1367	Doppler blood tests	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
5369	Doppler arterial pressures	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
5371	Doppler arterial pressures with exercise	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
5373	Doppler segmental pressures and wave forms	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90		R20,00	R12,00	R158,50	
5375	Venous doppler examination (both limbs)	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
5377	Venous plethysmography	R20,00	R16,00	R217,40		R20,00	R16,00	R217,40		R20,00	R16,00	R211,10	
5379	Supra-orbital doppler test	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
5381	Carotid non-invasive complex tests	R20,00	R39,00	R529,40		R20,00	R39,00	R529,40		R20,00	R39,00	R515,10	
6.4.2	Peripheral vascular system: Arterio-venous abnormalities												
1369	Fistula or aneurysm (as for grafting of various arteries)											R0,00	
6.4.3	Arteries												
6.4.3.1	Peripheral vascular system: Arteries: Aorta-iliac and major branches												
1372	Abdominal aorta and iliac artery: Unruptured	R20,00	R540,00	R7 328,80		R20,00	R540,00	R7 328,80		R20,00	R432,00	R5 703,40	
1373	Abdominal aorta and iliac artery: Ruptured	R20,00	R600,00	R8 143,30		R20,00	R600,00	R8 143,30		R20,00	R480,00	R6 337,10	
1375	Grafting and/or thrombo-endarterectomy for thrombosis	R20,00	R444,00	R6 026,00		R20,00	R444,00	R6 026,00		R20,00	R355,20	R4 689,50	
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	R20,00	R594,00	R8 061,70		R20,00	R594,00	R8 061,70		R20,00	R475,20	R6 273,80	
6.4.3.2	Peripheral vascular system: Arteries: Iliac artery												
1379	Prosthetic grafting and/or thrombo-endarterectomy	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
6.4.3.3	Peripheral vascular system: Arteries: Peripheral												
1385	Prosthetic grafting	R20,00	R255,00	R3 460,80		R20,00	R255,00	R3 460,80		R20,00	R204,00	R2 693,20	
1387	Grafting vein: Vein grafting proximal to knee joint	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
1388	Grafting vein: Distal to knee joint	R20,00	R444,00	R6 026,00		R20,00	R444,00	R6 026,00		R20,00	R355,20	R4 689,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1389	Grafting vein: Endarterectomy when not part of another specified procedure	R20,00	R264,00	R3 583,20		R20,00	R264,00	R3 583,20		R20,00	R211,20	R2 788,30	
1390	Grafting vein: Carotid endarterectomy	R20,00	R321,00	R4 357,00		R20,00	R321,00	R4 357,00		R20,00	R256,80	R3 390,50	
1393	Embolectomy: Peripheral embolectomy transfemoral	R20,00	R168,00	R2 280,20		R20,00	R168,00	R2 280,20		R20,00	R134,40	R1 774,40	
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60		R20,00	R100,00	R1 320,20	
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure	R20,00	R264,00	R3 583,20		R20,00	R264,00	R3 583,20		R20,00	R211,20	R2 788,30	
1397	Profundoplasty	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
1399	Distal tibial (ankle region)	R20,00	R456,00	R6 189,00		R20,00	R456,00	R6 189,00		R20,00	R364,80	R4 816,10	
1401	Femoro-femoral	R20,00	R254,00	R3 447,30		R20,00	R254,00	R3 447,30		R20,00	R203,20	R2 682,80	
1402	Carotid-subclavian	R20,00	R288,00	R3 908,70		R20,00	R288,00	R3 908,70		R20,00	R230,40	R3 041,70	
1403	Axillo-femoral: (Bifemoral + 50%)	R20,00	R288,00	R3 908,70		R20,00	R288,00	R3 908,70		R20,00	R230,40	R3 041,70	
6.4.4	Peripheral vascular system: Veins												
1407	Ligation of saphenous vein	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1408	Placement of Hickman catheter or similar	R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 201,30	
1410	Ligation of inferior vena cava: Abdominal	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
1412	Umbrella operation on inferior vena cava: Abdominal	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	R20,00	R141,00	R1 913,40		R20,00	R141,00	R1 913,40		R20,00	R120,00	R1 584,20	
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	R20,00	R247,00	R3 352,30		R20,00	R247,00	R3 352,30		R20,00	R197,60	R2 608,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1417	Extensive sub-fascial ligation of perforating veins	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60		R20,00	R120,00	R1 584,20	
1419	Lesser varicose vein procedures	R20,00	R31,00	R420,80		R20,00	R31,00	R420,80		R20,00	R31,00	R409,40	
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	R20,00	R240,00	R3 257,50		R20,00	R240,00	R3 257,50		R20,00	R192,00	R2 534,90	
1427	Thrombectomy: Illio-femoral	R20,00	R175,00	R2 375,20		R20,00	R175,00	R2 375,20		R20,00	R140,00	R1 848,20	
6.4.5	Peripheral vascular system: Portal hypertension												
1429	Porto-caval shunt	R20,00	R500,00	R6 786,00		R20,00	R500,00	R6 786,00		R20,00	R400,00	R5 280,80	
6.5	Cardiac rehabilitation												
1431	Cardiac rehabilitation: Phase II: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 5 patients per group	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90		R20,00	R12,00	R158,50	
1432	Cardiac rehabilitation: Phase III: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 10 patients per group	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
	Please note : a. A practitioner is only allowed to instruct one group at a time. b. Benefits are limited to 3 times per week for a period of 60 minutes with a maximum of 3 months.												
7	LYMPHO RETICULAR SYSTEM												
7.1	Spleen												
1435	Splenectomy (in all cases)	R20,00	R221,30	R3 003,60		R20,00	R221,30	R3 003,60		R20,00	R177,04	R2 337,50	
1436	Splenorrhaphy	R20,00	R231,80	R3 145,90		R20,00	R231,80	R3 145,90		R20,00	R185,44	R2 448,40	
1437	Bone marrow or blood-derived peripheral stem cell transplantation: allogeneic donor lymphocyte infusions - PROFESSIONAL COMPONENT		R28,10	R381,20			R28,10	R381,20			R28,10	R370,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1438	Bone marrow or blood-derived peripheral stem cell transplantation: allogeneic - PROFESSIONAL COMPONENT		R36,90	R500,60			R36,90	R500,60			R36,90	R486,90	
7.2	Lymph nodes and lymphatic channels												
1439	Excision of lymph node for biopsy: Neck or axilla	R20,00	R65,00	R882,10		R20,00	R65,00	R882,10		R20,00	R65,00	R858,10	
1440	Bone marrow or blood-derived peripheral stem cell transplantation: autologous - PROFESSIONAL COMPONENT		R36,80	R499,40			R36,80	R499,40			R36,80	R485,70	
1441	Excision of lymph node for biopsy: Groin	R20,00	R65,00	R882,10		R20,00	R65,00	R882,10		R20,00	R65,00	R858,10	
1442	Lymphadenectomy: Modified radical neck dissection, cervical	R20,00	R293,10	R3 978,40		R20,00	R293,10	R3 978,40				R0,00	
1443	Simple excision of lymph nodes for tuberculosis	R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 201,30	
1444	Blood-derived haematopoietic progenitor cell harvesting for transplantation, per collection: allogeneic - PROFESSIONAL COMPONENT		R23,50	R318,90			R23,50	R318,90			R23,50	R310,10	
1445	Radical excision of lymph nodes of neck: Total: Unilateral	R20,00	R315,00	R4 275,00		R20,00	R315,00	R4 275,00		R20,00	R252,00	R3 327,00	
1446	Blood-derived haematopoietic progenitor cell harvesting for transplantation, per collection: autologous - PROFESSIONAL COMPONENT		R23,80	R322,90			R23,80	R322,90			R23,80	R313,90	
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	R20,00	R235,00	R3 189,40		R20,00	R235,00	R3 189,40		R20,00	R188,00	R2 482,20	
1448	Bone marrow harvesting for transplant - PROFESSIONAL COMPONENT		R101,00	R1 370,40			R101,00	R1 370,40			R101,00	R1 332,90	
1449	Radical excision of lymph nodes of axilla	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	R20,00	R58,00	R787,10		R20,00	R58,00	R787,10		R20,00	R58,00	R765,90	
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	R20,00	R175,00	R2 375,20		R20,00	R175,00	R2 375,20		R20,00	R140,00	R1 848,20	
1453	Radical excision of lymph nodes of groin: Inguinal	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	R20,00	R39,00	R529,40		R20,00	R39,00	R529,40		R20,00	R39,00	R515,10	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	R20,00	R275,00	R3 732,20		R20,00	R275,00	R3 732,20		R20,00	R220,00	R2 904,50	
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis	R20,00	R42,00	R570,00		R20,00	R42,00	R570,00		R20,00	R42,00	R554,50	
1457	Bone marrow biopsy: By trephine	R20,00	R13,00	R176,50		R20,00	R13,00	R176,50		R20,00	R13,00	R171,60	
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
1459	Staging laparotomy for lymphoma (including splenectomy	R20,00	R245,00	R3 325,30		R20,00	R245,00	R3 325,30		R20,00	R196,00	R2 587,50	
1460	Sentinel lymph node(s): Intra-operative identification; INCLUDES injection of non-radioactive dye, when performed		R40,40	R548,30			R40,40	R548,30			R40,40	R533,00	
8	DIGESTIVE SYSTEM												
MODIFIERS GOVERNING THIS SECTION													
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.											R0,00	
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	R20,00	R21,00	R285,00		R20,00	R21,00	R285,00		R20,00	R21,00	R277,40	
8.1	Oral cavity												
1461	All dental procedures			R0,00				R0,00			R4,00	R348,10	T
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
1467	Drainage of intra-oral abscess	R20,00	R31,00	R420,80		R20,00	R31,00	R420,80		R20,00	R31,00	R409,40	
1469	Local excision of mucosal lesion of oral cavity	R20,00	R23,00	R312,20		R20,00	R23,00	R312,20		R20,00	R23,00	R303,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	R20,00	R549,00	R7 451,00		R20,00	R549,00	R7 451,00		R20,00	R439,20	R5 798,50	
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	R20,00	R0,00		q	R20,00	R0,00		q	R20,00	R0,00	R0,00	q
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	R20,00	R215,00	R2 918,00		R20,00	R215,00	R2 918,00		R20,00	R172,00	R2 270,90	
1477	Cleft palate: Secondary repair	R20,00	R174,20	R2 364,40		R20,00	R174,20	R2 364,40		R20,00	R139,36	R1 839,80	
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	R20,00	R240,00	R3 257,50		R20,00	R240,00	R3 257,50		R20,00	R192,00	R2 534,90	
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	R20,00	R227,00	R3 080,90		R20,00	R227,00	R3 080,90		R20,00	R181,60	R2 397,40	
1480	Repair of oronasal fistula (large) e.g. distant flap	R20,00	R227,00	R3 080,90		R20,00	R227,00	R3 080,90		R20,00	R181,60	R2 397,40	
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	R20,00	R138,00	R1 873,10		R20,00	R138,00	R1 873,10		R20,00	R120,00	R1 584,20	
1482	Repair of oronasal fistula (large): Second stage	R20,00	R138,00	R1 873,10		R20,00	R138,00	R1 873,10		R20,00	R120,00	R1 584,20	
1483	Alveolar periosteal or other flaps for arch closure	R20,00	R138,00	R1 873,10		R20,00	R138,00	R1 873,10		R20,00	R120,00	R1 584,20	
1486	Closure of anterior nasal floor	R20,00	R138,00	R1 873,10		R20,00	R138,00	R1 873,10		R20,00	R120,00	R1 584,20	
8.2	Lips												
1484	Cleft lip repair: Lip adhesion (cleft lip)	R20,00	R95,00	R1 289,30		R20,00	R95,00	R1 289,30		R20,00	R95,00	R1 254,20	
1485	Local excision of benign lesion of lip	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
1487	Resection for lip malignancy	R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 201,30	
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	R20,00	R227,00	R3 080,90		R20,00	R227,00	R3 080,90		R20,00	R181,60	R2 397,40	
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	R20,00	R251,60	R3 415,00		R20,00	R251,60	R3 415,00		R20,00	R201,28	R2 657,40	
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	R20,00	R329,90	R4 477,30		R20,00	R329,90	R4 477,30		R20,00	R263,92	R3 484,20	
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	R20,00	R227,00	R3 080,90		R20,00	R227,00	R3 080,90		R20,00	R181,60	R2 397,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	R20,00	R251,60	R3 415,00		R20,00	R251,60	R3 415,00		R20,00	R201,28	R2 657,40	
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 201,30	
1495	Abbé or Estlander type flap (all stages included)	R20,00	R273,10	R3 706,50		R20,00	R273,10	R3 706,50		R20,00	R218,48	R2 884,60	
1497	Vermilionectomy	R20,00	R94,90	R1 288,00		R20,00	R94,90	R1 288,00		R20,00	R94,90	R1 252,80	
1499	Lip reconstruction following an injury: Direct repair	R20,00	R105,60	R1 433,20		R20,00	R105,60	R1 433,20		R20,00	R105,60	R1 394,10	
1501	Lip reconstruction following an injury or tumour removal: Flap repair	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	R20,00	R104,00	R1 411,40		R20,00	R104,00	R1 411,40		R20,00	R104,00	R1 373,20	
8.3	Tongue												
1505	Partial glossectomy	R20,00	R225,00	R3 053,80		R20,00	R225,00	R3 053,80		R20,00	R180,00	R2 376,60	
1507	Local excision of lesion of tongue	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
8.4	Palate, uvula and salivary glands												
1509	Wide excision of lesion of palate	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
1511	Radical resection of palate (including skin graft)	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
1513	Excision of ranula	R20,00	R85,60	R1 162,00		R20,00	R85,60	R1 162,00		R20,00	R85,60	R1 130,30	
1515	Excision of sublingual salivary gland	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
1517	Excision of submandibular salivary gland	R20,00	R146,00	R1 981,50		R20,00	R146,00	R1 981,50		R20,00	R120,00	R1 584,20	
1519	Excision of submandibular salivary gland with suprahyoid dissection	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
1521	Excision of submandibular salivary gland: With radical neck dissection	R20,00	R352,00	R4 777,40		R20,00	R352,00	R4 777,40		R20,00	R281,60	R3 717,90	
1523	Local resection of parotid tumour	R20,00	R169,60	R2 301,80		R20,00	R169,60	R2 301,80		R20,00	R135,68	R1 791,40	
1525	Partial parotidectomy	R20,00	R310,00	R4 207,30		R20,00	R310,00	R4 207,30		R20,00	R248,00	R3 274,20	
1526	Total parotidectomy with preservation of facial nerve	R20,00	R358,50	R4 865,80		R20,00	R358,50	R4 865,80		R20,00	R286,80	R3 786,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1527	Total parotidectomy	R20,00	R358,50	R4 865,80		R20,00	R358,50	R4 865,80		R20,00	R286,80	R3 786,30	
1529	Parotidectomy: Extracapsular	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
1531	Drainage of parotid abscess	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
1533	Closure of salivary fistula	R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 235,10		R20,00	R91,00	R1 201,30	
1535	Dilatation of salivary duct	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1537	Operative removal of salivary calculus	R20,00	R55,00	R746,40		R20,00	R55,00	R746,40		R20,00	R55,00	R726,10	
1538	Sialolithotomy: Submandibular/submaxillary, intraoral approach, complicated	R20,00	R58,50	R794,00		R20,00	R58,50	R794,00				R0,00	
1539	Salivary duct: Meatotomy	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
1541	Branchial cyst and/or fistula: Excision	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10		R20,00	R120,00	R1 584,20	
1543	Excision of cystic hygroma	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10		R20,00	R120,00	R1 584,20	
1544	Ludwig's Angina: Drainage	R20,00	R42,00	R570,00		R20,00	R42,00	R570,00		R20,00	R42,00	R554,50	
8.5	Oesophagus												
1545	Oesophagoscopy with rigid instrument: First and subsequent	R20,00	R47,00	R637,70		R20,00	R47,00	R637,70		R20,00	R47,00	R620,50	
1549	Oesophagoscopy with dilatation of stricture	R20,00	R70,00	R950,10		R20,00	R70,00	R950,10		R20,00	R70,00	R924,40	
1550	Oesophagoscopy with removal of foreign body	R20,00	R70,00	R950,10		R20,00	R70,00	R950,10		R20,00	R70,00	R924,40	
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	R20,00	R65,00	R882,10		R20,00	R65,00	R882,10		R20,00	R65,00	R858,10	
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	R20,00	R400,00	R5 428,70		R20,00	R400,00	R5 428,70		R20,00	R320,00	R4 224,60	
1556	Oesophagogastric fundoplication (e.g. Nissen, Toupet, Watson): Laparoscopic		R314,70	R4 269,70			R314,70	R4 269,70			R251,76	R3 322,50	
1557	Oesophageal dilatation	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1558	Oesophagogastric fundoplasty: Thal-Nissen procedure		R389,80	R5 288,70			R389,80	R5 288,70			R311,84	R4 115,40	
1559	Oesophagectomy: Two stage	R20,00	R500,00	R6 786,00		R20,00	R500,00	R6 786,00		R20,00	R400,00	R5 280,80	
1560	Oesophagectomy: Three stage	R20,00	R550,00	R7 464,80		R20,00	R550,00	R7 464,80		R20,00	R440,00	R5 808,90	
1561	Thoraco-abdominal oesophagogastrrectomy	R20,00	R500,00	R6 786,00		R20,00	R500,00	R6 786,00		R20,00	R400,00	R5 280,80	
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
1564	Oesophagogastric fundoplication (e.g. Nissen, Belsey): Thoracotomy		R357,10	R4 845,20			R357,10	R4 845,20			R258,68	R3 413,90	
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
1566	Private fee: Gastroplasty	R20,00	R325,00	R4 411,00		R20,00	R325,00	R4 411,00		R20,00	R260,00	R3 432,70	
1567	Bochdalek hernia repair in newborn	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	R20,00	R375,00	R5 089,70		R20,00	R375,00	R5 089,70		R20,00	R300,00	R3 960,70	
1569	Heller's operation	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
1570	Oesophagomyotomy: Laparoscopic, with fundoplication if performed (Heller type procedure)		R377,70	R5 124,50			R377,70	R5 124,50			R302,16	R3 987,70	
1571	Oesophagomyotomy: Thoracic approach (Heller type procedure)		R313,10	R4 247,90			R313,10	R4 247,90			R250,48	R3 305,70	
1575	Insertion of indwelling oesophageal tube by laparotomy	R20,00	R142,00	R1 927,20		R20,00	R142,00	R1 927,20		R20,00	R120,00	R1 584,20	
1576	Oesophagogastric lengthening procedure (e.g. Collis or wedge gastroplasty): ADD to major procedure (modifier 0005 does not apply)		R48,30	R655,30			R48,30	R655,30			R48,30	R637,50	
1578	Oesophageal motility (4 channel + pneumograph)	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	R20,00	R400,00	R5 428,70		R20,00	R400,00	R5 428,70		R20,00	R320,00	R4 224,60	
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	R20,00	R110,00	R1 493,00		R20,00	R110,00	R1 493,00		R20,00	R110,00	R1 452,30	
1581	Removal of benign oesophageal tumours	R20,00	R285,00	R3 868,10		R20,00	R285,00	R3 868,10		R20,00	R228,00	R3 010,20	
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1583	Excision of intrathoracic oesophageal diverticulum	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
1584	24-hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimone pH probe)	R20,00	R55,00	R746,40		R20,00	R55,00	R746,40		R20,00	R55,00	R726,10	
1585	24-hour oesophageal pH studies: Interpretation	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
5710	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Laparotomy (not applicable to neonatal surgery)		R348,20	R4 724,20			R348,20	R4 724,20			R278,56	R3 676,20	
5711	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Laparotomy (not applicable to neonatal surgery)		R378,10	R5 129,80			R378,10	R5 129,80			R302,48	R3 991,80	
5712	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Thoracotomy (not applicable to neonatal surgery)		R382,20	R5 185,50			R382,20	R5 185,50			R305,76	R4 035,00	
5713	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Thoracotomy (not applicable to neonatal surgery)		R411,80	R5 587,00			R411,80	R5 587,00			R329,44	R4 347,70	
5714	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Thoraco-abdominal approach (not applicable to neonatal surgery)		R451,20	R6 121,60			R451,20	R6 121,60			R360,96	R4 763,80	
5715	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Thoraco-abdominal approach (not applicable to neonatal surgery)		R492,50	R6 682,00			R492,50	R6 682,00			R394,00	R5 199,70	
5716	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Laparoscopic (not applicable to neonatal surgery)		R463,60	R6 289,90			R463,60	R6 289,90			R370,88	R4 894,70	
5717	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Laparoscopic (not applicable to neonatal surgery)		R520,90	R7 067,30			R520,90	R7 067,30			R416,72	R5 499,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
8.6	Stomach												
1587	Upper gastro-intestinal endoscopy: Hospital equipment	R20,00	R48,75	R661,70	Z	R20,00	R48,75	R661,70	Z	R20,00	R48,75	R643,60	Z
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	R20,00	R25,00	R339,20	Z	R20,00	R25,00	R339,20	Z	R20,00	R25,00	R329,90	Z
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection, ligation or application of energy device (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653)	R20,00	R34,00	R461,40		R20,00	R34,00	R461,40		R20,00	R34,00	R448,70	
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	R20,00	R25,00	R339,20	Z	R20,00	R25,00	R339,20	Z	R20,00	R25,00	R329,90	Z
1593	Augmented histamine test: Gastric intubation with x-ray screening	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
1597	Gastrostomy or Gastrotomy	R20,00	R147,50	R2 001,80		R20,00	R147,50	R2 001,80		R20,00	R120,00	R1 584,20	
1598	Gastrotomy with suture repair of bleeding ulcer	R20,00	R251,20	R3 409,20	Z	R20,00	R251,20	R3 409,20	Z	R20,00	R200,96	R2 653,10	Z
1599	Pyloromyotomy (Rammstedt)	R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 531,60	
1601	Local excision of ulcer or benign neoplasm	R20,00	R195,60	R2 655,00		R20,00	R195,60	R2 655,00		R20,00	R156,48	R2 065,90	
1603	Vagotomy: Abdominal	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
1604	Vagotomy: Thoracic	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
1605	Truncal or selective with drainage procedures	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
1607	Vagotomy and antrectomy	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
1609	Highly selective vagotomy	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
1611	Pyloroplasty	R20,00	R180,20	R2 445,50		R20,00	R180,20	R2 445,50		R20,00	R144,16	R1 903,20	
1613	Gastroenterostomy	R20,00	R203,60	R2 763,40		R20,00	R203,60	R2 763,40		R20,00	R162,88	R2 150,40	
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
1617	Partial gastrectomy	R20,00	R328,30	R4 455,60		R20,00	R328,30	R4 455,60		R20,00	R262,64	R3 467,50	
1619	Total gastrectomy	R20,00	R384,43	R5 217,60		R20,00	R384,43	R5 217,60		R20,00	R307,54	R4 060,40	
1621	Revision of gastrectomy or gastro-enterostomy	R20,00	R375,00	R5 089,70		R20,00	R375,00	R5 089,70		R20,00	R300,00	R3 960,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1625	Gastro-esophageal operation for portal hypertension (Tanner)	R20,00	R375,00	R5 089,70		R20,00	R375,00	R5 089,70		R20,00	R300,00	R3 960,70	
8.7	Duodenum												
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
1627	Duodenal intubation (under X-ray screening)	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50				R0,00	
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	R20,00	R21,00	R285,00		R20,00	R21,00	R285,00				R0,00	
1631	Duodenal intubation: Under 3 years of age	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70				R0,00	
8.8	Intestines												
1632	H2 breath test (intestines)	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
1633	Complete test using lactose or lactulose	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
1634	Enterotomy or Enterostomy	R20,00	R202,60	R2 749,80		R20,00	R202,60	R2 749,80		R20,00	R162,08	R2 139,80	
1635	Intestinal obstruction of the newborn	R20,00	R240,00	R3 257,50		R20,00	R240,00	R3 257,50		R20,00	R192,00	R2 534,90	
1636	Oral food challenge test		R14,10	R191,30			R14,10	R191,30			R14,10	R186,00	
1637	Operation for relief of intestinal obstruction	R20,00	R240,00	R3 257,50		R20,00	R240,00	R3 257,50		R20,00	R192,00	R2 534,90	
1638	Resection of small bowel for congenital atresia, proximal segment, without tapering	R20,00	R195,90	R2 659,10		R20,00	R195,90	R2 659,10				R0,00	
1639	Resection of small bowel with enterostomy or anastomosis	R20,00	R244,90	R3 323,70		R20,00	R244,90	R3 323,70		R20,00	R195,92	R2 586,80	
1640	Resection of small bowel for congenital atresia, proximal segment, with tapering	R20,00	R431,10	R5 851,10		R20,00	R431,10	R5 851,10				R0,00	
1641	Entero-enterostomy or entero-colostomy for bypass	R20,00	R213,10	R2 892,10		R20,00	R213,10	R2 892,10		R20,00	R170,48	R2 250,80	
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (item 0201 applicable for video capsule - disposable single patient use) (Please note: All patients should have had a normal gastroscopy and colonoscopy)	R20,00	R150,00	R2 035,90	Z	R20,00	R150,00	R2 035,90	Z	R20,00	R120,00	R1 584,20	Z

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	R20,00	R90,00	R1 221,50	Z	R20,00	R90,00	R1 221,50	Z	R20,00	R90,00	R1 188,30	Z
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	R20,00	R185,20	R2 513,40		R20,00	R185,20	R2 513,40		R20,00	R148,16	R1 956,20	
1647	Closure of intestinal fistula	R20,00	R258,00	R3 501,50		R20,00	R258,00	R3 501,50		R20,00	R206,40	R2 724,90	
1649	Excision of Meckel's diverticulum	R20,00	R179,80	R2 440,30		R20,00	R179,80	R2 440,30		R20,00	R143,84	R1 899,10	
1651	Excision of lesion of mesentery	R20,00	R171,60	R2 329,00		R20,00	R171,60	R2 329,00		R20,00	R137,28	R1 812,40	
1652	Laparotomy for mesenteric thrombosis	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
1653	Total colonoscopy: With hospital equipment (including biopsy)	R20,00	R90,00	R1 221,50	Z	R20,00	R90,00	R1 221,50	Z	R20,00	R90,00	R1 188,30	Z
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	R20,00	R30,00	R407,10	Z	R20,00	R30,00	R407,10	Z	R20,00	R30,00	R396,00	Z
1656	Left-sided colonoscopy	R20,00	R60,00	R814,40	Z	R20,00	R60,00	R814,40	Z	R20,00	R60,00	R792,30	Z
1657	Right or left hemicolectomy or segmental colectomy	R20,00	R325,00	R4 411,00		R20,00	R325,00	R4 411,00		R20,00	R260,00	R3 432,70	
1658	Reconstruction of colon after Hartman's procedure	R20,00	R359,40	R4 877,80		R20,00	R359,40	R4 877,80		R20,00	R287,52	R3 795,90	
1659	Surgeon present assisting with air enema for reduction of intussusception (Paediatric surgeons add modifier 0016)		R60,60	R822,10			R60,60	R822,10			R60,60	R799,70	
1660	Mini-laparotomy and insertion of peritoneal drain for perforated necrotising enterocolitis in Neonatal Intensive Care Unit (NICU) (Paediatric surgeons add modifier 0016)		R20,50	R278,00			R20,50	R278,00			R20,50	R270,50	
1661	Colotomy: Including removal of tumour or foreign body	R20,00	R205,70	R2 792,00		R20,00	R205,70	R2 792,00		R20,00	R164,56	R2 172,60	
1663	Total colectomy	R20,00	R390,00	R5 293,00		R20,00	R390,00	R5 293,00		R20,00	R312,00	R4 119,10	
1665	Colostomy or ileostomy isolated procedure	R20,00	R233,80	R3 173,10		R20,00	R233,80	R3 173,10		R20,00	R187,04	R2 469,30	
1666	Continent ileostomy pouch (all types)	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
1667	Colostomy: Closure	R20,00	R179,10	R2 430,70		R20,00	R179,10	R2 430,70		R20,00	R143,28	R1 891,50	
1668	Revision of ileostomy pouch	R20,00	R375,00	R5 089,70		R20,00	R375,00	R5 089,70		R20,00	R300,00	R3 960,70	
1669	Total proctocolectomy and ileostomy	R20,00	R480,00	R6 514,60		R20,00	R480,00	R6 514,60		R20,00	R384,00	R5 069,60	
1670	Proctocolectomy, ileostomy and ileostomy pouch	R20,00	R540,00	R7 328,80		R20,00	R540,00	R7 328,80		R20,00	R432,00	R5 703,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1671	Colomyotomy (Reilly operation)	R20,00	R185,00	R2 510,90		R20,00	R185,00	R2 510,90		R20,00	R148,00	R1 954,00	
8.9	Appendix												
1673	Drainage of appendix abscess	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
1675	Appendectomy	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
8.10	Rectum and anus												
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	R20,00	R48,75	R661,70	Z	R20,00	R48,75	R661,70	Z	R20,00	R48,75	R643,60	Z
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	R20,00	R13,00	R176,50		R20,00	R13,00	R176,50		R20,00	R13,00	R171,60	
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	R20,00	R25,00	R339,20	Z	R20,00	R25,00	R339,20	Z	R20,00	R25,00	R329,90	Z
1679	Sigmoidoscopy with removal of polyps, first and subsequent	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
1681	Proctoscopy with removal of polyps: First time	R20,00	R21,00	R285,00		R20,00	R21,00	R285,00		R20,00	R21,00	R277,40	
1683	Proctoscopy with removal of polyps: Subsequent times	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
1685	Endoscopic fulguration of tumour	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	R20,00	R381,30	R5 175,10		R20,00	R381,30	R5 175,10		R20,00	R305,04	R4 027,30	
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	R20,00	R445,00	R6 039,70		R20,00	R445,00	R6 039,70		R20,00	R356,00	R4 700,00	
1689	Perineal resection of rectum	R20,00	R141,00	R1 913,40		R20,00	R141,00	R1 913,40		R20,00	R120,00	R1 584,20	
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.												
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	R20,00	R409,30	R5 555,30		R20,00	R409,30	R5 555,30		R20,00	R327,44	R4 322,80	
1692	Abdomino-perineal resection of rectum: Perineal surgeon	R20,00	R158,50	R2 151,10		R20,00	R158,50	R2 151,10		R20,00	R126,80	R1 674,00	
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	R20,00	R400,00	R5 428,70		R20,00	R400,00	R5 428,70		R20,00	R320,00	R4 224,60	
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
1701	Repair of prolapsed rectum: Abdominal: Perineal	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
1705	Incision and drainage of peri-anal abscess	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
1707	Drainage of submucous abscess	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
1709	Drainage of ischio-rectal abscess	R20,00	R87,00	R1 180,80		R20,00	R87,00	R1 180,80		R20,00	R87,00	R1 148,60	
1711	Excision of pelvi-rectal fistula	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
1713	Excision of fistula-in-ano	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
1715	Operation for fissure-in-ano	R20,00	R66,80	R906,60		R20,00	R66,80	R906,60		R20,00	R66,80	R881,90	
1716	Rectal Tumour: Destruction (any method):Transanal Approach		R167,90	R2 277,90			R167,90	R2 277,90			R133,60	R1 763,20	
1717	Rectal tumour: Excision, transanal approach, EXCLUDING muscularis propria (partial thickness)		R96,40	R1 307,80			R96,40	R1 307,80			R96,40	R1 272,20	
1718	Rectal Tumour: Excision, Transanal Approach, INCLUDING muscularis propria(full thickness)		R143,60	R1 948,40			R143,60	R1 948,40			R114,88	R1 516,20	
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1721	Sclerosing injection for haemorrhoids: Per injection	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
1723	Haemorrhoidectomy	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
1725	Drainage of external thrombosed pile	R20,00	R12,50	R169,70		R20,00	R12,50	R169,70		R20,00	R12,50	R165,20	
1727	Multiple procedures (haemorrhoids, fissure, etc.)	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
1728	Biopsy of ano-rectal wall, for congenital megacolon	R20,00	R60,60	R822,40	Z	R20,00	R60,60	R822,40	Z	R20,00	R60,60	R800,10	Z
1729	Excision of anal skin tags	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1731	Operation for low imperforate anus	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
1733	Anoplasty: Y-V-plasty	R20,00	R41,00	R556,50		R20,00	R41,00	R556,50		R20,00	R41,00	R541,40	
1734	Radio frequency energy delivery or implantation of biopolymers to the anal canal muscle for the treatment of faecal incontinence (endoscopy inclusive)	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50				R0,00	
1735	Anal sphincteroplasty for incontinence	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
1737	Dilation of ano-rectal stricture	R20,00	R12,50	R169,70		R20,00	R12,50	R169,70		R20,00	R12,50	R165,20	
1739	Closure of recto-vesical fistula	R20,00	R241,00	R3 271,10		R20,00	R241,00	R3 271,10		R20,00	R192,80	R2 545,40	
1741	Closure of recto-urethral fistula	R20,00	R241,00	R3 271,10		R20,00	R241,00	R3 271,10		R20,00	R192,80	R2 545,40	
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
8.11	Liver												
1743	Needle biopsy of liver	R20,00	R30,30	R411,30		R20,00	R30,30	R411,30		R20,00	R30,30	R400,00	
1745	Biopsy of liver by laparotomy	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60		R20,00	R120,00	R1 584,20	
1747	Drainage of liver abscess or cyst	R20,00	R179,10	R2 430,70		R20,00	R179,10	R2 430,70		R20,00	R143,28	R1 891,50	
1748	Body composition measured by bio-electrical impedance	R20,00	R3,00	R40,70		R20,00	R3,00	R40,70		R20,00	R3,00	R39,60	
1749	Hemi-hepatectomy: Right	R20,00	R564,00	R7 654,40		R20,00	R564,00	R7 654,40		R20,00	R451,20	R5 956,90	
1751	Hemi-hepatectomy: Left	R20,00	R521,10	R7 072,40		R20,00	R521,10	R7 072,40		R20,00	R416,88	R5 503,70	
1752	Extended right or left hepatectomy	R20,00	R570,90	R7 748,20		R20,00	R570,90	R7 748,20		R20,00	R456,72	R6 029,80	
1753	Partial or segmental hepatectomy	R20,00	R378,00	R5 130,40		R20,00	R378,00	R5 130,40		R20,00	R302,40	R3 992,30	
1754	Hepatico-jejunostomy	R20,00	R369,20	R5 010,70		R20,00	R369,20	R5 010,70		R20,00	R295,36	R3 899,50	
1755	Liver transplant	R20,00	R1 400,80	R19 011,90		R20,00	R1 400,80	R19 011,90		R20,00	R1 120,64	R14 795,00	
1756	Harvesting donor hepatectomy	R20,00	R616,20	R8 363,10		R20,00	R616,20	R8 363,10		R20,00	R492,96	R6 508,20	
1757	Suture of liver wound or injury	R20,00	R214,20	R2 907,40		R20,00	R214,20	R2 907,40		R20,00	R171,36	R2 262,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
8.12	Biliary tract												
1759	Cholecystostomy	R20,00	R171,60	R2 329,00		R20,00	R171,60	R2 329,00		R20,00	R137,28	R1 812,40	
1761	Cholecystectomy	R20,00	R225,00	R3 053,80		R20,00	R225,00	R3 053,80		R20,00	R180,00	R2 376,60	
1762	Cholecystectomy and operative cholangiogram	R20,00	R255,00	R3 460,80		R20,00	R255,00	R3 460,80		R20,00	R204,00	R2 693,20	
1763	With exploration of common bile duct	R20,00	R264,50	R3 589,90		R20,00	R264,50	R3 589,90		R20,00	R211,60	R2 793,60	
1765	Exploration of common bile duct: Secondary operation	R20,00	R327,70	R4 447,70		R20,00	R327,70	R4 447,70		R20,00	R262,16	R3 461,30	
1767	Reconstruction of common bile duct	R20,00	R371,70	R5 044,60		R20,00	R371,70	R5 044,60		R20,00	R297,36	R3 926,00	
1768	Resection bile duct tumour with reconstruction	R20,00	R327,70	R4 447,70		R20,00	R327,70	R4 447,70		R20,00	R262,16	R3 461,30	
1769	Cholecysto-enterostomy or gastrostomy	R20,00	R236,30	R3 207,10		R20,00	R236,30	R3 207,10		R20,00	R189,04	R2 495,80	
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	R20,00	R25,60	R347,60		R20,00	R25,60	R347,60		R20,00	R25,60	R338,00	
1773	Transduodenal sphincteroplasty	R20,00	R225,00	R3 053,80		R20,00	R225,00	R3 053,80		R20,00	R180,00	R2 376,60	
1774	Balloon dilatation of common bile duct strictures	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60		R20,00	R100,00	R1 320,20	
1775	Excision choledochal cyst with reconstruction	R20,00	R327,70	R4 447,70		R20,00	R327,70	R4 447,70		R20,00	R262,16	R3 461,30	
1777	Porto-enterostomy for biliary atresia	R20,00	R400,00	R5 428,70		R20,00	R400,00	R5 428,70		R20,00	R320,00	R4 224,60	
8.13	Pancreas												
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	R20,00	R105,90	R1 437,20		R20,00	R105,90	R1 437,20		R20,00	R105,90	R1 398,20	
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	R20,00	R15,82	R214,80		R20,00	R15,82	R214,80		R20,00	R15,82	R208,70	
1780	Gastric and duodenal intubation	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
1781	Procedure (excluding laboratory tests)	R20,00	R21,00	R285,00		R20,00	R21,00	R285,00		R20,00	R21,00	R277,40	
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
1783	Drainage of pancreatic abscess	R20,00	R239,30	R3 247,80		R20,00	R239,30	R3 247,80		R20,00	R191,44	R2 527,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1784	Debridement pancreatic necrosis	R20,00	R348,40	R4 728,40		R20,00	R348,40	R4 728,40		R20,00	R278,72	R3 679,70	
1785	Internal drainage of pancreatic cyst	R20,00	R250,60	R3 401,10		R20,00	R250,60	R3 401,10		R20,00	R200,48	R2 646,90	
1770	Endoscopic placement of biliduodenal endoprosthesis: ADD to ERCP (item 1778)	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
1786	Internal drainage of pancreatic cyst with Roux-Y	R20,00	R306,80	R4 163,90		R20,00	R306,80	R4 163,90		R20,00	R245,44	R3 240,30	
1787	Operative pancreatogram: ADD	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1788	Biopsy of pancreas	R20,00	R177,70	R2 412,00		R20,00	R177,70	R2 412,00		R20,00	R142,16	R1 876,90	
1789	Pancreatico-duodenectomy	R20,00	R704,80	R9 565,70		R20,00	R704,80	R9 565,70		R20,00	R563,84	R7 443,90	
1791	Local, partial or subtotal pancreatectomy	R20,00	R351,30	R4 767,80		R20,00	R351,30	R4 767,80		R20,00	R281,04	R3 710,50	
1793	Distal pancreatectomy with internal drainage	R20,00	R377,40	R5 122,10		R20,00	R377,40	R5 122,10		R20,00	R301,92	R3 985,90	
8.14	Peritoneal cavity												
1797	Pneumo-peritoneum: First	R20,00	R13,00	R176,50		R20,00	R13,00	R176,50		R20,00	R13,00	R171,60	
1799	Pneumo-peritoneum: Repeat	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
1800	Peritoneal lavage	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
1801	Diagnostic paracentesis: Abdomen	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
1803	Therapeutic paracentesis: Abdomen	R20,00	R13,00	R176,50		R20,00	R13,00	R176,50		R20,00	R13,00	R171,60	
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
1808	Omentectomy (separate procedures)		R189,20	R2 566,90			R189,20	R2 566,90			R151,36	R1 997,50	
1809	Laparotomy	R20,00	R196,00	R2 660,10		R20,00	R196,00	R2 660,10		R20,00	R156,80	R2 070,00	
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
1811	Suture of burst abdomen	R20,00	R188,30	R2 555,70		R20,00	R188,30	R2 555,70		R20,00	R150,64	R1 988,90	
1812	Laparotomy for control of surgical haemorrhage	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1813	Drainage of sub-phrenic abscess	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	R20,00	R248,40	R3 371,40		R20,00	R248,40	R3 371,40		R20,00	R198,72	R2 623,60	
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
9	HERNIAE												
1819	Inguinal or femoral hernia: Adult	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60		R20,00	R120,00	R1 584,20	
1821	Inguinal or femoral hernia: Child under 14 years	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
1823	Inguinal hernia: Infant under one year	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
1825	Recurrent inguinal or femoral hernia	R20,00	R155,00	R2 103,90		R20,00	R155,00	R2 103,90		R20,00	R124,00	R1 637,10	
1827	Strangulated hernia or femoral hernia	R20,00	R238,00	R3 230,20		R20,00	R238,00	R3 230,20		R20,00	R190,40	R2 513,70	
1829	Epigastric hernia	R20,00	R93,30	R1 266,20		R20,00	R93,30	R1 266,20		R20,00	R93,30	R1 231,70	
1831	Umbilical hernia: Adult	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10		R20,00	R120,00	R1 584,20	
1833	Umbilical hernia: Child under 14 years	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
1835	Incisional hernia	R20,00	R166,80	R2 263,90		R20,00	R166,80	R2 263,90		R20,00	R133,44	R1 761,80	
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to item for the incisional or ventral hernia repair)	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
1837	Repair of omphalocele in newborn (one or more procedures)	R20,00	R275,00	R3 732,20		R20,00	R275,00	R3 732,20		R20,00	R220,00	R2 904,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
10	URINARY SYSTEM												
RULES GOVERNING THE SECTION URINARY SYSTEM													
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.												
10.1	Kidney												
1839	Renal biopsy: Per kidney: Open	R20,00	R71,00	R963,70		R20,00	R71,00	R963,70		R20,00	R71,00	R937,30	
1841	Renal biopsy: Needle	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
1843	Peritoneal dialysis: First day	R20,00	R33,00	R448,00		R20,00	R33,00	R448,00		R20,00	R33,00	R435,70	
1845	Peritoneal dialysis: Every subsequent day	R20,00	R33,00	R448,00		R20,00	R33,00	R448,00		R20,00	R33,00	R435,70	
1847	Haemodialysis: Per hour or part thereof	R20,00	R21,00	R285,00		R20,00	R21,00	R285,00		R20,00	R21,00	R277,40	
1849	Haemodialysis: Maximum: Eight hours	R20,00	R168,00	R2 280,20		R20,00	R168,00	R2 280,20		R20,00	R134,40	R1 774,40	
1851	Haemodialysis: Thereafter per week	R20,00	R55,00	R746,40		R20,00	R55,00	R746,40		R20,00	R55,00	R726,10	
1852	Continuous haemodiafiltration per day in intensive or high care unit	R20,00	R33,00	R448,00		R20,00	R33,00	R448,00		R20,00	R33,00	R435,70	
1853	Nephrectomy: Primary nephrectomy	R20,00	R225,00	R3 053,80		R20,00	R225,00	R3 053,80		R20,00	R180,00	R2 376,60	
1855	Nephrectomy: Secondary nephrectomy	R20,00	R267,00	R3 624,00		R20,00	R267,00	R3 624,00		R20,00	R213,60	R2 819,90	
1857	Radical with regional lymph adenectomy for tumour	R20,00	R280,00	R3 800,30		R20,00	R280,00	R3 800,30		R20,00	R224,00	R2 957,40	
1859	Nephrectomy: Partial	R20,00	R267,00	R3 624,00		R20,00	R267,00	R3 624,00		R20,00	R213,60	R2 819,90	
1861	Symphysiotomy for horse-shoe kidney	R20,00	R287,00	R3 895,10		R20,00	R287,00	R3 895,10		R20,00	R229,60	R3 031,30	
1863	Nephro-ureterectomy	R20,00	R305,00	R4 139,40		R20,00	R305,00	R4 139,40		R20,00	R244,00	R3 221,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1865	Nephrotomy with drainage nephrostomy	R20,00	R189,00	R2 565,20		R20,00	R189,00	R2 565,20		R20,00	R151,20	R1 996,30	
1868	Nephrolithotomy, for congenital kidney abnormality, complicated	R20,00	R268,40	R3 642,80		R20,00	R268,40	R3 642,80				R0,00	
1869	Nephrolithotomy	R20,00	R227,00	R3 080,90		R20,00	R227,00	R3 080,90		R20,00	R181,60	R2 397,40	
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	R20,00	R284,00	R3 854,30		R20,00	R284,00	R3 854,30		R20,00	R227,20	R2 999,50	
1871	Staghorn stone: Surgical	R20,00	R341,00	R4 628,10		R20,00	R341,00	R4 628,10		R20,00	R272,80	R3 601,50	
1873	Suture renal laceration (renorrhaphy)	R20,00	R193,00	R2 619,50		R20,00	R193,00	R2 619,50		R20,00	R154,40	R2 038,30	
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	R20,00	R34,00	R461,40		R20,00	R34,00	R461,40		R20,00	R34,00	R448,70	
1877	Operation for renal cyst: Marsupialisation or excision	R20,00	R189,00	R2 565,20		R20,00	R189,00	R2 565,20		R20,00	R151,20	R1 996,30	
1878	Ablation of 1 or more renal tumour(s): Cryotherapy, percutaneous, unilateral	R20,00	R106,00	R1 438,90		R20,00	R106,00	R1 438,90				R0,00	
1879	Closure renal fistula	R20,00	R189,00	R2 565,20		R20,00	R189,00	R2 565,20		R20,00	R151,20	R1 996,30	
1881	Pyeloplasty	R20,00	R252,00	R3 420,10		R20,00	R252,00	R3 420,10		R20,00	R201,60	R2 661,40	
1882	Pyeloplasty, complicated; with or without plastic procedure on ureter; nephropexy; nephrostomy; pyelostomy; ureteral splinting. (Secondary procedure for congenital kidney abnormality or solitary kidney)	R20,00	R327,70	R4 447,40		R20,00	R327,70	R4 447,40				R0,00	
1883	Pyelostomy	R20,00	R189,00	R2 565,20		R20,00	R189,00	R2 565,20		R20,00	R151,20	R1 996,30	
1885	Pyelolithotomy	R20,00	R189,00	R2 565,20		R20,00	R189,00	R2 565,20		R20,00	R151,20	R1 996,30	
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	R20,00	R223,00	R3 026,70		R20,00	R223,00	R3 026,70		R20,00	R178,40	R2 355,60	
1889	Nephrectomy for Allograft: Living or dead	R20,00	R255,00	R3 460,80		R20,00	R255,00	R3 460,80		R20,00	R204,00	R2 693,20	
1891	Perinephric abscess or renal abscess: Drainage	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
1893	Aberrant renal vessels: Repositioning with pyeloplasty	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
1894	Auto transplantation of kidney	R20,00	R420,00	R5 700,30		R20,00	R420,00	R5 700,30		R20,00	R336,00	R4 436,00	
1895	Allo transplantation of kidney	R20,00	R420,00	R5 700,30		R20,00	R420,00	R5 700,30		R20,00	R336,00	R4 436,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
10.2	Ureter												
1897	Ureterorrhaphy: Suture of ureter	R20,00	R147,00	R1 995,10		R20,00	R147,00	R1 995,10		R20,00	R120,00	R1 584,20	
1898	Ureterorrhaphy: Lumbar approach	R20,00	R189,00	R2 565,20		R20,00	R189,00	R2 565,20		R20,00	R151,20	R1 996,30	
1899	Ureteroplasty	R20,00	R181,00	R2 456,40		R20,00	R181,00	R2 456,40		R20,00	R144,80	R1 911,70	
1901	Ureterolysis	R20,00	R118,00	R1 601,50		R20,00	R118,00	R1 601,50		R20,00	R118,00	R1 557,80	
1902	Ureterolysis: Lumbar approach	R20,00	R189,00	R2 565,20		R20,00	R189,00	R2 565,20		R20,00	R151,20	R1 996,30	
1903	Ureterectomy only	R20,00	R137,00	R1 859,50		R20,00	R137,00	R1 859,50		R20,00	R120,00	R1 584,20	
1905	Ureterolithotomy	R20,00	R265,80	R3 607,40		R20,00	R265,80	R3 607,40		R20,00	R212,64	R2 807,30	
1907	Cutaneous ureterostomy: Unilateral	R20,00	R108,00	R1 465,90		R20,00	R108,00	R1 465,90		R20,00	R108,00	R1 426,00	
1909	Cutaneous ureterostomy: Bilateral	R20,00	R189,00	R2 565,20		R20,00	R189,00	R2 565,20		R20,00	R151,20	R1 996,30	
1911	Uretero-enterostomy: Unilateral	R20,00	R137,00	R1 859,50		R20,00	R137,00	R1 859,50		R20,00	R120,00	R1 584,20	
1913	Uretero-enterostomy: Bilateral	R20,00	R240,00	R3 257,50		R20,00	R240,00	R3 257,50		R20,00	R192,00	R2 534,90	
1915	Uretero-ureterostomy	R20,00	R137,00	R1 859,50		R20,00	R137,00	R1 859,50		R20,00	R120,00	R1 584,20	
1917	Transuretero-ureterostomy	R20,00	R155,00	R2 103,90		R20,00	R155,00	R2 103,90		R20,00	R124,00	R1 637,10	
1919	Closure of ureteric fistula	R20,00	R147,00	R1 995,10		R20,00	R147,00	R1 995,10		R20,00	R120,00	R1 584,20	
1921	Immediate deligation of ureter	R20,00	R147,00	R1 995,10		R20,00	R147,00	R1 995,10		R20,00	R120,00	R1 584,20	
1923	Ureterolysis for retrocaval ureter with anastomosis	R20,00	R168,00	R2 280,20		R20,00	R168,00	R2 280,20		R20,00	R134,40	R1 774,40	
1924	Ureterocalicostomy	R20,00	R20,00	R3 594,90		R20,00	R20,00	R3 594,90				R0,00	
1925	Uretero-pyelostomy	R20,00	R252,00	R3 420,10		R20,00	R252,00	R3 420,10		R20,00	R201,60	R2 661,40	
1927	Uretero-neo-cystostomy: Unilateral	R20,00	R316,10	R4 290,20		R20,00	R316,10	R4 290,20		R20,00	R252,88	R3 338,50	
1929	Uretero-neo-cystostomy: Bilateral	R20,00	R474,15	R6 435,20		R20,00	R474,15	R6 435,20		R20,00	R379,32	R5 007,90	
1931	Uretero-neo-cystostomy: With Boariplasty	R20,00	R351,80	R4 774,60		R20,00	R351,80	R4 774,60		R20,00	R281,44	R3 715,80	
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	R20,00	R252,00	R3 420,10		R20,00	R252,00	R3 420,10		R20,00	R201,60	R2 661,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1935	Uretero-ileal conduit	R20,00	R388,00	R5 266,00		R20,00	R388,00	R5 266,00		R20,00	R310,40	R4 098,00	
1937	Replacement of ureter by bowel segment: Unilateral	R20,00	R277,00	R3 759,50		R20,00	R277,00	R3 759,50		R20,00	R221,60	R2 925,70	
1939	Replacement of ureter by bowel segment: Bilateral	R20,00	R485,00	R6 582,50		R20,00	R485,00	R6 582,50		R20,00	R388,00	R5 122,50	
1941	Ureterostomy-in-situ: Unilateral	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
1943	Ureterostomy-in-situ: Bilateral	R20,00	R175,00	R2 375,20		R20,00	R175,00	R2 375,20		R20,00	R140,00	R1 848,20	
10.3	Bladder												
1952	J J Stent catheter	R20,00	R44,00	R597,40		R20,00	R44,00	R597,40		R20,00	R44,00	R580,80	
1953	With hydrodilatation of the bladder for interstitial cystitis	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
1954	Uretroscopy	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00				R0,00	
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
1957	With dilatation of the ureter or ureters	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
1959	With manipulation of ureteral calculus	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
1961	With removal of foreign body or calculus from urethra or bladder	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
1963	With fulguration or treatment of minor lesions, with or without biopsy	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
1964	And control of haemorrhage and blood clot evacuation	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
1965	And catheterisation of the ejaculatory duct	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1967	With ureteric meatotomy: Unilateral or bilateral	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
1969	And cold biopsy	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
1971	With cryosurgery for bladder or prostatic disease	R20,00	R55,00	R746,40		R20,00	R55,00	R746,40		R20,00	R55,00	R726,10	
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
1975	Ultraviolet cystoscopy for bladder tumour	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1976	Optic urethrotomy	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
1977	Transurethral resection of ejaculatory duct	R20,00	R60,70	R823,70		R20,00	R60,70	R823,70		R20,00	R60,70	R801,40	
1979	Internal urethrotomy: Female	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
1981	Internal urethrotomy: Male	R20,00	R76,20	R1 034,30		R20,00	R76,20	R1 034,30		R20,00	R76,20	R1 006,00	
1983	Transurethral resection of bladder tumour	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
1984	Transurethral resection of bladder tumours: Large multiple tumours	R20,00	R115,00	R1 560,70		R20,00	R115,00	R1 560,70		R20,00	R115,00	R1 518,30	
1985	Transurethral resection of bladder neck: Female or child	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
1986	Transurethral resection of bladder neck: Male	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60		R20,00	R120,00	R1 584,20	
1987	Litholapaxy	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
1989	Cystometrogram	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
1991	Flometric bladder, studies with videocystograph	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
1992	Without videocystograph	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
1993	Voiding cysto-urethrogram	R20,00	R21,00	R285,00		R20,00	R21,00	R285,00		R20,00	R21,00	R277,40	
1994	Rigiscan examination	R20,00	R66,00	R895,50		R20,00	R66,00	R895,50		R20,00	R66,00	R871,30	
1995	Percutaneous aspiration of bladder	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1996	Bladder catheterisation: Male (not at operation)	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
1997	Bladder catheterisation: Female (not at operation)	R20,00	R3,00	R40,70		R20,00	R3,00	R40,70		R20,00	R3,00	R39,60	
1999	Percutaneous cystostomy	R20,00	R24,00	R325,80		R20,00	R24,00	R325,80		R20,00	R24,00	R316,80	
1945	Instillation of radio-opaque material for cystography or urethrocystography	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
1949	Cystoscopy: Hospital equipment	R20,00	R44,00	R597,40		R20,00	R44,00	R597,40		R20,00	R44,00	R580,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
2001	Total cystectomy: After previous urinary diversion	R20,00	R294,00	R3 990,30		R20,00	R294,00	R3 990,30		R20,00	R235,20	R3 105,20	
2003	Total cystectomy: With conduit construction and ureteric anastomosis	R20,00	R554,70	R7 528,40		R20,00	R554,70	R7 528,40		R20,00	R443,76	R5 858,90	
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	R20,00	R650,00	R8 821,80		R20,00	R650,00	R8 821,80		R20,00	R520,00	R6 865,10	
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	R20,00	R700,00	R9 500,50		R20,00	R700,00	R9 500,50		R20,00	R560,00	R7 393,50	
2007	Partial cystectomy	R20,00	R147,00	R1 995,10		R20,00	R147,00	R1 995,10		R20,00	R120,00	R1 584,20	
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	R20,00	R600,00	R8 143,30		R20,00	R600,00	R8 143,30		R20,00	R480,00	R6 337,10	
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	R20,00	R462,00	R6 270,40		R20,00	R462,00	R6 270,40		R20,00	R369,60	R4 879,60	
2010	Reversion of temporary conduit	R20,00	R360,00	R4 886,00		R20,00	R360,00	R4 886,00		R20,00	R288,00	R3 802,20	
2011	Partial cystectomy with uretero-neo-cystostomy	R20,00	R202,00	R2 741,60		R20,00	R202,00	R2 741,60		R20,00	R161,60	R2 133,30	
2012	Reversion of conduit with major urinary tract reconstruction	R20,00	R600,00	R8 143,30		R20,00	R600,00	R8 143,30		R20,00	R480,00	R6 337,10	
2013	Diverticulectomy (independent procedure): Multiple or single	R20,00	R137,00	R1 859,50		R20,00	R137,00	R1 859,50		R20,00	R120,00	R1 584,20	
2014	Closure of cystostomy (Stand-alone procedure)	R20,00	R120,00	R1 628,50		R20,00	R120,00	R1 628,50				R0,00	
2015	Suprapubic cystostomy	R20,00	R67,00	R909,20		R20,00	R67,00	R909,20		R20,00	R67,00	R884,80	
2016	Abdomino-neo-urethrostomy	R20,00	R252,00	R3 420,10		R20,00	R252,00	R3 420,10		R20,00	R201,60	R2 661,40	
2017	Open loop fulguration or excision of bladder tumour	R20,00	R101,00	R1 370,80		R20,00	R101,00	R1 370,80		R20,00	R101,00	R1 333,30	
2019	Operation for vesico-vaginal or urethra-vaginal fistula	R20,00	R155,00	R2 103,90		R20,00	R155,00	R2 103,90		R20,00	R124,00	R1 637,10	
2020	Repair of vesico vaginal fistula: Abdominal approach	R20,00	R255,00	R3 460,80		R20,00	R255,00	R3 460,80		R20,00	R204,00	R2 693,20	
2021	Vesico-plication (Hamilton Stewart)	R20,00	R118,00	R1 601,50		R20,00	R118,00	R1 601,50		R20,00	R118,00	R1 557,80	
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	R20,00	R195,00	R2 646,50		R20,00	R195,00	R2 646,50		R20,00	R156,00	R2 059,60	
2025	Vesico-urethropexy with rectus sling	R20,00	R229,40	R3 113,60		R20,00	R229,40	R3 113,60		R20,00	R183,52	R2 422,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2027	Open operation for ureterocele: Unilateral	R20,00	R118,00	R1 601,50		R20,00	R118,00	R1 601,50		R20,00	R118,00	R1 557,80	
2029	Open operation for ureterocele: Bilateral	R20,00	R207,00	R2 809,70		R20,00	R207,00	R2 809,70		R20,00	R165,60	R2 186,50	
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	R20,00	R264,00	R3 583,20		R20,00	R264,00	R3 583,20		R20,00	R211,20	R2 788,30	
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	R20,00	R53,00	R719,30		R20,00	R53,00	R719,30		R20,00	R53,00	R699,90	
2035	Cutaneous vesicostomy	R20,00	R118,00	R1 601,50		R20,00	R118,00	R1 601,50		R20,00	R118,00	R1 557,80	
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	R20,00	R126,00	R1 710,10		R20,00	R126,00	R1 710,10		R20,00	R120,00	R1 584,20	
2039	Operation for ruptured bladder	R20,00	R137,00	R1 859,50		R20,00	R137,00	R1 859,50		R20,00	R120,00	R1 584,20	
2042	Enterocystoplasty plus bowel anastomosis	R20,00	R419,90	R5 699,00		R20,00	R419,90	R5 699,00		R20,00	R335,92	R4 434,90	
2043	Cysto-lithotomy	R20,00	R132,00	R1 791,60		R20,00	R132,00	R1 791,60		R20,00	R120,00	R1 584,20	
2045	Excision of patent-urachus or urachal cyst	R20,00	R112,00	R1 520,00		R20,00	R112,00	R1 520,00		R20,00	R112,00	R1 478,70	
2047	Drainage of perivesical or prevesical abscess	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
2049	Evacuation of clots from bladder: Other than post-operative	R20,00	R132,10	R1 792,70		R20,00	R132,10	R1 792,70		R20,00	R120,00	R1 584,20	
2050	Evacuation of clots from bladder: Post-operative												
2051	Simple bladder lavage: Including catheterisation	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90		R20,00	R12,00	R158,50	
2053	Bladder neck plasty: Male	R20,00	R137,00	R1 859,50		R20,00	R137,00	R1 859,50		R20,00	R120,00	R1 584,20	
2057	Bladder neck plasty: Female	R20,00	R137,00	R1 859,50		R20,00	R137,00	R1 859,50		R20,00	R120,00	R1 584,20	
10.4	Urethra												
2059	Open biopsy of urethra: Male	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
2061	Open biopsy of urethra: Female	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
2069	Dilatation of female urethra	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
2071	Urethrorraphy: Suture of urethral wound or injury	R20,00	R139,00	R1 886,50		R20,00	R139,00	R1 886,50		R20,00	R120,00	R1 584,20	
2073	External urethrotomy: Pendulous urethra (anterior)	R20,00	R67,00	R909,20		R20,00	R67,00	R909,20		R20,00	R67,00	R884,80	
2075	Urethraplasty: Pendulous urethra: First stage	R20,00	R71,00	R963,70		R20,00	R71,00	R963,70		R20,00	R71,00	R937,30	
2077	Urethraplasty: Pendulous urethra: Second stage	R20,00	R145,00	R1 968,20		R20,00	R145,00	R1 968,20		R20,00	R120,00	R1 584,20	
2079	Reconstruction of female urethra	R20,00	R147,00	R1 995,10		R20,00	R147,00	R1 995,10		R20,00	R120,00	R1 584,20	
2081	Reconstruction or repair of male anterior urethra (one stage)	R20,00	R261,60	R3 550,40		R20,00	R261,60	R3 550,40		R20,00	R209,28	R2 763,00	
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	R20,00	R168,00	R2 280,20		R20,00	R168,00	R2 280,20		R20,00	R134,40	R1 774,40	
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	R20,00	R168,00	R2 280,20		R20,00	R168,00	R2 280,20		R20,00	R134,40	R1 774,40	
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	R20,00	R294,00	R3 990,30		R20,00	R294,00	R3 990,30		R20,00	R235,20	R3 105,20	
2087	Urethral diverticulectomy: Male or female	R20,00	R147,00	R1 995,10		R20,00	R147,00	R1 995,10		R20,00	R120,00	R1 584,20	
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	R20,00	R86,00	R1 167,10		R20,00	R86,00	R1 167,10		R20,00	R86,00	R1 135,30	
2089	Marsupialisation of urethral diverticula: Male or female	R20,00	R115,10	R1 562,10		R20,00	R115,10	R1 562,10		R20,00	R115,10	R1 519,60	
2091	Total urethrectomy: Female	R20,00	R147,00	R1 995,10		R20,00	R147,00	R1 995,10		R20,00	R120,00	R1 584,20	
2093	Total urethrectomy: Male	R20,00	R189,00	R2 565,20		R20,00	R189,00	R2 565,20		R20,00	R151,20	R1 996,30	
2095	Drainage of simple localised perineal urinary extravasation	R20,00	R128,80	R1 748,20		R20,00	R128,80	R1 748,20		R20,00	R120,00	R1 584,20	
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	R20,00	R137,00	R1 859,50		R20,00	R137,00	R1 859,50		R20,00	R120,00	R1 584,20	
2099	Fulguration for urethral caruncle or polyp	R20,00	R53,60	R727,50		R20,00	R53,60	R727,50		R20,00	R53,60	R707,60	
2101	Excision of urethral caruncle	R20,00	R53,60	R727,50		R20,00	R53,60	R727,50		R20,00	R53,60	R707,60	
2103	Simple urethral meatotomy	R20,00	R26,30	R357,10		R20,00	R26,30	R357,10		R20,00	R26,30	R347,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2105	Incision of deep peri-urethral abscess: Female	R20,00	R123,10	R1 670,70		R20,00	R123,10	R1 670,70		R20,00	R120,00	R1 584,20	
2107	Incision of deep peri-urethral abscess: Male	R20,00	R123,10	R1 670,70		R20,00	R123,10	R1 670,70		R20,00	R120,00	R1 584,20	
2108	Sling operation for male urinary incontinence (fascia or synthetic)	R20,00	R169,00	R2 293,30		R20,00	R169,00	R2 293,30				R0,00	
2109	Badenoch pull-through for intractable stricture or incontinence	R20,00	R181,00	R2 456,40		R20,00	R181,00	R2 456,40		R20,00	R144,80	R1 911,70	
2110	Removal/revision: Sling for male urinary incontinence (fascia or synthetic)	R20,00	R120,00	R1 628,50		R20,00	R120,00	R1 628,50				R0,00	
2111	External sphincterotomy	R20,00	R108,00	R1 465,90		R20,00	R108,00	R1 465,90		R20,00	R108,00	R1 426,00	
2112	Insertion of inflatable sphincter, includes pump, reservoir and cuff	R20,00	R217,60	R2 953,40		R20,00	R217,60	R2 953,40				R0,00	
2113	Drainage of Skene gland abscess or cyst	R20,00	R42,30	R574,10		R20,00	R42,30	R574,10		R20,00	R42,30	R558,40	
2114	Repair: Inflatable sphincter, includes pump, reservoir and cuff	R20,00	R142,50	R1 933,80		R20,00	R142,50	R1 933,80				R0,00	
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	R20,00	R168,00	R2 280,20		R20,00	R168,00	R2 280,20		R20,00	R134,40	R1 774,40	
2116	Urethral meatoplasty	R20,00	R101,50	R1 377,60		R20,00	R101,50	R1 377,60		R20,00	R101,50	R1 339,90	
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	R20,00	R150,30	R2 039,80		R20,00	R150,30	R2 039,80		R20,00	R120,24	R1 587,60	
2118	Removal: Inflatable sphincter, includes pump, reservoir and cuff	R20,00	R154,40	R2 095,70		R20,00	R154,40	R2 095,70				R0,00	
2119	Removal and replacement: Inflatable sphincter, includes pump, reservoir and cuff	R20,00	R123,50	R1 676,50		R20,00	R123,50	R1 676,50				R0,00	
2120	Removal and replacement: Inflatable sphincter, includes pump, reservoir and cuff, plus debridement of infected tissue	R20,00	R278,20	R3 775,10		R20,00	R278,20	R3 775,10				R0,00	
2121	Closure of urethrovaginal fistula: Including diversionary procedures	R20,00	R189,00	R2 565,20		R20,00	R189,00	R2 565,20		R20,00	R151,20	R1 996,30	
11	MALE GENITAL SYSTEM												
11.1	Penis												
2123	Biopsy of penis (independent procedure)	R20,00	R52,10	R707,00		R20,00	R52,10	R707,00		R20,00	R52,10	R687,60	
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	R20,00	R16,60	R225,20		R20,00	R16,60	R225,20		R20,00	R16,60	R219,10	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	R20,00	R41,60	R564,60		R20,00	R41,60	R564,60		R20,00	R41,60	R549,30	
2129	Electrodesiccation: Limited number	R20,00	R20,80	R282,30		R20,00	R20,80	R282,30		R20,00	R20,80	R274,80	
2131	Electrodesiccation: Multiple extensive	R20,00	R41,60	R564,60		R20,00	R41,60	R564,60		R20,00	R41,60	R549,30	
2132	Ligation of abnormal venous drainage	R20,00	R106,10	R1 439,90		R20,00	R106,10	R1 439,90		R20,00	R106,10	R1 400,70	
2133	Circumcision: Clamp procedure	R20,00	R42,30	R574,10		R20,00	R42,30	R574,10		R20,00	R42,30	R558,40	
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	R20,00	R36,80	R499,60		R20,00	R36,80	R499,60		R20,00	R36,80	R485,80	
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	R20,00	R101,00	R1 370,80		R20,00	R101,00	R1 370,80		R20,00	R101,00	R1 333,30	
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	R20,00	R188,60	R2 559,70		R20,00	R188,60	R2 559,70		R20,00	R150,88	R1 992,00	
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	R20,00	R224,60	R3 048,30		R20,00	R224,60	R3 048,30		R20,00	R179,68	R2 372,20	
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	R20,00	R168,00	R2 280,20		R20,00	R168,00	R2 280,20		R20,00	R134,40	R1 774,40	
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	R20,00	R168,00	R2 280,20		R20,00	R168,00	R2 280,20		R20,00	R134,40	R1 774,40	
2153	Reconstructive operation for epispadias with incontinence	R20,00	R168,00	R2 280,20		R20,00	R168,00	R2 280,20		R20,00	R134,40	R1 774,40	
2154	Induction of artificial erection	R20,00	R16,00	R217,40		R20,00	R16,00	R217,40		R20,00	R16,00	R211,10	
2155	Hypospadias: Urethral reconstruction	R20,00	R187,00	R2 538,10		R20,00	R187,00	R2 538,10		R20,00	R149,60	R1 975,10	
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	R20,00	R84,00	R1 139,80		R20,00	R84,00	R1 139,80		R20,00	R84,00	R1 109,00	
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
2161	Total amputation of penis: Without gland dissection	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
2163	Total amputation of penis: With gland-dissection	R20,00	R336,00	R4 560,40		R20,00	R336,00	R4 560,40		R20,00	R268,80	R3 548,90	
2165	Partial amputation of penis: With gland-dissection	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2167	Partial amputation of penis: Without gland-dissection	R20,00	R84,00	R1 139,80		R20,00	R84,00	R1 139,80		R20,00	R84,00	R1 109,00	
2169	Injection procedure for Peyronie's disease	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	R20,00	R42,00	R570,00		R20,00	R42,00	R570,00		R20,00	R42,00	R554,50	
2173	Priapism operation: Shunt procedure: Any type	R20,00	R252,00	R3 420,10		R20,00	R252,00	R3 420,10		R20,00	R201,60	R2 661,40	
2174	Priapism operation: Stab shunt	R20,00	R114,40	R1 552,80		R20,00	R114,40	R1 552,80		R20,00	R114,40	R1 510,50	
11.2	Testis and epididymis												
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure												
2175	Testis biopsy: Needle (independent procedure)	R20,00	R18,50	R251,10		R20,00	R18,50	R251,10		R20,00	R18,50	R244,30	
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	R20,00	R58,90	R799,40		R20,00	R58,90	R799,40		R20,00	R58,90	R777,70	
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	R20,00	R58,90	R799,40		R20,00	R58,90	R799,40		R20,00	R58,90	R777,70	
2181	Epididymis biopsy: Needle	R20,00	R86,10	R1 168,60		R20,00	R86,10	R1 168,60		R20,00	R86,10	R1 136,60	
2183	Puncture aspiration hydrocele with or without injection of medication	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
2185	Operation for maldescended testicle: Including herniotomy	R20,00	R135,00	R1 832,30		R20,00	R135,00	R1 832,30		R20,00	R120,00	R1 584,20	
2187	Operation for torsion appendix testis	R20,00	R119,20	R1 618,10		R20,00	R119,20	R1 618,10		R20,00	R119,20	R1 573,90	
2189	Operation for torsion testis with fixation of contralateral testis	R20,00	R119,20	R1 618,10		R20,00	R119,20	R1 618,10		R20,00	R119,20	R1 573,90	
2191	Orchidectomy (total or subcapsular): Unilateral	R20,00	R98,00	R1 330,20		R20,00	R98,00	R1 330,20		R20,00	R98,00	R1 293,90	
2193	Orchidectomy (total or subcapsular): Bilateral	R20,00	R147,00	R1 995,10		R20,00	R147,00	R1 995,10		R20,00	R120,00	R1 584,20	
2195	Radical operation for malignant testis: Excluding gland dissection	R20,00	R155,30	R2 107,40		R20,00	R155,30	R2 107,40		R20,00	R124,24	R1 640,00	
2197	Operation for hydrocele or spermatocele	R20,00	R99,80	R1 354,40		R20,00	R99,80	R1 354,40		R20,00	R99,80	R1 317,40	
2199	Varicocelectomy	R20,00	R106,10	R1 439,90		R20,00	R106,10	R1 439,90		R20,00	R106,10	R1 400,70	
2201	Abdominal ligation of spermatic vein for varicocele	R20,00	R112,80	R1 530,90		R20,00	R112,80	R1 530,90		R20,00	R112,80	R1 489,30	
2203	Epididymectomy: Unilateral	R20,00	R114,40	R1 552,80		R20,00	R114,40	R1 552,80		R20,00	R114,40	R1 510,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2205	Epididymectomy: Bilateral	R20,00	R158,20	R2 147,30		R20,00	R158,20	R2 147,30		R20,00	R126,56	R1 671,10	
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	R20,00	R55,90	R758,50		R20,00	R55,90	R758,50		R20,00	R55,90	R738,10	
2209	Vasotomy: Unilateral or bilateral	R20,00	R70,40	R955,50		R20,00	R70,40	R955,50		R20,00	R70,40	R929,40	
2210	Vasogram, seminal vesiculogram: Unilateral	R20,00	R58,10	R788,70		R20,00	R58,10	R788,70		R20,00	R58,10	R767,00	
2211	Vasogram, seminal vesiculogram: Bilateral	R20,00	R58,10	R788,70		R20,00	R58,10	R788,70		R20,00	R58,10	R767,00	
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	R20,00	R91,20	R1 237,70		R20,00	R91,20	R1 237,70		R20,00	R91,20	R1 204,20	
2213	Suture or repair of testicular injury	R20,00	R110,30	R1 496,90		R20,00	R110,30	R1 496,90		R20,00	R110,30	R1 456,30	
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 221,50		R20,00	R90,00	R1 188,30	
2217	Excision of local lesion of testis or epididymis	R20,00	R90,80	R1 232,30		R20,00	R90,80	R1 232,30		R20,00	R90,80	R1 198,70	
2219	Vaso-vasostomy: Unilateral	R20,00	R67,00	R909,20		R20,00	R67,00	R909,20		R20,00	R67,00	R884,80	
2221	Vaso-vasostomy: Bilateral	R20,00	R117,00	R1 588,00		R20,00	R117,00	R1 588,00		R20,00	R117,00	R1 544,60	
2223	Epididymo-vasostomy: Unilateral	R20,00	R67,00	R909,20		R20,00	R67,00	R909,20		R20,00	R67,00	R884,80	
2225	Epididymo-vasostomy: Bilateral	R20,00	R117,00	R1 588,00		R20,00	R117,00	R1 588,00		R20,00	R117,00	R1 544,60	
2227	Incision and drainage of scrotal wall abscess	R20,00	R42,70	R579,50		R20,00	R42,70	R579,50		R20,00	R42,70	R563,90	
2229	Excision of Mullerian duct cyst	R20,00	R189,00	R2 565,20		R20,00	R189,00	R2 565,20		R20,00	R151,20	R1 996,30	
2231	Excision of lesion of spermatic cord	R20,00	R84,00	R1 139,80		R20,00	R84,00	R1 139,80		R20,00	R84,00	R1 109,00	
2233	Seminal Vesiculectomy	R20,00	R220,00	R2 985,80		R20,00	R220,00	R2 985,80		R20,00	R176,00	R2 323,40	
11.3	Prostate												
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	R20,00	R23,30	R316,20		R20,00	R23,30	R316,20		R20,00	R23,30	R307,50	
2237	Biopsy prostate: Incisional, any approach	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
2239	Transurethral drainage of prostatic abscess	R20,00	R117,40	R1 593,50		R20,00	R117,40	R1 593,50		R20,00	R117,40	R1 550,10	
2241	Perineal drainage of prostatic abscess	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2243	Trans-urethral cryo-surgical removal of prostate	R20,00	R126,00	R1 710,10		R20,00	R126,00	R1 710,10		R20,00	R120,00	R1 584,20	
2245	Trans-urethral resection of prostate	R20,00	R252,00	R3 420,10		R20,00	R252,00	R3 420,10		R20,00	R201,60	R2 661,40	
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	R20,00	R126,00	R1 710,10		R20,00	R126,00	R1 710,10		R20,00	R120,00	R1 584,20	
2249	Trans-urethral resection of post-operative bladder neck contracture	R20,00	R126,00	R1 710,10		R20,00	R126,00	R1 710,10		R20,00	R120,00	R1 584,20	
2250	Laparoscopic prostatectomy: Retropubic, radical, including nerve sparing		R501,80	R6 808,20			R501,80	R6 808,20			R401,44	R5 297,80	
2251	Prostatectomy: Perineal: Sub-total	R20,00	R252,00	R3 420,10		R20,00	R252,00	R3 420,10		R20,00	R201,60	R2 661,40	
2253	Prostatectomy: Perineal: Radical	R20,00	R336,00	R4 560,40		R20,00	R336,00	R4 560,40		R20,00	R268,80	R3 548,90	
2254	Pelvic lymph adenectomy	R20,00	R175,00	R2 375,20		R20,00	R175,00	R2 375,20		R20,00	R140,00	R1 848,20	
2255	Supra-pelvic, transversal	R20,00	R252,00	R3 420,10		R20,00	R252,00	R3 420,10		R20,00	R201,60	R2 661,40	
2257	Retropubic: Sub-total	R20,00	R252,00	R3 420,10		R20,00	R252,00	R3 420,10		R20,00	R201,60	R2 661,40	
2259	Retropubic: Radical	R20,00	R336,00	R4 560,40		R20,00	R336,00	R4 560,40		R20,00	R268,80	R3 548,90	
2260	Prostate brachytherapy	R20,00	R230,00	R3 121,70		R20,00	R230,00	R3 121,70		R20,00	R184,00	R2 429,10	
12	FEMALE GENITAL SYSTEM												
12.1	Vulva and introitus												
2271	Removal of tag or polyp	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
2272	Removal of small superficial benign lesions	R20,00	R23,00	R312,20		R20,00	R23,00	R312,20		R20,00	R23,00	R303,30	
2273	Biopsy with suture in theatre (excluding aftercare)	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	R20,00	R71,00	R963,70		R20,00	R71,00	R963,70		R20,00	R71,00	R937,30	
2275	Reduction labial hypertrophy	R20,00	R67,00	R909,20		R20,00	R67,00	R909,20		R20,00	R67,00	R884,80	
2277	Removal of extensive benign vulva tumour	R20,00	R67,00	R909,20		R20,00	R67,00	R909,20		R20,00	R67,00	R884,80	
2279	Secondary perineal repair: Repair second degree tear	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
2280	Secondary perineal repair: Repair third degree tear	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2281	Excision of inclusion cyst	R20,00	R43,00	R583,80		R20,00	R43,00	R583,80		R20,00	R43,00	R567,80	
2283	Hymenectomy	R20,00	R43,00	R583,80		R20,00	R43,00	R583,80		R20,00	R43,00	R567,80	
2285	Drainage haematocolpos	R20,00	R54,00	R732,90		R20,00	R54,00	R732,90		R20,00	R54,00	R712,80	
2287	Clitoris repair for injury: Including skin graft, if required	R20,00	R67,00	R909,20		R20,00	R67,00	R909,20		R20,00	R67,00	R884,80	
2288	Clitoral reduction	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
2289	Denervation or alcohol infiltration vulva (Woodruff)	R20,00	R54,00	R732,90		R20,00	R54,00	R732,90		R20,00	R54,00	R712,80	
2291	Vulva: Undercutting skin (ball)	R20,00	R58,00	R787,10		R20,00	R58,00	R787,10		R20,00	R58,00	R765,90	
2293	Vulva and introitus: Drainage of abscess	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
2295	Bartholin gland: Bartholin abscess marsupialisation	R20,00	R36,00	R488,60		R20,00	R36,00	R488,60		R20,00	R36,00	R475,40	
2297	Bartholin gland: Bartholin gland excision	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
2299	Bartholin gland: Bartholin radical excision for malignant lesion	R20,00	R357,00	R4 845,40		R20,00	R357,00	R4 845,40		R20,00	R285,60	R3 770,50	
2301	Operation for enlarging introitus: Fenton plasty	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
2303	Operation for enlarging introitus: Bilateral Z-plastic	R20,00	R88,00	R1 194,30		R20,00	R88,00	R1 194,30		R20,00	R88,00	R1 161,80	
2305	Vulvectomy: Partial	R20,00	R161,00	R2 185,10		R20,00	R161,00	R2 185,10		R20,00	R128,80	R1 700,40	
2307	Vulvectomy	R20,00	R225,00	R3 053,80		R20,00	R225,00	R3 053,80		R20,00	R180,00	R2 376,60	
2309	Radical vulvectomy with bilateral lymphdenectomy	R20,00	R357,00	R4 845,40		R20,00	R357,00	R4 845,40		R20,00	R285,60	R3 770,50	
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	R20,00	R402,00	R5 455,90		R20,00	R402,00	R5 455,90		R20,00	R321,60	R4 245,80	
12.2	Vaginal procedures and operations												
2312	Artificial insemination	R20,00	R13,00	R176,50		R20,00	R13,00	R176,50		R20,00	R13,00	R171,60	
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand-alone procedure	R20,00	R25,50	R346,10		R20,00	R25,50	R346,10		R20,00	R25,50	R336,60	
2314	Intra uterine insemination	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30		R20,00	R18,00	R237,70	
2315	Simms Hühner test plus wet smear	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	R20,00	R56,00	R760,00		R20,00	R56,00	R760,00		R20,00	R56,00	R739,30	
2319	Excision of cysts or tumours	R20,00	R54,00	R732,90		R20,00	R54,00	R732,90		R20,00	R54,00	R712,80	
2321	Drainage of vaginal abscess	R20,00	R54,00	R732,90		R20,00	R54,00	R732,90		R20,00	R54,00	R712,80	
2322	Pudendal nerve block	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
2323	Reconstruction of vagina after atresia	R20,00	R107,00	R1 452,30		R20,00	R107,00	R1 452,30		R20,00	R107,00	R1 412,60	
2324	Revision of prosthetic vaginal graft:Vaginal approach (removal included)	R20,00	R129,80	R1 761,30		R20,00	R120,00	R0,00			R120,00	R1 585,00	
2325	Construction of artificial vagina: Labial fusion	R20,00	R179,00	R2 429,30		R20,00	R179,00	R2 429,30		R20,00	R143,20	R1 890,60	
2326	Revision of prosthetic vaginal graft: Abdominal approach (removal included)	R20,00	R199,10	R2 702,60		R20,00	R199,10	R2 702,60				R0,00	
2327	Construction of artificial vagina: Macindoe type	R20,00	R196,00	R2 660,10		R20,00	R196,00	R2 660,10		R20,00	R156,80	R2 070,00	
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	R20,00	R241,00	R3 271,10		R20,00	R241,00	R3 271,10		R20,00	R192,80	R2 545,40	
2330	Fitting/insertion of pessary or other intravaginal support device	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90			R3,00	R0,00	
2331	Vaginal septum removal	R20,00	R107,00	R1 452,30		R20,00	R107,00	R1 452,30		R20,00	R107,00	R1 412,60	
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	R20,00	R243,30	R3 302,30		R20,00	R243,30	R3 302,30		R20,00	R194,64	R2 569,80	
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	R20,00	R243,30	R3 302,30		R20,00	R243,30	R3 302,30		R20,00	R194,64	R2 569,80	
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	R20,00	R166,90	R2 265,10		R20,00	R166,90	R2 265,10		R20,00	R133,52	R1 762,80	
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	R20,00	R166,90	R2 265,10		R20,00	R166,90	R2 265,10		R20,00	R133,52	R1 762,80	
2339	Colpotomy: Diagnostic (excluding aftercare)	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
2341	Colpotomy: Therapeutic, with or without sterilisation	R20,00	R103,00	R1 397,90		R20,00	R103,00	R1 397,90		R20,00	R103,00	R1 359,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2343	Vaginal hysterectomy: Without repair	R20,00	R210,50	R2 857,00		R20,00	R210,50	R2 857,00		R20,00	R168,40	R2 223,40	
2345	Vaginal hysterectomy: With repair	R20,00	R231,70	R3 144,60		R20,00	R231,70	R3 144,60		R20,00	R185,36	R2 447,00	
2355,00	Posterior colporrhaphy, Repair of rectocele with or without perineorrhaphy		R110,30	R1 496,70			R110,30	R0,00			R110,30	R1 456,80	
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
2359	Colporrhaphy: Anteroposterior, with enterocele repair	R20,00	R163,90	R2 224,70		R20,00	R163,90	R2 224,70				R0,00	
2361	Vaginal hysterectomy and repair for total prolapse	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
2363	Fothergill or Manchester repair operation	R20,00	R196,00	R2 660,10		R20,00	R196,00	R2 660,10		R20,00	R156,80	R2 070,00	
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	R20,00	R232,00	R3 148,70		R20,00	R232,00	R3 148,70		R20,00	R185,60	R2 450,50	
2366	Posterior repair alone	R20,00	R107,00	R1 452,30		R20,00	R107,00	R1 452,30		R20,00	R107,00	R1 412,60	
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	R20,00	R161,00	R2 185,10		R20,00	R161,00	R2 185,10		R20,00	R128,80	R1 700,40	
2368	Uterovesical fistula	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
2369	Repair of Vesico- or urethro-vaginal fistula	R20,00	R179,00	R2 429,30		R20,00	R179,00	R2 429,30		R20,00	R143,20	R1 890,60	
2370	Repair of VVF - Obstetric or radiation	R20,00	R232,00	R3 148,70		R20,00	R232,00	R3 148,70		R20,00	R185,60	R2 450,50	
2371	Closure of uretero-vaginal fistula	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
2373	Closure of recto-vaginal fistula	R20,00	R134,00	R1 818,80		R20,00	R134,00	R1 818,80		R20,00	R120,00	R1 584,20	
2374	Closure of recto-vaginal fistula: Obstetric or radiation	R20,00	R151,00	R2 049,40		R20,00	R151,00	R2 049,40		R20,00	R120,80	R1 594,80	
2375	Colpocleisis	R20,00	R129,00	R1 751,00		R20,00	R129,00	R1 751,00		R20,00	R120,00	R1 584,20	
2377	Le Fort operation	R20,00	R129,00	R1 751,00		R20,00	R129,00	R1 751,00		R20,00	R120,00	R1 584,20	
2379	Schauta operation	R20,00	R357,00	R4 845,40		R20,00	R357,00	R4 845,40		R20,00	R285,60	R3 770,50	
2381	Vaginectomy	R20,00	R268,00	R3 637,30		R20,00	R268,00	R3 637,30		R20,00	R214,40	R2 830,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	R20,00	R429,00	R5 822,30		R20,00	R429,00	R5 822,30		R20,00	R343,20	R4 531,10	
2385	Vaginal laceration or trauma: Repair	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
2386	Repair: Paravaginal defect repair (including repair of cystocele, if performed), abdominal approach	R20,00	R172,80	R2 345,20		R20,00	R172,80	R2 345,20				R0,00	
2387	Repair: Paravaginal defect repair (including repair of cystocele, if performed), vaginal approach	R20,00	R140,10	R1 901,20		R20,00	R140,10	R1 901,20				R0,00	
12.3	Cervix												
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
2391	Cervix: Canal reconstruction	R20,00	R147,00	R1 995,10		R20,00	R147,00	R1 995,10		R20,00	R120,00	R1 584,20	
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	R20,00	R22,00	R298,60		R20,00	R22,00	R298,60		R20,00	R22,00	R290,50	
2396	Laser or harmonic scalpel treatment of the cervix	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	R20,00	R31,00	R420,80		R20,00	R31,00	R420,80		R20,00	R31,00	R409,40	
2399	Punch biopsy (excluding aftercare)	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
2400	Biopsy during pregnancy (excluding aftercare)	R20,00	R13,00	R176,50		R20,00	R13,00	R176,50		R20,00	R13,00	R171,60	
2403	Wedge biopsy: Cervix (excluding aftercare)	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30		R20,00	R18,00	R237,70	
2404	Biopsy: Wedge during pregnancy: Cervix (excluding aftercare)	R20,00	R24,00	R325,80		R20,00	R24,00	R325,80		R20,00	R24,00	R316,80	
2405	Cone biopsy: Cervix (excluding aftercare)	R20,00	R54,00	R732,90		R20,00	R54,00	R732,90		R20,00	R54,00	R712,80	
2407	Amputation: Cervix	R20,00	R67,00	R909,20		R20,00	R67,00	R909,20		R20,00	R67,00	R884,80	
2409	Cervix encircilage: McDonald stitch	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
2411	Cervix encircilage: Shirodkar suture	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
2413	Cervix encircilage: Lash	R20,00	R49,00	R665,00		R20,00	R49,00	R665,00		R20,00	R49,00	R646,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2415	Cervix encirclage: Removal items 2409 and 2411: Without anaesthetic	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
2417	Repair of tears: Emmet repair of tears	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
2418	Repair of tears: Sturmdorff repair of tears	R20,00	R54,00	R732,90		R20,00	R54,00	R732,90		R20,00	R54,00	R712,80	
2421	Extirpation of cervical stump: Vaginal	R20,00	R134,00	R1 818,80		R20,00	R134,00	R1 818,80		R20,00	R120,00	R1 584,20	
2423	Extirpation of cervical stump: Abdominal	R20,00	R134,00	R1 818,80		R20,00	R134,00	R1 818,80		R20,00	R120,00	R1 584,20	
2425	Removal of cervical polyps (excluding aftercare)	R20,00	R13,00	R176,50		R20,00	R13,00	R176,50		R20,00	R13,00	R171,60	
2427	Removal of cervical myomata	R20,00	R54,00	R732,90		R20,00	R54,00	R732,90		R20,00	R54,00	R712,80	
2429	Colposcopy (excluding aftercare)	R20,00	R27,00	R366,40		R20,00	R27,00	R366,40		R20,00	R27,00	R356,50	
12.4	Uterus												
2432	Hysteroscopic bilateral tubal occlusion with permanent implants (includes hysteroscopy)	R20,00	R120,00	R1 628,50		R20,00	R120,00	R1 628,50				R0,00	
2433	Embryo transfer	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
2434	Endometrial biopsy (excluding aftercare)	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30		R20,00	R18,00	R237,70	
2435	Hysterosalpingogram (excluding aftercare)	R20,00	R22,00	R298,60		R20,00	R22,00	R298,60		R20,00	R22,00	R290,50	
2436	Hysteroscopy (excluding aftercare)	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
2437	Hysteroscopy and D&C (excluding aftercare)	R20,00	R58,00	R787,10		R20,00	R58,00	R787,10		R20,00	R58,00	R765,90	
2438	Hysteroscopy and removal of uterine septum (excluding aftercare)	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding aftercare)	R20,00	R63,00	R855,00		R20,00	R63,00	R855,00		R20,00	R63,00	R831,70	
2440	Hysteroscopy and polypectomy (excluding aftercare)	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
2441	Hysteroscopy and myomectomy (excluding aftercare)	R20,00	R130,00	R1 764,60		R20,00	R130,00	R1 764,60		R20,00	R120,00	R1 584,20	
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding aftercare)	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30		R20,00	R18,00	R237,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2443	Dilatation and curettage (D&C) (excluding aftercare)	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
2444	Fractional dilatation and curettage (D&C) (excluding aftercare)	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	R20,00	R71,00	R963,70		R20,00	R71,00	R963,70		R20,00	R71,00	R937,30	
2448	Termination of pregnancy before 12 weeks	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
2449	Evacuation: Missed abortion: Before 12 weeks gestation	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
2451	Evacuation: Missed abortion: After 12 weeks gestation	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	R20,00	R54,00	R732,90		R20,00	R54,00	R732,90		R20,00	R54,00	R712,80	
2453	Evacuation hydatidiform mole	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
2455	Evacuation uterus post-partum	R20,00	R54,00	R732,90		R20,00	R54,00	R732,90		R20,00	R54,00	R712,80	
2461	Ventrosuspension	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
2463	Uteroplasty: Strassman	R20,00	R143,00	R1 940,60		R20,00	R143,00	R1 940,60		R20,00	R120,00	R1 584,20	
2465	Uteroplasty: Tompkins	R20,00	R143,00	R1 940,60		R20,00	R143,00	R1 940,60		R20,00	R120,00	R1 584,20	
2467	Myomectomy	R20,00	R143,00	R1 940,60		R20,00	R143,00	R1 940,60		R20,00	R120,00	R1 584,20	
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	R20,00	R254,10	R3 448,90		R20,00	R254,10	R3 448,90		R20,00	R203,28	R2 683,60	
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	R20,00	R252,20	R3 423,00		R20,00	R252,20	R3 423,00		R20,00	R201,76	R2 663,60	
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	R20,00	R355,00	R4 818,30		R20,00	R355,00	R4 818,30		R20,00	R284,00	R3 749,50	
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	R20,00	R472,80	R6 417,00		R20,00	R472,80	R6 417,00		R20,00	R378,24	R4 993,50	
2477	Abdominal hysterotomy with or without sterilisation	R20,00	R188,00	R2 551,70		R20,00	R188,00	R2 551,70		R20,00	R150,40	R1 985,50	
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	R20,00	R225,00	R3 053,80		R20,00	R225,00	R3 053,80		R20,00	R180,00	R2 376,60	
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40				R0,00	
12.5	Fallopian tubes												
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee											R0,00	
2481	Insufflation Fallopian tubes (excluding aftercare)	R20,00	R16,00	R217,40		R20,00	R16,00	R217,40		R20,00	R16,00	R211,10	
2483	Salpingolysis	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60		R20,00	R120,00	R1 584,20	
2485	Salpingostomy	R20,00	R161,00	R2 185,10		R20,00	R161,00	R2 185,10		R20,00	R128,80	R1 700,40	
2487	Tuboplasty tubal anastomosis or re-implantation	R20,00	R196,00	R2 660,10		R20,00	R196,00	R2 660,10		R20,00	R156,80	R2 070,00	
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60		R20,00	R120,00	R1 584,20	
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	R20,00	R161,00	R2 185,10		R20,00	R161,00	R2 185,10		R20,00	R128,80	R1 700,40	
2491	Ectopic pregnancy - after 12 weeks	R20,00	R225,00	R3 053,80		R20,00	R225,00	R3 053,80		R20,00	R180,00	R2 376,60	
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	R20,00	R94,00	R1 275,70		R20,00	R94,00	R1 275,70		R20,00	R94,00	R1 241,10	
	Note: Use item 1807 for open procedures performed with a laparoscope instead of item 2493. Item 1807 may only be added once, and may not be charged together with item 2493 for more than one procedure performed laparoscopically												
2493	Diagnostic laparoscopy (excluding aftercare)	R20,00	R94,40	R1 281,20		R20,00	R94,40	R1 281,20		R20,00	R94,40	R1 246,30	
2496	Laparoscopy: Plus aspiration of a cyst (excluding aftercare)	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30		R20,00	R18,00	R237,70	
2497	Laparoscopy: Plus sterilisation	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
2499	Laparoscopy: Plus biopsy (excluding aftercare)	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30		R20,00	R18,00	R237,70	
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30		R20,00	R18,00	R237,70	
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding aftercare)	R20,00	R52,00	R705,80		R20,00	R52,00	R705,80		R20,00	R52,00	R686,40	
2503	Laparoscopy: Plus ovarian drilling	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	R20,00	R107,00	R1 452,30		R20,00	R107,00	R1 452,30		R20,00	R107,00	R1 412,60	
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	R20,00	R52,00	R705,80		R20,00	R52,00	R705,80		R20,00	R52,00	R686,40	
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	R20,00	R58,00	R787,10		R20,00	R58,00	R787,10		R20,00	R58,00	R765,90	
12.6	Ovaries												
2525	Wedge resection of ovaries, unilateral or bilateral	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
2527	Removal of ovarian tumour or cyst	R20,00	R187,00	R2 538,10		R20,00	R187,00	R2 538,10		R20,00	R149,60	R1 975,10	
2529	Oophorectomy: Uni- or bilateral	R20,00	R134,50	R1 825,50		R20,00	R134,50	R1 825,50		R20,00	R120,00	R1 584,20	
2531	Ovarian carcinoma debulking and omentectomy	R20,00	R357,00	R4 845,40		R20,00	R357,00	R4 845,40		R20,00	R285,60	R3 770,50	
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	R20,00	R469,00	R6 365,30		R20,00	R469,00	R6 365,30		R20,00	R375,20	R4 953,50	
12.7	Miscellaneous procedures												
2535	Exenteration: Anterior Exenteration	R20,00	R402,00	R5 455,90		R20,00	R402,00	R5 455,90		R20,00	R321,60	R4 245,80	
2537	Exenteration: Posterior Exenteration	R20,00	R402,00	R5 455,90		R20,00	R402,00	R5 455,90		R20,00	R321,60	R4 245,80	
2539	Exenteration: Total	R20,00	R625,00	R8 482,60		R20,00	R625,00	R8 482,60		R20,00	R500,00	R6 601,20	
2541	Presacral neurectomy	R20,00	R98,00	R1 330,20		R20,00	R98,00	R1 330,20		R20,00	R98,00	R1 293,90	
2542	Removal/revision: Sling for stress incontinence (e.g. fascia or synthetic)	R20,00	R151,40	R2 054,30		R20,00	R151,40	R2 054,30				R0,00	
2543	Moschowitz operation	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	R20,00	R193,10	R2 620,90		R20,00	R193,10	R2 620,90		R20,00	R154,48	R2 039,60	
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	R20,00	R195,00	R2 646,50		R20,00	R195,00	R2 646,50		R20,00	R156,00	R2 059,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	R20,00	R149,00	R2 022,20		R20,00	R149,00	R2 022,20		R20,00	R120,00	R1 584,20	
2547	Operations for stress incontinence: Burch colposuspension	R20,00	R161,00	R2 185,10		R20,00	R161,00	R2 185,10		R20,00	R128,80	R1 700,40	
2548	Operation for stress incontinence: Use of tape	R20,00	R229,40	R3 113,60		R20,00	R229,40	R3 113,60		R20,00	R183,52	R2 422,70	
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	R20,00	R196,00	R2 660,10		R20,00	R196,00	R2 660,10		R20,00	R156,80	R2 070,00	
2551	Laparotomy	R20,00	R196,00	R2 660,10		R20,00	R196,00	R2 660,10		R20,00	R156,80	R2 070,00	
2552	Removal benign retroperitoneal tumour	R20,00	R223,00	R3 026,70		R20,00	R223,00	R3 026,70		R20,00	R178,40	R2 355,60	
2553	Radical removal of malignant retroperitoneal tumour	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
2554	Drainage of pelvic abscess per abdomen	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
2558	Drainage intra-abdominal abscess: Delayed closure	R20,00	R268,00	R3 637,30		R20,00	R268,00	R3 637,30		R20,00	R214,40	R2 830,60	
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	
2565	Implantation hormone pellets (excluding aftercare)	R20,00	R3,00	R40,70		R20,00	R3,00	R40,70		R20,00	R3,00	R39,60	
2570	Ligation of internal iliac vessels (when not part of another procedure)	R20,00	R225,00	R3 053,80		R20,00	R225,00	R3 053,80		R20,00	R180,00	R2 376,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
13	OBSTETRIC PROCEDURES												
RULES GOVERNING THIS SECTION													
U.	Obstetric procedures: (a) When a General Practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the General Practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the General Practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the General Practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a General Practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a General Practitioner calls an obstetrician (specialist or General Practitioner) to help with a confinement, or take over the management of a confinement, but the General Practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the General Practitioner according to item 2614: Global obstetric care.												
13.1	Pre-natal care and procedures												
2603	External cephalic version (excluding aftercare)	R20,00	R22,00	R298,60		R20,00	R22,00	R298,60		R20,00	R22,00	R290,50	
2605	Amniocentesis (excluding aftercare)	R20,00	R36,00	R488,60		R20,00	R36,00	R488,60		R20,00	R36,00	R475,40	
2607	Amnioscopy (excluding aftercare)	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30		R20,00	R18,00	R237,70	
2609	Intra-uterine transfusion of foetus or cordocentesis	R20,00	R134,00	R1 818,80		R20,00	R134,00	R1 818,80		R20,00	R120,00	R1 584,20	
2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding aftercare)	R20,00	R16,00	R217,40		R20,00	R16,00	R217,40		R20,00	R16,00	R211,10	
2611	Chorion villus sampling (excluding aftercare)	R20,00	R54,00	R732,90		R20,00	R54,00	R732,90		R20,00	R54,00	R712,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
13.2	Confinements												
2614	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	R20,00	R282,00	R4 549,10		R20,00	R282,00	R4 454,60		R20,00	R225,60	R4 475,70	
2615	Global obstetric care: All inclusive fee for caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit).	R20,00	R267,00	R4 549,10		R20,00	R267,00	R4 454,60		R20,00	R213,60	R4 475,70	
2616	Intrapartum obstetric care by obstetrician in consultation (excluding aftercare)	R20,00	R190,00	R2 578,70		R20,00	R190,00	R2 578,70		R20,00	R152,00	R2 006,60	
	Global obstetric care includes - o All modes of delivery (including Caesarean) - o All inductions of labour (medical or surgical) - o Intrapartum paracervical and pudential blocks - o Intrapartum amnioscopy - o Foetal blood sampling - o Application of scalp leads - o Symphysiotomy - o Manual removal of placenta - o Repair cervical tears - o Correction of uterine inversion - o Drainage of vulval haematoma - o Repair third degree tear - o Repair second degree tear - o Repair episiotomy - o Resuscitation of newborn by obstetrician - o Tracheal intubation - o Missed confinement												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
	Global obstetric care excludes - o Prenatal consultations - o Prenatal procedures (Items 2603 - 2611) - o Emergency hysterectomy for obstetrical reasons - o Abdominal operation for repair of ruptured gravid uterus - o Intensive care for obstetrical emergencies - o Tubal ligation performed as a post-partum procedure - o Post-partum complications occurring after discharge from the hospital												
13.3	Operative procedures (excluding antenatal care)												
2653	Caesarean-hysterectomy	R20,00	R335,00	R4 546,60		R20,00	R335,00	R4 546,60		R20,00	R268,00	R3 538,20	
2657	Post-partum hysterectomy	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
2669	Abdominal operation for ruptured gravid uterus: Repair	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
14	NERVOUS SYSTEM												
14.1	Diagnostic procedures												
2680,00	Haemodynamic and autonomic nervous system testing with task Force system-PROFFESIONEL COMPONENTS		R29,00	R393,30			R29,00	R393,30				R0,00	
2681	Visual evoked potentials (VEP): Unilateral	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70				R0,00	
2682	Visual evoked potentials (VEP): Bilateral	R20,00	R88,00	R1 194,30		R20,00	R88,00	R1 194,30				R0,00	
2683	Electro-retinography (Ganzfeld method): Unilateral	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40				R0,00	
2684	Electro-retinography (Ganzfeld method): Bilateral	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00				R0,00	
2685	Electro-oculography: Unilateral	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10				R0,00	
2686	Electro-oculography: Bilateral	R20,00	R53,00	R719,30		R20,00	R53,00	R719,30				R0,00	
2687	VEP stable condition (photic drive): Unilateral	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70				R0,00	
2689	VEP stable condition (photic drive): Bilateral	R20,00	R88,00	R1 194,30		R20,00	R88,00	R1 194,30				R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90				R0,00	
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry											R0,00	
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex	R20,00	R48,00	R651,60		R20,00	R48,00	R651,60				R0,00	
2704	Neurostimulation, percutaneous: Sacral nerve		R120,80	R1 638,90			R120,80	R1 638,90				R0,00	
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60		R20,00	R6,00	R79,40	
2706	Neurostimulation, percutaneous: Posterior tibial nerve, single treatment. Includes programming		R8,80	R119,50			R8,80	R119,50				R0,00	
2707	Full fee for complete neurological evoked potential evaluation including neurological AEP, bilateral VEP, and bilateral median and/or posterior tibial stimulation	R20,00	R220,00	R2 985,80		R20,00	R220,00	R2 985,80				R0,00	
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90				R0,00	
2709	Full spinogram including bilateral median and posterior-tibial studies	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10				R0,00	
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)											R0,00	
2711	Electro-encephalography: Taking of record	R20,00	R36,10	R490,10		R20,00	R36,10	R490,10		R20,00	R36,10	R476,70	
2712	Electro-encephalography: Interpretation	R20,00	R24,00	R325,80		R20,00	R24,00	R325,80		R20,00	R24,00	R316,80	
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	R20,00	R18,40	R249,70		R20,00	R18,40	R249,70		R20,00	R18,40	R242,90	Z
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.												
2714	Cisternal puncture and/or intrathecal injections	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	R20,00	R136,00	R1 845,80		R20,00	R136,00	R1 845,80				R0,00	
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10				R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2717	Electromyography: First	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
2718	Electromyography: Subsequent	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
2719	Overnight polysomnogram and sleep staging: Hire	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60				R0,00	
2720	Overnight polysomnogram and sleep staging: Interpretation	R20,00	R23,00	R312,20		R20,00	R23,00	R312,20				R0,00	
2721	Daytime polysomnogram: Hire	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60				R0,00	
2722	Daytime polysomnogram: Interpretation	R20,00	R17,00	R230,70		R20,00	R17,00	R230,70				R0,00	
2723	Multiple sleep latency test: Interpretation	R20,00	R125,00	R1 696,60		R20,00	R125,00	R1 696,60				R0,00	
2724	Overnight continuous positive airways pressure (CPAP) titration	R20,00	R155,00	R2 103,90		R20,00	R155,00	R2 103,90		R20,00	R124,00	R1 637,10	
2725	Angiography carotis: Unilateral	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
2726	Angiography carotis: Bilateral	R20,00	R44,00	R597,40		R20,00	R44,00	R597,40		R20,00	R44,00	R580,80	
2727	Vertebral artery: Direct needling	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
2728	Unattended overnight home-based polysomnogram: Interpretation		R24,50	R332,40			R24,50	R332,40				R0,00	
2729	Vertebral catheterisation	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)	R20,00	R60,00	R814,40	Z	R20,00	R60,00	R814,40	Z			R0,00	
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	R20,00	R14,50	R196,50		R20,00	R14,50	R196,50				R0,00	
2732	Overnight home-based polysomnogram: Interpretation		R24,50	R332,40			R24,50	R332,40				R0,00	
2733	Cortical Stimulation	R20,00	R58,90	R799,40		R20,00	R58,90	R799,40		R20,00	R58,90	R777,70	
2734	Sodium Amytal Testing (WADA test)	R20,00	R88,70	R1 203,60		R20,00	R88,70	R1 203,60		R20,00	R88,70	R1 171,00	
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	R20,00	R31,50	R427,50		R20,00	R31,50	R427,50		R20,00	R0,00	R0,00	v
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
2739	Ventricular needling without burring: Tapping only	R20,00	R16,00	R217,40		R20,00	R16,00	R217,40		R20,00	R16,00	R211,10	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	R20,00	R43,00	R583,80		R20,00	R43,00	R583,80		R20,00	R43,00	R567,80	
2743	Subdural tapping: First sitting	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
2745	Subdural tapping: Subsequent	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	R20,00	R36,10	R490,10		R20,00	R36,10	R490,10		R20,00	R36,10	R476,70	
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	R20,00	R24,50	R332,70		R20,00	R24,50	R332,70		R20,00	R24,50	R323,30	
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	R20,00	R36,10	R490,10		R20,00	R36,10	R490,10		R20,00	R36,10	R476,70	
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	R20,00	R24,50	R332,70		R20,00	R24,50	R332,70		R20,00	R24,50	R323,30	
6010	Electroencephalogram monitoring: Monitoring for localisation of cerebral seizure focus using computerised sixteen or more channel EEG, which may include video recording (e.g. for pre-operative localisation): Each full 24-hour period	R20,00	R294,60	R3 998,20		R20,00	R294,60	R3 998,20		R20,00	R235,68	R3 111,50	
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24-hour period of monitoring	R20,00	R128,60	R1 745,30		R20,00	R128,60	R1 745,30		R20,00	R120,00	R1 584,20	
14.2	Introduction of burr holes for												
2746	Biopsy: Temporal artery		R91,00	R1 234,90			R91,00	R1 234,90				R0,00	
2747	Ventriculography	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
2749	Catheterisation for ventriculography and/or drainage	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
2751	Biopsy of brain tumour	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
2753	Subdural haematoma or hygroma	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
2755	Subdural empyema	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
2757	Brain abscess	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
14.3	Nerve procedures												
2759	Nerve biopsy: Peripheral	R20,00	R37,00	R502,20		R20,00	R37,00	R502,20		R20,00	R37,00	R488,40	
2763	Nerve biopsy: Cranial nerves: Extra-cranial	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	R20,00	R26,00	R352,80		R20,00	R26,00	R352,80		R20,00	R26,00	R343,30	
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20				R0,00	
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10				R0,00	
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00				R0,00	
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00				R0,00	
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70				R0,00	
14.3.1	Nerve procedures: Nerve repair or suture												
2767	Suture brachial plexus (see also items 2837 and 2839)	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
2769	Suture: Large nerve: Primary	R20,00	R134,00	R1 818,80		R20,00	R134,00	R1 818,80		R20,00	R120,00	R1 584,20	
2771	Suture: Large nerve: Secondary	R20,00	R202,00	R2 741,60		R20,00	R202,00	R2 741,60		R20,00	R161,60	R2 133,30	
2773	Digital nerve: Primary	R20,00	R65,00	R882,10		R20,00	R65,00	R882,10		R20,00	R65,00	R858,10	
2775	Digital nerve: Secondary	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
2777	Nerve graft: Simple	R20,00	R202,00	R2 741,60		R20,00	R202,00	R2 741,60		R20,00	R161,60	R2 133,30	
2779	Fascicular: First fasciculus	R20,00	R202,00	R2 741,60		R20,00	R202,00	R2 741,60		R20,00	R161,60	R2 133,30	
2781	Fascicular: Each additional fasciculus	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
2782	Nerve pedicle transfer: First stage (not to be used together with item 2783)		R309,10	R0,00			R309,10	R0,00			R247,28	R3 265,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2783	Fascicular: Nerve flap: To include all stages	R20,00	R224,00	R3 040,30		R20,00	R224,00	R3 040,30		R20,00	R179,20	R2 365,80	
2784	Nerve pedicle transfer: Second stage (not to be used together with item 2783)		R338,30	R0,00			R338,30	R0,00			R270,64	R3 574,40	
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	R20,00	R124,00	R1 682,80		R20,00	R124,00	R1 682,80		R20,00	R120,00	R1 584,20	
2787	Fascicular: Grafting of facial nerve	R20,00	R215,00	R2 918,00		R20,00	R215,00	R2 918,00		R20,00	R172,00	R2 270,90	
14.3.2	Nerve procedures: Neurectomy												
2789	Trigeminal ganglion: Injection of alcohol	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
2791	Trigeminal ganglion: Injection of cortisone	R20,00	R65,00	R882,10		R20,00	R65,00	R882,10		R20,00	R65,00	R858,10	
2793	Trigeminal ganglion: Coagulation through high frequency	R20,00	R170,00	R2 307,40		R20,00	R170,00	R2 307,40		R20,00	R136,00	R1 795,70	
2799	Procedures for pain relief: Intrathecal injections for pain	R20,00	R36,00	R488,60		R20,00	R36,00	R488,60		R20,00	R36,00	R475,40	
2800	Procedures for pain relief: Plexus nerve block	R20,00	R36,00	R488,60		R20,00	R36,00	R488,60		R20,00	R36,00	R475,40	
2801	Procedures for pain relief: Epidural injection for pain (refer to modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic)	R20,00	R36,00	R488,60		R20,00	R36,00	R488,60		R20,00	R36,00	R475,40	
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.												
2802	Procedures for pain relief: Peripheral nerve block	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
2803	Alcohol injection in peripheral nerves for pain: Unilateral	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
2805	Alcohol injection in peripheral nerves for pain: Bilateral	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
2809	Peripheral nerve section for pain	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
2811	Pudendal neurectomy: Bilateral	R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 574,30		R20,00	R116,00	R1 531,60	
2813	Obturator or Stoffels	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
2815	Interdigital	R20,00	R82,30	R1 116,80		R20,00	R82,30	R1 116,80		R20,00	R82,30	R1 086,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2825	Excision: Neuroma: Peripheral	R20,00	R109,50	R1 486,20		R20,00	R109,50	R1 486,20		R20,00	R109,50	R1 445,70	
14.3.3	Nerve procedures: Other nerve procedures												
2827	Transposition of ulnar nerve	R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 357,20		R20,00	R100,00	R1 320,20	
2829	Neurolysis: Minor	R20,00	R51,00	R692,10		R20,00	R51,00	R692,10		R20,00	R51,00	R673,30	
2831	Neurolysis: Major	R20,00	R132,00	R1 791,60		R20,00	R132,00	R1 791,60		R20,00	R120,00	R1 584,20	
2833	Neurolysis: Digital	R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 302,80		R20,00	R96,00	R1 267,30	
2834	Neuroplasty: Sciatic nerve		R168,80	R0,00			R168,80	R0,00			R135,04	R1 783,50	
2835	Scalenotomy	R20,00	R132,00	R1 791,60		R20,00	R132,00	R1 791,60		R20,00	R120,00	R1 584,20	
2837	Neuroplasty:Brachial Plexus	R20,00	R223,00	R0,00		R20,00	R223,00	R0,00		R20,00	R178,40	R2 356,20	
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	R20,00	R895,20	R12 149,70		R20,00	R895,20	R12 149,70		R20,00	R716,16	R9 455,00	
2841	Carpal Tunnel	R20,00	R64,00	R868,60		R20,00	R64,00	R868,60		R20,00	R64,00	R844,90	
2843	Lumbar sympathectomy: Unilateral	R20,00	R153,00	R2 076,60		R20,00	R153,00	R2 076,60		R20,00	R122,40	R1 616,00	
2845	Lumbar sympathectomy: Bilateral	R20,00	R268,00	R3 637,30		R20,00	R268,00	R3 637,30		R20,00	R214,40	R2 830,60	
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)											R0,00	
2847	Cervical sympathectomy: Unilateral	R20,00	R153,00	R2 076,60		R20,00	R153,00	R2 076,60		R20,00	R122,40	R1 616,00	
2848	Cervical sympathectomy: Bilateral	R20,00	R268,00	R3 637,30		R20,00	R268,00	R3 637,30		R20,00	R214,40	R2 830,60	
2849	Sympathetic block: Other levels: Unilateral	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
2851	Sympathetic block: Other levels: Bilateral	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00		R20,00	R35,00	R462,00	
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
14.4	Skull procedures												
2855	Removal of skull tumour: With or without plastic repair: Small	R20,00	R170,00	R2 307,40		R20,00	R170,00	R2 307,40		R20,00	R136,00	R1 795,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2857	Removal of skull tumour: With or without plastic repair: Major	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
2859	Repair of depressed fracture of skull: Without brain laceration: Major	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
2860	Repair of depressed fracture of skull: Without brain laceration: Small	R20,00	R170,00	R2 307,40		R20,00	R170,00	R2 307,40		R20,00	R136,00	R1 795,70	
2861	Repair of depressed fracture of skull: With brain lacerations: Small	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
2862	Repair of depressed fracture of skull: With brain lacerations: Major	R20,00	R375,00	R5 089,70		R20,00	R375,00	R5 089,70		R20,00	R300,00	R3 960,70	
2863	Cranioplasty	R20,00	R280,00	R3 800,30		R20,00	R280,00	R3 800,30		R20,00	R224,00	R2 957,40	
2864	Encephalocele (excluding frontal)	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
2865	Craniosynostosis: Few suturae	R20,00	R213,00	R2 890,80		R20,00	R213,00	R2 890,80		R20,00	R170,40	R2 249,70	
2867	Craniosynostosis: Multiple suturae	R20,00	R280,00	R3 800,30		R20,00	R280,00	R3 800,30		R20,00	R224,00	R2 957,40	
14.5	Shunt procedures												
2869	Ventriculo-cisternostomy	R20,00	R280,00	R3 800,30		R20,00	R280,00	R3 800,30		R20,00	R224,00	R2 957,40	
2871	Ventriculo-caval shunt	R20,00	R280,00	R3 800,30		R20,00	R280,00	R3 800,30		R20,00	R224,00	R2 957,40	
2873	Ventriculo-peritoneal shunt	R20,00	R280,00	R3 800,30		R20,00	R280,00	R3 800,30		R20,00	R224,00	R2 957,40	
2875	Theco-peritoneal C.S.F. shunt	R20,00	R280,00	R3 800,30		R20,00	R280,00	R3 800,30		R20,00	R224,00	R2 957,40	
14.6	Aneurysm repair												
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	R20,00	R700,00	R9 500,50		R20,00	R700,00	R9 500,50		R20,00	R560,00	R7 393,50	
2877	Extracranial to intracranial vascular	R20,00	R700,00	R9 500,50		R20,00	R700,00	R9 500,50		R20,00	R560,00	R7 393,50	
2878	Posterior fossa arteriovenous anomalies	R20,00	R700,00	R9 500,50		R20,00	R700,00	R9 500,50		R20,00	R560,00	R7 393,50	
14.7	Craniectomy or Craniotomy												
2879	Glosso pharyngeal nerve	R20,00	R480,00	R6 514,60		R20,00	R480,00	R6 514,60		R20,00	R384,00	R5 069,60	
2881	Eighth nerve: Intracranial	R20,00	R480,00	R6 514,60		R20,00	R480,00	R6 514,60		R20,00	R384,00	R5 069,60	
2883	Eighth nerve: Extracranial	R20,00	R480,00	R6 514,60		R20,00	R480,00	R6 514,60		R20,00	R384,00	R5 069,60	
2884	Sub-temporal section of the trigeminal nerve	R20,00	R375,00	R5 089,70		R20,00	R375,00	R5 089,70		R20,00	R300,00	R3 960,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2885	Trigeminal tractotomy	R20,00	R480,00	R6 514,60		R20,00	R480,00	R6 514,60		R20,00	R384,00	R5 069,60	
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiari malformation or obstructive cysts e.g. Dandy Walker or parasites	R20,00	R450,00	R6 107,70		R20,00	R450,00	R6 107,70		R20,00	R360,00	R4 752,90	
2887	Vestibular nerve	R20,00	R480,00	R6 514,60		R20,00	R480,00	R6 514,60		R20,00	R384,00	R5 069,60	
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	R20,00	R700,00	R9 500,50		R20,00	R700,00	R9 500,50		R20,00	R560,00	R7 393,50	
2891	Posterior fossa tumour removal: Glioma, secondary deposits	R20,00	R450,00	R6 107,70		R20,00	R450,00	R6 107,70		R20,00	R360,00	R4 752,90	
2893	Posterior fossa tumour removal: Abscess	R20,00	R450,00	R6 107,70		R20,00	R450,00	R6 107,70		R20,00	R360,00	R4 752,90	
2895	Excision of tumour of glomus jugulare: Intracranial	R20,00	R420,00	R5 700,30		R20,00	R420,00	R5 700,30		R20,00	R336,00	R4 436,00	
2897	Excision of tumour of glomus jugulare: Extracranial	R20,00	R420,00	R5 700,30		R20,00	R420,00	R5 700,30		R20,00	R336,00	R4 436,00	
2898	Excision of tumour of glomus jugulare: Hemispherectomy	R20,00	R500,00	R6 786,00		R20,00	R500,00	R6 786,00		R20,00	R400,00	R5 280,80	
14.7.1	Posterior fossa surgery: Supratentorial procedures												
2899	Craniectomy for extra-dural haematoma or empyema	R20,00	R375,00	R5 089,70		R20,00	R375,00	R5 089,70		R20,00	R300,00	R3 960,70	
14.8	Craniotomy for												
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	R20,00	R700,00	R9 500,50		R20,00	R700,00	R9 500,50		R20,00	R560,00	R7 393,50	
2901	Craniotomy for Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/pharyngioma	R20,00	R700,00	R9 500,50		R20,00	R700,00	R9 500,50		R20,00	R560,00	R7 393,50	
2903	Craniotomy for Abscess, Glioma	R20,00	R450,00	R6 107,70		R20,00	R450,00	R6 107,70		R20,00	R360,00	R4 752,90	
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	R20,00	R450,00	R6 107,70		R20,00	R450,00	R6 107,70		R20,00	R360,00	R4 752,90	
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	R20,00	R450,00	R6 107,70		R20,00	R450,00	R6 107,70		R20,00	R360,00	R4 752,90	
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	R20,00	R375,00	R5 089,70		R20,00	R375,00	R5 089,70		R20,00	R300,00	R3 960,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2907	Craniotomy for Temporal lobectomy	R20,00	R450,00	R6 107,70		R20,00	R450,00	R6 107,70		R20,00	R360,00	R4 752,90	
2908	Craniotomy for Torkildsen anastomosis	R20,00	R375,00	R5 089,70		R20,00	R375,00	R5 089,70		R20,00	R300,00	R3 960,70	
2909	Craniotomy for CSF-leaks	R20,00	R450,00	R6 107,70		R20,00	R450,00	R6 107,70		R20,00	R360,00	R4 752,90	
2910	Craniotomy for removal of arteriovenous malformation	R20,00	R700,00	R9 500,50		R20,00	R700,00	R9 500,50		R20,00	R560,00	R7 393,50	
14.8.1	Stereotaxis; Stereotactic Radiosurgery (Cranial); Neurostimulators (Intracranial)												
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	R20,00	R280,00	R3 800,30		R20,00	R280,00	R3 800,30		R20,00	R224,00	R2 957,40	
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	R20,00	R196,00	R2 660,10		R20,00	R196,00	R2 660,10		R20,00	R156,80	R2 070,00	
2915	Transnasal hypophysectomy	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
2916	Transfrontal hypophysectomy	R20,00	R480,00	R6 514,60		R20,00	R480,00	R6 514,60		R20,00	R384,00	R5 069,60	
2917	Transnasal hypophyseal implants	R20,00	R172,00	R2 334,60		R20,00	R172,00	R2 334,60		R20,00	R137,60	R1 816,70	
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)	R20,00	R0,00			R20,00	R0,00			R20,00	R0,00	R0,00	
14.9	Spinal operations												
	See section 3.8.7 for laminectomy procedures												
2923	Chordotomy: Unilateral	R20,00	R178,00	R2 415,70		R20,00	R178,00	R2 415,70		R20,00	R142,40	R1 880,00	
2925	Chordotomy: Open	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
2927	Rhizotomy: Extradural, but intraspinal	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
2928	Rhizotomy: Intradural	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	R20,00	R700,00	R9 500,50		R20,00	R700,00	R9 500,50		R20,00	R560,00	R7 393,50	
2930	Removal of spinal cord tumour: Intramedullar: Anterio-lateral approach	R20,00	R700,00	R9 500,50		R20,00	R700,00	R9 500,50		R20,00	R560,00	R7 393,50	
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	
2932	Removal of spinal cord tumour: Extramedullary, but intradural: Anterio-lateral approach	R20,00	R350,00	R4 750,40		R20,00	R350,00	R4 750,40		R20,00	R280,00	R3 696,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	R20,00	R225,00	R3 053,80		R20,00	R225,00	R3 053,80		R20,00	R180,00	R2 376,60	
2937	Repair of meningocele, involving nerve tissue	R20,00	R250,00	R3 393,00		R20,00	R250,00	R3 393,00		R20,00	R200,00	R2 640,60	
2938	Simple	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
2939	Excision of arterial vascular malformations and cysts of the spinal cord	R20,00	R700,00	R9 500,50		R20,00	R700,00	R9 500,50		R20,00	R560,00	R7 393,50	
2940	Lumbar osteophyte removal	R20,00	R187,00	R2 538,10		R20,00	R187,00	R2 538,10		R20,00	R149,60	R1 975,10	
2941	Cervical or thoracic osteophyte removal	R20,00	R285,00	R3 868,10		R20,00	R285,00	R3 868,10		R20,00	R228,00	R3 010,20	
14.10	Arterial ligations												
2951	Carotis: Trauma	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
2953	Carotis: For aneurysm (AV anomaly)	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
2955	Removal of carotid body tumour (without vascular reconstruction)	R20,00	R335,60	R4 554,80		R20,00	R335,60	R4 554,80		R20,00	R268,48	R3 544,60	
14.11	Medical psychotherapy												
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)									R20,00	R16,00	R211,10	
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session									R20,00	R16,00	R211,10	
2963	Pairs, marriage or sex therapy: Per 20-minute session									R20,00	R16,00	R211,10	
2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session									R20,00	R8,00	R105,50	
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)									R20,00	R32,00	R422,60	
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)									R20,00	R48,00	R633,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session									R20,00	R32,00	R422,60	
2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session									R20,00	R48,00	R633,80	
RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY													
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods												
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975)											R0,00	
99,00	Stat basis tests: For tests performed on a stat basis, an additional premium of 50% of the fee for the particular pathology service shall apply, with the following provisos: o Stat test requesting may only be done by the referring practitioner and not by the pathologist. o Specimens must be collected on a stat basis where applicable. o Test must be performed on a stat basis. o Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained. o This modifier will only apply during normal working hours and will never be used in combination with item 4547: After-hours service.											R0,00	
14.12	Physical treatment methods												
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)									R20,00	R17,00	R224,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
14.13	Psychiatric examination methods												
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per 60 min session									R20,00	R16,00	R211,10	
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)									R20,00	R16,00	R211,10	
15	ENDOCRINE SYSTEM												
15.1	Thyroid												
2983	Lobectomy: Partial	R20,00	R198,10	R2 688,60		R20,00	R198,10	R2 688,60		R20,00	R158,48	R2 092,40	
2985	Lobectomy: Total	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
2987	Thyroidectomy: Subtotal	R20,00	R266,00	R3 610,30		R20,00	R266,00	R3 610,30		R20,00	R212,80	R2 809,60	
2989	Thyroidectomy: Total	R20,00	R279,00	R3 786,60		R20,00	R279,00	R3 786,60		R20,00	R223,20	R2 946,70	
2990	Parathyroid: Re-exploration for hyperparathyroidism, INCLUDES removal of parathyroid glands or lesions: Cervical approach		R335,30	R4 549,20			R335,30	R4 549,20			R268,24	R3 540,00	
2991	Thyroglossal cyst or fistula excision	R20,00	R126,20	R1 712,70		R20,00	R126,20	R1 712,70		R20,00	R120,00	R1 584,20	
15.2	Parathyroid												
2992	Parathyroid: Re-exploration for hyperparathyroidism, INCLUDES removal of parathyroid glands or lesions: With mediastinal exploration, sternal slit or transthoracic approach		R370,70	R5 029,60			R370,70	R5 029,60			R296,56	R3 913,70	
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	R20,00	R275,00	R3 732,20		R20,00	R275,00	R3 732,20		R20,00	R220,00	R2 904,50	
15.3	Adrenals												
2994	Parathyroid: Autotransplantation of parathyroid: ADD to major procedure (modifier 0005 does not apply)		R70,50	R956,60			R70,50	R956,60			R70,50	R930,30	
2995	Adrenalectomy: Unilateral	R20,00	R225,00	R3 053,80		R20,00	R225,00	R3 053,80		R20,00	R180,00	R2 376,60	
2997	Bilateral exploration of adrenal glands: Including removal	R20,00	R394,00	R5 347,60		R20,00	R394,00	R5 347,60		R20,00	R315,20	R4 161,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
15.4	Hypophysis												
2999	Transethmoidal hypophysectomy	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
3000	Transnasal hypophysectomy (see also item 2915)	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
15.5	Endocrine system: General												
3001	Implantation of pellets (excluding cost of material) (excluding aftercare)	R20,00	R3,00	R40,70		R20,00	R3,00	R40,70		R20,00	R3,00	R39,60	
16	EYE												
16.1	Eye: Procedures performed in rooms												
	(a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions (b) Material used is excluded (c) The fee for photography is not related to the number of photographs taken												
16.1.1	Eye investigations												
3002	Gonioscopy	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
3006	Keratometry	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
3009	Basic capital equipment used in own rooms by ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations	R20,00	R11,68	R158,40		R20,00	R11,68	R158,40				R0,00	
3012	Pre-surgical retinal examination before retinal surgery	R20,00	R32,00	R434,30		R20,00	R32,00	R434,30		R20,00	R32,00	R422,60	
3013	Ocular motility assessment: Comprehensive examination	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90		R20,00	R12,00	R158,50	
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
16.1.2	Special eye investigations												
3005	Endothelial cell count	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
3007	Potential acuity measurement	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
3008	Contrast sensitivity test	R20,00	R7,00	R95,10		R20,00	R7,00	R95,10		R20,00	R7,00	R92,50	
3010	Orthoptics consultation	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
3011	Orthoptic subsequent sessions	R20,00	R5,00	R67,90		R20,00	R5,00	R67,90		R20,00	R5,00	R65,90	
3015	Charting of visual field with manual perimeter	R20,00	R28,00	R380,30		R20,00	R28,00	R380,30		R20,00	R28,00	R369,90	
3016	Retinal threshold test without storage facilities	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	R20,00	R74,00	R1 004,50		R20,00	R74,00	R1 004,50		R20,00	R74,00	R976,80	
3018	Retinal threshold trend evaluation (additional to item 3017)	R20,00	R16,00	R217,40		R20,00	R16,00	R217,40		R20,00	R16,00	R211,10	
3019	Ocular muscle function with Hess screen or perimeter	R20,00	R16,00	R217,40		R20,00	R16,00	R217,40		R20,00	R16,00	R211,10	
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	R20,00	R46,00	R624,40		R20,00	R46,00	R624,40		R20,00	R46,00	R607,50	
3022	Digital fluorescein video angiography	R20,00	R68,00	R922,90		R20,00	R68,00	R922,90		R20,00	R68,00	R897,80	
3023	Digital indocyanine video angiography	R20,00	R110,00	R1 493,00		R20,00	R110,00	R1 493,00		R20,00	R110,00	R1 452,30	
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90		R20,00	R12,00	R158,50	
3025	Electronic tonography	R20,00	R19,00	R257,80		R20,00	R19,00	R257,80		R20,00	R19,00	R250,80	
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	R20,00	R19,30	R262,00		R20,00	R19,30	R262,00		R20,00	R19,30	R254,90	
3027	Fundus photography	R20,00	R21,00	R285,00		R20,00	R21,00	R285,00		R20,00	R21,00	R277,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
3029	Anterior segment microphotography	R20,00	R21,00	R285,00		R20,00	R21,00	R285,00		R20,00	R21,00	R277,40	
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	R20,00	R45,00	R611,00		R20,00	R45,00	R611,00		R20,00	R45,00	R594,00	
3032	Eyelid and orbit photography	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	R20,00	R16,00	R217,40		R20,00	R16,00	R217,40		R20,00	R16,00	R211,10	
3034	Determination of lens implant power per eye	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
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	R20,00	R22,00	R298,60		R20,00	R22,00	R298,60		R20,00	R22,00	R290,50	
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)	R20,00	R36,00	R488,60		R20,00	R36,00	R488,60		R20,00	R36,00	R475,40	
16.2	Retina												
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	R20,00	R306,90	R4 165,60		R20,00	R306,90	R4 165,60		R20,00	R245,52	R3 241,30	
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
3041	Pan retinal photocoagulation (per eye): Done in one sitting	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
3044	Removal of encircling band and/or buckling material	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
16.3	Cataract												
3045	Cataract: Intra-capsular	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
3047	Cataract: Extra-capsular (including capsulotomy)	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	R20,00	R57,00	R773,50		R20,00	R57,00	R773,50		R20,00	R57,00	R752,50	
3050	Repositioning of intra ocular lens	R20,00	R171,10	R2 322,00		R20,00	R171,10	R2 322,00		R20,00	R136,88	R1 807,10	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3051	Needling or capsulotomy	R20,00	R130,00	R1 764,60		R20,00	R130,00	R1 764,60		R20,00	R120,00	R1 584,20	
3052	Laser capsulotomy	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
3057	Removal of lenticulus	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
3058	Exchange of intra ocular lens	R20,00	R236,00	R3 203,00		R20,00	R236,00	R3 203,00		R20,00	R188,80	R2 492,60	
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	R20,00	R4,00	R54,30		R20,00	R4,00	R54,30				R0,00	
16.4	Glaucoma												
3061	Drainage operation	R20,00	R247,60	R3 360,50		R20,00	R247,60	R3 360,50		R20,00	R198,08	R2 615,10	
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40		R20,00	R60,00	R792,30	
3063	Cyclocryotherapy or cyclodiathermy	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
3064	Laser trabeculoplasty	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
3065	Removal of blood from anterior chamber	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
3067	Goniotomy	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
16.5	Intra-ocular foreign body												
3071	Intra-ocular foreign body: Anterior to Iris	R20,00	R127,00	R1 723,70		R20,00	R127,00	R1 723,70		R20,00	R120,00	R1 584,20	
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
16.6	Strabismus												
3074	Strabismus (whether operation performed on one eye or both): Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (refer to item 0202)	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	R20,00	R175,60	R2 383,20		R20,00	R175,60	R2 383,20		R20,00	R140,48	R1 854,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 584,20	
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
16.7	Globe												
3079	Transcleral biopsy	R20,00	R132,00	R1 791,60		R20,00	R132,00	R1 791,60		R20,00	R120,00	R1 584,20	
3080	Examination of eyes under general anaesthetic where no surgery is done	R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 085,90		R20,00	R80,00	R1 056,40	
3081	Treatment of minor perforating injury	R20,00	R161,60	R2 193,30		R20,00	R161,60	R2 193,30		R20,00	R129,28	R1 706,80	
3083	Treatment of major perforating injury	R20,00	R267,50	R3 630,50		R20,00	R267,50	R3 630,50		R20,00	R214,00	R2 825,50	
3085	Enucleation or Evisceration	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	R20,00	R160,00	R2 171,60		R20,00	R160,00	R2 171,60		R20,00	R128,00	R1 689,90	
3088	Hydroxyapatite insertion (additional to item 3087)	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
3089	Subconjunctival injection if not done at time of operation	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
3090	Intra vitreal injection drug	R20,00	R47,60	R646,10		R20,00	R47,60	R646,10		R20,00	R47,60	R628,40	
3091	Retrobulbar injection (if not done at time of operation)	R20,00	R16,00	R217,40		R20,00	R16,00	R217,40		R20,00	R16,00	R211,10	
3092	External laser treatment for superficial lesions	R20,00	R53,00	R719,30		R20,00	R53,00	R719,30		R20,00	R53,00	R699,90	
3093	Treatment of tumours of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	R20,00	R209,00	R2 836,80		R20,00	R209,00	R2 836,80		R20,00	R167,20	R2 207,40	
3094	Implantation of intra vitreal drug delivery system	R20,00	R247,60	R3 360,50		R20,00	R247,60	R3 360,50		R20,00	R198,08	R2 615,10	
3095	Biopsy of vitreous body or anterior chamber contents	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	R20,00	R130,00	R1 764,60		R20,00	R130,00	R1 764,60		R20,00	R120,00	R1 584,20	
3097	Anterior vitrectomy	R20,00	R280,00	R3 800,30		R20,00	R280,00	R3 800,30		R20,00	R224,00	R2 957,40	
3098	Removal of silicon from globe	R20,00	R280,00	R3 800,30		R20,00	R280,00	R3 800,30		R20,00	R224,00	R2 957,40	
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	R20,00	R419,00	R5 686,70		R20,00	R419,00	R5 686,70		R20,00	R335,20	R4 425,50	
3100	Lensectomy done at time of posterior vitrectomy	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
16.8	Orbit												
3101	Drainage of orbital abscess	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
3103	Orbit: Removal of tumour	R20,00	R240,00	R3 257,50		R20,00	R240,00	R3 257,50		R20,00	R192,00	R2 534,90	
3104	Removal orbital prosthesis	R20,00	R212,70	R2 887,00		R20,00	R212,70	R2 887,00		R20,00	R170,16	R2 246,60	
3105	Orbit: Exenteration	R20,00	R275,00	R3 732,20		R20,00	R275,00	R3 732,20		R20,00	R220,00	R2 904,50	
3107	Orbitotomy requiring bone flap	R20,00	R393,00	R5 333,90		R20,00	R393,00	R5 333,90		R20,00	R314,40	R4 150,70	
3108	Eye socket reconstruction	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously	R20,00	R300,00	R4 071,60		R20,00	R300,00	R4 071,60		R20,00	R240,00	R3 168,20	
3110	Second stage hydroxyapatite implantation	R20,00	R110,00	R1 493,00		R20,00	R110,00	R1 493,00		R20,00	R110,00	R1 452,30	
16.9	Cornea												
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	R20,00	R0,00		F	R20,00	R0,00		F	R20,00	R0,00	R0,00	F
3112	Fitting of contact lens for treatment of disease including supply of lens. Bandage contact lens as for corneal erosion, ulcer, abrasion or corneal wound.	R20,00	R12,20	R165,70		R20,00	R12,20	R165,70		R20,00	R12,20	R161,00	
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for one (1) year	R20,00	R200,00	R2 714,40		R20,00	R200,00	R2 714,40		R20,00	R160,00	R2 112,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	R20,00	R78,85	R1 070,30		R20,00	R78,85	R1 070,30				R0,00	
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included	R20,00	R166,00	R2 253,10		R20,00	R166,00	R2 253,10		R20,00	R132,80	R1 753,40	
3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	R20,00	R135,20	R1 835,00		R20,00	R135,20	R1 835,00		R20,00	R120,00	R1 584,20	
3117	Removal of foreign body: On the basis of fee per consultation	R20,00	R0,00		F	R20,00	R0,00		F	R20,00	R0,00	R0,00	F
3118	Curettage of cornea after removal of foreign body (aftercare excluded)	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
3119	Tattooing	R20,00	R26,00	R352,80		R20,00	R26,00	R352,80		R20,00	R26,00	R343,30	
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
3121	Corneal graft (Lamellar or full thickness)	R20,00	R289,00	R3 922,20		R20,00	R289,00	R3 922,20		R20,00	R231,20	R3 052,50	
3122	Epikeratophakia	R20,00	R289,00	R3 922,20		R20,00	R289,00	R3 922,20		R20,00	R231,20	R3 052,50	
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	R20,00	R254,00	R3 447,30		R20,00	R254,00	R3 447,30		R20,00	R203,20	R2 682,80	
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
3125	Keratectomy	R20,00	R127,00	R1 723,70		R20,00	R127,00	R1 723,70		R20,00	R120,00	R1 584,20	
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	R20,00	R52,18	R708,10		R20,00	R52,18	R708,10		R20,00	R52,18	R688,80	
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
3129	Additional to item 3128 for the use of own diamond knives	R20,00	R40,00	R542,80		R20,00	R40,00	R542,80		R20,00	R40,00	R528,00	
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	R20,00	R96,90	R1 315,10		R20,00	R96,90	R1 315,10		R20,00	R96,90	R1 279,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3131	Cornea: Paracentesis	R20,00	R53,00	R719,30		R20,00	R53,00	R719,30		R20,00	R53,00	R699,90	
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	R20,00	R150,00	R2 035,90		R20,00	R150,00	R2 035,90		R20,00	R120,00	R1 584,20	
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - Stand-alone procedure	R20,00	R116,30	R1 578,30		R20,00	R116,30	R1 578,30		R20,00	R116,30	R1 535,20	
3136	Conjunctival flap or graft (not for use with pterygium surgery)	R20,00	R95,70	R1 299,00		R20,00	R95,70	R1 299,00		R20,00	R95,70	R1 263,40	
3138	Removal corneal epithelium and chelating agent for band keratopathy	R20,00	R69,50	R943,20		R20,00	R69,50	R943,20		R20,00	R69,50	R917,70	
4980	Corneal transplant: Endothelial	R20,00	R219,80	R2 983,80		R20,00	R219,80	R2 983,80				R0,00	
4981	Preparation of corneal endothelial allograft prior to transplantation (backbench)	R20,00	R0,00			R20,00	R0,00					R0,00	
4985	Corneal cross linking	R20,00	R150,00	R2 035,70		R20,00	R150,00	R2 035,70				R0,00	
4986	Cross linking equipment hire	R20,00	R54,00	R733,00		R20,00	R54,00	R733,00				R0,00	
16.10	Ducts												
3133	Probing and/or syringing, per duct	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
3135	Insert polythene tubes	R20,00	R51,80	R703,00		R20,00	R51,80	R703,00		R20,00	R51,80	R683,80	
3137	Excision of lacrimal sac: Unilateral	R20,00	R132,00	R1 791,60		R20,00	R132,00	R1 791,60		R20,00	R120,00	R1 584,20	
3139	Dacryocystorhinostomy (Single) with or without polythene tube	R20,00	R210,00	R2 850,10		R20,00	R210,00	R2 850,10		R20,00	R168,00	R2 217,90	
3141	Sealing Punctum surgical or by cautery: Per eye	R20,00	R24,90	R338,00		R20,00	R24,90	R338,00		R20,00	R24,90	R328,70	
3142	Sealing Punctum with plugs: Per eye	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
3143	Three-snip operation	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
3145	Repair of caniculus: Primary procedure	R20,00	R132,00	R1 791,60		R20,00	R132,00	R1 791,60		R20,00	R120,00	R1 584,20	
3147	Repair of caniculus: Secondary procedure	R20,00	R175,00	R2 375,20		R20,00	R175,00	R2 375,20		R20,00	R140,00	R1 848,20	
16.11	Iris												
3149	Iridectomy or iridotomy by open operation as isolated procedure	R20,00	R132,00	R1 791,60		R20,00	R132,00	R1 791,60		R20,00	R120,00	R1 584,20	
3151	Excision of iris tumour	R20,00	R185,00	R2 510,90		R20,00	R185,00	R2 510,90		R20,00	R148,00	R1 954,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 386,40	
3155	Iridocyclectomy for tumour	R20,00	R266,00	R3 610,30		R20,00	R266,00	R3 610,30		R20,00	R212,80	R2 809,60	
3157	Division of anterior synechiae as isolated procedure	R20,00	R132,00	R1 791,60		R20,00	R132,00	R1 791,60		R20,00	R120,00	R1 584,20	
3158	Repair iris as in dialysis: Anterior chamber reconstruction	R20,00	R142,40	R1 932,80		R20,00	R142,40	R1 932,80		R20,00	R120,00	R1 584,20	
16.12	Lids												
3161	Tarsorrhaphy	R20,00	R47,00	R637,70		R20,00	R47,00	R637,70		R20,00	R47,00	R620,50	
3163	Excision of superficial lid tumour	R20,00	R47,00	R637,70		R20,00	R47,00	R637,70		R20,00	R47,00	R620,50	
3165	Repair of skin laceration lid: Simple	R20,00	R27,30	R370,60		R20,00	R27,30	R370,60		R20,00	R27,30	R360,50	
3167	Diathermy to wart on lid margin	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90		R20,00	R12,00	R158,50	
3169	Electrolysis of any number of eyelashes: Per eye	R20,00	R15,00	R203,70		R20,00	R15,00	R203,70		R20,00	R15,00	R198,00	
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	R20,00	R20,40	R276,90		R20,00	R20,40	R276,90		R20,00	R20,40	R269,20	
3173	Epicanthal folds	R20,00	R128,70	R1 746,70		R20,00	R128,70	R1 746,70		R20,00	R120,00	R1 584,20	
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20				R0,00	
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)	R20,00	R35,00	R475,00		R20,00	R35,00	R475,00				R0,00	
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	R20,00	R187,00	R2 538,10		R20,00	R187,00	R2 538,10		R20,00	R149,60	R1 975,10	
16.12.1	Lids: Entropion or ectropion by												
3177	Entropion or ectropion by Cautery	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
3179	Entropion or ectropion by Suture	R20,00	R49,40	R670,50		R20,00	R49,40	R670,50		R20,00	R49,40	R652,30	
3181	Entropion or ectropion by Open operation	R20,00	R111,50	R1 513,40		R20,00	R111,50	R1 513,40		R20,00	R111,50	R1 471,90	
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	R20,00	R122,60	R1 664,10		R20,00	R122,60	R1 664,10		R20,00	R122,60	R1 618,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
16.12.2	Lids: Reconstruction of eyelid												
3185	Staged procedure for partial or total loss of eyelid: First stage	R20,00	R259,00	R3 515,00		R20,00	R259,00	R3 515,00		R20,00	R207,20	R2 735,50	
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	R20,00	R206,00	R2 795,90		R20,00	R206,00	R2 795,90		R20,00	R164,80	R2 175,80	
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	R20,00	R136,50	R1 852,80		R20,00	R136,50	R1 852,80		R20,00	R120,00	R1 584,20	
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	R20,00	R150,20	R2 038,50		R20,00	R150,20	R2 038,50		R20,00	R120,16	R1 586,40	
3172	Blepharoplasty lower eyelid plus fat pad	R20,00	R125,80	R1 707,40		R20,00	R125,80	R1 707,40		R20,00	R120,00	R1 584,20	
16.12.3	Lids: Ptosis												
3193	Repair by superior rectus, levator or frontalis muscle operation	R20,00	R190,00	R2 578,70		R20,00	R190,00	R2 578,70		R20,00	R152,00	R2 006,60	
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	R20,00	R137,60	R1 867,70		R20,00	R137,60	R1 867,70		R20,00	R120,00	R1 584,20	
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	R20,00	R166,00	R2 253,10		R20,00	R166,00	R2 253,10		R20,00	R132,80	R1 753,40	
16.13	Conjunctiva												
3199	Repair of conjunctiva by grafting	R20,00	R132,00	R1 791,60		R20,00	R132,00	R1 791,60		R20,00	R120,00	R1 584,20	
3200	Repair of lacerated conjunctiva	R20,00	R47,00	R637,70		R20,00	R47,00	R637,70		R20,00	R47,00	R620,50	
16.14	Eye: General												
	OWN EQUIPMENT USED IN TREATMENT: Only the owner of the equipment may charge hire fees for equipment used and not the person using the equipment.												
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting	R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 479,40				R0,00	
3192	Applicable to Medical Scheme Benefits only: Item 3192: If a practitioner performs the procedure in his own facility an excimer laser theatre fee of the indicated amount per minute may be charged	R20,00	R2,25	R30,50		R20,00	R2,25	R30,50		R20,00	R2,25	R29,60	
3196	Diamond knife: Use of own diamond knife during intraocular surgery	R20,00	R12,00	R162,90		R20,00	R12,00	R162,90				R0,00	
3198	Excimer laser: Hire fee (per eye)	R20,00	R284,13	R3 856,10		R20,00	R284,13	R3 856,10				R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master)	R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 479,40				R0,00	
3202	Phako emulsification apparatus: Hire fee	R20,00	R109,00	R1 479,40		R20,00	R109,00	R1 479,40				R0,00	
3203	Vitrectomy apparatus: Hire fee	R20,00	R120,00	R1 628,40		R20,00	R120,00	R1 628,40				R0,00	
3208	Biopsy: External auditory canal	R20,00	R15,50	R210,40		R20,00	R15,50	R210,40			R3,00	R0,00	
17	EAR												
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code												
	Repair / modification of hearing aid: report this service using item 0201 and supply invoice												
17.1	External ear (Pinna)												
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code												
	Repair / modification of hearing aid: report this service using 0201 and supply invoice												
3267	Major congenital deformity reconstruction of external ear: Unilateral	R20,00	R138,00	R1 873,10		R20,00	R138,00	R1 873,10		R20,00	R120,00	R1 584,20	
3269	Major congenital deformity reconstruction of external ear: Bilateral	R20,00	R242,00	R3 284,40		R20,00	R242,00	R3 284,40		R20,00	R193,60	R2 555,90	
3270	Excision of superficial pre-auricular fistula	R20,00	R55,00	R746,40		R20,00	R55,00	R746,40		R20,00	R55,00	R726,10	
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	R20,00	R0,00		f	R20,00	R0,00		f			R0,00	
3272	Excision of complicated pre-auricular fistula	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10		R20,00	R120,00	R1 584,20	
5170	Drainage: Haematoma or abscess of external ear	R20,00	R34,80	R472,30		R20,00	R34,80	R472,30			R3,00	R0,00	
5173	Biopsy: External ear	R20,00	R12,40	R168,40		R20,00	R12,40	R168,40			R3,00	R0,00	
5175	Excision: External ear, partial, simple repair	R20,00	R63,50	R861,70		R20,00	R63,50	R861,70			R3,00	R0,00	
5176	Excision: External ear, complete	R20,00	R66,80	R906,60		R20,00	R66,80	R906,60			R3,00	R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
17.2	External ear canal												
3204	External ear canal: Removal of foreign body: At rooms	R20,00	R0,00		F	R20,00	R0,00		F	R20,00	R0,00	R0,00	F
3205	External ear canal: Removal of foreign body: Under general anaesthetic	R20,00	R21,00	R285,00		R20,00	R21,00	R285,00		R20,00	R21,00	R277,40	
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	R20,00	R164,00	R2 225,90		R20,00	R164,00	R2 225,90		R20,00	R131,20	R1 732,30	
3217	Meatus atresia: Congenital	R20,00	R277,00	R3 759,50		R20,00	R277,00	R3 759,50		R20,00	R221,60	R2 925,70	
3218	Remove impacted wax (one or both ears) with the use of a microscope (excludes loupe) - not to be used combined with item 3206	R20,00	R17,42	R236,50		R20,00	R17,42	R236,50		R20,00	R17,42	R230,10	
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 045,20		R20,00	R77,00	R1 016,70	
3220	Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with item 3206	R20,00	R23,10	R314,20		R20,00	R23,10	R314,20				R0,00	
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	R20,00	R215,00	R2 918,00		R20,00	R215,00	R2 918,00		R20,00	R172,00	R2 270,90	
17.3	Middle ear												
3206	Microscopic examination of tympanic membrane including microsuction	R20,00	R8,00	R108,50		R20,00	R8,00	R108,50		R20,00	R8,00	R105,50	
3207	Myringotomy: Unilateral	R20,00	R28,00	R380,30		R20,00	R28,00	R380,30		R20,00	R28,00	R369,90	
3209	Myringotomy: Bilateral	R20,00	R46,00	R624,40		R20,00	R46,00	R624,40		R20,00	R46,00	R607,50	
3211	Unilateral myringotomy with insertion of ventilation tube	R20,00	R38,00	R515,70		R20,00	R38,00	R515,70		R20,00	R38,00	R501,80	
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	R20,00	R57,00	R773,50		R20,00	R57,00	R773,50		R20,00	R57,00	R752,50	
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	R20,00	R65,00	R882,10		R20,00	R65,00	R882,10		R20,00	R65,00	R858,10	
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	R20,00	R255,00	R3 460,80		R20,00	R255,00	R3 460,80		R20,00	R204,00	R2 693,20	
3237	Exploratory tympanotomy	R20,00	R158,90	R2 156,40		R20,00	R158,90	R2 156,40		R20,00	R127,12	R1 678,50	
3242	Fenestration: Revision	R20,00	R20,00	R2 145,60		R20,00	R20,00	R2 145,60				R0,00	
3243	Myringoplasty	R20,00	R138,00	R1 873,10		R20,00	R138,00	R1 873,10		R20,00	R120,00	R1 584,20	
3245	Functional reconstruction of tympanic membrane	R20,00	R277,00	R3 759,50		R20,00	R277,00	R3 759,50		R20,00	R221,60	R2 925,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3249	Stapedotomy and stapedectomy	R20,00	R277,00	R3 759,50		R20,00	R277,00	R3 759,50		R20,00	R221,60	R2 925,70	
3257	Cortical mastoidectomy	R20,00	R188,50	R2 558,40		R20,00	R188,50	R2 558,40		R20,00	R150,80	R1 991,00	
3259	Radical mastoidectomy (excluding minor procedures)	R20,00	R277,40	R3 764,80		R20,00	R277,40	R3 764,80		R20,00	R221,92	R2 930,10	
3261	Muscle grafting to mastoid cavity without tympanoplasty	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
3263	Autogenous bone graft to mastoid cavity	R20,00	R180,00	R2 442,80		R20,00	R180,00	R2 442,80		R20,00	R144,00	R1 901,20	
3264	Tympanomastoidectomy	R20,00	R375,00	R5 089,70		R20,00	R375,00	R5 089,70		R20,00	R300,00	R3 960,70	
3265	Reconstruction of posterior canal wall, following radical mastoid	R20,00	R320,00	R4 343,20		R20,00	R320,00	R4 343,20		R20,00	R256,00	R3 379,70	
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10		R20,00	R30,00	R396,00	
17.4	Facial nerve												
17.4.1	Facial nerve: Facial nerve tests												
3223	Percutaneous stimulation of the facial nerve	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10		R20,00	R9,00	R118,80	
3224	Electroneurography (ENOG)	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00		R20,00	R75,00	R990,10	
17.4.2	Facial nerve: Facial nerve surgery												
3227	Exploration of facial nerve: Exploration of tympanomastoid segment	R20,00	R297,00	R4 031,10		R20,00	R297,00	R4 031,10		R20,00	R237,60	R3 136,70	
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	R20,00	R436,00	R5 917,50		R20,00	R436,00	R5 917,50		R20,00	R348,80	R4 604,90	
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	R20,00	R436,00	R5 917,50		R20,00	R436,00	R5 917,50		R20,00	R348,80	R4 604,90	
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	R20,00	R124,00	R1 682,80		R20,00	R124,00	R1 682,80		R20,00	R120,00	R1 584,20	
17.5	Inner ear												
17.5.1	Inner ear: Audiometry												
2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70				R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	R20,00	R88,00	R1 194,30		R20,00	R88,00	R1 194,30				R0,00	
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	R20,00	R60,00	R814,40		R20,00	R60,00	R814,40				R0,00	
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	R20,00	R105,00	R1 425,00		R20,00	R105,00	R1 425,00				R0,00	
2695	Audiology 40Hz response: Unilateral	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10				R0,00	
2696	Audiology 40Hz response: Bilateral	R20,00	R53,00	R719,30		R20,00	R53,00	R719,30				R0,00	
2697	Mid- and long latency auditory evoked potentials: Unilateral	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10				R0,00	
2698	Mid- and long latency auditory evoked potentials: Bilateral	R20,00	R53,00	R719,30		R20,00	R53,00	R719,30				R0,00	
2699	Electro-cochleography: Unilateral	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70				R0,00	
2700	Electro-cochleography: Bilateral	R20,00	R88,00	R1 194,30		R20,00	R88,00	R1 194,30				R0,00	
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	R20,00	R140,00	R1 900,10		R20,00	R140,00	R1 900,10				R0,00	
3248	Otoacoustic emission performed as a screening test	R20,00	R33,24	R451,20	Z	R20,00	R33,24	R451,20	Z	R20,00	R33,24	R438,70	Z
3250	Otoacoustic emission (high risk patients only)	R20,00	R66,48	R902,20		R20,00	R66,48	R902,20		R20,00	R66,48	R877,80	
3273	Pure tone audiometry (air conduction)	R20,00	R6,50	R88,20		R20,00	R6,50	R88,20		R20,00	R6,50	R85,80	
3274	Pure tone audiometry (bone conduction with masking)	R20,00	R6,50	R88,20		R20,00	R6,50	R88,20		R20,00	R6,50	R85,80	
3275	Impedance audiometry (tympanometry)	R20,00	R6,50	R88,20		R20,00	R6,50	R88,20		R20,00	R6,50	R85,80	
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	R20,00	R6,50	R88,20		R20,00	R6,50	R88,20		R20,00	R6,50	R85,80	
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	R20,00	R6,50	R88,20		R20,00	R6,50	R88,20		R20,00	R6,50	R85,80	
17.5.2	Inner ear: Balance tests												
3251	Minimal caloric test (excluding consultation fee)	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
3252	Bithermal Halpike caloric test (excluding consultation fee)	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3253	Electro-nystagmography for spontaneous and positional nystagmus	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
3254	Video nystagmoscopy (monocular)	R20,00	R25,00	R339,20		R20,00	R25,00	R339,20		R20,00	R25,00	R329,90	
3255	Caloric test done with electronystamography	R20,00	R70,00	R950,10		R20,00	R70,00	R950,10		R20,00	R70,00	R924,40	
3256	Video nystagmoscopy (binocular)	R20,00	R50,00	R678,70		R20,00	R50,00	R678,70		R20,00	R50,00	R660,30	
3258	Otolith repositioning manoeuvre	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80		R20,00	R14,00	R184,90	
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	R20,00	R71,48	R970,20	Z	R20,00	R71,48	R970,20	Z	R20,00	R71,48	R943,60	Z
17.5.3	Middle and Inner Ear Surgery												
3233	Labyrinthectomy via the middle ear or mastoid	R20,00	R277,00	R3 759,50		R20,00	R277,00	R3 759,50		R20,00	R221,60	R2 925,70	
3240	Endolymphatic sac surgery	R20,00	R277,00	R3 759,50		R20,00	R277,00	R3 759,50		R20,00	R221,60	R2 925,70	
3244	Fenestration and occlusion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	R20,00	R310,00	R4 207,30		R20,00	R310,00	R4 207,30		R20,00	R248,00	R3 274,20	
3246	Cochlear implant surgery	R20,00	R340,50	R4 621,40		R20,00	R340,50	R4 621,40		R20,00	R272,40	R3 596,40	
5196	Implantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, without mastoidectomy	R20,00	R212,30	R2 881,70		R20,00	R212,30	R2 881,70				R0,00	
5197	Implantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, with mastoidectomy	R20,00	R269,00	R3 650,30		R20,00	R269,00	R3 650,30				R0,00	
5199	Revision: Stapedectomy or stapedotomy	R20,00	R251,90	R3 419,20		R20,00	R251,90	R3 419,20				R0,00	
17.6	Microsurgery of the skull base												
17.6.1	Microsurgery of the skull base: Middel fossa approach (i.e transtemporal or supralabyrinthine)												
3229	Facial nerve: Exploration of the labyrinthine segment	R20,00	R420,00	R5 700,30		R20,00	R420,00	R5 700,30		R20,00	R336,00	R4 436,00	
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	R20,00	R510,00	R6 921,80		R20,00	R510,00	R6 921,80		R20,00	R408,00	R5 386,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	R20,00	R620,00	R8 414,70		R20,00	R620,00	R8 414,70		R20,00	R496,00	R6 548,10	
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	R20,00	R530,00	R7 193,20		R20,00	R530,00	R7 193,20		R20,00	R424,00	R5 597,80	
5224	Removal of acoustic neuroma via the middle fossa approach	R20,00	R660,00	R8 957,50		R20,00	R660,00	R8 957,50		R20,00	R528,00	R6 971,00	
17.6.2	Microsurgery of the skull base: Translabyrinthine approach												
3239	Acoustic neuroma removal translabyrinthine	R20,00	R660,00	R8 957,50		R20,00	R660,00	R8 957,50		R20,00	R528,00	R6 971,00	
5227	Cochleo-vestibular neurectomy	R20,00	R530,00	R7 193,20		R20,00	R530,00	R7 193,20		R20,00	R424,00	R5 597,80	
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting is required, the grafting and harvesting of graft are included)	R20,00	R660,00	R8 957,50		R20,00	R660,00	R8 957,50		R20,00	R528,00	R6 971,00	
17.6.3	Microsurgery of the skull base: Transotic approach to the cerebellopontine angle												
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	R20,00	R660,00	R8 957,50		R20,00	R660,00	R8 957,50		R20,00	R528,00	R6 971,00	
17.6.4	Microsurgery of the skull base: Intratemporal fossa approach type A												
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours	R20,00	R710,00	R9 636,20		R20,00	R710,00	R9 636,20		R20,00	R568,00	R7 498,80	
17.6.5	Microsurgery of the skull base: Intratemporal fossa approach type B												
5238	Removal of tumour of the petrous apex	R20,00	R620,00	R8 414,70		R20,00	R620,00	R8 414,70		R20,00	R496,00	R6 548,10	
5239	Removal of tumour of the clivus	R20,00	R620,00	R8 414,70		R20,00	R620,00	R8 414,70		R20,00	R496,00	R6 548,10	
17.6.6	Microsurgery of the skull base: Intrafemoral approach type C												
5242	Removal of nasopharyngeal angiofibroma or carcinoma	R20,00	R520,00	R7 057,60		R20,00	R520,00	R7 057,60		R20,00	R416,00	R5 492,40	
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	R20,00	R520,00	R7 057,60		R20,00	R520,00	R7 057,60		R20,00	R416,00	R5 492,40	
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5246	Subtotal petrosectomy for removal of temporal bone tumour	R20,00	R600,00	R8 143,30		R20,00	R600,00	R8 143,30		R20,00	R480,00	R6 337,10	
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	R20,00	R480,00	R6 514,60		R20,00	R480,00	R6 514,60		R20,00	R384,00	R5 069,60	
17.6.8	Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa												
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	R20,00	R520,00	R7 057,60		R20,00	R520,00	R7 057,60		R20,00	R416,00	R5 492,40	
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	R20,00	R600,00	R8 143,30		R20,00	R600,00	R8 143,30		R20,00	R480,00	R6 337,10	
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	R20,00	R660,00	R8 957,50		R20,00	R660,00	R8 957,50		R20,00	R528,00	R6 971,00	
18	PHYSICAL TREATMENT												
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	R20,00	R0,75	R10,20		R20,00	R0,75	R10,20				R0,00	
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	R20,00	R13,50	R183,20		R20,00	R13,50	R183,20				R0,00	
3281	Ultrasonic therapy	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50				R0,00	
3282	Shortwave diathermy	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50				R0,00	
3284	Sensory nerve conduction studies	R20,00	R31,00	R420,80		R20,00	R31,00	R420,80				R0,00	
3285	Motor nerve conduction studies	R20,00	R26,00	R352,80		R20,00	R26,00	R352,80				R0,00	
3287	Spinal joint and ligament injection	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50		R20,00	R20,00	R263,90	
3288	Epidural injection	R20,00	R36,00	R488,60		R20,00	R36,00	R488,60				R0,00	
3289	Multiple injections: First joint	R20,00	R7,50	R101,80		R20,00	R7,50	R101,80				R0,00	
3290	Multiple injections: Each additional joint	R20,00	R4,50	R61,10		R20,00	R4,50	R61,10				R0,00	
3291	Tendon or ligament injection	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10				R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3292	Aspiration of joint or inter-articular injection	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10				R0,00	
3293	Aspiration or injection of bursa or ganglion	R20,00	R9,00	R122,10		R20,00	R9,00	R122,10				R0,00	
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50				R0,00	
3295	Paravertebral root block: Unilateral	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50				R0,00	
3296	Paravertebral root block: Bilateral	R20,00	R30,00	R407,10		R20,00	R30,00	R407,10				R0,00	
3297	Manipulation of spine performed by a specialist in Physical Medicine	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80				R0,00	
3298	Spinal traction	R20,00	R6,00	R81,60		R20,00	R6,00	R81,60				R0,00	
3299	Manipulation of large joints: Under general anaesthesia	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80				R0,00	
3299a	Manipulation of large joints: Under general anaesthesia	R20,00	R14,00	R189,80		R20,00	R14,00	R189,80				R0,00	
3300	Manipulation of large joints: Without anaesthetic	R20,00	R0,00		F	R20,00	R0,00		F	R20,00	R0,00	R0,00	F
3301	Muscle fatigue studies	R20,00	R20,00	R271,50		R20,00	R20,00	R271,50				R0,00	
3302	Strength duration curve per session	R20,00	R10,50	R142,50		R20,00	R10,50	R142,50				R0,00	
3303	Electromyography	R20,00	R75,00	R1 018,00		R20,00	R75,00	R1 018,00				R0,00	
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 general rules L and M)	R20,00	R10,00	R135,50		R20,00	R10,00	R135,50		R20,00	R10,00	R132,00	
SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT													
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)											R0,00	
5431	Physical status modifier: Normal health patient, ASA 1: Add 0.00 anaesthetic units											R0,00	
5432	Physical status modifier: A patient with mild systemic disease, ASA 2: Add 0,00 anaesthetic units											R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5436	Physical status modifier: A declared brain-dead patient whose organs are being removed for donor purposes ASA 6: Add 0,00 anaesthetic units											R0,00	
19	RADIOLOGY												
	Please note: The calculated amounts in this section (except for sections 19.9 and 19.11) are calculated according to the radiology unit values												
RULES GOVERNING THE SECTION RADIOLOGY													
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used												
Z.	No fee is subject to more than one reduction												
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years												
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or General Practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").												
MODIFIERS GOVERNING THE SECTION													
0002	Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere											R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
0080	Multiple examinations: Full Fee												
0081	Repeat examinations: No reduction											R0,00	
0082	“+” Means that this item is complementary to a preceding item and is therefore not subject to reduction											R0,00	
0083	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used											R0,00	
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)											R0,00	
19.1	Skeleton												
19.1.1	Skeleton: Limbs												
3305	Finger, toe									R40,00	R6,30	R117,80	
3309	Smith-Petersen or equivalent control, in theatre									R40,00	R38,70	R723,60	
3311	Stress studies, e.g. joint									R40,00	R7,70	R144,10	
3313	Full length study, both legs									R40,00	R15,50	R289,80	
3315	Skeletal survey under 5 years						R19,90	R390,70		R40,00	R19,90	R372,20	
3317	Skeletal survey over 5 years									R40,00	R28,00	R523,60	
3319	Arthrography per joint									R40,00	R15,40	R288,00	
3320	Introduction of contrast medium or air: ADD									R40,00	R13,80	R258,00	
6500	Hand									R40,00	R7,70	R144,10	
6501	Wrist (specify region)									R40,00	R7,70	R144,10	
6503	Scaphoid									R40,00	R7,70	R144,10	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6504	Radius and ulna									R40,00	R7,70	R144,10	
6505	Elbow									R40,00	R7,70	R144,10	
6506	Humerus									R40,00	R7,70	R144,10	
6507	Shoulder									R40,00	R7,70	R144,10	
6508	Acromio-Clavícula joint									R40,00	R7,70	R144,10	
6509	Clavicle									R40,00	R7,70	R144,10	
6510	Scapula									R40,00	R7,70	R144,10	
6511	Foot									R40,00	R7,70	R144,10	
6512	Ankle									R40,00	R7,70	R144,10	
6513	Calcaneus									R40,00	R7,70	R144,10	
6514	Tibia and fibula									R40,00	R7,70	R144,10	
6515	Knee									R40,00	R7,70	R144,10	
6516	Patella									R40,00	R7,70	R144,10	
6517	Femur									R40,00	R7,70	R144,10	
6518	Hip									R40,00	R7,70	R144,10	
6519	Sesamoid Bone									R40,00	R7,70	R144,10	
19.1.2	Skeleton: Spinal column												
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic									R40,00	R11,00	R205,60	
3325	Stress studies									R40,00	R11,00	R205,60	
3329	Scoliosis studies									R40,00	R21,00	R392,90	
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)									R40,00	R11,00	R205,60	
3333	Myelography: Lumbar									R40,00	R28,90	R540,40	
3334	Myelography: Thoracic									R40,00	R22,20	R415,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3335	Myelography: Cervical									R40,00	R35,50	R663,70	
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)											R0,00	
3344	Introduction of contrast medium									R40,00	R18,70	R349,80	
3345	Discography									R40,00	R34,60	R647,10	
3347	Introduction of contrast medium per disc level: ADD									R40,00	R28,20	R527,40	
19.1.3	Skeleton: Skull												
3349	Skull studies									R40,00	R15,70	R293,50	
3351	Paranasal sinuses									R40,00	R11,00	R205,60	
3353	Facial bones and/or orbits									R40,00	R12,60	R235,60	
3355	Mandible									R40,00	R9,40	R175,70	
3357	Nasal bone									R40,00	R7,80	R145,80	
3359	Mastoid: Bilateral									R40,00	R18,00	R336,60	
3361	Teeth: One quadrant									R40,00	R3,70	R69,50	
3363	Teeth: Two quadrants									R40,00	R6,30	R117,80	
3365	Teeth: Full mouth									R40,00	R11,00	R205,60	
3366	Teeth: Rotation tomography of the teeth and jaws									R40,00	R13,30	R248,60	
3367	Teeth: Tempero-mandibular joints: Per side									R40,00	R11,00	R205,60	
3369	Teeth: Tomography: Per side									R40,00	R11,00	R205,60	
3371	Localisation of foreign body in the eye									R40,00	R15,70	R293,50	
3381	Ventriculography									R40,00	R27,30	R510,70	
3385	Post-nasal studies: Lateral neck									R40,00	R6,30	R117,80	
3387	Maxillo-facial cephalometry									R40,00	R8,80	R164,80	
3389	Dacrocystography									R40,00	R11,00	R205,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3391	For introduction of contrast medium: ADD									R40,00	R11,00	R205,60	
19.2	Alimentary tract												
3393	Bowel washout: ADD									R40,00	R4,80	R89,70	
3395	Sialography (plus 80% for each additional gland)									R40,00	R12,70	R237,70	
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)						R11,00	R215,90		R40,00	R11,00	R205,60	
3399	Pharynx and oesophagus									R40,00	R12,70	R237,70	
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow-through									R40,00	R20,00	R374,00	
3405	Double contrast: ADD									R40,00	R7,30	R136,60	
3406	Small bowel meal (control film of abdomen included except when part of item 3408)									R40,00	R20,00	R374,00	
3408	Barium meal and dedicated gastro-intestinal tract follow-through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)									R40,00	R28,90	R540,40	
3409	Barium enema (control film of abdomen included)									R40,00	R18,30	R342,40	
3411	Air contrast study: ADD									R40,00	R19,30	R360,90	
3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included									R40,00	R23,30	R435,70	
3416	Pancreas: ERCP hospital equipment: Choledogram and/or pancreatography screening included									R40,00	R15,50	R289,80	
	Note: For items 3415 and 3416: Endoscopy (see item 1778)												
3417	Gastric/oesophageal/duodenal intubation control									R40,00	R5,90	R110,40	
3419	Gastric/oesophageal intubation insertion of tube: ADD						R5,60	R109,80		R40,00	R5,60	R104,70	
3421	Duodenal intubation: Insertion of tube: ADD									R40,00	R11,00	R205,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3423	Hypotonic duodenography (item 3403 and item 3405 included)									R40,00	R29,30	R548,10	
19.3	Biliary tract												
3425	Oral cholecystography									R40,00	R15,70	R293,50	
3427	Cholangiography: Intravenous									R40,00	R22,00	R411,30	
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre									R40,00	R21,00	R392,90	
3433	Post operative: T-tube									R40,00	R16,70	R312,30	
3435	Introduction of contrast medium: ADD									R40,00	R5,60	R104,70	
3437	Trans hepatic, percutaneous									R40,00	R18,30	R342,40	
3439	Introduction of contrast medium: ADD									R40,00	R33,10	R618,90	
3441	Tomography of biliary tract: ADD									R40,00	R9,40	R175,70	
19.4	Chest												
3443	Larynx (Tomography included)									R40,00	R12,50	R233,50	
3445	Chest (item 3601 included)									R40,00	R9,40	R175,70	
3447	Chest and cardiac studies (item 3601)									R40,00	R12,60	R235,60	
3449	Ribs									R40,00	R12,30	R230,10	
3451	Sternum or sterno-clavicular joints									R40,00	R12,60	R235,60	
3453	Bronchography: Unilateral									R40,00	R12,60	R235,60	
3455	Bronchography: Bilateral									R40,00	R22,10	R413,40	
3457	Introduction of contrast medium included									R40,00	R35,70	R667,70	
3461	Pleurography									R40,00	R12,60	R235,60	
3463	For introduction of contrast medium: ADD									R40,00	R2,80	R52,30	
3465	Laryngography									R40,00	R11,00	R205,60	
3467	For introduction of contrast medium: ADD									R40,00	R10,00	R187,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3468	Thoracic inlet									R40,00	R6,30	R117,80	
19.5	Abdomen												
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)									R40,00	R9,40	R175,70	
3479	Acute abdomen or equivalent studies									R40,00	R15,70	R293,50	
19.6	Urinary tract												
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)						R25,10	R492,90		R40,00	R25,10	R469,40	
3493	Waterload test: ADD									R40,00	R12,20	R228,20	
3497	Cystography only or urethrography only (retrograde)									R40,00	R19,30	R360,90	
3499	Cysto-urethrography: Retrograde									R40,00	R31,90	R596,40	
3503	Cysto-urethrography: Introduction of contrast medium									R40,00	R3,70	R69,50	
3505	Retrograde-prograde pyelography									R40,00	R18,30	R342,40	
3511	Aspiration renal cyst									R40,00	R18,40	R344,00	
3513	Tomography of renal tract: ADD									R40,00	R9,40	R175,70	
19.7	Gynaecology and obstetrics												
3515	Pregnancy		R9,40	R184,50						R40,00	R9,40	R175,70	
3517	Pelvimetry		R17,40	R341,60						R40,00	R17,40	R325,40	
3519	Hystero-salpingography									R40,00	R12,50	R233,50	
3521	Introduction of contrast medium: ADD									R40,00	R15,30	R286,30	
19.8	Vascular studies												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii All fluoroscopy (item 3601 does not apply). iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)												
MODIFIER GOVERNING VASCULAR STUDIES													
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations												
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)												
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)												
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure												
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value												
19.8.1	Vascular studies: Film Series												
	Note: In the case of selective catheterisation of a branch of the aorta, the fee for catheterisation of the aorta is not added.												
3536	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment												
3537	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment												
3538	Analogue monoplane table with DSA attachment												
3539	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment												
3545	Venography: Per limb									R40,00	R16,50	R308,70	
3548	Analogue monoplane screening table												
3550	Digital monoplane screening table												
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)									R40,00	R166,80	R3 119,40	
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram						R48,60	R954,30		R40,00	R48,60	R908,90	

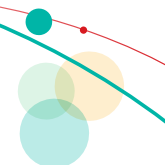
NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3558	Translumbar aortic puncture, with full study									R40,00	R69,60	R1 301,50	
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram						R57,00	R1 119,20		R40,00	R57,00	R1 066,10	
3560	Selective second order catheterisation, arterial or venous, with angiogram/ venogram									R40,00	R65,40	R1 223,10	
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram									R40,00	R73,20	R1 369,00	
3564	Direct femoral arterial or venous or jugular venous puncture									R40,00	R37,20	R695,80	
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM)									R40,00	R85,80	R1 604,50	
3569	Intravascular pressure studies, arterial or venous, once off per case									R40,00	R19,80	R370,40	
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)									R40,00	R130,80	R2 446,10	
3572	Transcatheter selective blood sampling, arterial or venous									R40,00	R32,40	R605,70	
3574	Spinal angiogram (global fee) including all selective catheterisations									R40,00	R480,00	R8 976,40	
19.8.2	Vascular studies: Introduction of contrast medium												
3563	Direct intravenous for limb									R40,00	R7,40	R138,20	
3575	Cut-downs for venography: ADD									R40,00	R11,00	R205,60	
19.9	Tomography and cinematography												
	Please note: The calculated amounts in this section are calculated according to the computed tomography unit values												
3577	Tomography (conventional except where otherwise specified): ADD 100% provided that if it is more than one dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations												
3579	Tomography (multi-dimensional in motion): ADD 150%												
3581	Cinematography: For first series: ADD 100%												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

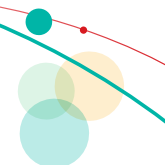
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3583	Cinematography: For each series after the first: ADD 80% of the primary fee												
19.9.1	Tomography and cinematography: Computed Tomography												
3592	Where a fully digital C-arm portable x-ray unit, with angiography/ interventional capability is used in hospital or theatre, per half hour												
3597	Contrast media: General Rule Y applies (Please note: Item 0201 is not applicable for contrast media)												
3598	Electron beam computed tomography (EBCT) for assessment of coronary artery calcification (complete fee - no additions)									R70,00	R0,00		
3599	Electron beam computed tomography (EBCT) of the heart. Total fee for contract examination excluding cost of contrast medium (not to be used for coronary artery calcium assessment or scoring - see item 3598)									R70,00	R0,00		
6400	Plus spiral CT												
6401	Plus 3D reconstruction												
6402	Plus high resolution study												
6403	CT limb uncontrasted												
6404	CT limb with contrast only												
6405	CT limb pre- AND post contrast												
6406	CT joint uncontrasted												
6407	CT joint with contrast only												
6408	CT joint pre AND post contrast												
6409	CT brain uncontrasted (including posterior fossa)												
6410	CT brain with contrast only (including posterior fossa)												
6411	CT brain pre AND post contrast (including posterior fossa)												
6412	CT orbits complete study, axial OR coronal, uncontrasted												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED



GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6413	CT orbits complete study, axial AND coronal, uncontrasted												
6414	CT orbits complete study, axial OR coronal pre AND post contrast												
6415	CT orbits complete study, axial AND coronal pre AND post contrast												
6416	CT paranasal sinuses limited study axial OR coronal												
6417	CT paranasal sinuses limited study axial AND coronal												
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted												
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted												
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast												
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast												
6422	CT pituitary fossa, uncontrasted												
6423	CT pituitary fossa, pre AND post contrast												
6424	CT internal auditory meati, uncontrasted												
6425	CT internal auditory meati, pre AND post contrast												
6426	CT mastoids												
6427	CT ear structures, limited study												
6428	CT middle AND inner ear, complete study including reconstructions												
6429	CT facial bones												
6430	CT neck soft tissue, uncontrasted												
6431	CT neck soft tissue with contrast only												
6432	CT neck pre AND post contrast												
6433	CT cervical spine uncontrasted												
6434	CT cervical spine pre AND post contrast												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED



GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6435	CT cervical spine post myelogram												
6436	CT dorsal spine uncontrasted												
6437	CT dorsal spine pre AND post contrast												
6438	CT dorsal spine post myelogram												
6439	CT lumbar spine uncontrasted												
6440	CT lumbar spine pre AND post contrast												
6441	CT lumbar spine post myelogram												
6442	CT pelvimetry (topogram only)												
6443	CT chest uncontrasted												
6444	CT chest with contrast												
6445	CT chest pre AND post contrast												
6446	CT chest high resolution lungs, limited study												
6447	CT high resolution lungs, complete study												
6448	CT abdomen uncontrasted												
6449	CT abdomen with contrast												
6450	CT abdomen pre AND post contrast												
6451	CT abdomen triphasic study												
6452	CT pelvis uncontrasted												
6453	CT pelvis with contrast												
6454	CT pelvis pre AND post contrast												
6455	CT abdomen AND pelvis uncontrasted												
6456	CT abdomen AND pelvis with contrast												
6457	CT abdomen AND pelvis pre AND post contrast												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6458	CT chest, abdomen AND pelvis with contrast												
6459	CT base of skull to symphysis pubis with contrast												
6460	CT for dental implants maxilla OR mandible												
6461	CT for dental implants maxilla AND mandible												
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)												
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)												
6464	CT limited study, any region. Region to be identified on the account												
6465	CT guidance for aspiration, biopsy or drainage												
6466	CT guidance for aspiration at time of CT diagnostic study												
6467	CT stereotactic localisation for biopsy												
6468	CT for radiotherapy planning (not to be used as an add-on)												
6469	Quantitative CT for bone mineral density												
6470	Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast												
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast												
6472	Computer Aided Diagnosis for Mammography												
19.10	Radiology: Miscellaneous												
3594	Mammogram of surgically removed breast biopsy specimen												
3600	Peripheral bone densitometry utilizing ionizing radiation	R40,00	R13,00	R250,10		R40,00	R13,00	R250,10		R40,00	R13,00	R243,20	
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)									R40,00	R7,70	R144,10	
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD									R40,00	R10,70	R200,10	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3603	Sinography									R40,00	R18,40	R344,00	
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	R40,00	R77,00	R1 480,40		R40,00	R77,00	R1 480,40		R40,00	R77,00	R1 440,00	
3605	Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used		R33,00	R648,20						R40,00	R33,00	R617,20	
3606	Repeat mammography, unilateral or bilateral, for localisation of tumour		R21,00	R412,40						R40,00	R21,00	R392,90	
3607	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in X-ray department (except item 3309): Per half hour: Plus fee or examination performed (Only to be used by radiological technical staff)									R40,00	R5,60	R104,70	
3608	Repeat mammography procedure with minimally invasive breast biopsy, core biopsy or fine needle aspiration biopsy utilising dedicated stereotactic equipment with patient in erect or prone position									R40,00	R40,00	R748,00	
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done									R40,00	R0,00		
3611	Foreign body localisation: Introduction of sterile needle markers: ADD									R40,00	R11,00	R205,60	
3613	Setting of sterile trays		R3,30	R64,70						R40,00	R3,30	R61,70	
5029	Mamotome - stereotaxis: Hand held		R59,00								R59,00	R1 103,40	
5034	Fine needle aspiration or biopsy or core biopsy of mamma		R25,00	R490,90						R40,00	R25,00	R467,60	
19.10.2	Radiology: Miscellaneous: Mammography												
19.11	Ultrasound investigations												
	Please note: The calculated amounts in this section are calculated according to the ultrasound unit values												
	Note: See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3596	Intravascular ultrasound per case, arterial or venous, for intervention	R60,00	R30,00	R388,10		R60,00	R30,00	R388,10		R60,00	R30,00	R377,60	
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	R60,00	R110,00	R1 422,90		R60,00	R110,00	R1 422,90		R60,00	R110,00	R1 384,20	
3612	Ultrasonic bone densitometry	R60,00	R19,00	R245,60		R60,00	R19,00	R245,60		R60,00	R19,00	R239,10	
3614	Transvaginal aspiration of ova	R60,00	R110,00	R1 422,90		R60,00	R110,00	R1 422,90		R60,00	R110,00	R1 384,20	
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
3616	Contrast media: General Rule Y applies												
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	R60,00	R40,00	R517,60		R60,00	R40,00	R517,60		R60,00	R40,00	R503,40	
3619	Intravascular ultrasound imaging assesses the atherosclerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed	R60,00	R30,00	R388,10		R60,00	R30,00	R388,10		R60,00	R30,00	R377,60	
3620	Cardiac examination plus Doppler colour mapping	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
3621	Cardiac examination (MMode)	R60,00	R25,00	R323,60		R60,00	R25,00	R323,60		R60,00	R25,00	R314,80	
3622	Cardiac examination: 2 Dimensional	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
3623	Cardiac examination + effort	R60,00	R10,00	R129,50		R60,00	R10,00	R129,50		R60,00	R10,00	R125,70	
3624	Cardiac examinations + contrast	R60,00	R10,00	R129,50		R60,00	R10,00	R129,50		R60,00	R10,00	R125,70	
3625	Cardiac examinations + doppler	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
3626	Cardiac examination + phonocardiography	R60,00	R10,00	R129,50		R60,00	R10,00	R129,50		R60,00	R10,00	R125,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3627	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)	R60,00	R60,00	R776,20		R60,00	R60,00	R776,20		R60,00	R60,00	R755,00	
3628	Renal tract	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
3631	Ophthalmic examination	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
3633	Neonatal head scan	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
3634	Peripheral vascular study, B mode only	R60,00	R39,00	R504,60		R60,00	R39,00	R504,60		R60,00	R39,00	R490,80	
3635	+ Doppler	R60,00	R39,00	R504,60		R60,00	R39,00	R504,60		R60,00	R39,00	R490,80	
3636	Trans-oesophageal echocardiography including passing the device	R60,00	R100,00	R1 293,70		R60,00	R100,00	R1 293,70		R60,00	R100,00	R1 258,40	
3637	+ Colour Doppler (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)	R60,00	R78,00	R1 009,00		R60,00	R78,00	R1 009,00		R60,00	R78,00	R981,40	
5026	Ultrasound guided amniocentesis	R60,00	R39,00	R504,60		R60,00	R39,00	R504,60				R0,00	
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
5101	Pleural space ultrasound	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
5103	Ultrasound soft tissue, any region	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy	R60,00	R25,00	R323,60		R60,00	R25,00	R323,60		R60,00	R25,00	R314,80	
5107	Ultrasound after 24 weeks - motivation required	R60,00	R25,00	R323,60		R60,00	R25,00	R323,60		R60,00	R25,00	R314,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	R60,00	R128,00	R1 655,70		R60,00	R128,00	R1 655,70		R60,00	R120,00	R1 510,00	
5111	Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree: Carotids, vertebral and subclavian vessels (not to be used together with items 5110, 5112, 5113 or 5114)	R60,00	R206,00	R2 664,90		R60,00	R206,00	R2 664,90		R60,00	R164,80	R2 073,80	
5112	Peripheral arterial ultrasound vascular study: B mode, pulsed and colour Doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results	R60,00	R117,00	R1 513,60		R60,00	R117,00	R1 513,60		R60,00	R117,00	R1 472,10	
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	R60,00	R117,00	R1 513,60		R60,00	R117,00	R1 513,60		R60,00	R117,00	R1 472,10	
5114	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; in erect and supine position including compression manoeuvres and reflux in superficial and deep systems, bilaterally	R60,00	R178,00	R2 302,60		R60,00	R178,00	R2 302,60		R60,00	R142,40	R1 791,80	
5115	Intra-operative ultrasound study	R60,00	R50,00	R646,80		R60,00	R50,00	R646,80		R60,00	R50,00	R629,00	
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	R60,00	R88,00	R1 138,40		R60,00	R88,00	R1 138,40		R60,00	R88,00	R1 107,20	
5118	Diagnostic intravascular ultrasound imaging or wave wire imaging (with accompanying angioplasty or accompanying intravascular ultrasound imaging or wave wire mapping in a different coronary artery [LAD (left anterior descending), Circumflex or Right coronary artery]). May be used a maximum of twice per angiographic procedure	R60,00	R44,00	R569,10		R60,00	R44,00	R569,10		R60,00	R44,00	R553,80	
MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS													
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units												
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	R60,00	R6,00	R77,60		R60,00	R6,00	R77,60		R60,00	R6,00	R75,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%												
GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY													
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist												
19.12	Portable unit examinations												
3639	Where portable X-ray unit is used in the hospital or theatre: ADD		R7,00	R137,40			R7,00	R137,40		R40,00	R7,00	R131,00	
3640	Theatre investigations with fixed installation									R40,00	R3,00	R56,20	
19.13	Diagnostic procedures requiring the use of radio-isotopes												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
AA.	Procedures to exclude cost of isotope												
3641	Tracer test	R40,00	R33,20	R638,40		R40,00	R33,20	R638,40		R40,00	R22,10	R413,40	
3642	Repeat of further tracer tests for same investigation: Half of above fee	R40,00	R16,60	R319,10		R40,00	R16,60	R319,10		R40,00	R11,10	R207,70	
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee												
3644	Tracer test of complete body or brain tumour location	R40,00	R82,20	R1 580,30		R40,00	R82,20	R1 580,30		R40,00	R54,80	R1 024,70	
3645	Other organ scanning with use of relevant radio isotopes	R40,00	R82,20	R1 580,30		R40,00	R82,20	R1 580,30		R40,00	R54,80	R1 024,70	
3646	Thyroid scanning	R40,00	R28,80	R553,80		R40,00	R28,80	R553,80		R40,00	R19,20	R359,10	
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera												
6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
19.14	Interventional radiological procedures												
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). iii All fluoroscopy (item 3601 does not apply). iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)												
	Note: In regard to multiple examinations see modifier 0080												
5002	Percutaneous transluminal angioplasty: Aortic/IVC									R40,00	R102,60	R1 918,90	
5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/ subclavian vessel									R40,00	R102,60	R1 918,90	
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial									R40,00	R102,60	R1 918,90	
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial									R40,00	R139,20	R2 603,20	
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic									R40,00	R139,20	R2 603,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - Stand-alone procedure									R40,00	R172,20	R3 220,40	
5014	Atherectomy (per vessel)									R40,00	R204,60	R3 826,40	
5016	Aspiration thrombectomy (per vessel)									R40,00	R131,40	R2 457,30	
5017	Endoscopic ultrasound: Colon		R79,90	R1 084,00			R79,90	R1 084,00			R79,90	R1 054,60	
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite									R40,00	R106,80	R1 997,20	
5019	Endoscopic ultrasound: Colon, with aspiration or biopsy		R100,70	R1 366,30			R100,70	R1 366,30			R100,70	R1 328,80	
5021	Proctosigmoidoscopy with endoscopic ultrasound examination		R41,90	R568,50			R41,90	R568,50			R41,90	R552,90	
5022	Embolisation non-intracranial, per vessel									R40,00	R106,80	R1 997,20	
5023	Proctosigmoidoscopy with endoscopic ultrasound examination, with ultrasound-guided aspiration and/or biopsy		R64,10	R869,60			R64,10	R869,60			R64,10	R845,90	
5024	Endoscopic ultrasound: Oesophagus		R50,90	R690,60			R50,90	R690,60			R50,90	R671,80	
5025	Endoscopic ultrasound: Oesophagus with aspiration or biopsy		R70,20	R952,30			R70,20	R952,30			R70,20	R926,50	
5030	Percutaneous nephrostomy for further procedure or drainage									R40,00	R73,80	R1 380,10	
5031	Antegrade ureteric stent insertion									R40,00	R69,60	R1 301,50	
5033	Percutaneous cystostomy in radiology suite									R40,00	R30,00	R561,00	
5035	Urethral balloon dilatation in radiology suite									R40,00	R22,80	R426,50	
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality		R34,20	R671,60						R40,00	R34,20	R639,60	
5037	Urethral stenting in radiology suite									R40,00	R102,60	R1 918,90	
5038	Intracranial/spinal AVM embolisation (per session)									R40,00	R335,40	R6 272,20	
5039	Intracranial thrombolysis (on-table) per session									R40,00	R139,20	R2 603,20	
5040	Intracranial aneurysm occlusion									R40,00	R286,80	R5 363,40	
5041	Balloon occlusion/Wada test									R40,00	R106,80	R1 997,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation									R40,00	R286,80	R5 363,40	
5043	Intracranial angioplasty									R40,00	R204,60	R3 826,40	
5044	Transhepatic portogram									R40,00	R139,20	R2 603,20	
5045	Hepatic arterial infusion catheter insertion									R40,00	R156,00	R2 917,30	
5046	Percutaneous biliary drainage (external)									R40,00	R102,60	R1 918,90	
5047	Combined internal/external biliary drainage									R40,00	R102,60	R1 918,90	
5048	Biliary stent insertion									R40,00	R139,20	R2 603,20	
5049	Percutaneous gall bladder drainage									R40,00	R69,60	R1 301,50	
5050	Percutaneous or renal gall bladder stone removal									R40,00	R172,20	R3 220,40	
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)									R40,00	R139,20	R2 603,20	
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)									R40,00	R139,20	R2 603,20	
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)									R40,00	R139,20	R2 603,20	
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)									R40,00	R172,20	R3 220,40	
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)									R40,00	R204,60	R3 826,40	
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - Stand-alone procedure									R40,00	R204,60	R3 826,40	
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)									R40,00	R311,40	R5 823,80	
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite						R82,20	R1 614,10		R40,00	R82,20	R1 537,20	
5074	IVC filter insertion jugular or femoral route									R40,00	R156,00	R2 917,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5076	Intravascular foreign body removal, arterial or venous, any route									R40,00	R204,60	R3 826,40	
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)									R40,00	R70,20	R1 312,80	
5080	Transjugular intrahepatic porto-systemic shunt									R40,00	R335,40	R6 272,20	
5082	Transjugular liver biopsy									R40,00	R69,60	R1 301,50	
5084	Endoluminal fallopian tube recanalisation		R172,20	R3 381,40						R40,00	R172,20	R3 220,40	
5086	Renal cyst aspiration/ablation									R40,00	R22,80	R426,50	
5088	Oesophageal stent insertion in radiology suite									R40,00	R102,60	R1 918,90	
5090	Tracheal stent insertion									R40,00	R102,60	R1 918,90	
5091	GIT balloon dilatation under fluoroscopy									R40,00	R66,60	R1 245,60	
5092	Other GIT stent insertion									R40,00	R102,60	R1 918,90	
5093	Percutaneous gastrostomy in radiology suite						R85,80	R1 684,70		R40,00	R85,80	R1 604,50	
5094	Cutting needle biopsy with image guidance		R22,80	R447,80						R40,00	R22,80	R426,50	
5095	Chest drain insertion in radiology suite						R32,40	R636,10		R40,00	R32,40	R605,70	
5096	Percutaneous cyst or tumour ablation (non aspiration)		R54,60	R1 072,20						R40,00	R54,60	R1 021,10	
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level												
5098	Endoscopic ultrasound: Upper gastro-intestinal tract. Includes oesophagus, stomach, duodenum and/or jejunum, as appropriate		R81,40	R1 104,40			R81,40	R1 104,40			R81,40	R1 074,20	
5099	Endoscopic ultrasound: Upper gastro-intestinal tract. Includes oesophagus, stomach, duodenum and/or jejunum, as appropriate, with ultrasound-guided aspiration and/or biopsy		R113,80	R1 544,00			R113,80	R1 544,00			R113,80	R1 501,70	
5955	3D Echocardiography for congenital cardiac abnormality: Transthoracic, Volumetric and functional evaluation - PROFESSIONAL COMPONENT		R61,90	R840,00			R61,90	R840,00				R0,00	
5956	3D Echocardiography for congenital abnormality: Trans-oesophageal - PROFESSIONAL COMPONENT		R84,00	R1 139,60			R84,00	R1 139,60				R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5972	Stent placement right ventricular outflow tract, branch pulmonary artery, coarctation of the aorta, collateral vessel (incl. MAPCA), venous system (IVC, SVC, systemic vein or patent ductus arteriosus): First vessel		R132,52	R1 798,00			R132,52	R1 798,00				R0,00	
5973	Stent placement right ventricular outflow tract, branch pulmonary artery, coarctation of the aorta, collateral vessel (incl. MAPCA) or venous system (IVC, SVC, systemic vein or patent ductus arteriosus): Subsequent vessels (per vessel)		R81,49	R1 105,60			R81,49	R1 105,60				R0,00	
5974	Stent placement,branch pulmonary artery: First vessel		R132,52	R1 798,00			R132,52	R1 798,00				R0,00	
5975	Stent placement, branch pulmonary artery: Subsequent vessels (per vessel)		R76,98	R1 044,40			R76,98	R1 044,40				R0,00	
5976	Stent placement coarctation of the aorta		R132,52	R1 798,00			R132,52	R1 798,00				R0,00	
5980	Stent patent ductus arteriosus and interatrial communication		R132,52	R1 798,00			R132,52	R1 798,00				R0,00	
5981	Percutaneous stent placement in systemic to pulmonary shunt (e.g. Blalock-Taussig/Sano)		R132,52	R1 798,00			R132,52	R1 798,00				R0,00	
5985	ASD/PFO/Interatrial communication closure percutaneous, device placement		R310,80	R4 216,80			R310,80	R4 216,80				R0,00	
5986	VSD closure, percutaneous, device placement		R412,40	R5 595,40			R412,40	R5 595,40				R0,00	
5987	PFO closure with device		R310,80	R4 216,80			R310,80	R4 216,80				R0,00	
5989	PDA closure-coil or ductal device		R276,50	R3 751,40			R276,50	R3 751,40				R0,00	
5990	Closure, arterio-venous shunt (incl. Blalock, Sano) any method		R276,50	R3 751,40			R276,50	R3 751,40				R0,00	
5991	Transcatheter occlusion or embolisation any method, non-central nervous system, non-head or neck		R276,50	R3 751,40			R276,50	R3 751,40				R0,00	
5992	Closure interatrial communication (Fontan fenestration etc)		R310,80	R4 216,80			R310,80	R4 216,80				R0,00	
5995	Rapid right ventricular pacing for percutaneous procedure		R51,00	R692,00			R51,00	R692,00				R0,00	
5996	Removal of embolised device/materials		R80,60	R1 093,50			R80,60	R1 093,50				R0,00	
5998	Biopsy: Endomyocardial		R236,10	R3 203,20			R236,10	R3 203,20				R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6000	Actigraphy: Patient monitored for a minimum of 72 hours (includes equipment fee and interpretation)		R47,30	R641,80			R47,30	R641,80			R47,30	R624,10	
MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES													
0090	Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)												
19.15	Magnetic Resonance Imaging (MRI)												
6100	In order to charge the full fee (600,00 magnetic resonance units) 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 tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region												
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee												
6103	Post-contrast study: Bone tumour: 100% of the fee												
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable												
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability												
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability												
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a “flow sensitive series”												
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain												
6110	MRI spectroscopy: 50% of fee												
	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.												
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.												
6200	Magnetic Resonance Imaging: Per anatomical region: Brain									R75,00	R400,00	R5 693,30	
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae									R75,00	R400,00	R5 693,30	
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses									R75,00	R400,00	R5 693,30	
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull									R75,00	R400,00	R5 693,30	
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint									R75,00	R400,00	R5 693,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears									R75,00	R400,00	R5 693,30	
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck									R75,00	R400,00	R5 693,30	
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid									R75,00	R400,00	R5 693,30	
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)									R75,00	R400,00	R5 693,30	
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)									R75,00	R400,00	R5 693,30	
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae									R75,00	R400,00	R5 693,30	
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae									R75,00	R400,00	R5 693,30	
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae									R75,00	R400,00	R5 693,30	
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum									R75,00	R400,00	R5 693,30	
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis									R75,00	R400,00	R5 693,30	
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs									R75,00	R400,00	R5 693,30	
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen									R75,00	R400,00	R5 693,30	
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall									R75,00	R400,00	R5 693,30	
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum									R75,00	R400,00	R5 693,30	
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back									R75,00	R400,00	R5 693,30	
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder									R75,00	R400,00	R5 693,30	
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder									R75,00	R400,00	R5 693,30	
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips									R75,00	R400,00	R5 693,30	
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip									R75,00	R400,00	R5 693,30	
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip									R75,00	R400,00	R5 693,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm									R75,00	R400,00	R5 693,30	
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm									R75,00	R400,00	R5 693,30	
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow									R75,00	R400,00	R5 693,30	
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow									R75,00	R400,00	R5 693,30	
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm									R75,00	R400,00	R5 693,30	
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm									R75,00	R400,00	R5 693,30	
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand									R75,00	R400,00	R5 693,30	
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand									R75,00	R400,00	R5 693,30	
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg									R75,00	R400,00	R5 693,30	
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg									R75,00	R400,00	R5 693,30	
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee									R75,00	R400,00	R5 693,30	
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee									R75,00	R400,00	R5 693,30	
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg									R75,00	R400,00	R5 693,30	
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg									R75,00	R400,00	R5 693,30	
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle									R75,00	R400,00	R5 693,30	
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle									R75,00	R400,00	R5 693,30	
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot									R75,00	R400,00	R5 693,30	
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot									R75,00	R400,00	R5 693,30	
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain									R75,00	R400,00	R5 693,30	
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck									R75,00	R400,00	R5 693,30	
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest									R75,00	R400,00	R5 693,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen									R75,00	R400,00	R5 693,30	
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs									R75,00	R400,00	R5 693,30	
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart									R75,00	R400,00	R5 693,30	
6260	Contrast medium: Current price according the regular price list published by the Radiology Society of SA												
6270	Low field strength peripheral joint magnetic resonance imaging: Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine or head examinations									R75,00	R70,00	R996,40	
20	RADIATION ONCOLOGY												
GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST													
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes												
	Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values												
20.1	Kilovolt therapy												
20.2	Radium therapy												
20.3	Isotope therapy												
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope												
20.4	Megavolt therapy												
20.5	Beta-ray therapy with strontium-90-applicator												
20.6	Planning of therapy												
20.7	Technical aids												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5141	Radiation materials (see modifier 0095)												
20.8	Oncological surgical procedures												
20.9	Special procedures												
20.10	Chemotherapy												
	Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient.												
	Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities												
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy)	R20,00	R42,95	R582,80	Z	R20,00	R42,95	R582,80	Z	R20,00	R42,95	R566,90	Z
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	R20,00	R24,49	R332,40	Z	R20,00	R24,49	R332,40	Z	R20,00	R24,49	R323,20	Z

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5792	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	R20,00	R30,61	R415,60	Z	R20,00	R30,61	R415,60	Z	R20,00	R30,61	R404,10	Z
	Non-infusional chemotherapy: Consultations are charged separately.												
	Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately.												
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities(consultations to be charged separately)	R20,00	R159,47	R2 164,40	Z	R20,00	R159,47	R2 164,40	Z	R20,00	R127,58	R1 684,50	Z
5794	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	R20,00	R90,03	R1 221,80	Z	R20,00	R90,03	R1 221,80	Z	R20,00	R90,03	R1 188,70	Z

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5795	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	R20,00	R112,54	R1 527,40	Z	R20,00	R112,54	R1 527,40	Z	R20,00	R112,54	R1 485,80	Z
	Item 5795 is chargeable in addition to item 5793 by the Oncologist who owns or rents the chemotherapy facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (only to be added to item 5793 if own or rented facility is used).												
20.11	Radiation Therapy Planning												
20.11.1	Manual Radiotherapy Planning Procedures												
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	R50,00	R42,56	R702,10	Z	R50,00	R42,56	R702,10	Z			R0,00	
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest -TECHNICAL COMPONENT	R50,00	R99,32	R1 638,10	Z	R50,00	R99,32	R1 638,10	Z			R0,00	
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	R50,00	R56,18	R926,80	Z	R50,00	R56,18	R926,80	Z			R0,00	
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	R50,00	R131,10	R2 162,50	Z	R50,00	R131,10	R2 162,50	Z			R0,00	
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	R50,00	R76,62	R1 263,80	Z	R50,00	R76,62	R1 263,80	Z			R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	R50,00	R178,77	R2 948,50	Z	R50,00	R178,77	R2 948,50	Z			R0,00	
20.11.2	Conventional Radiotherapy Planning Procedures												
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	R50,00	R170,26	R2 808,20	Z	R50,00	R170,26	R2 808,20	Z			R0,00	
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	R50,00	R397,27	R6 552,70	Z	R50,00	R397,27	R6 552,70	Z			R0,00	
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	R50,00	R238,36	R3 931,40	Z	R50,00	R238,36	R3 931,40	Z			R0,00	
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	R50,00	R556,18	R9 173,80	Z	R50,00	R556,18	R9 173,80	Z			R0,00	
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	R50,00	R297,95	R4 914,40	Z	R50,00	R297,95	R4 914,40	Z			R0,00	
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	R50,00	R695,22	R11 467,20	Z	R50,00	R695,22	R11 467,20	Z			R0,00	
20.11.3	Three Dimensional Radiotherapy Planning Procedures												
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R240,23	R3 962,40	Z	R50,00	R240,23	R3 962,40	Z			R0,00	
5620	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R977,20	R16 118,00	Z	R50,00	R977,20	R16 118,00	Z			R0,00	
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R407,75	R6 725,60	Z	R50,00	R407,75	R6 725,60	Z			R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5621	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R1 368,07	R22 565,40	Z	R50,00	R1 368,07	R22 565,40	Z			R0,00	
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R554,33	R9 143,20	Z	R50,00	R554,33	R9 143,20	Z			R0,00	
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R1 710,09	R28 206,60	Z	R50,00	R1 710,09	R28 206,60	Z			R0,00	
20.11.4	Intensity Modulated Radiotherapy Planning Procedures												
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R642,92	R10 604,60	Z	R50,00	R642,92	R10 604,60	Z			R0,00	
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R1 916,81	R31 616,30	Z	R50,00	R1 916,81	R31 616,30	Z			R0,00	
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R232,18	R3 829,60	Z	R50,00	R232,18	R3 829,60	Z			R0,00	
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R958,40	R15 808,10	Z	R50,00	R958,40	R15 808,10	Z			R0,00	
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R753,35	R12 425,90	Z	R50,00	R753,35	R12 425,90	Z			R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	R50,00	R2 174,48	R35 866,50	Z	R50,00	R2 174,48	R35 866,50	Z			R0,00	
20.11.5	Kilovolt Radiation Treatment												
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	R50,00	R49,08	R809,60	Z	R50,00	R49,08	R809,60	Z			R0,00	
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	R50,00	R114,52	R1 889,00	Z	R50,00	R114,52	R1 889,00	Z			R0,00	
20.11.6	Short Course Radiation Treatment												
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	R50,00	R105,74	R1 744,20	Z	R50,00	R105,74	R1 744,20	Z			R0,00	
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	R50,00	R246,73	R4 069,80	Z	R50,00	R246,73	R4 069,80	Z			R0,00	
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	R50,00	R148,04	R2 442,00	Z	R50,00	R148,04	R2 442,00	Z			R0,00	
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	R50,00	R345,41	R5 697,20	Z	R50,00	R345,41	R5 697,20	Z			R0,00	
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	R50,00	R190,33	R3 139,20	Z	R50,00	R190,33	R3 139,20	Z			R0,00	
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	R50,00	R444,11	R7 325,20	Z	R50,00	R444,11	R7 325,20	Z			R0,00	
20.11.7	Weekly Radiation Treatment Sessions												
20.11.7.1	Weekly Radiation Treatment Sessions - Conventional Techniques												
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	R50,00	R193,86	R3 197,70	Z	R50,00	R193,86	R3 197,70	Z			R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	R50,00	R452,33	R7 460,60	Z	R50,00	R452,33	R7 460,60	Z			R0,00	
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	R50,00	R246,73	R4 069,80	Z	R50,00	R246,73	R4 069,80	Z			R0,00	
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	R50,00	R575,69	R9 495,60	Z	R50,00	R575,69	R9 495,60	Z			R0,00	
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	R50,00	R317,22	R5 232,20	Z	R50,00	R317,22	R5 232,20	Z			R0,00	
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	R50,00	R740,18	R12 208,60	Z	R50,00	R740,18	R12 208,60	Z			R0,00	
20.11.7.2	Weekly Radiation Treatment Sessions - Advanced Techniques												
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT	R50,00	R236,24	R3 896,60	Z	R50,00	R236,24	R3 896,60	Z			R0,00	
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	R50,00	R551,21	R9 091,60	Z	R50,00	R551,21	R9 091,60	Z			R0,00	
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	R50,00	R330,73	R5 455,30	Z	R50,00	R330,73	R5 455,30	Z			R0,00	
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	R50,00	R771,71	R12 728,70	Z	R50,00	R771,71	R12 728,70	Z			R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	R50,00	R425,23	R7 013,80	Z	R50,00	R425,23	R7 013,80	Z			R0,00	
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	R50,00	R992,19	R16 365,10	Z	R50,00	R992,19	R16 365,10	Z			R0,00	
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	R50,00	R348,87	R5 754,40	Z	R50,00	R348,87	R5 754,40	Z			R0,00	
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	R50,00	R814,03	R13 426,70	Z	R50,00	R814,03	R13 426,70	Z			R0,00	
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	R50,00	R826,83	R13 637,90	Z	R50,00	R826,83	R13 637,90	Z			R0,00	
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	R50,00	R1 929,26	R31 821,50	Z	R50,00	R1 929,26	R31 821,50	Z			R0,00	
20.11.8	Stereotactic Radiation												
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	R50,00	R3 719,34	R61 347,50	Z	R50,00	R3 719,34	R61 347,50	Z			R0,00	
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	R50,00	R8 678,46	R143 144,10	Z	R50,00	R8 678,46	R143 144,10	Z			R0,00	
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	R50,00	R4 277,24	R70 549,60	Z	R50,00	R4 277,24	R70 549,60	Z			R0,00	
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	R50,00	R9 980,23	R164 615,50	Z	R50,00	R9 980,23	R164 615,50	Z			R0,00	
20.12	Brachytherapy												
20.12.1	Isotope/Applicator Therapy												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an outpatient procedure. The cost of any isotopes and materials are not included	R50,00	R108,40	R1 788,00	Z	R50,00	R108,40	R1 788,00	Z			R0,00	
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical outpatient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included	R50,00	R216,80	R3 576,00	Z	R50,00	R216,80	R3 576,00	Z			R0,00	
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires inpatient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included	R50,00	R601,16	R9 915,80	Z	R50,00	R601,16	R9 915,80	Z			R0,00	
20.12.2	Brachytherapy Implants												
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included	R50,00	R216,80	R3 576,00	Z	R50,00	R216,80	R3 576,00	Z			R0,00	
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included	R50,00	R786,80	R12 977,70	Z	R50,00	R786,80	R12 977,70	Z			R0,00	
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included	R50,00	R1 049,07	R17 303,40	Z	R50,00	R1 049,07	R17 303,40	Z			R0,00	
20.12.3	Brachytherapy Treatment												
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included	R50,00	R613,04	R10 111,60	Z	R50,00	R613,04	R10 111,60	Z			R0,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT	R50,00	R415,96	R6 860,80	Z	R50,00	R415,96	R6 860,80	Z			R0,00	
5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT	R50,00	R970,56	R16 008,60	Z	R50,00	R970,56	R16 008,60	Z			R0,00	
20.12.4	Brachytherapy Imaging												
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885	R50,00	R156,77	R2 585,80	Z	R50,00	R156,77	R2 585,80	Z			R0,00	
21	CLINICAL PATHOLOGY												
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or General Practitioner s, the fee is to be charged at two-thirds of the pathologists fee												
	Please note: The calculated amounts in this section are calculated according to the clinical pathology unit values. Note: For fees for Histology and Cytology refer to items 4561-4593 under Section 22: Anatomical Pathology.												
21.1	Haematology												
3705	Alkali resistant haemoglobin	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3709	Antiglobulin test (Coombs' or trypsinized red cells)	R80,00	R3,65	R57,10		R80,00	R3,65	R57,10		R80,00	R2,45	R37,40	
3710	Antibody titration	R80,00	R7,20	R112,90		R80,00	R7,20	R112,90		R80,00	R4,80	R73,20	
3712	Antibody identification	R80,00	R8,45	R132,50		R80,00	R8,45	R132,50		R80,00	R5,65	R86,30	
3713	Bleeding time (does not include the cost of the simplate device)	R80,00	R6,94	R108,80		R80,00	R6,94	R108,80		R80,00	R4,63	R70,70	
3714	Blood volume, dye method	R80,00	R7,20	R112,90		R80,00	R7,20	R112,90		R80,00	R4,80	R73,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3715	Buffy layer examination	R80,00	R19,90	R312,30		R80,00	R19,90	R312,30		R80,00	R13,27	R202,60	
3716	Mean Cell Volume	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
3717	Bone marrow cytological examination only	R80,00	R19,90	R312,30		R80,00	R19,90	R312,30		R80,00	R13,27	R202,60	
3719	Bone marrow: Aspiration	R80,00	R8,40	R131,80		R80,00	R8,40	R131,80		R80,00	R5,60	R85,60	
3720	Bone marrow trephine biopsy	R80,00	R32,60	R511,70		R80,00	R32,60	R511,70		R80,00	R21,70	R331,30	
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	R80,00	R36,80	R577,30		R80,00	R36,80	R577,30		R80,00	R24,50	R373,70	
3722	Capillary fragility: Hess	R80,00	R2,02	R31,70		R80,00	R2,02	R31,70		R80,00	R1,35	R20,60	
3723	Circulating anticoagulants	R80,00	R5,85	R91,60		R80,00	R5,85	R91,60		R80,00	R3,90	R59,60	
3724	Coagulation factor inhibitor assay	R80,00	R57,56	R903,20		R80,00	R57,56	R903,20		R80,00	R38,37	R585,60	
3726	Activated protein C resistance	R80,00	R26,00	R407,90		R80,00	R26,00	R407,90		R80,00	R17,30	R263,90	
3727	Coagulation time	R80,00	R3,16	R49,60		R80,00	R3,16	R49,60		R80,00	R2,11	R32,30	
3728	Anti-factor Xa Activity	R80,00	R53,60	R840,90		R80,00	R53,60	R840,90		R80,00	R35,73	R545,20	
3729	Cold agglutinins	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
3730	Protein S: Functional	R80,00	R37,50	R588,50		R80,00	R37,50	R588,50		R80,00	R25,00	R381,40	
3731	Compatibility for blood transfusion	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
3732	Cryoglobulin	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
3734	Protein C (chromogenic)	R80,00	R30,29	R475,40		R80,00	R30,29	R475,40		R80,00	R20,19	R308,30	
3735	Anti-thrombin III (chromogenic)	R80,00	R22,00	R345,20		R80,00	R22,00	R345,20		R80,00	R14,70	R224,40	
3736	Plasminogen (chromogenic)	R80,00	R61,65	R967,20		R80,00	R61,65	R967,20		R80,00	R41,10	R627,40	
3737	Lupus Russel Viper method	R80,00	R17,00	R266,80		R80,00	R17,00	R266,80		R80,00	R11,30	R172,40	
3738	Lupus Kaolin Exner method	R80,00	R25,00	R392,30		R80,00	R25,00	R392,30		R80,00	R16,70	R254,90	
3739	Erythrocyte count	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
3740	Factors V and VII: Qualitative	R80,00	R7,20	R112,90		R80,00	R7,20	R112,90		R80,00	R4,80	R73,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3741	Coagulation factor assay: Functional	R80,00	R9,45	R148,10		R80,00	R9,45	R148,10		R80,00	R6,30	R96,20	
3743	Erythrocyte sedimentation rate	R80,00	R3,00	R47,10		R80,00	R3,00	R47,10		R80,00	R2,00	R30,60	
3744	Fibrin stabilizing factor (urea test)	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3746	Fibrin monomers	R80,00	R2,70	R42,50		R80,00	R2,70	R42,50		R80,00	R1,80	R27,40	
3748	Plasminogen activator inhibitor (PAI-I)	R80,00	R65,95	R1 034,70		R80,00	R65,95	R1 034,70		R80,00	R43,97	R671,10	
3750	Tissue plasminogen Activator (tPA)	R80,00	R67,79	R1 063,60		R80,00	R67,79	R1 063,60		R80,00	R45,19	R689,70	
3753	Osmotic fragility (before and after incubation)	R80,00	R18,00	R282,40		R80,00	R18,00	R282,40		R80,00	R12,00	R183,10	
3754	ABO Reverse Group	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	R80,00	R10,50	R164,70		R80,00	R10,50	R164,70		R80,00	R7,00	R107,00	
3756	Full cross match	R80,00	R7,20	R112,90		R80,00	R7,20	R112,90		R80,00	R4,80	R73,20	
3757	Coagulation factors: Quantitative	R80,00	R32,20	R505,10		R80,00	R32,20	R505,10		R80,00	R21,47	R327,50	
3758	Factor VIII related antigen	R80,00	R60,46	R948,70		R80,00	R60,46	R948,70		R80,00	R40,31	R615,20	
3759	Coagulation factor correction study	R80,00	R11,72	R183,90		R80,00	R11,72	R183,90		R80,00	R7,81	R119,10	
3761	Factor XIII related antigen	R80,00	R61,11	R958,60		R80,00	R61,11	R958,60		R80,00	R40,74	R621,80	
3762	Haemoglobin estimation	R80,00	R1,80	R28,20		R80,00	R1,80	R28,20		R80,00	R1,20	R18,30	
3763	Contact activated product assay	R80,00	R16,20	R254,10		R80,00	R16,20	R254,10		R80,00	R10,80	R165,00	
3764	Grouping: A B and O antigens	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
3765	Grouping: Rh antigen	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
3766	PIVKA	R80,00	R43,49	R682,30		R80,00	R43,49	R682,30		R80,00	R28,99	R442,50	
3767	Euglobulin Lysis time	R80,00	R25,58	R401,50		R80,00	R25,58	R401,50		R80,00	R17,05	R260,00	
3768	Haemoglobin A2 (column chromatography)	R80,00	R15,00	R235,40		R80,00	R15,00	R235,40		R80,00	R10,00	R152,60	
3769	Haemoglobin electrophoresis	R80,00	R26,82	R420,80		R80,00	R26,82	R420,80		R80,00	R17,88	R273,00	
3770	Haemoglobin-S (solubility test)	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3772	Haptoglobin: Quantitative	R80,00	R9,45	R148,10		R80,00	R9,45	R148,10		R80,00	R6,30	R96,20	
3773	Ham's acidified serum test	R80,00	R8,00	R125,60		R80,00	R8,00	R125,60		R80,00	R5,33	R81,50	
3775	Heinz bodies	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
3776	Haemosiderin in urinary sediment	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
3783	Leucocyte differential count	R80,00	R6,20	R97,40		R80,00	R6,20	R97,40		R80,00	R4,15	R63,30	
3785	Leucocytes: Total count	R80,00	R1,80	R28,20		R80,00	R1,80	R28,20		R80,00	R1,20	R18,30	
3786	QBC malaria concentration and fluorescent staining	R80,00	R25,00	R392,30		R80,00	R25,00	R392,30		R80,00	R16,70	R254,90	
3787	LE-cells	R80,00	R8,30	R130,20		R80,00	R8,30	R130,20		R80,00	R5,55	R84,70	
3789	Neutrophil alkaline phosphatase	R80,00	R28,00	R439,20		R80,00	R28,00	R439,20		R80,00	R18,70	R285,50	
3791	Packed cell volume: Haematocrit	R80,00	R1,80	R28,20		R80,00	R1,80	R28,20		R80,00	R1,20	R18,30	
3792	Plasmodium falciparum: Monoclonal immunological identification	R80,00	R9,00	R141,40		R80,00	R9,00	R141,40		R80,00	R6,00	R91,60	
3793	Plasma haemoglobin	R80,00	R6,75	R105,90		R80,00	R6,75	R105,90		R80,00	R4,50	R68,50	
3794	Platelet sensitivities	R80,00	R18,64	R292,40		R80,00	R18,64	R292,40		R80,00	R12,43	R189,70	
3795	Platelet aggregation per aggregant	R80,00	R12,14	R190,70		R80,00	R12,14	R190,70		R80,00	R8,09	R123,40	
3797	Platelet count	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
3799	Platelet adhesiveness	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3801	Prothrombin consumption	R80,00	R5,85	R91,60		R80,00	R5,85	R91,60		R80,00	R3,90	R59,60	
3803	Prothrombin determination (two stages)	R80,00	R5,85	R91,60		R80,00	R5,85	R91,60		R80,00	R3,90	R59,60	
3805	Prothrombin index	R80,00	R6,00	R94,00		R80,00	R6,00	R94,00		R80,00	R4,00	R61,00	
3806	Therapeutic drug level: Dosage	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3809	Reticulocyte count	R80,00	R3,00	R47,10		R80,00	R3,00	R47,10		R80,00	R2,00	R30,60	
3810	Schumm's test	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
3811	Sickling test	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3814	Sucrose lysis test for PNH	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	R80,00	R21,10	R331,20		R80,00	R21,10	R331,20		R80,00	R14,07	R214,70	
3820	Thrombo - Elastogram	R80,00	R26,00	R407,90		R80,00	R26,00	R407,90		R80,00	R17,33	R264,40	
3825	Fibrinogen titre	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	R80,00	R8,00	R125,60		R80,00	R8,00	R125,60		R80,00	R5,33	R81,50	
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	R80,00	R16,00	R251,10		R80,00	R16,00	R251,10		R80,00	R10,70	R163,40	
3832	Red cell pyruvate kinase: Quantitative	R80,00	R16,00	R251,10		R80,00	R16,00	R251,10		R80,00	R10,70	R163,40	
3834	Red cell Rhesus phenotype	R80,00	R9,90	R155,10		R80,00	R9,90	R155,10		R80,00	R6,60	R100,70	
3835	Haemoglobin F in blood smear	R80,00	R5,85	R91,60		R80,00	R5,85	R91,60		R80,00	R3,90	R59,60	
3837	Partial thromboplastin time	R80,00	R5,85	R91,60		R80,00	R5,85	R91,60		R80,00	R3,90	R59,60	
3841	Thrombin time (screen)	R80,00	R7,16	R112,30		R80,00	R7,16	R112,30		R80,00	R4,77	R72,80	
3843	Thrombin time (serial)	R80,00	R7,65	R120,00		R80,00	R7,65	R120,00		R80,00	R5,10	R77,70	
3847	Haemoglobin H	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
3851	Fibrin degeneration products (diffusion plate)	R80,00	R10,35	R162,40		R80,00	R10,35	R162,40		R80,00	R6,90	R105,30	
3853	Fibrin degeneration products (latex slide)	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3854	XDP (Dimer test or equivalent latex slide test)	R80,00	R8,50	R133,40		R80,00	R8,50	R133,40		R80,00	R5,67	R86,60	
3855	Haemagglutination inhibition	R80,00	R9,90	R155,10		R80,00	R9,90	R155,10		R80,00	R6,60	R100,70	
3856	D-Dimer (quantitative)	R80,00	R27,52	R431,90		R80,00	R27,52	R431,90		R80,00	R18,35	R280,10	
3857	Ristocetin Cofactor	R80,00	R35,53	R557,30		R80,00	R35,53	R557,30		R80,00	R23,69	R361,50	
3858	Heparin removal	R80,00	R28,88	R453,20		R80,00	R28,88	R453,20		R80,00	R19,25	R293,70	
21.2	Microscopic and miscellaneous tests												
3863	Autogenous vaccine	R80,00	R12,60	R197,70		R80,00	R12,60	R197,70		R80,00	R8,40	R128,10	
3864	Entomological examination	R80,00	R20,70	R324,80		R80,00	R20,70	R324,80		R80,00	R13,80	R210,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3865	Parasites in blood smear	R80,00	R5,60	R88,00		R80,00	R5,60	R88,00		R80,00	R3,73	R57,00	
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	R80,00	R4,90	R76,90		R80,00	R4,90	R76,90		R80,00	R3,30	R50,20	
3868	Fungus identification	R80,00	R8,30	R130,20		R80,00	R8,30	R130,20		R80,00	R5,50	R84,10	
3869	Faeces (including parasites)	R80,00	R4,90	R76,90		R80,00	R4,90	R76,90		R80,00	R3,27	R49,80	
3873	Transmission electron microscopy	R80,00	R85,00	R1 333,70		R80,00	R85,00	R1 333,70		R80,00	R57,00	R870,10	
3874	Scanning electron microscopy	R80,00	R100,00	R1 568,90		R80,00	R100,00	R1 568,90		R80,00	R67,00	R1 022,80	
3875	Inclusion bodies	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3878	Crystal identification polarized light microscopy	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3879	Campylobacter in stool: Fastidious culture	R80,00	R9,90	R155,10		R80,00	R9,90	R155,10		R80,00	R6,60	R100,70	
3880	Antigen detection with polyclonal antibodies	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3881	Mycobacteria	R80,00	R3,00	R47,10		R80,00	R3,00	R47,10		R80,00	R2,00	R30,60	
3882	Antigen detection with monoclonal antibodies	R80,00	R10,80	R169,30		R80,00	R10,80	R169,30		R80,00	R7,20	R109,90	
3883	Concentration techniques for parasites	R80,00	R3,00	R47,10		R80,00	R3,00	R47,10		R80,00	R2,00	R30,60	
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	R80,00	R6,30	R98,60		R80,00	R6,30	R98,60		R80,00	R4,20	R64,00	
3885	Cytochemical stain	R80,00	R5,45	R85,40		R80,00	R5,45	R85,40		R80,00	R3,65	R55,80	
21.3	Bacteriology												
3887	Antibiotic susceptibility test: Per organism	R80,00	R8,00	R125,60		R80,00	R8,00	R125,60		R80,00	R5,33	R81,50	
3888	Adhesive tape preparation	R80,00	R2,70	R42,50		R80,00	R2,70	R42,50		R80,00	R1,80	R27,40	
3889	Clostridium difficile toxin: Monoclonal immunological	R80,00	R12,40	R194,50		R80,00	R12,40	R194,50		R80,00	R8,27	R126,10	
3890	Antibiotic assay of tissues and fluids	R80,00	R13,90	R218,10		R80,00	R13,90	R218,10		R80,00	R9,27	R141,60	
3891	Blood culture: Aerobic	R80,00	R5,85	R91,60		R80,00	R5,85	R91,60		R80,00	R3,90	R59,60	
3892	Blood culture: Anaerobic	R80,00	R5,85	R91,60		R80,00	R5,85	R91,60		R80,00	R3,90	R59,60	
3893	Bacteriological culture: Miscellaneous	R80,00	R6,30	R98,60		R80,00	R6,30	R98,60		R80,00	R4,20	R64,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3894	Radiometric blood culture	R80,00	R10,80	R169,30		R80,00	R10,80	R169,30		R80,00	R7,20	R109,90	
3895	Bacteriological culture: Fastidious organisms	R80,00	R9,90	R155,10		R80,00	R9,90	R155,10		R80,00	R6,60	R100,70	
3896	In vivo culture: Bacteria	R80,00	R16,00	R251,10		R80,00	R16,00	R251,10		R80,00	R10,65	R162,70	
3897	In vivo culture: Virus	R80,00	R16,00	R251,10		R80,00	R16,00	R251,10		R80,00	R10,65	R162,70	
3899	Bacterial exotoxin production (in vivo assay)	R80,00	R20,70	R324,80		R80,00	R20,70	R324,80		R80,00	R13,80	R210,60	
3901	Fungal culture	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3902	Clostridium difficile (cytotoxicity neutralisation)	R80,00	R30,00	R470,80		R80,00	R30,00	R470,80		R80,00	R20,00	R305,20	
3903	Antibiotic level: Biological fluids	R80,00	R11,70	R183,60		R80,00	R11,70	R183,60		R80,00	R7,80	R119,00	
3904	Rotavirus latex slide test	R80,00	R5,62	R88,20		R80,00	R5,62	R88,20		R80,00	R3,75	R57,40	
3905	Identification of virus or rickettsia	R80,00	R20,70	R324,80		R80,00	R20,70	R324,80		R80,00	R13,80	R210,60	
3906	Identification: Chlamydia	R80,00	R16,00	R251,10		R80,00	R16,00	R251,10		R80,00	R10,65	R162,70	
3908	Anaerobe culture: Comprehensive	R80,00	R9,90	R155,10		R80,00	R9,90	R155,10		R80,00	R6,60	R100,70	
3909	Anaerobe culture: Limited procedure	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3911	Beta-lactamase assay	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3914	Sterility control test: Biological method	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3915	Mycobacterium culture	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3916	Radiometric tuberculosis culture	R80,00	R10,80	R169,30		R80,00	R10,80	R169,30		R80,00	R7,20	R109,90	
3918	Mycoplasma culture: Comprehensive	R80,00	R9,90	R155,10		R80,00	R9,90	R155,10		R80,00	R6,60	R100,70	
3919	Identification of mycobacterium	R80,00	R9,90	R155,10		R80,00	R9,90	R155,10		R80,00	R6,60	R100,70	
3920	Mycobacterium: Antibiotic sensitivity	R80,00	R9,90	R155,10		R80,00	R9,90	R155,10		R80,00	R6,60	R100,70	
3921	Antibiotic synergistic study	R80,00	R20,70	R324,80		R80,00	R20,70	R324,80		R80,00	R13,80	R210,60	
3922	Viable cell count	R80,00	R1,35	R21,10		R80,00	R1,35	R21,10		R80,00	R0,90	R13,70	
3923	Biochemical identification of bacterium: Abridged	R80,00	R3,15	R49,50		R80,00	R3,15	R49,50		R80,00	R2,10	R32,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3924	Biochemical identification of bacterium: Extended	R80,00	R12,50	R196,10		R80,00	R12,50	R196,10		R80,00	R8,33	R127,20	
3925	Serological identification of bacterium: Abridged	R80,00	R3,15	R49,50		R80,00	R3,15	R49,50		R80,00	R2,10	R32,20	
3926	Serological identification of bacterium: Extended	R80,00	R10,20	R160,00		R80,00	R10,20	R160,00		R80,00	R6,80	R103,70	
3927	Grouping for streptococci	R80,00	R7,30	R114,60		R80,00	R7,30	R114,60		R80,00	R4,85	R74,10	
3928	Antimicrobial substances	R80,00	R3,80	R59,70		R80,00	R3,80	R59,70		R80,00	R2,50	R38,00	
3929	Radiometric mycobacterium identification	R80,00	R14,00	R219,80		R80,00	R14,00	R219,80		R80,00	R9,30	R141,90	
3930	Radiometric mycobacterium antibiotic sensitivity	R80,00	R25,00	R392,30		R80,00	R25,00	R392,30		R80,00	R16,70	R254,90	
3931	Helicobacter: Monoclonal immunological	R80,00	R12,40	R194,50		R80,00	R12,40	R194,50		R80,00	R8,27	R126,10	
4650	Antibiotic MIC per organism per antibiotic	R80,00	R8,00	R125,60		R80,00	R8,00	R125,60		R80,00	R5,33	R81,50	
4651	Non-radiometric automated blood cultures	R80,00	R13,90	R218,10		R80,00	R13,90	R218,10		R80,00	R9,27	R141,60	
4652	Rapid automated bacterial identification per organism	R80,00	R15,00	R235,40		R80,00	R15,00	R235,40		R80,00	R10,00	R152,60	
4653	Rapid automated antibiotic susceptibility per organism	R80,00	R17,00	R266,80		R80,00	R17,00	R266,80		R80,00	R11,33	R172,80	
4654	Rapid automated MIC per organism per antibiotic	R80,00	R17,00	R266,80		R80,00	R17,00	R266,80		R80,00	R11,33	R172,80	
4655	Mycobacteria: MIC determination - E Test	R80,00	R16,50	R258,90	Z	R80,00	R16,50	R258,90	Z	R80,00	R11,00	R167,80	Z
4656	Mycobacteria: Identification HPLC	R80,00	R35,00	R549,30	Z	R80,00	R35,00	R549,30	Z	R80,00	R23,33	R356,10	Z
4657	Mycobacteria: Liquefied, concentrated, fluorochrome stain	R80,00	R9,90	R155,10	Z	R80,00	R9,90	R155,10	Z	R80,00	R6,60	R100,70	Z
21.4	Serology												
3958	Anti Gad/la2 Ab	R80,00	R67,95	R1 066,10		R80,00	R67,95	R1 066,10		R80,00	R45,30	R691,30	
3959	Rose Waaler agglutination test	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3960	Gonococcal, listeria or echinococcus agglutination	R80,00	R9,50	R149,00		R80,00	R9,50	R149,00		R80,00	R6,30	R96,20	
3961	Slide agglutination test	R80,00	R2,63	R41,20		R80,00	R2,63	R41,20		R80,00	R1,75	R26,70	
3963	Serum complement level: Each component	R80,00	R3,15	R49,50		R80,00	R3,15	R49,50		R80,00	R2,10	R32,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3965	Anti Ia2 Antibodies	R80,00	R36,00	R564,70		R80,00	R36,00	R564,70		R80,00	R24,00	R366,30	
3966	Anti Gad Antibodies	R80,00	R36,00	R564,70		R80,00	R36,00	R564,70		R80,00	R24,00	R366,30	
3967	Auto-antibody: Sensitized erythrocytes	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3968	Herpes virus typing: Monoclonal immunological	R80,00	R20,69	R324,60		R80,00	R20,69	R324,60		R80,00	R13,79	R210,40	
3969	Western blot technique	R80,00	R74,00	R1 161,30		R80,00	R74,00	R1 161,30		R80,00	R49,00	R747,90	
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	R80,00	R14,10	R221,00		R80,00	R14,10	R221,00		R80,00	R9,40	R143,40	
3933	IgE: Total: EMIT or ELISA	R80,00	R11,70	R183,60		R80,00	R11,70	R183,60		R80,00	R7,80	R119,00	
3934	Auto antibodies by labelled antibodies	R80,00	R16,00	R251,10		R80,00	R16,00	R251,10		R80,00	R10,65	R162,70	
3935	Sperm antibodies	R80,00	R16,00	R251,10		R80,00	R16,00	R251,10		R80,00	R10,65	R162,70	
3936	Virus neutralisation test: First antibody	R80,00	R75,00	R1 176,80		R80,00	R75,00	R1 176,80		R80,00	R50,00	R763,30	
3937	Virus neutralisation test: Each additional antibody	R80,00	R15,00	R235,40		R80,00	R15,00	R235,40		R80,00	R10,00	R152,60	
3938	Precipitation test per antigen	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3939	Agglutination test per antigen	R80,00	R5,50	R86,30		R80,00	R5,50	R86,30		R80,00	R3,67	R56,00	
3940	Haemagglutination test: Per antigen	R80,00	R9,90	R155,10		R80,00	R9,90	R155,10		R80,00	R6,60	R100,70	
3941	Modified Coombs' test for brucellosis	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3942	Hepatitis Rapid Viral Ab	R80,00	R12,24	R191,80		R80,00	R12,24	R191,80		R80,00	R8,16	R124,50	
3943	Antibody titer to bacterial exotoxin	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	R80,00	R12,40	R194,50		R80,00	R12,40	R194,50		R80,00	R8,27	R126,10	
3945	Complement fixation test	R80,00	R5,85	R91,60		R80,00	R5,85	R91,60		R80,00	R3,90	R59,60	
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	R80,00	R14,05	R220,40		R80,00	R14,05	R220,40		R80,00	R9,37	R142,90	
3947	C-reactive protein	R80,00	R10,84	R170,10		R80,00	R10,84	R170,10		R80,00	R7,23	R110,40	
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	R80,00	R12,95	R203,30		R80,00	R12,95	R203,30		R80,00	R8,63	R131,70	
3949	Qualitative Kahn, VDRL or other flocculation	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
3950	Neutrophil phagocytosis	R80,00	R25,20	R395,40		R80,00	R25,20	R395,40		R80,00	R16,80	R256,20	
3951	Quantitative Kahn, VDRL or other flocculation	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
3952	Neutrophil chemotaxis	R80,00	R67,95	R1 066,10		R80,00	R67,95	R1 066,10		R80,00	R45,30	R691,30	
3953	Tube agglutination test	R80,00	R4,15	R65,20		R80,00	R4,15	R65,20		R80,00	R2,76	R42,40	
3955	Paul Bunnell: Presumptive	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	R80,00	R8,50	R133,40		R80,00	R8,50	R133,40		R80,00	R5,67	R86,60	
3971	Immuno-diffusion test: Per antigen	R80,00	R3,15	R49,50		R80,00	R3,15	R49,50		R80,00	R2,10	R32,20	
3972	Respiratory syncytial virus (ELISA technique)	R80,00	R35,00	R549,30		R80,00	R35,00	R549,30		R80,00	R23,00	R350,80	
3973	Immuno electrophoresis: Per immune serum	R80,00	R9,45	R148,10		R80,00	R9,45	R148,10		R80,00	R6,30	R96,20	
3974	Polymerase chain reaction	R80,00	R75,00	R1 176,80		R80,00	R75,00	R1 176,80		R80,00	R50,00	R763,30	
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	R80,00	R12,00	R188,30		R80,00	R12,00	R188,30		R80,00	R8,00	R122,10	
3978	Lymphocyte transformation	R80,00	R51,70	R811,10		R80,00	R51,70	R811,10		R80,00	R34,50	R526,50	
3980	Bilharzia Ag Serum/Urine	R80,00	R14,50	R227,50		R80,00	R14,50	R227,50		R80,00	R9,67	R147,60	
3982	Histone Ab	R80,00	R16,00	R251,10		R80,00	R16,00	R251,10		R80,00	R10,67	R162,90	
4600	Anti-CCP	R80,00	R17,46	R274,10	Z	R80,00	R17,46	R274,10	Z	R80,00	R11,64	R177,60	Z
4601	Panel typing: Antibody detection: Class I	R80,00	R36,00	R564,70		R80,00	R36,00	R564,70		R80,00	R24,00	R366,30	
4602	Panel typing: Antibody detection: Class II	R80,00	R44,00	R690,40		R80,00	R44,00	R690,40		R80,00	R29,30	R447,30	
4603	HLA test for specific locus/antigen - serology	R80,00	R27,00	R423,70		R80,00	R27,00	R423,70		R80,00	R18,00	R274,90	
4604	HLA typing: Class I - serology	R80,00	R52,00	R815,90		R80,00	R52,00	R815,90		R80,00	R34,70	R529,60	
4605	HLA typing: Class II - serology	R80,00	R52,00	R815,90		R80,00	R52,00	R815,90		R80,00	R34,70	R529,60	
4606	HLA typing: Class I & II - serology	R80,00	R90,00	R1 412,20		R80,00	R90,00	R1 412,20		R80,00	R60,00	R915,80	
4607	Cross matching T-cells (per tray)	R80,00	R18,00	R282,40		R80,00	R18,00	R282,40		R80,00	R12,00	R183,10	
4608	Cross matching B-cells	R80,00	R38,00	R596,10		R80,00	R38,00	R596,10		R80,00	R25,30	R386,00	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4609	Cross matching T- & B-cells	R80,00	R48,00	R753,10		R80,00	R48,00	R753,10		R80,00	R32,00	R488,40	
4610	Helicobacter: Pylori antigen test	R80,00	R34,60	R542,80		R80,00	R34,60	R542,80		R80,00	R23,07	R352,20	
4611	Erythropoietin	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4612	HTLV I/II	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4613	Anti-Gm1 Antibody Assay	R80,00	R75,00	R1 176,80		R80,00	R75,00	R1 176,80		R80,00	R50,00	R763,30	
4614	HIV Ab - Rapid Test	R80,00	R12,00	R188,30		R80,00	R12,00	R188,30		R80,00	R8,00	R122,10	
21.5	Skin tests												
	For skin-prick allergy tests, please refer to items 0218, 0220 and 0221 in Section 2: Integumentary Section												
21.6	Biochemical tests: Blood												
3991	Abnormal pigments: Qualitative	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
3993	Abnormal pigments: Quantitative	R80,00	R9,00	R141,40		R80,00	R9,00	R141,40		R80,00	R6,00	R91,60	
3995	Acid phosphate	R80,00	R5,18	R81,20		R80,00	R5,18	R81,20		R80,00	R3,45	R52,80	
3998	Amino acids Quantitative (Post derivatisation HPLC)	R80,00	R78,12	R1 225,80		R80,00	R78,12	R1 225,80		R80,00	R52,08	R794,90	
3999	Albumin	R80,00	R4,80	R75,20		R80,00	R4,80	R75,20		R80,00	R3,20	R49,10	
4000	Alcohol	R80,00	R12,40	R194,50		R80,00	R12,40	R194,50		R80,00	R8,27	R126,10	
4001	Alkaline phosphatase	R80,00	R5,18	R81,20		R80,00	R5,18	R81,20		R80,00	R3,45	R52,80	
4002	Alkaline phosphatase-iso-enzymes	R80,00	R11,70	R183,60		R80,00	R11,70	R183,60		R80,00	R7,80	R119,00	
4003	Ammonia: Enzymatic	R80,00	R7,71	R121,00		R80,00	R7,71	R121,00		R80,00	R5,14	R78,50	
4004	Ammonia: Monitor	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
4005	Alpha-1-antitrypsin: Total	R80,00	R7,20	R112,90		R80,00	R7,20	R112,90		R80,00	R4,80	R73,20	
4006	Amylase	R80,00	R5,18	R81,20		R80,00	R5,18	R81,20		R80,00	R3,45	R52,80	
4007	Arsenic in blood, hair or nails	R80,00	R36,25	R568,80		R80,00	R36,25	R568,80		R80,00	R24,17	R368,90	
4008	Bilirubin - Reflectance	R80,00	R4,77	R74,80		R80,00	R4,77	R74,80		R80,00	R3,18	R48,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4009	Bilirubin: Total	R80,00	R4,77	R74,80		R80,00	R4,77	R74,80		R80,00	R3,18	R48,50	
4010	Bilirubin: Conjugated	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4011	Breath Hydrogen Test	R80,00	R21,56	R338,20		R80,00	R21,56	R338,20		R80,00	R14,37	R219,20	
4012	CSF Nicotinic Acid	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4013	CSF Glutamine	R80,00	R11,25	R176,60		R80,00	R11,25	R176,60		R80,00	R7,50	R114,60	
4014	Cadmium: Atomic absorption	R80,00	R18,12	R284,40		R80,00	R18,12	R284,40		R80,00	R12,08	R184,50	
4016	Calcium: Ionized	R80,00	R6,75	R105,90		R80,00	R6,75	R105,90		R80,00	R4,50	R68,50	
4017	Calcium: Spectrophotometric	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4018	Calcium: Atomic absorption	R80,00	R7,25	R113,70		R80,00	R7,25	R113,70		R80,00	R4,83	R73,70	
4019	Carotene	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
4020	Carnitine (Total or free) in biological fluid: Each	R80,00	R11,69	R183,50		R80,00	R11,69	R183,50		R80,00	R7,79	R118,80	
4021	Carnitine (Total or free) in muscle: Each	R80,00	R23,38	R367,00		R80,00	R23,38	R367,00		R80,00	R15,59	R238,00	
4022	Acyl Carnitine	R80,00	R23,38	R367,00		R80,00	R23,38	R367,00		R80,00	R15,59	R238,00	
4023	Chloride	R80,00	R2,59	R40,70		R80,00	R2,59	R40,70		R80,00	R1,73	R26,50	
4025	Chol/HDL/LDL/Trig	R80,00	R27,07	R424,70		R80,00	R27,07	R424,70		R80,00	R18,05	R275,60	
4026	LDL cholesterol (chemical determination)	R80,00	R6,90	R108,10		R80,00	R6,90	R108,10		R80,00	R4,60	R70,20	
4027	Cholesterol total	R80,00	R5,34	R83,80		R80,00	R5,34	R83,80		R80,00	R3,56	R54,30	
4028	HDL cholesterol	R80,00	R6,90	R108,10		R80,00	R6,90	R108,10		R80,00	R4,60	R70,20	
4029	Cholinesterase: Serum or erythrocyte: Each	R80,00	R7,48	R117,30		R80,00	R7,48	R117,30		R80,00	R4,99	R76,30	
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	R80,00	R9,00	R141,40		R80,00	R9,00	R141,40		R80,00	R6,00	R91,60	
4031	Total CO2	R80,00	R5,18	R81,20		R80,00	R5,18	R81,20		R80,00	R3,45	R52,80	
4032	Creatinine	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4033	CSF-Immunoglobulin G	R80,00	R9,45	R148,10		R80,00	R9,45	R148,10		R80,00	R6,30	R96,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4034	C1-Esterase Inhibitor	R80,00	R9,45	R148,10		R80,00	R9,45	R148,10		R80,00	R6,30	R96,20	
4035	CSF-Albumin	R80,00	R9,45	R148,10		R80,00	R9,45	R148,10		R80,00	R6,30	R96,20	
4036	CSF-IgG Index	R80,00	R22,05	R346,00		R80,00	R22,05	R346,00		R80,00	R14,70	R224,40	
4038	Glutamic acid	R80,00	R29,06	R456,00		R80,00	R29,06	R456,00		R80,00	R19,37	R295,80	
4040	Homocysteine (random)	R80,00	R15,30	R240,20		R80,00	R15,30	R240,20		R80,00	R10,20	R155,60	
4041	Homocysteine (after Methionine load)	R80,00	R18,10	R284,10		R80,00	R18,10	R284,10		R80,00	R12,06	R184,20	
4042	D-Xylose absorption test: Two hours	R80,00	R13,15	R206,30		R80,00	R13,15	R206,30		R80,00	R8,75	R133,50	
4045	Fibrinogen: Quantitative	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
4049	Glucose tolerance test (2 specimens)	R80,00	R8,97	R140,70		R80,00	R8,97	R140,70		R80,00	R5,98	R91,20	
4050	Glucose strip-test with photometric reading	R80,00	R1,80	R28,20		R80,00	R1,80	R28,20		R80,00	R1,20	R18,30	
4051	Galactose	R80,00	R11,25	R176,60		R80,00	R11,25	R176,60		R80,00	R7,50	R114,60	
4052	Glucose tolerance test (3 specimens)	R80,00	R13,17	R206,70		R80,00	R13,17	R206,70		R80,00	R8,78	R134,10	
4053	Glucose tolerance test (4 specimens)	R80,00	R17,37	R272,40		R80,00	R17,37	R272,40		R80,00	R11,58	R176,90	
4057	Glucose: Quantitative	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4061	Glucose tolerance test (5 specimens)	R80,00	R21,56	R338,20		R80,00	R21,56	R338,20		R80,00	R14,37	R219,20	
4062	Galactose-1-phosphate uridyl transferase	R80,00	R16,00	R251,10		R80,00	R16,00	R251,10		R80,00	R10,70	R163,40	
4063	Fructosamine	R80,00	R7,20	R112,90		R80,00	R7,20	R112,90		R80,00	R4,80	R73,20	
4064	HbA1C	R80,00	R14,25	R223,60		R80,00	R14,25	R223,60		R80,00	R9,50	R145,00	
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	R80,00	R46,88	R735,50		R80,00	R46,88	R735,50		R80,00	R31,25	R477,10	
4067	Lithium: Flame ionisation	R80,00	R5,18	R81,20		R80,00	R5,18	R81,20		R80,00	R3,45	R52,80	
4068	Lithium: Atomic absorption	R80,00	R7,48	R117,30		R80,00	R7,48	R117,30		R80,00	R4,99	R76,30	
4071	Iron	R80,00	R6,75	R105,90		R80,00	R6,75	R105,90		R80,00	R4,50	R68,50	
4073	Iron-binding capacity	R80,00	R7,65	R120,00		R80,00	R7,65	R120,00		R80,00	R5,10	R77,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day	R80,00	R19,10	R299,50		R80,00	R19,10	R299,50		R80,00	R12,73	R194,30	
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	R80,00	R6,75	R105,90		R80,00	R6,75	R105,90		R80,00	R4,50	R68,50	
4079	Ketones in plasma: Qualitative	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
4081	Drug level-biological fluid: Quantitative	R80,00	R10,80	R169,30		R80,00	R10,80	R169,30		R80,00	R7,20	R109,90	
4082	Tacrolimus assay	R80,00	R20,10	R315,40		R80,00	R20,10	R315,40		R80,00	R13,40	R204,60	
4083	Lysosomal enzyme assay	R80,00	R36,56	R573,70		R80,00	R36,56	R573,70		R80,00	R24,37	R372,10	
4084	Thymidine kinase	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4085	Lipase	R80,00	R5,18	R81,20		R80,00	R5,18	R81,20		R80,00	R3,45	R52,80	
4086	Lactate	R80,00	R16,00	R251,10		R80,00	R16,00	R251,10		R80,00	R10,67	R162,90	
4091	Lipoprotein electrophoresis	R80,00	R9,00	R141,40		R80,00	R9,00	R141,40		R80,00	R6,00	R91,60	
4092	Orosmucoid	R80,00	R9,45	R148,10		R80,00	R9,45	R148,10		R80,00	R6,30	R96,20	
4093	Osmolality: Serum or urine	R80,00	R6,75	R105,90		R80,00	R6,75	R105,90		R80,00	R4,50	R68,50	
4094	Magnesium: Spectrophotometric	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4095	Magnesium: Atomic absorption	R80,00	R7,25	R113,70		R80,00	R7,25	R113,70		R80,00	R4,83	R73,70	
4096	Mercury: Atomic absorption	R80,00	R18,12	R284,40		R80,00	R18,12	R284,40		R80,00	R12,08	R184,50	
4098	Copper: Atomic absorption	R80,00	R18,12	R284,40		R80,00	R18,12	R284,40		R80,00	R12,08	R184,50	
4105	Protein electrophoresis	R80,00	R9,00	R141,40		R80,00	R9,00	R141,40		R80,00	R6,00	R91,60	
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,20	R201,40	
4109	Phosphate	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4113	Potassium	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4114	Sodium	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4117	Protein: Total	R80,00	R3,11	R48,80		R80,00	R3,11	R48,80		R80,00	R2,07	R31,60	
4121	pH, pCO2 or pO2: Each	R80,00	R6,75	R105,90		R80,00	R6,75	R105,90		R80,00	R4,50	R68,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4123	Pyruvic acid	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
4125	Salicylates	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
4127	Caeruloplasmin	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
4128	Phenylalanine: Quantitative	R80,00	R11,25	R176,60		R80,00	R11,25	R176,60		R80,00	R7,50	R114,60	
4130	Aspartate aminotransferase (AST)	R80,00	R5,40	R84,70		R80,00	R5,40	R84,70		R80,00	R3,60	R54,80	
4131	Alanine aminotransferase (ALT)	R80,00	R5,40	R84,70		R80,00	R5,40	R84,70		R80,00	R3,60	R54,80	
4132	Creatine kinase (CK)	R80,00	R5,40	R84,70		R80,00	R5,40	R84,70		R80,00	R3,60	R54,80	
4133	Lactate dehydrogenase (LD)	R80,00	R5,40	R84,70		R80,00	R5,40	R84,70		R80,00	R3,60	R54,80	
4134	Gamma glutamyl transferase (GGT)	R80,00	R5,40	R84,70		R80,00	R5,40	R84,70		R80,00	R3,60	R54,80	
4135	Aldolase	R80,00	R5,40	R84,70		R80,00	R5,40	R84,70		R80,00	R3,60	R54,80	
4136	Angiotensin converting enzyme (ACE)	R80,00	R9,00	R141,40		R80,00	R9,00	R141,40		R80,00	R6,00	R91,60	
4137	Lactate dehydrogenase isoenzyme	R80,00	R10,80	R169,30		R80,00	R10,80	R169,30		R80,00	R7,20	R109,90	
4138	CK-MB: Immunoinhibition/precipitation	R80,00	R10,80	R169,30		R80,00	R10,80	R169,30		R80,00	R7,20	R109,90	
4139	Adenosine deaminase	R80,00	R5,40	R84,70		R80,00	R5,40	R84,70		R80,00	R3,60	R54,80	
4143	Serum/plasma enzymes	R80,00	R5,40	R84,70		R80,00	R5,40	R84,70		R80,00	R3,60	R54,80	
4144	Transferrin	R80,00	R11,70	R183,60		R80,00	R11,70	R183,60		R80,00	R7,80	R119,00	
4146	Lead: Atomic absorption	R80,00	R15,00	R235,40		R80,00	R15,00	R235,40		R80,00	R10,00	R152,60	
4147	Triglyceride	R80,00	R7,93	R124,40		R80,00	R7,93	R124,40		R80,00	R5,29	R80,90	
4148	Tay - Sachs Study	R80,00	R36,56	R573,70		R80,00	R36,56	R573,70		R80,00	R24,37	R372,10	
4149	Red cell magnesium	R80,00	R11,70	R183,60		R80,00	R11,70	R183,60		R80,00	R7,80	R119,00	
4151	Urea	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4152	CK-MB: Mass determination: Quantitative (Automated)	R80,00	R12,40	R194,50		R80,00	R12,40	R194,50		R80,00	R8,27	R126,10	
4153	CK-MB: Mass determination: Quantitative (Not automated)	R80,00	R17,47	R274,20		R80,00	R17,47	R274,20		R80,00	R11,65	R177,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4154	Myoglobin quantitative: Monoclonal immunological	R80,00	R12,40	R194,50		R80,00	R12,40	R194,50		R80,00	R8,27	R126,10	
4155	Uric acid	R80,00	R3,78	R59,30		R80,00	R3,78	R59,30		R80,00	R2,52	R38,40	
4156	Vitamin D3	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4157	Vitamin A-saturation test	R80,00	R15,30	R240,20		R80,00	R15,30	R240,20		R80,00	R10,20	R155,60	
4158	Vitamin E (tocopherol)	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
4159	Vitamin A	R80,00	R6,30	R98,60		R80,00	R6,30	R98,60		R80,00	R4,20	R64,00	
4161	Troponin isoforms: Each	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4163	Apoprotein AI: Turbidometric method	R80,00	R8,28	R130,00		R80,00	R8,28	R130,00		R80,00	R5,52	R84,30	
4165	Apoprotein AII: Turbidometric method	R80,00	R8,28	R130,00		R80,00	R8,28	R130,00		R80,00	R5,52	R84,30	
4167	Apoprotein B: Turbidometric method	R80,00	R8,28	R130,00		R80,00	R8,28	R130,00		R80,00	R5,52	R84,30	
4170	Lipoprotein (a)(Lp(a)) assay	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4171	Sodium + potassium + chloride + CO2 + urea	R80,00	R15,84	R248,50		R80,00	R15,84	R248,50		R80,00	R10,56	R161,10	
4172	ELISA/EMIT technique	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4173	Sirolimus Assay	R80,00	R78,00	R1 223,70		R80,00	R78,00	R1 223,70		R80,00	R52,00	R793,60	
4181	Quantitative protein estimation: Mancini method	R80,00	R7,76	R121,60		R80,00	R7,76	R121,60		R80,00	R5,17	R78,90	
4182	Quantitative protein estimation: Nephelometer or Turbidometric method	R80,00	R8,28	R130,00		R80,00	R8,28	R130,00		R80,00	R5,52	R84,30	
4183	Quantitative protein estimation: Labelled antibody	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4184	C-reactive protein (Ultra sensitive)	R80,00	R11,68	R183,20		R80,00	R11,68	R183,20		R80,00	R7,79	R118,80	
4185	Lactose	R80,00	R10,80	R169,30		R80,00	R10,80	R169,30		R80,00	R7,20	R109,90	
4186	Vitamin B6	R80,00	R15,30	R240,20		R80,00	R15,30	R240,20		R80,00	R10,20	R155,60	
4187	Zinc: Atomic absorption	R80,00	R18,12	R284,40		R80,00	R18,12	R284,40		R80,00	R12,08	R184,50	
21.7	Biochemical tests: Urine												
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	R80,00	R1,50	R23,40		R80,00	R1,50	R23,40		R80,00	R1,00	R15,30	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4189	Abnormal pigments	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
4193	Alkapton test: Homogentisic acid	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
4194	Amino acids: Quantitative (Post derivatisation HPLC)	R80,00	R78,12	R1 225,80		R80,00	R78,12	R1 225,80		R80,00	R52,08	R794,90	
4195	Amino laevulinic acid	R80,00	R18,00	R282,40		R80,00	R18,00	R282,40		R80,00	R12,00	R183,10	
4197	Amylase	R80,00	R5,18	R81,20		R80,00	R5,18	R81,20		R80,00	R3,45	R52,80	
4198	Arsenic	R80,00	R18,12	R284,40		R80,00	R18,12	R284,40		R80,00	R12,08	R184,50	
4199	Ascorbic acid	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
4201	Bence-Jones protein	R80,00	R2,70	R42,50		R80,00	R2,70	R42,50		R80,00	R1,80	R27,40	
4204	Calcium: Atomic absorption	R80,00	R7,25	R113,70		R80,00	R7,25	R113,70		R80,00	R4,83	R73,70	
4205	Calcium: Spectrophotometric	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4209	Lead: Atomic absorption	R80,00	R15,00	R235,40		R80,00	R15,00	R235,40		R80,00	R10,00	R152,60	
4210	Urine collagen telopeptides	R80,00	R36,50	R572,80		R80,00	R36,50	R572,80		R80,00	R24,33	R371,20	
4211	Bile pigments: Qualitative	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
4213	Protein: Quantitative	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
4216	Mucopolysaccharides: Qualitative	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
4217	Oxalate	R80,00	R9,38	R147,40		R80,00	R9,38	R147,40		R80,00	R6,25	R95,40	
4218	Glucose: Quantitative	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
4219	Steroids: Chromatography (each)	R80,00	R7,20	R112,90		R80,00	R7,20	R112,90		R80,00	R4,80	R73,20	
4221	Creatinine	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4223	Creatinine clearance	R80,00	R7,65	R120,00		R80,00	R7,65	R120,00		R80,00	R5,10	R77,70	
4227	Electrophoresis: Qualitative	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
4228	Fetal Lung Maturity	R80,00	R36,56	R573,70		R80,00	R36,56	R573,70		R80,00	R24,37	R372,10	
4230	Urine/Fluid - Specific Gravity	R80,00	R0,90	R14,00		R80,00	R0,90	R14,00		R80,00	R0,60	R9,25	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	R80,00	R37,50	R588,50	Z	R80,00	R37,50	R588,50	Z	R80,00	R25,00	R381,40	Z
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	R80,00	R46,80	R734,30	Z	R80,00	R46,80	R734,30	Z	R80,00	R31,20	R476,30	Z
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	R80,00	R37,50	R588,50	Z	R80,00	R37,50	R588,50	Z	R80,00	R25,00	R381,40	Z
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	R80,00	R46,80	R734,30	Z	R80,00	R46,80	R734,30	Z	R80,00	R31,20	R476,30	Z
4237	5-Hydroxy-indole-acetic acid: Screen test	R80,00	R2,70	R42,50		R80,00	R2,70	R42,50		R80,00	R1,80	R27,40	
4238	5HIAA (Hplc)	R80,00	R78,12	R1 225,80		R80,00	R78,12	R1 225,80		R80,00	R52,08	R794,90	
4247	Ketones: Excluding dip-stick method	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
4248	Reducing substances	R80,00	R1,80	R28,20		R80,00	R1,80	R28,20		R80,00	R1,20	R18,30	
4251	Metanephrines: Column chromatography	R80,00	R22,05	R346,00		R80,00	R22,05	R346,00		R80,00	R14,70	R224,40	
4252	Metanephrine (Hplc)	R80,00	R78,12	R1 225,80		R80,00	R78,12	R1 225,80		R80,00	R52,08	R794,90	
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	R80,00	R27,00	R423,70		R80,00	R27,00	R423,70		R80,00	R18,00	R274,90	
4254	Nitrosonaphtol test for tyrosine	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
4255	Orotic Acid - Urine	R80,00	R9,45	R148,10		R80,00	R9,45	R148,10		R80,00	R6,30	R96,20	
4256	Very long Chain Fatty Acids	R80,00	R129,38	R2 030,00		R80,00	R129,38	R2 030,00		R80,00	R86,25	R1 316,40	
4261	Micro Albumin: Quantitative	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4262	Micro Albumin: Qualitative	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
4263	pH: Excluding dip-stick method	R80,00	R0,90	R14,00		R80,00	R0,90	R14,00		R80,00	R0,60	R9,25	
4265	Thin layer chromatography: One way	R80,00	R6,75	R105,90		R80,00	R6,75	R105,90		R80,00	R4,50	R68,50	
4266	Thin layer chromatography: Two way	R80,00	R11,25	R176,60		R80,00	R11,25	R176,60		R80,00	R7,50	R114,60	
4268	Organic acids: Quantitative: GCMS	R80,00	R109,38	R1 716,20		R80,00	R109,38	R1 716,20		R80,00	R72,92	R1 113,00	
4269	Phenylpyruvic acid: Ferric chloride	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
4270	Chromium Total Urine	R80,00	R18,12	R284,40		R80,00	R18,12	R284,40		R80,00	R12,08	R184,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4271	Phosphate excretion index	R80,00	R22,05	R346,00		R80,00	R22,05	R346,00		R80,00	R14,70	R224,40	
4272	Porphobilinogen qualitative screen: Urine	R80,00	R5,00	R78,50		R80,00	R5,00	R78,50		R80,00	R3,33	R50,70	
4273	Porphobilinogen/ALA: Quantitative each	R80,00	R15,00	R235,40		R80,00	R15,00	R235,40		R80,00	R10,00	R152,60	
4283	Magnesium: Spectrophotometric	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4284	Magnesium: Atomic absorption	R80,00	R7,25	R113,70		R80,00	R7,25	R113,70		R80,00	R4,83	R73,70	
4285	Identification of carbohydrate	R80,00	R7,65	R120,00		R80,00	R7,65	R120,00		R80,00	R5,10	R77,70	
4287	Identification of drug: Qualitative	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
4288	Identification of drug: Quantitative	R80,00	R10,80	R169,30		R80,00	R10,80	R169,30		R80,00	R7,20	R109,90	
4293	Urea clearance	R80,00	R5,40	R84,70		R80,00	R5,40	R84,70		R80,00	R3,60	R54,80	
4297	Copper: Spectrophotometric	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4298	Copper: Atomic absorption	R80,00	R18,12	R284,40		R80,00	R18,12	R284,40		R80,00	R12,08	R184,50	
4301	Chloride	R80,00	R2,59	R40,70		R80,00	R2,59	R40,70		R80,00	R1,73	R26,50	
4309	Urobilinogen: Quantitative	R80,00	R6,75	R105,90		R80,00	R6,75	R105,90		R80,00	R4,50	R68,50	
4313	Phosphates	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4315	Potassium	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4316	Sodium	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4319	Urea	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4321	Uric acid	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4323	Total protein and protein electrophoresis	R80,00	R11,25	R176,60		R80,00	R11,25	R176,60		R80,00	R7,50	R114,60	
4325	VMA: Quantitative	R80,00	R11,25	R176,60		R80,00	R11,25	R176,60		R80,00	R7,50	R114,60	
4326	Catecholamines (HPLC)	R80,00	R78,12	R1 225,80		R80,00	R78,12	R1 225,80		R80,00	R52,08	R794,90	
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	R80,00	R46,88	R735,50		R80,00	R46,88	R735,50		R80,00	R31,25	R477,10	
4328	Immunoglobulin D	R80,00	R9,45	R148,10		R80,00	R9,45	R148,10		R80,00	R6,30	R96,20	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4335	Cystine: Quantitative	R80,00	R12,60	R197,70		R80,00	R12,60	R197,70		R80,00	R8,40	R128,10	
4336	Dinitrophenol hydrazine test: Ketoacids	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
21.8	Biochemical tests: Faeces												
4339	Chloride	R80,00	R2,59	R40,70		R80,00	R2,59	R40,70		R80,00	R1,73	R26,50	
4343	Fat: Qualitative	R80,00	R3,15	R49,50		R80,00	R3,15	R49,50		R80,00	R2,10	R32,20	
4345	Fat: Quantitative	R80,00	R22,05	R346,00		R80,00	R22,05	R346,00		R80,00	R14,70	R224,40	
4347	Ph	R80,00	R0,90	R14,00		R80,00	R0,90	R14,00		R80,00	R0,60	R9,25	
4351	Occult blood: Chemical test	R80,00	R2,25	R35,40		R80,00	R2,25	R35,40		R80,00	R1,50	R22,90	
4352	Occult blood: Monoclonal antibodies	R80,00	R10,00	R157,00		R80,00	R10,00	R157,00		R80,00	R6,67	R101,70	
4357	Potassium	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4358	Sodium	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4359	Secretory IgA	R80,00	R9,45	R148,10		R80,00	R9,45	R148,10		R80,00	R6,30	R96,20	
4362	Elastase quantitative ELISA	R80,00	R47,00	R737,40		R80,00	R47,00	R737,40		R80,00	R31,33	R478,10	
4363	Stercobilinogen: Quantitative	R80,00	R6,75	R105,90		R80,00	R6,75	R105,90		R80,00	R4,50	R68,50	
21.9	Biochemical tests: Miscellaneous												
4366	Porphyryn screen qualitative: Urine, stool, red blood cells: Each	R80,00	R5,00	R78,50		R80,00	R5,00	R78,50		R80,00	R3,33	R50,70	
4367	Porphyryn qualitative analysis by TLC: Urine, stool, red blood cells: Each	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4368	Porphyryn: Total quantisation: Urine, stool, red blood cells: Each	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4369	Porphyryn quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	R80,00	R30,00	R470,80		R80,00	R30,00	R470,80		R80,00	R20,00	R305,20	
4370	Drug level in biological fluid: Monoclonal immunological	R80,00	R12,40	R194,50		R80,00	R12,40	R194,50		R80,00	R8,27	R126,10	
4371	Amylase in exudate	R80,00	R5,18	R81,20		R80,00	R5,18	R81,20		R80,00	R3,45	R52,80	
4372	Fluoride in biological fluids and water	R80,00	R15,62	R245,10		R80,00	R15,62	R245,10		R80,00	R10,41	R158,80	
4374	Trace metals in biological fluid: Atomic absorption	R80,00	R18,13	R284,60		R80,00	R18,13	R284,60		R80,00	R12,09	R184,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4375	Calcium in fluid: Spectrophotometric	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4376	Calcium in fluid: Atomic absorption	R80,00	R7,25	R113,70		R80,00	R7,25	R113,70		R80,00	R4,83	R73,70	
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	R80,00	R21,88	R343,50		R80,00	R21,88	R343,50		R80,00	R14,59	R222,70	
4378	Urea breath test	R80,00	R58,00	R910,20		R80,00	R58,00	R910,20		R80,00	R38,67	R590,20	
4380	Lecithin in amniotic fluid: L/S ratio	R80,00	R27,00	R423,70		R80,00	R27,00	R423,70		R80,00	R18,00	R274,90	
4381	Lamellar body count in amniotic fluid	R80,00	R10,00	R157,00		R80,00	R10,00	R157,00		R80,00	R6,70	R102,40	
4390	Foam test: Amniotic fluid	R80,00	R3,15	R49,50		R80,00	R3,15	R49,50		R80,00	R2,10	R32,20	
4391	Renal calculus: Chemistry	R80,00	R5,40	R84,70		R80,00	R5,40	R84,70		R80,00	R3,60	R54,80	
4392	Renal calculus: Crystallography	R80,00	R16,25	R255,00		R80,00	R16,25	R255,00		R80,00	R10,80	R165,00	
4395	Sweat: Sodium	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4396	Sweat: Potassium	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4397	Sweat: Chloride	R80,00	R2,59	R40,70		R80,00	R2,59	R40,70		R80,00	R1,73	R26,50	
4399	Sweat collection by iontophoresis (excluding collection material)	R80,00	R4,50	R70,50		R80,00	R4,50	R70,50		R80,00	R3,00	R45,70	
4400	Tryptophane loading test	R80,00	R22,05	R346,00		R80,00	R22,05	R346,00		R80,00	R14,70	R224,40	
21.10	Cerebrospinal fluid												
4401	Cell count	R80,00	R3,45	R54,20		R80,00	R3,45	R54,20		R80,00	R2,30	R35,10	
4407	Cell count, protein, glucose and chloride	R80,00	R7,65	R120,00		R80,00	R7,65	R120,00		R80,00	R5,10	R77,70	
4409	Chloride	R80,00	R2,59	R40,70		R80,00	R2,59	R40,70		R80,00	R1,73	R26,50	
4416	Sodium	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4417	Protein: Qualitative	R80,00	R0,90	R14,00		R80,00	R0,90	R14,00		R80,00	R0,60	R9,25	
4419	Protein: Quantitative	R80,00	R3,11	R48,80		R80,00	R3,11	R48,80		R80,00	R2,07	R31,60	
4421	Glucose	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	
4423	Urea	R80,00	R3,62	R56,80		R80,00	R3,62	R56,80		R80,00	R2,41	R36,80	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4425	Protein electrophoresis	R80,00	R12,60	R197,70		R80,00	R12,60	R197,70		R80,00	R8,40	R128,10	
21.11	RNA/DNA based tests and andrology												
21.11.1	RNA/DNA based tests and andrology: RNA/DNA based tests												
4424	HLA test for specific allele DNA-PCR	R80,00	R36,00	R564,70		R80,00	R36,00	R564,70		R80,00	R24,00	R366,30	
4426	HLA typing low resolution Class I DNA-PCR per locus	R80,00	R100,00	R1 568,90		R80,00	R100,00	R1 568,90		R80,00	R67,00	R1 022,80	
4427	HLA typing low resolution Class II DNA-PCR per locus	R80,00	R74,00	R1 161,30		R80,00	R74,00	R1 161,30		R80,00	R49,30	R752,50	
4428	HLA typing high resolution Class I or II DNA-PCR per locus	R80,00	R66,00	R1 035,50		R80,00	R66,00	R1 035,50		R80,00	R44,00	R671,60	
4429	Quantitative PCR (DNA/RNA)	R80,00	R84,30	R1 322,50		R80,00	R84,30	R1 322,50		R80,00	R56,20	R857,80	
4430	Recombinant DNA technique	R80,00	R25,00	R392,30		R80,00	R25,00	R392,30		R80,00	R16,67	R254,60	
4431	Ribosomal RNA targeting for bacteriological identification	R80,00	R35,00	R549,30		R80,00	R35,00	R549,30		R80,00	R23,33	R356,10	
4432	Ribosomal RNA amplification for bacteriological identification	R80,00	R75,00	R1 176,80		R80,00	R75,00	R1 176,80		R80,00	R50,00	R763,30	
4433	Bacteriological DNA identification (LCR)	R80,00	R25,00	R392,30		R80,00	R25,00	R392,30		R80,00	R16,67	R254,60	
4434	Bacteriological DNA identification (PCR)	R80,00	R75,00	R1 176,80		R80,00	R75,00	R1 176,80		R80,00	R50,00	R763,30	
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	R80,00	R150,00	R2 353,60	Z	R80,00	R150,00	R2 353,60	Z	R80,00	R100,00	R1 526,30	Z
21.11.2	RNA/DNA based tests and andrology: Andrology												
4435	Mixed antiglobulin reaction: Semen	R80,00	R6,60	R103,40		R80,00	R6,60	R103,40		R80,00	R4,40	R67,40	
4436	Friberg test: Semen	R80,00	R14,50	R227,50		R80,00	R14,50	R227,50		R80,00	R9,67	R147,60	
4437	Kremer test: Semen	R80,00	R3,60	R56,50		R80,00	R3,60	R56,50		R80,00	R2,40	R36,70	
4440	Semen analysis: Cell count	R80,00	R7,65	R120,00		R80,00	R7,65	R120,00		R80,00	R5,10	R77,70	
4441	Semen analysis: Cytology	R80,00	R7,20	R112,90		R80,00	R7,20	R112,90		R80,00	R4,80	R73,20	
4442	Semen analysis: Viability + motility - 6 hours	R80,00	R6,00	R94,00		R80,00	R6,00	R94,00		R80,00	R4,00	R61,00	
4443	Semen analysis: Supravital stain	R80,00	R5,44	R85,20		R80,00	R5,44	R85,20		R80,00	R3,63	R55,30	
4445	Seminal fluid: Alpha glucosidase	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4446	Seminal fluid fructose	R80,00	R3,15	R49,50		R80,00	R3,15	R49,50		R80,00	R2,10	R32,20	
4447	Seminal fluid: Acid phosphatase	R80,00	R5,18	R81,20		R80,00	R5,18	R81,20		R80,00	R3,45	R52,80	
21.12	Immunology												
4448	HCG: Latex agglutination: Qualitative (Side-room)	R80,00	R4,00	R62,70		R80,00	R4,00	R62,70		R80,00	R2,67	R40,60	
4449	HCG: Latex agglutination: Semi-quantitative (Side-room)	R80,00	R9,31	R146,10		R80,00	R9,31	R146,10		R80,00	R6,21	R94,80	
4450	HCG: Monoclonal immunological: Qualitative	R80,00	R10,00	R157,00		R80,00	R10,00	R157,00		R80,00	R6,67	R101,70	
4451	HCG: Monoclonal immunological: Quantitative	R80,00	R12,40	R194,50		R80,00	R12,40	R194,50		R80,00	R8,27	R126,10	
4452	Bone Specific Alk Phosphatase	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4455	Anti IgE receptor antibody test (10 samples and dilution)	R80,00	R161,56	R2 534,80		R80,00	R161,56	R2 534,80		R80,00	R107,71	R1 643,90	
4456	Eosinophil cationic protein	R80,00	R27,81	R436,30		R80,00	R27,81	R436,30		R80,00	R18,54	R282,80	
4457	Mast cell tryptase	R80,00	R96,87	R1 519,90		R80,00	R96,87	R1 519,90		R80,00	R64,58	R985,60	
4458	Micro-albuminuria: Radio-isotope method	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,30	R126,90	
4459	Acetyl choline receptor antibody	R80,00	R158,12	R2 480,90		R80,00	R158,12	R2 480,90		R80,00	R105,41	R1 608,70	
4460	CA-199 tumour marker	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4461	Nuclear Matrix Protein 22	R80,00	R35,00	R549,30		R80,00	R35,00	R549,30		R80,00	R23,33	R356,10	
4462	CA-125 tumour marker	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4463	C6 complement functional essay	R80,00	R45,00	R706,10		R80,00	R45,00	R706,10		R80,00	R30,00	R457,80	
4466	Beta-2-microglobulin	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4467	Chromograqnin A	R80,00	R47,00	R737,40		R80,00	R47,00	R737,40		R80,00	R31,33	R478,10	
4468	CA-549	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,30	R203,10	
4469	Tumour markers: Monoclonal immunological (each)	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4470	CA-195 tumour marker	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4471	Carcino-embryonic antigen	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4473	TSH Receptor Ab	R80,00	R17,48	R274,30		R80,00	R17,48	R274,30		R80,00	R11,65	R177,70	
4474	Cast Per Allergen	R80,00	R27,81	R436,30		R80,00	R27,81	R436,30		R80,00	R18,54	R282,80	
4475	CA-724	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4477	Neuron specific enolase	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4478	Osteocalcin	R80,00	R31,40	R492,70		R80,00	R31,40	R492,70		R80,00	R20,93	R319,60	
4479	Vitamin B12-absorption: Shilling test	R80,00	R11,70	R183,60		R80,00	R11,70	R183,60		R80,00	R7,80	R119,00	
4480	Serotonin	R80,00	R18,75	R294,20		R80,00	R18,75	R294,20		R80,00	R12,50	R190,80	
4482	Free thyroxine (FT4)	R80,00	R17,48	R274,30		R80,00	R17,48	R274,30		R80,00	R11,65	R177,70	
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	R80,00	R37,08	R581,90		R80,00	R37,08	R581,90		R80,00	R24,72	R377,20	
4485	Insulin	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4486	C-Peptide	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4487	Calcitonin	R80,00	R18,90	R296,80		R80,00	R18,90	R296,80		R80,00	R12,60	R192,20	
4488	B-Type Natriuretic Peptide	R80,00	R47,04	R737,80		R80,00	R47,04	R737,80		R80,00	R31,36	R478,50	
4490	Releasing hormone response	R80,00	R50,00	R784,50		R80,00	R50,00	R784,50		R80,00	R33,35	R508,80	
4491	Vitamin B12	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4492	Vitamin D3: Calcitriol (RIA)	R80,00	R75,00	R1 176,80		R80,00	R75,00	R1 176,80		R80,00	R50,00	R763,30	
4493	Drug concentration: Quantitative	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4494	Free hormone assay	R80,00	R17,48	R274,30		R80,00	R17,48	R274,30		R80,00	R11,65	R177,70	
4495	Growth hormone	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4496	Hormone concentration: Quantitative	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4497	Carbohydrate deficient transferrin	R80,00	R29,06	R456,00		R80,00	R29,06	R456,00		R80,00	R19,37	R295,80	
4499	Cortisol	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4500	DHEA sulphate	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4501	Testosterone	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4502	Free testosterone	R80,00	R17,48	R274,30		R80,00	R17,48	R274,30		R80,00	R11,65	R177,70	
4503	Oestradiol	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4505	Oestriol	R80,00	R10,80	R169,30		R80,00	R10,80	R169,30		R80,00	R7,20	R109,90	
4506	Multiple antigen specific IgE screening test for Atopy	R80,00	R37,26	R584,60		R80,00	R37,26	R584,60		R80,00	R24,80	R378,40	
4507	Thyrotropin (TSH)	R80,00	R19,60	R307,60		R80,00	R19,60	R307,60		R80,00	R13,07	R199,50	
4508	Combined antigen specific IgE	R80,00	R24,48	R384,00		R80,00	R24,48	R384,00		R80,00	R16,60	R253,20	
4509	Free tri-iodothyronine (FT3)	R80,00	R17,48	R274,30		R80,00	R17,48	R274,30		R80,00	R11,65	R177,70	
4511	Renin activity	R80,00	R18,90	R296,80		R80,00	R18,90	R296,80		R80,00	R12,60	R192,20	
4512	Parathormone	R80,00	R17,08	R267,90		R80,00	R17,08	R267,90		R80,00	R11,39	R173,70	
4513	IgE: Total	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4514	Antigen specific IgE	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4515	Aldosterone	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4516	Follitropin (FSH)	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4517	Lutropin (LH)	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4518	Soluble transferrin receptor	R80,00	R11,25	R176,60		R80,00	R11,25	R176,60		R80,00	R7,50	R114,60	
4519	Prostate specific antigen	R80,00	R14,49	R227,40		R80,00	R14,49	R227,40		R80,00	R9,66	R147,50	
4520	17 Hydroxy progesterone	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4521	Progesterone	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4522	Alpha-feto protein	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4523	ACTH	R80,00	R21,74	R341,10		R80,00	R21,74	R341,10		R80,00	R14,49	R221,10	
4524	Free PSA	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4526	Sex hormone binding globulin	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4527	Gastrin	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4528	Ferritin	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4529	Anti-DNA antibodies	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4530	Antiplatelet antibodies	R80,00	R15,30	R240,20		R80,00	R15,30	R240,20		R80,00	R10,20	R155,60	
4531	Hepatitis: Per antigen or antibody	R80,00	R14,49	R227,40		R80,00	R14,49	R227,40		R80,00	R9,66	R147,50	
4532	Transcobalamine	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4533	Folic acid	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4534	Prostatic acid phosphatase	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4536	Erythrocyte folate	R80,00	R17,48	R274,30		R80,00	R17,48	R274,30		R80,00	R11,65	R177,70	
4537	Prolactin	R80,00	R12,42	R194,80		R80,00	R12,42	R194,80		R80,00	R8,28	R126,50	
4538	Procalcitonin: Semi-quantitative	R80,00	R32,00	R502,20		R80,00	R32,00	R502,20		R80,00	R21,33	R325,50	
4539	Procalcitonin: Quantitative	R80,00	R46,00	R721,60		R80,00	R46,00	R721,60		R80,00	R30,67	R468,00	
4540	HCG: Quantitative as used for Down's screen	R80,00	R15,00	R235,40		R80,00	R15,00	R235,40		R80,00	R10,00	R152,60	
4546	First trimester Downs screen	R80,00	R53,50	R839,40		R80,00	R53,50	R839,40		R80,00	R35,67	R544,40	
4552	Second Trimester Down's screen	R80,00	R33,62	R527,60		R80,00	R33,62	R527,60		R80,00	R22,41	R341,90	
4553	Thyroglobulin	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
4554	SCC marker	R80,00	R20,00	R313,70		R80,00	R20,00	R313,70		R80,00	R13,33	R203,40	
21.13	Clinical pathology: Miscellaneous												
4544	Attendance in theatre	R80,00	R27,00	R423,70		R80,00	R27,00	R423,70				R0,00	
4547	After-hours service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays - Refer to General Rule B.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
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Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4551	Unlisted pathology service: Fees for items not listed in the current Pathology schedule (sections 21, 22 and 23) will be based on the fee for a comparable service in the coding structure. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted pathology service which will be based on the fee for a comparable service in the coding structure. New items for these unlisted services should be added to the coding structure within six months or that specific unlisted pathology service should no longer be performed. Please note General Rule C and item 6999 are not applicable to pathology services (sections 21, 22 and 23)												
4555	Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately												
22	ANATOMICAL PATHOLOGY												
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values												
22.1	Exfoliative cytology												
4561	Sputum, all body fluids and tumour aspirates: First unit	R90,00	R13,40	R242,50		R90,00	R13,40	R242,50		R90,00	R8,90	R156,70	
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	R90,00	R7,80	R141,40		R90,00	R7,80	R141,40		R90,00	R5,20	R91,60	
4564	Performance of fine-needle aspiration for cytology	R90,00	R15,00	R271,50		R90,00	R15,00	R271,50				R0,00	
4565	Examination of fine needle aspiration in theatre	R90,00	R90,00	R1 628,20		R90,00	R90,00	R1 628,20		R90,00	R60,00	R1 055,90	
4566	Vaginal or cervical smears, each	R90,00	R11,00	R199,10		R90,00	R11,00	R199,10		R90,00	R7,00	R123,10	
22.2	Histology												
4567	Histology per sample	R95,00	R20,00	R342,50		R95,00	R20,00	R342,50		R95,00	R13,30	R221,80	
4571	Histology per additional block, each	R95,00	R11,60	R198,60		R95,00	R11,60	R198,60		R95,00	R7,70	R128,20	
4575	Histology and frozen section in laboratory	R95,00	R22,70	R388,90		R95,00	R22,70	R388,90		R95,00	R15,10	R251,70	
4577	Histology and frozen section in theatre	R95,00	R90,00	R1 541,70		R95,00	R90,00	R1 541,70		R95,00	R60,00	R999,50	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4578	Second and subsequent frozen sections, each	R95,00	R20,00	R342,50		R95,00	R20,00	R342,50		R95,00	R13,40	R223,30	
4579	Attendance in theatre - no frozen section performed	R95,00	R45,00	R770,80		R95,00	R45,00	R770,80		R95,00	R30,00	R500,00	
4582	Serial step sections (including item 4567)	R95,00	R23,30	R399,00		R95,00	R23,30	R399,00		R95,00	R15,60	R259,80	
4584	Serial step sections per additional block, each	R95,00	R13,50	R231,10		R95,00	R13,50	R231,10		R95,00	R9,00	R150,00	
4587	Histology consultation	R95,00	R10,10	R173,10		R95,00	R10,10	R173,10		R95,00	R6,70	R111,60	
4589	Special stains	R95,00	R6,70	R114,70		R95,00	R6,70	R114,70		R95,00	R4,50	R74,80	
4591	Immunofluorescence studies	R95,00	R20,70	R354,60		R95,00	R20,70	R354,60		R95,00	R13,80	R229,90	
4592	Immunoperoxidase studies	R95,00	R40,00	R685,20		R95,00	R40,00	R685,20		R95,00	R26,67	R444,30	
4593	Electron microscopy	R95,00	R94,00	R1 610,10		R95,00	R94,00	R1 610,10		R95,00	R63,00	R1 049,70	
4595	Foetal autopsy excluding histology	R95,00	R73,00	R1 250,30		R95,00	R73,00	R1 250,30		R95,00	R48,67	R810,90	
23	HUMAN GENETICS												
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values												
23.1	Cytogenetic												
4750	Cell culture: Lymphocytes, cord blood	R100,00	R15,00	R241,00		R100,00	R15,00	R241,00		R100,00	R15,00	R234,60	
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	R100,00	R45,00	R723,20		R100,00	R45,00	R723,20		R100,00	R45,00	R703,20	
4752	Cell culture: Chorionic villi	R100,00	R60,00	R964,20		R100,00	R60,00	R964,20		R100,00	R60,00	R938,10	
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	R100,00	R135,00	R2 169,30		R100,00	R135,00	R2 169,30		R100,00	R135,00	R2 110,20	
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukaemia bloods: Idiograms, karyotyping, one staining technique	R100,00	R270,00	R4 338,80		R100,00	R270,00	R4 338,80		R100,00	R270,00	R4 220,30	
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	R100,00	R70,00	R1 125,00		R100,00	R70,00	R1 125,00		R100,00	R70,00	R1 094,00	
4760	FISH procedure, including cell culture	R100,00	R115,00	R1 848,10		R100,00	R115,00	R1 848,10		R100,00	R115,00	R1 797,70	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
4761	FISH analysis per probe system	R100,00	R35,00	R562,30		R100,00	R35,00	R562,30		R100,00	R35,00	R547,10	
23.2	DNA-testing												
4763	Blood: DNA extraction	R100,00	R45,00	R723,20		R100,00	R45,00	R723,20		R100,00	R45,00	R703,20	
4764	Blood: Genotype per person: Southern blotting	R100,00	R89,00	R1 430,20		R100,00	R89,00	R1 430,20		R100,00	R89,00	R1 391,40	
4765	Blood: Genotype per person: PCR	R100,00	R60,00	R964,20		R100,00	R60,00	R964,20		R100,00	R60,00	R938,10	
4766	HIV Drug Resistance Testing	R100,00	R513,00	R8 243,20		R100,00	R513,00	R8 243,20		R100,00	R342,00	R5 345,90	
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	R100,00	R90,00	R1 446,20		R100,00	R90,00	R1 446,20		R100,00	R90,00	R1 406,80	
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	R100,00	R188,00	R3 021,10		R100,00	R188,00	R3 021,10		R100,00	R188,00	R2 938,60	
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	R100,00	R120,00	R1 928,30		R100,00	R120,00	R1 928,30		R100,00	R120,00	R1 875,60	

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
IV.	TRAVELLING EXPENSES												
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (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 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (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). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.												
5003	The indicated amount for each kilometre in excess of 16 kilometres travelled in own car e.g. where a practitioner has to travel 19 kilometres in total to visit a patient, the fees shall be calculated as follows: 19-16=3 X Indicated amount	R20,00	R1,00	R13,60		R20,00	R1,00	R13,60		R20,00	R1,00	R13,20	
5005	Normal hours: Specialist: 18,00 clinical procedure units per hour or part thereof	R20,00	R18,00	R244,30		R20,00	R18,00	R244,30				R0,00	
5007	Normal hours: General Practitioner : 18,00 clinical procedure units per hour or part thereof									R20,00	R18,00	R237,70	
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them												

NON-CONTRACTED MEDICAL PRACTITIONERS CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS, EFFECTIVE FROM 1 JANUARY 2019		Practice Type: Specialists Obstetrics & Gynaecologists				Practice Type: Specialists Paediatricians				Practice Type: General Practitioner s General Medical Practice			
		Discipline code 16				Discipline code 32				Code: 11400			
Tariff Code	Description of tariff code	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag	CF	Units	2019 Value	Flag
V.	LIST OF PROCEDURES WHICH ARE OFTEN DONE IN THE DOCTORS' ROOMS TO WHICH MODIFIER 0004 SHOULD NOT BE APPLIED												
	Modifier 0004 is not applicable to the following sections: All anaesthetic services Section 19: Radiology Section 20: Radiation Oncology Section 21: Clinical Pathology (except for items 3719, 3720 and 3721 where modifier 0004 may be applied) Section 22: Anatomical Pathology Section 23: Human Genetic Please note : This is not a conclusive list and practitioners should not be penalised when patients need to be admitted to hospital for these procedures.												

NON-CONTRACTED MEDICAL PRACTITIONERS CONSULTATIVE SERVICES



GEMS TARIFF FOR CONSULTATIVE SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Code
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.
I.c.1	New and established patient consultation/visit
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit – refer to Item 0173-0175 or Item 0109) – not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics – refer to new anaesthetic structure.
0191	New and established patient: Consultation/visit of new or established patient of a moderately above-average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit – refer to Item 0173-0175 or Item 0109) – not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics – refer to new anaesthetic structure.
0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit – refer to Item 0173-0175 or Item 0109) – not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics – refer to new anaesthetic structure.
0193	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit – refer to Item 0173-0175 or Item 0109). Typically the doctor spends between 46 and 60 minutes with the patient and/or family.
I.c.2	Hospital consult/visit
0173	First hospital consultation/visit of an average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics – refer to new anaesthetic structure).
0174	First hospital consultation/visit of a moderately above-average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics – refer to new anaesthetic structure).
0175	First hospital consultation/visit of long duration and/or high complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics – refer to new anaesthetic structure).
0109	Hospital follow-up visit to patient in ward or nursing facility – refer to general rule G(a) for post-operative care (may only be charged once per day) (not to be used with Items 0111, 0145, 0146, 0147 or ICU Items 1204-1214)
0111	Paediatric hospital follow-up visits (excluding neonates) by paediatricians or paediatric cardiologists (may only be charged once per day) (not to be used with Items 0109 or ICU Items 1204-1214). For a healthy neonate please use Item 0109 for a hospital follow-up visit.

NON-CONTRACTED MEDICAL PRACTITIONERS CONSULTATIVE SERVICES CONTINUED

GEMS TARIFF FOR CONSULTATIVE SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Code
I.c.3	Hospital discharge day management
0176	Hospital discharge day management; 30 minutes or less
0177	Hospital discharge day management; more than 30 minutes (including a hospital summary)
I.c.4	Add-on consultative services
0129	Prolonged face-to-face attendance to a patient: ADD to either Item 0192, Item 0175, Item 0164 or Item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes
0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit Items 0190-0192, Items 0173-0175, Items 0161-0164 or Items 0166-0169, as appropriate. Note: Only one of Items 0145, 0146 or 0147 may be charged and not combinations thereof.
0146	For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit Items 0190-0192, Items 0161-0164 or Items 0151-0153, as appropriate (refer to general rule B). Note: Only one of Items 0145, 0146 or 0147 may be charged and not combinations thereof.
0147	For an emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit Items 0190-0192, Items 0173-0175, Items 0161-0164, Items 0166-0169 or Items 0151-0153, as appropriate. Note: Only one of Items 0145, 0146 or 0147 may be charged and not combinations thereof.
I.c.5	Observation care
7050	Initial observation care, per day: Evaluation and management of a patient. Requires the following three key components: a. detailed or comprehensive history b. detailed or comprehensive examination c. straightforward or low complexity medical decision-making. Counselling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or needs. Usually, the problem(s) requiring admission to observation status are of high severity.
7051	Initial observation care, per day. Evaluation and management of a patient. Requiring the following three components: a. comprehensive history b. comprehensive examination c. medical decision-making of moderate complexity. Counselling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or needs. Usually, the problem(s) requiring admission to observation status are of high severity.
7052	Initial observation care, per day. Evaluation and management of a patient. Requiring the following three components: a. comprehensive history b. comprehensive examination c. medical decision-making of high complexity. Counselling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or needs. Usually, the problem(s) requiring admission to observation status are of high severity.

NON-CONTRACTED MEDICAL PRACTITIONERS CONSULTATIVE SERVICES CONTINUED

GEMS TARIFF FOR CONSULTATIVE SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Code
I.c.6	Emergency department
7060	Emergency department visit for the evaluation and management of a patient, which requires these three key components: - expanded problem-focused history - expanded problem-focused examination - straightforward medical decision-making. Counselling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor.
7061	Emergency department visit for the evaluation and management of a patient, which requires these three key components: - expanded problem-focused history - expanded problem-focused examination - medical decision-making of low complexity. Counselling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low or moderate severity.
7062	Emergency department visit for the evaluation and management of a patient, which requires these three key components: - expanded problem-focused history - expanded problem-focused examination - medical decision-making of moderate complexity. Counselling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
7063	Emergency department visit for the evaluation and management of a patient, which requires these three key components: - a detailed history - a detailed examination - medical decision-making of moderate complexity. Counselling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the medical practitioner but do not pose an immediate significant threat to life or physiologic function.
7064	Emergency department visit for the evaluation and management of a patient, which requires these three key components: - comprehensive history - comprehensive examination - medical decision-making of high complexity. Counselling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the medical practitioner and pose an immediate significant threat to life or physiologic function.
I.e	Pre-anaesthetic assessment
0151	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Problem-focused history and clinical examination and straightforward decision-making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes.
0152	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision-making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes.

NON-CONTRACTED MEDICAL PRACTITIONERS CONSULTATIVE SERVICES CONTINUED

GEMS TARIFF FOR CONSULTATIVE SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS WITH EFFECT FROM 1 JANUARY 2019

Tariff Code	Description of Tariff Code
0153	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient or other consultative service. Consultation with detailed history, complete examination and moderate complex decision-making and counselling. Typically occupies the doctor face-to-face for between 30 and 45 minutes.
I.f	Prenatal visits and newborn attendance
0107	Newborn attendance: Exclusive attendance to baby at Caesarean section, normal delivery or visit in the ward (once per patient) (Items 0109, 0111, 0113, 0145, 0146 and/or 0147 may not be added to Item 0107) Item 0107 can be used once only for given confinement
0113	Newborn attendance: Emergency attendance to newborn at all hours (once per patient) (Items 0107, 0109, 0111, 0145, 0146 and/or 0147 may not be added to Item 0113)
I.g	Consultative services: Miscellaneous
0130	Telephone consultation (all hours)
0132	Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (needs not be face-to-face contact) ("Consultation" via SMS or electronic media included)
0133	Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent
0199	Completion of chronic medication forms by medical practitioners with or without the physical presence of the patient requested by or on behalf of a third party funder or its agent

NON-CONTRACTED MEDICAL PRACTITIONERS CONSULTATIVE SERVICES CONTINUED

Prac Type		0190	0191	0192	0193	0173	0174	0175	0176
11000	Anaesthesiology	R358,90	R358,90	R358,90	R358,90	R358,90	R358,90	R358,90	R497,60
11200	Dermatology	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R514,30
11400	General medical practice	R358,70	R358,70	R358,70	R358,70	R358,70	R358,70	R358,70	R497,20
11600	Obstetrics and gynaecology	R384,70	R384,70	R384,70	R384,70	R384,70	R384,70	R384,70	R533,40
11700	Pulmonology	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R786,50
11800	Medicine (specialist physician)	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R786,50
11900	Gastroenterology	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R786,50
12000	Neurology	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R786,50
12100	Cardiology	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R786,50
12300	Medical oncology	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R786,50
12400	Neurosurgery	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R786,50
12500	Nuclear medicine	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R786,50
12600	Ophthalmology	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R514,30
12800	Orthopaedics	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R514,30
12700	Clinical haematology	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R514,30
13000	Otorhinolaryngology	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R786,50
13100	Rheumatology	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R770,30
13200	Paediatrics	R555,50	R555,50	R555,50	R555,50	R555,50	R555,50	R555,50	R786,50
13300	Paediatric cardiology	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R786,50
13400	Physical medicine	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R514,30
13600	Plastic and reconstructive surgery	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R514,30
13800	Radiology	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R514,30
14000	Radiation oncology	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R514,30
14200	Surgery	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R786,50
14400	Cardiothoracic surgery	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R567,10	R514,30
14600	Urology	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R514,30
15200	Pathology (clinical)	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R514,30
15300	Pathology (anatomical)	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	R370,90	
12200	Psychiatry	Codes appropriate to psychiatry consultations are contained in the Non-contracted Psychiatry Medical Practitioner file							

NON-CONTRACTED MEDICAL PRACTITIONERS CONSULTATIVE SERVICES CONTINUED

Prac Type		0177	0109	0111	0129	0145	0146	0147	0151
11000	Anaesthesiology	R497,60	R335,70		R328,70		R179,20	R313,30	R388,40
11200	Dermatology	R514,30	R335,70		R328,70	R134,30		R313,30	
11400	General medical practice	R497,20	R319,90		R319,90	R127,90	R170,50	R298,40	R382,40
11600	Obstetrics and gynaecology	R533,40	R328,70		R328,70	R131,60	R175,20	R306,80	
11700	Pulmonology	R786,50	R335,70		R328,70	R134,30	R179,20	R313,30	
11800	Medicine (specialist physician)	R786,50	R335,70		R328,70	R134,30	R179,20	R313,30	
11900	Gastroenterology	R786,50	R335,70		R328,70	R134,30	R179,20	R313,30	
12000	Neurology	R786,50	R335,70		R328,70	R134,30	R179,20	R313,30	
12100	Cardiology	R786,50	R335,70		R328,70	R134,30	R179,20	R313,30	
12300	Medical oncology	R786,50	R335,70			R134,30	R179,20	R313,30	
12400	Neurosurgery	R786,50	R335,70			R134,30	R179,20	R313,30	
12500	Nuclear medicine	R786,50	R335,70			R134,30	R179,20	R313,30	
12600	Ophthalmology	R514,30	R335,70			R134,30	R179,20	R313,30	
12800	Orthopaedics	R514,30	R335,70		R328,70	R134,30	R179,20	R313,30	
12700	Clinical haematology	R514,30	R335,70		R328,70	R134,30	R179,20	R307,20	
13000	Otorhinolaryngology	R786,50	R335,70			R134,30	R179,20	R313,30	
13100	Rheumatology	R770,30	R335,70		R328,70	R134,30	R179,20	R313,30	
13200	Paediatrics	R786,50	R328,70	R480,80	R328,70	R131,60	R175,20	R306,80	
13300	Paediatric cardiology	R786,50	R335,70	R480,80		R134,30	R179,20	R307,20	
13400	Physical medicine	R514,30	R335,70			R134,30	R179,20	R307,20	
13600	Plastic and reconstructive surgery	R514,30	R335,70			R134,30	R179,20	R307,20	
13800	Radiology		R335,70			R134,30	R179,20	R307,20	
14000	Radiation oncology	R514,30	R335,70			R134,30	R179,20	R307,20	
14200	Surgery	R786,50	R335,70			R134,30	R179,20	R307,20	
14400	Cardiothoracic surgery	R514,30	R335,70	R480,80		R134,30	R179,20	R307,20	
14600	Urology	R514,30	R335,70			R134,30	R179,20	R307,20	
15200	Pathology (clinical)		R335,70						
15300	Pathology (anatomical)		R335,70						
12200	Psychiatry	Codes appropriate to psychiatry consultations are contained in the Non-contracted Psychiatry Medical Practitioner file							

NON-CONTRACTED MEDICAL PRACTITIONERS CONSULTATIVE SERVICES CONTINUED

Prac Type		0152	0153	0107	0113	0130	0132	0133	0199
11000	Anaesthesiology	R388,40	R388,40					R201,40	
11200	Dermatology					R261,80	R111,90	R201,40	R422,20
11400	General medical practice	R382,40	R382,40	R703,20	R959,30	R255,70	R119,30	R191,80	R457,00
11600	Obstetrics and gynaecology			R723,10		R256,50	R109,70	R197,10	R438,30
11700	Pulmonology					R392,80	R111,90	R201,40	R422,20
11800	Medicine (specialist physician)					R392,80	R111,90	R201,40	R422,20
11900	Gastroenterology					R392,80	R111,90	R201,40	R422,20
12000	Neurology					R392,80	R111,90	R201,40	R422,20
12100	Cardiology					R392,80	R111,90	R201,40	R422,20
12300	Medical oncology					R392,80	R111,90	R201,40	R422,20
12400	Neurosurgery					R392,80	R111,90	R201,40	R422,20
12500	Nuclear medicine					R392,80			
12600	Ophthalmology					R261,80	R111,90	R201,40	R422,20
12800	Orthopaedics					R261,80	R111,90	R201,40	R422,20
12700	Clinical haematology					R392,80	R111,90	R201,40	R422,20
13000	Otorhinolaryngology					R261,80	R111,90	R201,40	R422,20
13100	Rheumatology					R392,80	R111,90	R201,40	R422,20
13200	Paediatrics			R723,10	R986,10	R384,70	R109,70	R197,10	R438,30
13300	Paediatric cardiology					R392,80	R111,90	R201,40	R422,20
13400	Physical medicine					R392,80			
13600	Plastic and reconstructive surgery					R261,80	R111,90	R201,40	R422,20
13800	Radiology					R261,80	R111,90	R201,40	R422,20
14000	Radiation oncology					R261,80	R111,90	R201,40	R422,20
14200	Surgery					R261,80	R111,90	R201,40	R422,20
14400	Cardiothoracic surgery					R370,90	R111,90	R201,40	R422,20
14600	Urology					R261,80	R111,90	R201,40	R422,20
15200	Pathology (clinical)					R261,80			
15300	Pathology (anatomical)					R261,80			
12200	Psychiatry	Codes appropriate to psychiatry consultations are contained in the Non-contracted Psychiatry Medical Practitioner file							

NON-CONTRACTED MEDICAL PRACTITIONERS CONSULTATIVE SERVICES CONTINUED

Prac Type		7050	7051	7052	7060	7061	7062	7063	7064
11000	Anaesthesiology	R452,30	R452,30	R452,30	R146,00	R146,00	R146,00	R146,00	R146,00
11200	Dermatology	R467,40	R467,40	R467,40	R150,90	R150,90	R150,90	R150,90	R150,90
11400	General medical practice	R451,90	R451,90	R451,90	R145,80	R145,80	R145,80	R145,80	R145,80
11600	Obstetrics and gynaecology	R484,60	R484,60	R484,60	R156,50	R156,50	R156,50	R156,50	R156,50
11700	Pulmonology	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
11800	Medicine (specialist physician)	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
11900	Gastroenterology	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
12000	Neurology	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
12100	Cardiology	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
12300	Medical oncology	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
12400	Neurosurgery	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
12500	Nuclear medicine	R714,60	R714,60	R714,60					
12600	Ophthalmology	R467,40	R467,40	R467,40	R150,90	R150,90	R150,90	R150,90	R150,90
12800	Orthopaedics	R467,40	R467,40	R467,40	R150,90	R150,90	R150,90	R150,90	R150,90
12700	Clinical haematology	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
13000	Otorhinolaryngology	R467,40	R467,40	R467,40	R150,90	R150,90	R150,90	R150,90	R150,90
13100	Rheumatology	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
13200	Paediatrics	R700,00	R700,00	R700,00	R226,00	R226,00	R226,00	R226,00	R226,00
13300	Paediatric cardiology	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
13400	Physical medicine	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
13600	Plastic and reconstructive surgery	R467,40	R467,40	R467,40	R150,90	R150,90	R150,90	R150,90	R150,90
13800	Radiology	R467,40	R467,40	R467,40	R150,90	R150,90	R150,90	R150,90	R150,90
14000	Radiation oncology	R467,40	R467,40	R467,40	R150,90	R150,90	R150,90	R150,90	R150,90
14200	Surgery	R467,40	R467,40	R467,40	R150,90	R150,90	R150,90	R150,90	R150,90
14400	Cardiothoracic surgery	R714,60	R714,60	R714,60	R230,60	R230,60	R230,60	R230,60	R230,60
14600	Urology	R467,40	R467,40	R467,40	R150,90	R150,90	R150,90	R150,90	R150,90
15200	Pathology (clinical)								
15300	Pathology (anatomical)								
12200	Psychiatry	Codes appropriate to psychiatry consultations are contained in the Non-contracted Psychiatry Medical Practitioner file							

NON-CONTRACTED MEDICAL PRACTITIONERS – PROCEDURES

GEMS SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS REIMBURSED @ 200% OF SCHEME RATE IF DONE OUT-OF-HOSPITAL WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Specialists							Practice Type: General Medical Practice				
Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.										
RULES GOVERNING THE STRUCTURE OF THE GEMS MEDICAL PRACTITIONERS TARIFF FILES APPLY											
MODIFIERS GOVERNING THE STRUCTURE OF THE GEMS MEDICAL PRACTITIONERS TARIFF FILES APPLY											
	INTEGUMENTARY SYSTEM										
0244	Repair of nail bed (only for ingrown toe nail)	20	30,000			R831,40	20	30,000			R808,70
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude (only for ingrown toe nail)	20	27,000			R748,70	20	27,000			R727,90
0310	Radical excision of nailbed (only for ingrown toe nail)	20	38,000			R1 053,30	20	38,000			R1 024,70
	NOSE AND SINUSES										
1018	Flexible nasopharyngolaryngoscope examination	20	51,940			R1 439,90	20	51,940			R1 400,70
	GASTROINTESTINAL TRACT (STOMACH)										
1587	Upper gastro-intestinal endoscopy	20	48,750		Z	R1 351,40	20	48,750		Z	R1 314,50
	GASTROINTESTINAL TRACT (INTESTINES)										
1653	Total colonoscopy: (including biopsy)	20	90,000		Z	R2 494,60	20	90,000		Z	R2 426,80
1656	Left-sided colonoscopy	20	60,000		Z	R1 663,30	20	60,000		Z	R1 618,40
1676	Flexible sigmoidoscopy (including rectum and anus)	20	48,750		Z	R1 351,40	20	48,750		Z	R1 314,50
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	20	13,000			R360,00	20	13,000			R350,40
1679	Sigmoidoscopy with removal of polyps, first and subsequent	20	30,000			R831,40	20	30,000			R808,70

NON-CONTRACTED MEDICAL PRACTITIONERS – PROCEDURES CONTINUED

GEMS SERVICES BY NON-CONTRACTED MEDICAL PRACTITIONERS REIMBURSED @ 200% OF SCHEME RATE IF DONE OUT-OF-HOSPITAL WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Specialists							Practice Type: General Medical Practice				
Tariff Code	Description of Tariff Code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
1681	Proctoscopy with removal of polyps: First time	20	21,000			R582,20	20	21,000			R566,50
1683	Proctoscopy with removal of polyps: Subsequent times	20	15,000			R416,00	20	15,000			R404,60
	TESTIS AND EPIDIDYMIS										
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	20	55,900			R1 549,20	20	55,900			R1 507,60
	CATARACT										
3045	Cataract: Intra-capsular	20	210,000			R5 821,10	20	168,000			R4 529,90
3047	Cataract: Extra-capsular (including capsulotomy)	20	210,000			R5 821,10	20	168,000			R4 529,90
3050	Repositioning of intra ocular lens	20	171,100			R4 742,70	20	136,880			R3 690,80
3051	Needling or capsulotomy	20	130,000			R3 603,80	20	120,000			R3 235,50
3052	Laser capsulotomy	20	105,000			R2 910,60	20	105,000			R2 831,40

NON-CONTRACTED ORAL HYGIENISTS

GEMS TARIFF FOR NON-CONTRACTED ORAL HYGIENIST WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Oral Hygienists**
Code: **113**

Tariff Code	Description of Tariff Code	2019 Values
	Reimbursement for the tariff codes for procedures performed within the scope of practice for oral hygienist will be subject to scheme rules, managed care rules and benefit limits.	
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.	
	Funding for these tariff codes is subject to the managed care protocols and billing rules, scheme rules and benefit limits	
8099	Dental laboratory service	Not funded
8154	Oral examination	R111,20
8164	Limited oral examination	R86,60
8106	Special report	Not funded
8107	Intraoral radiograph – periapical	R83,30
8108	Intraoral radiographs – complete series	R669,50
8109	Infection control/barrier techniques	R19,40
8110	Sterilised instrumentation	R49,60
8111	Dental testimony	Not funded
8112	Intraoral radiograph – bitewing	Not funded
8113	Intraoral radiograph – occlusal	Not funded
8115	Extraoral radiograph – panoramic	R333,80
8116	Extraoral radiograph – cephalometric	Not funded
8117	Diagnostic models	R69,20
8119	Diagnostic models mounted	R174,10
8120	Treatment plan completed	Not funded
8121	Oral and/or facial image (digital/conventional)	R89,30

NON-CONTRACTED ORAL HYGIENISTS CONTINUED

GEMS TARIFF FOR NON-CONTRACTED ORAL HYGIENIST
WITH EFFECT FROM **1 JANUARY 2019**

Practice Type: **Oral Hygienists**
Code: **113**

Tariff Code	Description of Tariff Code	2019 Values
8123	Caries susceptibility tests (by arrangement)	Not funded
8129	Office/hospital visit – after regularly scheduled hours	Not funded
8131	Emergency dental treatment	Not funded
8139	Appointment not kept/30 mins	Not funded
8140	House/extended care facility/hospital call	R176,80
8145	Local anaesthetic – per visit	Not funded
8149	Nutritional counselling	Not funded
8150	Tobacco counselling	Not funded
8151	Oral hygiene instruction (not to be billed together with 8153)	Not funded
8153	Oral hygiene instruction – each additional visit (not to be billed together with 8151)	Not funded
8155	Polishing – complete dentition	R106,90
8157	Re-burnishing and polishing of restorations – complete dentition	R97,50
8158	Enamel microabrasion	Not funded
8159	Prophylaxis – complete dentition	R194,80
8160	Removal of gross calculus	Not funded
8161	Topical application of fluoride – child	R106,90
8162	Topical application of fluoride – adult	R106,90
8163	Dental sealant	R79,50
8165	Sedative filling placement of temporary filling	R111,20
8166	Application of desensitising resin, per tooth	R73,40
8167	Application of desensitising medicament, per visit	R85,70
8168	Behaviour management	Not funded
8169	Occlusal guard	Not funded

NON-CONTRACTED ORAL HYGIENISTS CONTINUED

GEMS TARIFF FOR NON-CONTRACTED ORAL HYGIENIST
WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Oral Hygienists**
Code: **113**

Tariff Code	Description of Tariff Code	2019 Values
8171	Mouth guard	R113,60
8173	Space maintainer – fixed, per abutment	Not funded
8175	Space maintainer – removable	Not funded
8176	Periodontal screening	Not funded
8177	Oral hygiene instruction (periodontally compromised patient)	R148,00
8178	Oral hygiene instruction – each additional visit (periodontally compromised patient)	R79,90
8179	Polishing – complete dentition (periodontally compromised patient)	R111,90
8180	Prophylaxis – complete dentition (periodontally compromised patient)	R208,60
8265	Tissues conditioning per arch (including soft self-cure reline)	R152,80
8273	Impression to repair or modify a denture or other intra-oral appliance	Not funded
8304	Rubber dam per arch	R76,30
8308	External bleaching – per arch	Not funded
8309	Home bleaching – instructions and applicator	Not funded
8310	Supply of bleaching materials	Not funded
8311	Home bleaching – subsequent visit	Not funded
8325	Internal bleaching – per tooth	Not funded
8327	Internal bleaching – each additional visit	Not funded
8367	Resin – one surface, posterior	Not funded
8551	Occlusal adjustment major	Not funded
8553	Occlusal adjustment minor	Not funded
8590	Implant maintenance procedures – per implant	Not funded
8725	Provisional splinting – extracoronar (wire plus resin) – per sextant	R263,20
8727	Provisional splinting – intra coronal – per tooth	Not funded

NON-CONTRACTED ORAL HYGIENISTS CONTINUED

GEMS TARIFF FOR NON-CONTRACTED ORAL HYGIENIST
WITH EFFECT FROM **1 JANUARY 2019**

Practice Type: **Oral Hygienists**
Code: **113**

Tariff Code	Description of Tariff Code	2019 Values
8737	Root planing – four or more teeth per quadrant	R391,20
8739	Root planing – one to three teeth per quadrant	R311,10
8773	Cost of intrapocket chemotherapeutic agent	Not funded
8815	Tracing and analysis of extra-oral film	R29,90
9099	Unlisted dental procedure or service (by report)	Not funded

NON-CONTRACTED PSYCHIATRIST

GEMS TARIFF FOR CONSULTATIVE SERVICES BY NON CONTRACTED PSYCHIATRIST WITH EFFECT FROM 1 JANUARY 2019

Practice Type: **Psychiatrist Medical Practitioner**
Code: **12200**

Tariff Code	Description of Tariff code	CF	Units	2019 values
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.			
I.b	Specialists tiered consultation structure			
I.b.1	New and established patients: Consultations/visits by psychiatrists (22) only			
0161	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with problem-focused history, clinical examination and straightforward decision-making for minor problem. Typically occupies the doctor personally with the patient between 10 and 20 minutes (for hospital consultation/visit by psychiatrist – refer to Items 0166-0169).	11	15,000	R400,30
0162	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision-making and counselling. Typically occupies the doctor personally with the patient between 21 and 35 minutes (for hospital consultation/visit by psychiatrist – refer to Items 0166-0169).	11	27,500	R734,00
0163	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision-making and counselling. Typically occupies the doctor personally with the patient between 36 and 45 minutes (for hospital consultation/visit by psychiatrist – refer to Items 0166-0169).	11	40,000	R1 067,50
0164	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with comprehensive history and clinical examination for complex problem requiring complex decision-making and counselling. Typically occupies a doctor personally with the patient between 46 and 60 minutes (for hospital consultation/visit by psychiatrist – refer to Items 0166-0169).	11	52,500	R1 401,10
0166	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. Typically occupies the doctor personally with the patient for between 10 and 20 minutes.	11	15,000	R335,70
0167	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. Typically occupies the doctor personally with the patient for between 21 and 35 minutes.	11	27,500	R446,40
0168	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. Typically occupies the doctor personally with the patient for between 36 and 45 minutes.	11	40,000	R557,10
0169	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. Typically occupies the doctor personally with the patient for between 46 and 60 minutes.	11	52,500	R671,30

NON-CONTRACTED PSYCHIATRIST CONTINUED

GEMS TARIFF FOR CONSULTATIVE SERVICES BY NON CONTRACTED PSYCHIATRIST WITH EFFECT FROM 1 JANUARY 2019

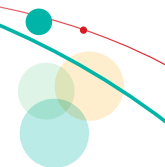
Practice Type: **Psychiatrist Medical Practitioner**
Code: **12200**

Tariff Code	Description of Tariff code	CF	Units	2019 values
0133	Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent.	11	10,000	R201,40
0199	Completion of chronic medication forms by medical practitioners with or without the physical presence of the patient requested by or on behalf of a third party funder or its agent.	10	21,430	R422,20
	MEDICAL PSYCHOTHERAPY			
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)	11	20,000	R533,90
2958	Psychoanalytic therapy: Per 60-minute session	11	60,000	R1 601,40
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session	11	20,000	R533,90
2963	Pairs, marriage or sex therapy: Per 20-minute session	11	20,000	R533,90
2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session	11	26,000	R694,00
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)	11	40,000	R1 067,50
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)	11	60,000	R1 601,40
2976	Intermediate treatment where either Items 2962 or 2963 are used: Per 40-minute session	11	40,000	R1 067,50
2977	Extended treatment where either Items 2962 or 2963 are used: Per 60-minute session	11	60,000	R1 601,40
	RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY			
V	a. Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. b. Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods.			
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (Items 2957, 2974 or 2975).			
	PHYSICAL TREATMENT METHODS			
2970	Electro-convulsive treatment (ECT): Each time (see rule Va)	11	15,000	R400,30
	PSYCHIATRIC EXAMINATION METHODS			
2972	Narco-analysis (maximum of 3 sessions per treatment): Per 60-minute session	11	60,000	R1 601,40
2973	Psychometry (specify examination): Per session (maximum of 3 sessions per examination)	11	20,000	R533,90

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST

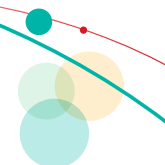
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
	In calculating the GEMS Tariff , the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.								
RULES GOVERNING THE STRUCTURE									
A.	Consultations: Definitions: (a) New and established patients: A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration. (b) Subsequent visits: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling. (c) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal aftercare and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code.								
B.	Normal hours and after hours: After-hours services are paid at the same rate as benefits for normal hours services. Bona fide emergency medical services rendered to a patient, at any time, may attract a fee as specified in modifier 0011 and items 0146 or 0147 (which should be added to the appropriate consultative services code selected from items 0190-0192, 0173-0175, 0161-0164, 0166-0169)								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



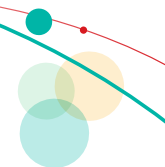
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
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C.	Comparable services: A service may be rendered that is not listed in this edition of the coding structure. The fee that may be charged in respect of the rendering of a service not listed in this coding structure shall be based on the fee in respect of a comparable service. For these procedure(s)/service(s), item 6999: Unlisted procedure or service code, should be used. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted procedure/service which will be based on the fee for a comparable service in the coding structure. When item 6999 is used to indicate that an unlisted service was rendered, the use of the item must be supported by a special report. This report must include: (1) An adequate definition or description of the nature, extent and need for the procedure/service or "medical necessity"; (2) In which respect is this service unusual or different in technique, compared to available procedures/services listed in the coding structure? Information regarding the nature and extent of the procedure/service, time and effort, special/dedicated equipment needed to provide this service, must be included in the report; (3) Is this procedure/service medically appropriate under the circumstances? Explain why another procedure/service listed in the coding structure will not be appropriate in this case; (4) A description of the complexity of the symptoms and concurrent problems must be supplied; (5) Final diagnosis supported by the appropriate ICD-10 code(s); (6) Pertinent physical findings (size, location and number of lesions if applicable); (7) Mention any other diagnostic or therapeutic procedure(s)/service(s) provided at the same session; (8) Any further diagnostic or therapeutic procedure(s)/service(s) to be provided in the follow-up period; and (9) Description of the follow-up care needed. Please note: This comparable service code may not be used for a period longer than six months for a particular procedure/service after which time an application has to be made for the addition of a specific code for this procedure								
D.	Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation, the relevant consultation fee may be charged. In the case of a General Practitioner "timely" shall mean two hours and in the case of a specialist 24-hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be								
E.	Pre-operative visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



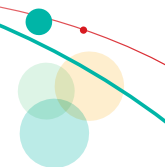
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F.	Administering of injections and/or infusions: Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself								
G.	Post-operative care: (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal aftercare for a period not exceeding ONE month (aftercare is excluded from pure diagnostic procedures during which no therapeutic procedures were performed). (b) If the normal aftercare is delegated to any other registered health professional and not completed by the surgeon, it shall be his/her own responsibility to arrange for this to be done without extra charge. (c) When post-operative care/treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the scheme or the patient (in case of a private account) may be charged. (d) Normal aftercare refers to an uncomplicated post-operative period not requiring any further incisions								
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for 10 days								
J.	Disproportionately low fees: In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. The use of this rule is not intended merely to increase the Medical Schemes Benefits.								
K.	Practice of specialists: In terms of the conditions in respect of the practice of specialists as published in Government Gazette No. 12958 of 11 January 1991, a specialist may treat any person who comes to him direct for consultation. A specialist who is consulted by a patient or who treats a patient, shall take all reasonable steps to ensure the collaboration of the patient's General Practitioner. Medical practitioners referring cases to other medical practitioners shall indicate in the reference whether the patient is a member of a medical scheme or a dependant of such member. This also applies in respect of specimens sent to pathologists								
L.	Procedures performed at time of visits: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged								
M.	Procedure planned to be performed later: In cases where, during a consultation/visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



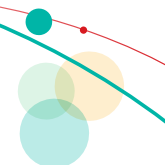
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N.	"Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention								
O.	Costly or prolonged medical services or procedures: In the case of costly or prolonged medical services or procedures, the medical practitioner shall first ascertain from the medical scheme for what amount the medical scheme will accept responsibility in respect of such treatment, should the practitioner wish any direct payment from the scheme								
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (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 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (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). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



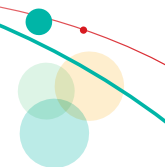
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Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and X-rays . (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion inpatient s under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) 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 for 24-hours.								
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Category 1: Cases requiring intensive monitoring								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



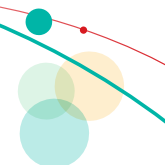
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U.	Obstetric procedures: (a) When a General Practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the General Practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the General Practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the General Practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a General Practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a General Practitioner calls an obstetrician (specialist or General Practitioner) to help with a confinement, or take over the management of a confinement, but the General Practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the General Practitioner according to item 2614: Global obstetric care.								
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								
Z.	No fee is subject to more than one reduction								
AA.	Procedures to exclude cost of isotope								
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



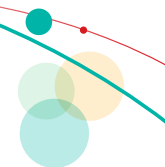
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CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp								
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



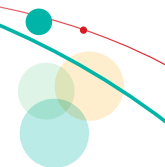
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FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.								
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years								
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or General Practitioner s. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").								
XX.	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays , pathology tests) performed on patients officially admitted to hospital or day clinic								
YY.	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays , pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital)								
MODIFIERS GOVERNING THE STRUCTURE									
0002	Written report on X-rays : The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



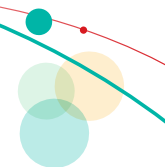
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0004	Procedures performed in own procedure rooms: Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: as per fee for procedure + 100% (the value of modifier 0004 equals 100% of the value of the procedure performed). See Section V (Section G in SAMA's DBT) for a list of procedures, which are often done in rooms to which Modifier 0004 should not be applied. Please note: Only the medical practitioner who owns the facility and the equipment may charge modifier 0004. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms								
0005	Multiple therapeutic procedures/operations under the same anaesthetic: a) Unless otherwise identified in the tariff when multiple therapeutic 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, 75% for the second procedure/operation, 50% for the third procedure/operation, 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures. b) In the case of multiple fractures and/or dislocations the above values shall prevail. c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedures performed, are performed under the same general anaesthetic, Modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for aftercare. Specify unrelated endoscopic procedure and provide diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other (therapeutic) procedures performed under the same anaesthetic. d) Please note: When more than one small procedure is performed and the tariff makes provision for items for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) Modifier 0005 is not applicable as the fee is already a reduced fee. e) "+" Means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to Modifier 0005 (see also Modifier 0082)								
0006	Visiting specialists performing procedures: Where specialists visit smaller centres to perform procedures, fees for these particular procedures are exclusive of aftercare. The referring practitioner will then be entitled to subsequent hospital visits for aftercare. If the referring practitioner is not available, the specialist shall, on consultation with the patient, choose an appropriate locum tenens. Both the surgeon and the practitioner who handled the aftercare, must in such instances quote Modifier 0006 with the particular items which they use								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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0007	a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation - 15,00 clinical procedure units irrespective of the number of items of equipment provided. b) Use of own equipment in hospital theatre or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15,00 clinical procedure units irrespective of the number of items of equipment provided. c) Not funded for all disciplines when using tariff code 5103	20	15,000	R207,90					
0008	Specialist surgeon assistant: Where a procedure requires a registered specialist surgeon assistant, the fee is 33,33% (1/3) of the fee for the specialist surgeon								
0009	Assistant: The fee for an assistant is 20% of the fee for the specialist surgeon, with a minimum of 36,00 clinical procedure units. The minimum fee payable may not be less than 36,00 clinical procedures units								
0010	Local anaesthetic: (a) A fee for a local anaesthetic administered by the operator may only be charged for (1) an operation or procedure having a value greater than 30,00 clinical procedure units (i.e. 31,00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value greater than 50,00 clinical procedure units. (b) The fee shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per Modifier 0036: Anaesthetic administered by a General Practitioner, shall be applicable in such a case. (c) Not applicable to radiological procedures (such as angiography and myelography). (d) No fee may be levied for topical application of local anaesthetic. (e) Please note: Modifier 0010: Local anaesthetic administered by the operator, may not be added on the surgeon's account for procedures that were performed under general anaesthetic.								
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

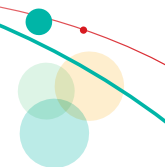


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0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged								
0014	Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff								
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions								
0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	10	7,500	R168,10					
0018	Surgical modifier for persons with a BMI of 35> (calculated according to kg/m2): Fee for procedure +50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists								
0019	Surgery on neonates (up to and including 28 days after birth) and low birth weight infants (less than 2500g) under general anaesthesia (excluding circumcision): per fee for procedure + 50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists								
0046	Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, a full fee as for the initial treatment, is applicable								
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

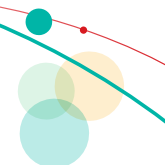
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0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including aftercare)	20	27,000	R374,40					
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (General Practitioner s) are to be added to the units for the fractures including debridement	20	77,000	R1 067,30					
0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	20	115,500	R1 600,80					
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General Practitioner s add 77,00 clinical procedure units	20	77,000	R1 067,30					
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and General Practitioner s add 32,00 clinical procedure units	20	32,000	R443,50					
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General Practitioner s add 77,00 clinical procedure units	20	77,000	R1 067,30					
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot								
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): Units as for the procedure(s) + 100% of the units as for the total revision procedure (the units for modifier 0058 equals 100% of the procedure(s) performed plus appropriate modifiers)								
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



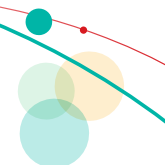
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure								
0064	Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts								
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (ðFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff)								
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								
0070	Add 45,00 clinical procedure units to procedure(s) performed through a thoroscope	20	45,000	R623,80					
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	20	21,000	R291,10					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



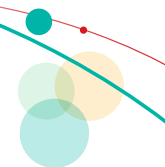
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0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975)								
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	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used								
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)								
0085	Left Side’ modifier to be added to when items 6500 to 6519 are used when the left side is examined. Please note that the absence of this modifier indicates that the right side was examined								
0086	Vascular groups: “Film series” and “Introduction of Contrast Media” are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations								
0090	Radiologist’s fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)								
0091	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays , pathology tests) performed on patients officially admitted to hospital or day clinic (refer to Rule XX)								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



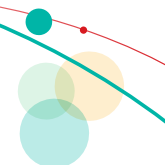
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0092	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays , pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital) (refer to Rule YY)								
0095	Radiation materials: Exclusively for use where radiation materials supplied by the practice are used by clinical and radiation oncologists, modifier 0095 should be used to identify these materials. A material code list with descriptions and guideline costs for these materials, maintained and updated on a regular basis, will be supplied by the Society of Clinical and Radiation Oncology. This modifier is only chargeable by the practice responsible for the cost of this material and where the hospital did not charge therefore. Please note that item 0201 should not be used for these materials								
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or General Practitioner s, the fee is to be charged at two-thirds of the pathologists fee								
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units								
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	60	6,000	R79,40					
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								
6100	In order to charge the full fee (600,00 magnetic resonance units) 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 tumour), e.g. a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region								
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee								
6103	Post-contrast study: Bone tumour: 100% of the fee								
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



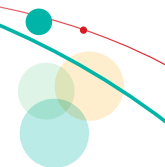
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6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items								
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"								
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain								
6110	MRI spectroscopy: 50% of fee								
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)								
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure								
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value								
I.	CONSULTATIVE SERVICES (REFER TO PSYCHIATRISTS CONSULTATIVE SERVICE GUIDE)								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



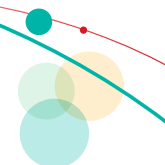
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
I.a	General Practitioner visits								
I.b	Specialists tiered consultation structure								
I.b.1	New and established patients: Consultations/visits by psychiatrists (22) only								
0161	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with problem-focused history, clinical examination and straightforward decision-making for minor problem. Typically occupies the doctor personally with the patient between 10 and 20 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0162	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision-making and counselling. Typically occupies the doctor personally with the patient between 21 and 35 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0163	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision-making and counselling. Typically occupies the doctor personally with the patient between 36 and 45 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0164	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with comprehensive history and clinical examination for complex problem requiring complex decision-making and counselling. Typically occupies a doctor personally with the patient between 46 and 60 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0166	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 10 and 20 minutes								
0167	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 21 and 35 minutes								
0168	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 36 and 45 minutes								
0169	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 46 and 60 minutes								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



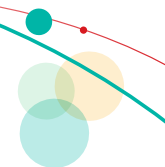
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I.c	General Practitioner and specialist services (Refer to the Medical Practitioner Consultative service guide)								
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								
0191	New and established patient: Consultation/visit of new or established patient of a moderately above-average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								
0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								
0173	First hospital consultation/visit of an average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								
0174	First hospital consultation/visit of a moderately above-average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								
0175	First hospital consultation/visit of long duration and/or high complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



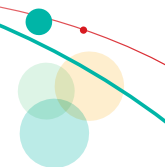
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0109	Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care) (may only be charged once per day) (not to be used with items 0111, 0145, 0146, 0147 or ICU items 1204-1214)								
0111	Paediatric hospital follow-up visits (excluding neonates) by paediatricians or paediatric cardiologists (may only be charged once per day) (not to be used with items 0109 or ICU items 1204-1214). For a healthy neonate please use item 0109 for a hospital follow-up visit								
0129	Prolonged face-to-face attendance to a patient: ADD to either item 0192, item 0175, item 0164 or item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes								
0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								
0146	For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0161-0164 or items 0151-0153, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								
0147	For an emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								
I.e	Pre-anaesthetic assessment								
0151	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Problem-focused history and clinical examination and straightforward decision-making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes								
0152	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision-making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes								
0153	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient or other consultative service. Consultation with detailed history, complete examination and moderate complex decision-making and counselling. Typically occupies the doctor face-to-face for between 30 and 45 minutes								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



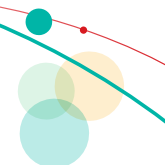
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I.f	Prenatal visits and newborn attendance								
0107	Newborn attendance: Exclusive attendance to baby at Caesarean section, normal delivery or visit in the ward (once per patient) (items 0109, 0111, 0113, 0145, 0146 and/or 0147 may not be added to item 0107)								
	Item 0107 can be used once only for given confinement								
0113	Newborn attendance: Emergency attendance to newborn at all hours (once per patient) (items 0107, 0109, 0111, 0145, 0146 and/or 0147 may not be added to item 0113)								
I.g	Consultative services: Miscellaneous								
0130	Telephone consultation (all hours)								
0132	Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (needs not be face-to-face contact) ("Consultation" via SMS or electronic media included)								
0133	Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent								
0199	Completion of chronic medication forms by medical practitioners with or without the physical presence of the patient requested by or on behalf of a third party funder or its agent								
II.	MEDICINE, MATERIAL, SUPPLIES AND USE OF OWN EQUIPMENT								
II.a	Medicine codes								
II.a.1	Dispensing of medicine by licensed dispensing medical practitioners								
0197	Licensed dispensing medical practitioners: Dispensing cost : As per legislated tariff. Add to each Nappi code to provide for the dispensing cost.								
II.a.2	Once-off administration of medicine used during a consultation								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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0198	Once-off administration of medicines: This item provides for medicines used at a consultation, viz, once off administration of medicine, special medicine used in treatment, or emergency dispensing. Charge for medicine used according to the Single Exit Price (SEP) PLUS legislated tariff for dispensing fees. (Where applicable, VAT should be added to the dispensing fee only and not to the SEP, since the SEP is VAT inclusive). [According to Section 18(8) of the Medicines and Related Substances Act (Act 101 of 1965) compounding and dispensing does not refer to a medicine requiring preparation for a once-off administration to a patient during a consultation]. The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the medicine used. Please note: Refer to item 0201 for cost of material used in treatment.								
II.a.3	Cost of chemotherapy drugs								
0212	Cost of chemotherapy drugs: This item provides for a charge for chemotherapy drugs used in treatment. Charge for chemotherapy drugs used in treatment at cost price PLUS 16% (with a maximum of R16,00). (Where applicable, VAT should be added to the above). The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the chemotherapy drugs used.								
II.b	Material codes								
II.b.1	Prosthesis and/or internal fixation								
II.b.2	Material used during a consultation								
0201	Cost of material in treatment: This item provides for a charge for material used in treatment. Charge for material at cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above). The appropriate Surgical and Material Nappi code(s), selected from those codes commencing with 4, 5, 6, where applicable, for the material used, must be provided. Please note: Refer to item 0198 for once off administration of medicine.								
0194	Procurement cost for human donor material, no mark-up allowed.		-	R0,00					
II.c	Setting of sterile tray								
0202	Setting of sterile tray: A fee of 10,00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201, as appropriate	20	10,000	R138,40					
II.d	Own equipment used in treatment								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

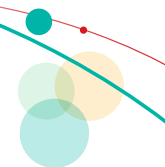


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5930	Surgical laser apparatus: Hire fee for own equipment	20	109,000	R1 510,80					
5932	Candella laser apparatus: Hire fee for own equipment (Rates by arrangement with the scheme concerned)								
III.	PROCEDURES								
6999	Unlisted procedure/service: A procedure/service may be provided that is not listed in this edition of the coding structure. Refer to General Rule C for the criteria to use item 6999								
GENERAL MODIFIERS GOVERNING THIS SECTION									
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)								
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged								
0014	Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff								
MODIFIERS GOVERNING SECTION 1									
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

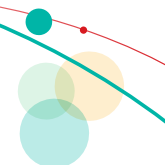
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0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	10	7,500	R168,10					
1	GENERAL								
1.1	Injections, Infusions and Inhalation Sedation Treatment								
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	20	6,000	R83,30					
0204	Inhalation sedation: Per additional quarter-hour or part thereof	20	3,000	R41,50					
0205	Intravenous treatment: Intravenous infusions (cut-down or push-in) (patients under three years): Cut-down and/or insertion of cannula - chargeable once per 24-hours	20	12,000	R166,30					
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24-hours	20	6,000	R83,30					
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24-hours	20	8,000	R110,80					
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	20	6,000	R83,30					
0209	Umbilical artery cannulation at birth	20	18,000	R249,50					
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	20	3,250	R45,10					
0211	Exchange transfusion: First and subsequent (including aftercare)	20	80,000	R1 108,90					
	Note: HOW TO CHARGE FOR INTRAVENOUS INFUSIONS: Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24-hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations (not applicable to item 0205)								
1.2	Chemotherapy treatment (not in chemotherapy facilities)								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



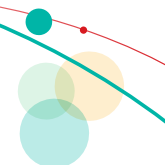
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0213	Treatment with cytostatic agents: Administering of Chemotherapy: Intramuscular or subcutaneous: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20	5,000	R69,30					
0214	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous bolus technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20	9,000	R124,80					
0215	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous infusion technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20	14,000	R193,90					
1.3	Oncology related services in non-oncology facilities								
5780	Interstitial implants: Placing of guide tubes for interstitial implants under local or general anaesthetic. The cost of materials is not included	20	394,860	R5 472,60	Z				
5781	Intracavitary applications: Placing of guide tubes under local or general anaesthetic for manual or remote afterloading brachytherapy. The cost of materials is not included	20	262,410	R3 636,80	Z				
5782	Isotope Therapy: Administration of low dose surface applicators, up to five applications. Typically an outpatient procedure. The cost of materials is not included	20	77,810	R1 078,60	Z				
5783	Infusional pharmacotherapy: Fee for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be charged separately)	20	42,650	R591,10	Z				
MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETICS FOR ALL PROCEDURES AND OPERATIONS									
0020	Conscious sedation: Any case that is conducted outside of a hospital theatre shall be coded with the relevant procedure code. To identify these cases, the above modifier should be used to indicate to the medical scheme that there will be no hospital/theatre account.								
0021	Determination of anaesthetic fees: Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units (allocated to each procedure that might be performed under anaesthetic as indicated in the "Anaesthetic Performed" column) plus the time units (calculated according to the formula in Modifier 0023) and the appropriate modifiers (see Modifiers 0037-0044). In cases of operative procedures on the musculoskeletal system, open fractures and open reduction of fractures or dislocations add units as laid down by Modifiers 5441 to 5448								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



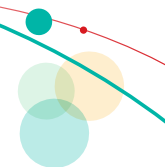
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0023	The basic anaesthetic units are laid down in the tariff and are reflected in the anaesthetic column. These basic anaesthetic units reflect the additional anaesthetic risk, the technical skill required of the anaesthesiologist/anaesthetist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis: Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic, i.e. 2,00 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one (1) hour the number of units shall, after one (1) hour, be 3,00 anaesthetic units per 15 minute period or part thereof.								
0024	Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, it will be regarded as a visit at hospital or nursing home and the appropriate hospital visit item should be charged.								
0025	Calculation of anaesthetic time: Anaesthetic time is calculated from the time the anaesthesiologist/anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist/anaesthetist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist/anaesthetist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient.								
0027	More than one procedure under the same anaesthetic: Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units								
0028	Indicator for use of low flow anaesthetic technique less than 1litre/minute: Fresh gas flow of less than 1 litre/minute								
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a General Practitioner administers the anaesthetic								
0030	Indicator for use of low flow anaesthetic technique 1-2 litre/minute: Fresh gas flow of 1 to 2 litre/minute								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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0031	Intravenous drips and transfusions: Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time								
0032	Patients in prone position: Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								
0033	Participating in general care of patients: When an anaesthesiologist/anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisos of modifier 0035: Anaesthetic administered by an anaesthesiologist/anaesthetist. and modifier 0036: Anaesthetic administered by General Practitioner s.								
0034	Head and neck procedures: All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								
0035	Anaesthetic administered by an anaesthesiologist/anaesthetist: No anaesthetic administered shall have a total value of less than 7,00 anaesthetic units (basic units, time units plus appropriate modifiers).								
0036	Anaesthetic administered by General Practitioner s: The units (basic units plus time plus the appropriate modifiers) used to calculate the fee for an anaesthetic administered by a General Practitioner lasting one hour or less, shall be the same as that for an anaesthesiologist. For anaesthetic lasting more than one hour, the units used to calculate the fee for an anaesthetic administered by a General Practitioner will be 4/5 (80%) of the total number of units (basic units plus time [refer to modifier 0023] plus the appropriate modifiers) applicable to an anaesthesiologist. Please note that the 4/5 (80%) principle will be applied to all anaesthetics administered by General Practitioner s with the proviso that no anaesthetic with a total number of units higher than 11.00 will be reduced to less than 11,00 units in total. The monetary value of the unit is the same for both an anaesthesiologist/anaesthetist.								
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units					30,00	3,000	R 261,00	
0038	Peri-operative blood salvage: Add 4,00 anaesthetic units for intra-operative blood salvage and 4,00 anaesthetic units for post-operative blood salvage								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

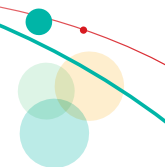


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0039	Control of blood pressure: Deliberate control of the blood pressure: All cases up to one hour: Add 3,00 anaesthetic units, thereafter add 1,00 (one) additional anaesthetic unit per quarter hour or part thereof								
0040	Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units								
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units					30,00	3,000	R 261,00	
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units					30,00	3,000	R 261,00	
0043	Patients under one year of age: For all cases where the patient is under one year of age – 3,00 anaesthetic units to be added					30,00	3,000	R 261,00	
0044	Neonates (i.e up to and including 28 days after birth): 3,00 anaesthetic units to be added to the basic anaesthetic units for the particular procedure. This modifier is charged in addition to Modifier 0043: Cases under one year of age					30,00	3,000	R 261,00	
0100	Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units is applicable.								
	Modifiers 5441 to 5448								
	Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items)								
5441	Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448					30,00	1,000	R 86,80	
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add two (2,00) anaesthetic units					30,00	2,000	R 174,10	
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units					30,00	3,000	R 261,00	
5444	Shaft of femur: Add four (4,00) anaesthetic units					30,00	4,000	R 348,10	
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units					30,00	5,000	R 434,90	

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

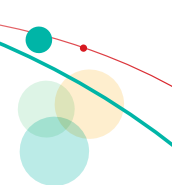
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5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units					30,00	8,000	R 695,90	
0045	POST-OPERATIVE ALLEVIATION OF PAIN Post-operative alleviation of pain: (a) When a regional or nerve block procedure is performed, the appropriate procedure item to patient in ward or nursing facility, can be charged, provided that it is not the primary anaesthetic technique (b) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain, it shall be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility. (c) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (non-steroidal anti-inflammatory drug)								
2	INTEGUMENTARY SYSTEM								
2.1	Allergy								
0217	Allergy: Patch tests: First patch	20	4,000	R55,60					
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	20	2,800	R38,90					
0219	Allergy: Patch tests: Each additional patch	20	2,000	R27,80					
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	20	1,900	R26,30					
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	20	2,800	R38,90					
2.2	Skin (general)								
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	20	4,000	R55,60					
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	20	8,000	R110,80					
0225	Epilation: Per session	20	8,000	R110,80					
0227	Special treatment of severe acne cases, including draining of cysts, expressing of cleaning of Comedones and/or steaming, abrasive cleaning of skin and UVR per session	20	8,000	R110,80		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



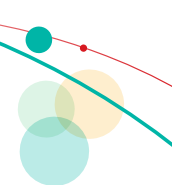
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0228	PUVA Treatment: Maximum of 21 treatments	20	20,000	R277,30					
0229	PUVA: Follow-up or maintenance therapy once a week	20	20,000	R277,30					
0230	UVR-Treatment	20	20,000	R277,30					
0231	UVR-Follow-up - for use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp	20	5,500	R76,30					
0232	Biopsy of superficial soft tissue: Back or flank		47,400	R656,80			5,000	R 434,90	
0233	Biopsy without suturing: First lesion	20	6,000	R83,30		30,00	3,000	R 261,00	T
0234	Biopsy without suturing: Subsequent lesions (each)	20	3,000	R41,50		30,00	3,000	R 261,00	T
0235	Biopsy without suturing: Maximum for multiple additional lesions	20	18,000	R249,50		30,00	3,000	R 261,00	T
0236	Biopsy of superficial soft tissue: Shoulder area		49,100	R680,20			3,000	R 261,00	
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	20	12,000	R166,30		30,00	3,000	R 261,00	T
0238	Biopsy of superficial soft tissue: Upper arm or elbow area		49,100	R680,20			3,000	R 261,00	
0239	Biopsy of superficial soft tissue: Forearm and/or wrist		48,500	R672,00			3,000	R 261,00	
0240	Biopsy of superficial soft tissue: Leg or ankle area		48,300	R669,30			3,000	R 261,00	
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	20	6,000	R83,30		30,00	3,000	R 261,00	T
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	20	3,000	R41,50		30,00	3,000	R 261,00	T
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	20	42,000	R582,10		30,00	3,000	R 261,00	T
0244	Repair of nail bed	20	30,000	R415,80		30,00	3,000	R 261,00	T
0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	20	14,000	R193,90		30,00	3,000	R 261,00	T
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	20	7,000	R97,20		30,00	3,000	R 261,00	T
0247	Biopsy of superficial soft tissue: Pelvis and hip area		58,300	R807,70			3,000	R 261,00	
0248	Biopsy of superficial soft tissue: Thigh or knee area		52,300	R724,70			3,000	R 261,00	

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0251	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: First lesion	20	30,000	R415,80		30,00	3,000	R 261,00	T
0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	20	15,000	R207,90		30,00	3,000	R 261,00	T
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	20	20,000	R277,30		30,00	3,000	R 261,00	T
0257	Drainage of major hand or foot infection: Drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of pilonidal cyst or sinus	20	87,000	R1 205,70		30,00	3,000	R 261,00	T
0259	Removal of foreign body superficial to deep fascia (except hands)	20	20,000	R277,30		30,00	3,000	R 261,00	T
0261	Removal of foreign body deep to deep fascia (except hands)	20	31,000	R429,70		30,00	3,000	R 261,00	T
0262	Excision tumour of subcutaneous soft tissue: Neck or anterior thorax; less than 3 cm		90,100	R1 248,40			5,000	R 434,90	
0263	Excision tumour of subcutaneous soft tissue: Shoulder area; less than 3 cm		84,200	R1 166,80			3,000	R 261,00	
0264	Excision tumour of subcutaneous soft tissue: Upper arm or elbow area; less than 3 cm		94,500	R1 309,40			3,000	R 261,00	
0265	Excision tumour of subcutaneous soft tissue: Forearm and/or wrist area; less than 3 cm		94,700	R1 312,10			3,000	R 261,00	
0266	Excision tumour or vascular malformation of subcutaneous soft tissue: Hand or finger; less than 1,5 cm		99,300	R1 375,70			3,000	R 261,00	
0267	Excision tumour of subcutaneous soft tissue: Pelvis and hip area; less than 3 cm		111,600	R1 546,40			3,000	R 261,00	
0268	Excision tumour of subcutaneous soft tissue: Thigh or knee area; less than 3 cm		92,100	R1 276,00			3,000	R 261,00	
0269	Excision tumour of subcutaneous soft tissue: Leg or ankle area; less than 3 cm		92,600	R1 282,90			3,000	R 261,00	
0270	Excision tumour of subcutaneous soft tissue: Foot or toe; less than 1,5 cm		78,300	R1 084,90			3,000	R 261,00	
0271	Kurtin planing for acne scarring: Whole face	20	206,000	R2 855,00		30,00	4,000	R 348,10	T
0273	Kurtin planing for acne scarring: Extensive	20	70,000	R970,30		30,00	4,000	R 348,10	T
0274	Mohs micrographic surgery: Including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): First stage, up to 5 tissue blocks		113,900	R1 578,20			5,000	R 434,90	
0275	Kurtin planing for acne scarring: Limited	20	30,000	R415,80		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

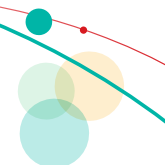


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0276	Mohs micrographic surgery: Including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): Each additional stage after the first stage, up to 5 tissue blocks		60,500	R838,30			5,000	R 434,90	
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	20	103,000	R1 427,50		30,00	4,000	R 348,10	T
0278	Mohs micrographic surgery: Includes removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): Each additional block after the first 5 tissue blocks, any stage		15,900	R220,30			5,000	R 434,90	
0279	Surgical treatment for axillary hyperhidrosis	20	64,000	R887,20		30,00	4,000	R 348,10	T
0280	Laser treatment for small skin lesions: First lesion	20	14,000	R193,90		30,00	3,000	R 261,00	T
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	20	7,000	R97,20		30,00	3,000	R 261,00	T
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	20	56,000	R776,20		30,00	3,000	R 261,00	T
0283	Laser treatment for large skin lesions: Limited area	20	30,000	R415,80		30,00	4,000	R 348,10	T
0284	Laser treatment for large skin lesions: Extensive area	20	70,000	R970,30		30,00	4,000	R 348,10	T
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	20	206,000	R2 855,00		30,00	4,000	R 348,10	T
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	20	56,630	R784,80	Z				
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	20	43,440	R602,10	Z				
2.3	Major plastic repair								
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	20	234,000	R3 243,10		30,00	4,000	R 348,10	T
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	20	410,000	R5 682,40		30,00	4,000	R 348,10	T
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	20	800,000	R11 088,00		30,00	4,000	R 348,10	T
0292	Distant flaps: First stage	20	206,000	R2 855,00		30,00	4,000	R 348,10	T
0293	Contour grafts (excluding cost of material)	20	206,000	R2 855,00		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

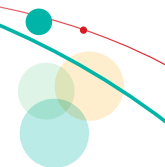
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	20	1200,000	R16 631,60		30,00	6,000	R 522,00	T
0295	Local skin flaps (large, complicated)	20	206,000	R2 855,00		30,00	4,000	R 348,10	T
0296	Other procedures of major technical nature	20	206,000	R2 855,00		30,00	4,000	R 348,10	T
0297	Subsequent major procedures for repair of same lesion	20	104,000	R1 441,40		30,00	4,000	R 348,10	T
0298	Lower abdominal dermo-lipectomy	20	170,000	R2 356,30		30,00	5,000	R 434,90	T
0299	Major abdominal lipectomy with repositioning of umbilicus	20	275,000	R3 811,50		30,00	5,000	R 434,90	T
2.4	Lacerations, scars, tumours, cysts and other skin lesions								
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal aftercare)	20	14,000	R193,90		30,00	3,000	R 261,00	T
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	20	7,000	R97,20		30,00	3,000	R 261,00	T
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	20	64,000	R887,20		30,00	4,000	R 348,10	T
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	20	128,000	R1 774,00		30,00	4,000	R 348,10	T
0304	Major debridement of wound, sloughectomy or secondary suture	20	50,000	R693,20		30,00	3,000	R 261,00	T
0305	Needle biopsy - soft tissue	20	25,000	R346,40		30,00	3,000	R 261,00	T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	20	27,000	R374,40		30,00	3,000	R 261,00	T
0308	Each additional small procedure done at the same time	20	14,000	R193,90		30,00	3,000	R 261,00	T
0310	Radical excision of nailbed	20	38,000	R526,80		30,00	3,000	R 261,00	T
0311	Excision of large benign tumour (more than 5 cm)	20	55,000	R762,20		30,00	3,000	R 261,00	T
0313	Extensive resection for malignant soft tissue tumour including muscle	20	283,900	R3 935,10		30,00	4,000	R 348,10	T
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	20	104,000	R1 441,40		30,00	4,000	R 348,10	T
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	20	55,000	R762,20		30,00	3,000	R 261,00	T
4830	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; <= 20 square cm		13,900	R192,80			3,000	R 261,00	

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



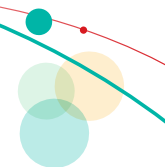
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4831	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; ADD for every additional 20 square cm or part thereof		5,300	R73,40			3,000	R 261,00	
4832	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; <= 20 square cm		36,000	R498,70			5,000	R 434,90	
4833	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; ADD for every additional 20 square cm or part thereof		11,200	R155,10			5,000	R 434,90	
4834	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; <= 20 square cm		62,500	R866,00			6,000	R 522,00	
4835	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; ADD for every additional 20 square cm or part thereof		19,500	R270,20			6,000	R 522,00	
4880	Biopsy soft tissue: Neck or thorax		46,400	R642,80			5,000	R 434,90	
4881	Biopsy of soft tissue: Deep: Back or flank		100,400	R1 391,10			5,000	R 434,90	
4882	Biopsy of soft tissue: Deep: Shoulder area		117,600	R1 629,20			5,000	R 434,90	
4883	Biopsy of soft tissue: Deep (subfascial or intramuscular): Upper arm or elbow area		117,600	R1 629,20			3,000	R 261,00	
4884	Biopsy of soft tissue: Deep (subfascial or intramuscular): Forearm and/or wrist		106,600	R1 477,00			3,000	R 261,00	
4885	Biopsy of soft tissue: Deep (subfascial or intramuscular): Thigh or knee area		112,900	R1 564,30			4,000	R 348,10	
4886	Biopsy of soft tissue: Deep (subfascial or intramuscular): Leg or ankle area		119,500	R1 655,70			3,000	R 261,00	
4887	Biopsy of soft tissue: Deep (subfascial or intramuscular): Pelvis and hip area		197,700	R2 739,30			4,000	R 348,10	
2.5	Breasts								
0316	Fine needle aspiration for soft tissue (all areas)	20	15,000	R207,90					
0317	Aspiration of cyst or tumour	20	9,000	R124,80		30,00	3,000	R 261,00	T
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	20	42,000	R582,10		30,00	3,000	R 261,00	T
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	20	94,200	R1 305,60		30,00	3,000	R 261,00	T
0323	Subareolar cone excision of ducts of wedge excision of breast	20	90,000	R1 247,50		30,00	3,000	R 261,00	T
0324	Wedge excision of breast and axillary dissection	20	225,000	R3 118,40		30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



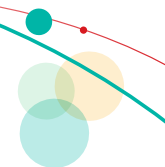
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0325	Total mastectomy	20	155,000	R2 148,50		30,00	5,000	R 434,90	T
0327	Total mastectomy with axillary gland biopsy	20	185,000	R2 564,20		30,00	5,000	R 434,90	T
0329	Total mastectomy with axillary gland dissection	20	275,000	R3 811,50		30,00	5,000	R 434,90	T
0330	Nipple and areola reconstruction	20	95,000	R1 316,60		30,00	4,000	R 348,10	T
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	20	234,000	R3 243,10		30,00	4,000	R 348,10	T
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	20	410,000	R5 682,40		30,00	4,000	R 348,10	T
0334	Removal of breast implant by means of capsulectomy: Per breast	20	234,000	R3 243,10		30,00	4,000	R 348,10	T
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	20	150,000	R2 079,00		30,00	4,000	R 348,10	T
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	20	234,000	R3 243,10		30,00	5,000	R 434,90	T
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	20	410,000	R5 682,40		30,00	5,000	R 434,90	T
0341	Gynaecomastia: Unilateral	20	92,000	R1 275,20		30,00	3,000	R 261,00	T
0343	Gynaecomastia: Bilateral	20	161,000	R2 231,20		30,00	3,000	R 261,00	T
2.6	Burns								
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	20	276,000	R3 825,20		30,00	5,000	R 434,90	T
0353	Tangential excision and grafting: Small	20	100,000	R1 386,00		30,00	5,000	R 434,90	T
0354	Tangential excision and grafting: Large	20	200,000	R2 771,90		30,00	5,000	R 434,90	T
2.7	Hands (skin)								
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler	20	147,400	R2 042,90		30,00	4,000	R 348,10	T
0357	Small skin graft in acute hand injury	20	45,000	R623,80		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



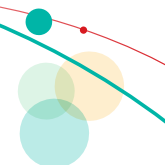
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0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	20	192,000	R2 661,10		30,00	3,000	R 261,00	T
0361	Z-plasty	20	220,100	R3 050,60		30,00	3,000	R 261,00	T
0363	Local flap and skin graft	20	150,000	R2 079,00		30,00	3,000	R 261,00	T
0365	Cross finger flap (all stages)	20	192,000	R2 661,10		30,00	3,000	R 261,00	T
0367	Palmar flap (all stages)	20	192,000	R2 661,10		30,00	3,000	R 261,00	T
0369	Distant flap: First stage	20	158,000	R2 189,90		30,00	3,000	R 261,00	T
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	20	77,000	R1 067,30		30,00	3,000	R 261,00	T
0373	Transfer neurovascular island flap	20	230,500	R3 194,70		30,00	3,000	R 261,00	T
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	20	242,400	R3 359,40		30,00	3,000	R 261,00	T
0375	Dupuytren's contracture: Fasciotomy	20	51,000	R706,80		30,00	3,000	R 261,00	T
0376	Dupuytren's contracture: Fasciectomy	20	218,000	R3 021,40		30,00	3,000	R 261,00	T
2.8	Acupuncture								
	Please note: General Rule M not applicable to section 2.8 of this price list								
0377	Standard acupuncture	20	10,000	R138,40					
0378	Laser acupuncture using more than 6 points	20	14,000	R193,90					
0379	Electro-acupuncture	20	14,000	R193,90					
0380	Scalp acupuncture	20	10,000	R138,40					
0381	Micro-acupuncture (ear, hand)	20	10,000	R138,40					
RULES GOVERNING THE SECTION ACUPUNCTURE									

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



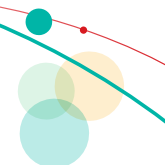
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CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp								
3	MUSCULO-SKELETAL SYSTEM								
	MODIFIERS GOVERNING ORTHOPAEDIC OPERATIONS AND ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS								
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including aftercare)	20	27,000	R374,40					
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (General Practitioner s) are to be added to the units for the fractures including debridement	20	77,000	R1 067,30					
0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	20	115,500	R1 600,80					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



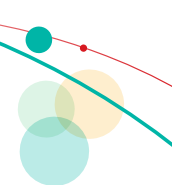
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0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General Practitioner s add 77,00 clinical procedure units	20	77,000	R1 067,30					
0052	Except where otherwise specified, fracture (traumatic or surgical, ie. osteotomy) requiring open reduction and/or internal fixation, external skeletal fixation and/or bone grafting (excluding fixation with Kirschner wires (refer to modifier 0053), as well as long bone or pelvis fracture/osteotomy (refer to modifier 0051) for specialist and General Practitioner s for HAND or FOOT fracture/osteotomy: Add		81,100	R1 123,60					
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and General Practitioner s add 32,00 clinical procedure units	20	32,000	R443,50					
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General Practitioner s add 77,00 clinical procedure units	20	77,000	R1 067,30					
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot								
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%								
3.1	Bones								
3.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)								
0383	Fracture (reduction under general anaesthetic): Scapula	20	3,000	R1 556,00	v	30,00	3,000	R 261,00	TM
0384	Fracture: Scapula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		284,200	R3 937,70			3,000	R 261,00	
0386	Fracture: Clavicle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		209,400	R2 901,20			3,000	R 261,00	
0387	Fracture (reduction under general anaesthetic): Clavicle	20	77,000	R1 067,30		30,00	3,000	R 261,00	TM
0388	Percutaneous pinning of supracondylar fracture: Elbow - Stand-alone procedure	20	175,700	R2 435,10		30,00	3,000	R 261,00	TM
0389	Fracture (reduction under general anaesthetic): Humerus	20	111,600	R1 546,80		30,00	3,000	R 261,00	TM
0390	Fracture: Humerus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		255,300	R3 537,20			3,000	R 261,00	

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



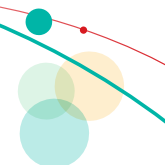
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0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	20	77,000	R1 067,30		30,00	3,000	R 261,00	TM
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	20	210,000	R2 910,60		30,00	3,000	R 261,00	TM
0401	Fracture: Carpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		208,700	R2 891,50			3,000	R 261,00	
0402	Fracture (reduction under general anaesthetic): Carpal bone	20	64,000	R887,20		30,00	3,000	R 261,00	TM
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	20	51,000	R706,80		30,00	3,000	R 261,00	TM
0404	Fracture: Bennett fracture/dislocation: Open reduction and internal fixation (modifiers 0051, 0052, 0055 not applicable)		179,800	R2 491,30			3,000	R 261,00	
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	20	118,300	R1 639,50		30,00	3,000	R 261,00	TM
0406	Fracture: Metacarpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		163,600	R2 266,70			3,000	R 261,00	
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	20	3,000	R1 066,90	β	30,00	3,000	R 261,00	TM
0410	Fracture: Finger phalanx, distal, simple: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		141,100	R1 954,90			3,000	R 261,00	
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	20	52,000	R720,80		30,00	3,000	R 261,00	TM
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	20	48,000	R665,30		30,00	3,000	R 261,00	T
0414	Fracture: Finger phalanx, proximal or middle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		169,900	R2 354,00			3,000	R 261,00	
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	20	102,000	R1 413,80		30,00	3,000	R 261,00	TM
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	20	3,000	R1 901,00	β	30,00	3,000	R 261,00	T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	20	320,000	R4 435,10		30,00	3,000	R 261,00	TM
0420	Fracture: Acetabulum: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		560,000	R7 758,80			3,000	R 261,00	
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	20	237,000	R3 284,60		30,00	3,000	R 261,00	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



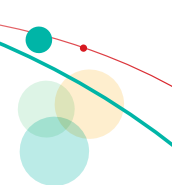
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0422	Fracture: Femur neck or shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		392,300	R5 435,20			3,000	R 261,00	
0425	Fracture (reduction under general anaesthetic): Patella	20	51,000	R706,80		30,00	3,000	R 261,00	TM
0426	Fracture: Patella: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		219,500	R3 041,20			3,000	R 261,00	
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	20	128,000	R1 774,00		30,00	3,000	R 261,00	TM
0430	Fracture: Tibia, with or without fibula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		293,200	R4 062,20			3,000	R 261,00	
0433	Fracture (reduction under general anaesthetic): Fibula shaft	20	3,000	R1 557,30	β	30,00	3,000	R 261,00	TM
0434	Fracture: Fibula shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		207,000	R2 868,00			3,000	R 261,00	
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	20	58,000	R803,90		30,00	3,000	R 261,00	TM
0436	Fracture: Ankle malleolus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		207,100	R2 869,50			3,000	R 261,00	
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	20	128,000	R1 774,00		30,00	3,000	R 261,00	TM
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	20	198,700	R2 753,80		30,00	3,000	R 261,00	TM
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	20	64,000	R887,20		30,00	3,000	R 261,00	TM
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	20	403,500	R5 592,50		30,00	3,000	R 261,00	TM
0441	Fracture (reduction under general anaesthetic): Metatarsal	20	41,800	R579,20		30,00	3,000	R 261,00	TM
0442	Fracture: Metatarsal bones: Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		154,700	R2 143,40			3,000	R 261,00	
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	20	-		β	30,00	3,000	R 261,00	T
0444	Fracture: Toe phalanx, distal: Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		144,500	R2 001,90			3,000	R 261,00	
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	20	32,000	R443,50		30,00	3,000	R 261,00	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



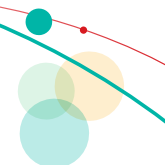
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0446	Fracture: Tarsal bones (excluding talus and calcaneus): Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		178,200	R2 469,00			3,000	R 261,00	
0447	Fracture (reduction under general anaesthetic): Other: Simple	20	26,000	R360,30		30,00	3,000	R 261,00	T
0448	Fracture: Calcaneus (reduction under general anaesthetic)		103,300	R1 431,30			3,000	R 261,00	
0449	Fracture (reduction under general anaesthetic): Other: Compound	20	52,000	R720,80		30,00	3,000	R 261,00	TM
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	20	-		β	30,00	3,000	R 261,00	T
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	20	230,000	R3 187,80		30,00	3,000	R 261,00	TM
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	20	-		β	30,00	3,000	R 261,00	TM
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	20	-		v	30,00	3,000	R 261,00	TM
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	20	-		v	30,00	3,000	R 261,00	TM
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	20	-		v	30,00	3,000	R 261,00	TM
3.1.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures								
0465	Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	20	288,000	R3 991,50		30,00	3,000	R 261,00	TM
0466	Fractures involving digital joints: Includes the metaphysis of the relative bone. Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		210,900	R2 922,10			3,000	R 261,00	
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no aftercare) (modifier 0005 not applicable)	20	43,000	R596,10		30,00	3,000	R 261,00	T
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	20	282,000	R3 908,60		30,00	3,000	R 261,00	TM
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	20	154,000	R2 134,40		30,00	3,000	R 261,00	TM
0480	Radical resection of bone tumour/infection: Ilium including acetabulum, both pubic rami, or ischium and acetabulum		415,000	R5 749,90			10,000	R 869,70	
0481	Radical resection of bone tumour: Fibula		240,100	R3 326,70			4,000	R 348,10	

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



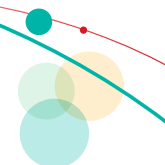
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
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0482	Radical resection of bone tumour: Femur or knee		371,800	R5 151,30			5,000	R 434,90	
0483	Radical resection of malignant bone tumour: Scapula		237,700	R3 293,30			6,000	R 522,00	
0484	Radical resection of bone tumour: Clavicle		413,800	R5 733,30			6,000	R 522,00	
0485	Radical resection of bone tumour: Metatarsal		185,000	R2 563,00			4,000	R 348,10	
3.1.2	Bony operations								
3.1.2.1	Bony operations: Bone grafting								
0497	Resection of bone or tumour with or without grafting (benign)	20	282,000	R3 908,60		30,00	3,000	R 261,00	TM
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	20	340,000	R4 712,30		30,00	3,000	R 261,00	TM
0499	Grafts to cysts: Large bones	20	192,000	R2 661,10		30,00	3,000	R 261,00	TM
0501	Grafts to cysts: Small bones	20	128,000	R1 774,00		30,00	3,000	R 261,00	TM
0503	Grafts to cysts: Cartilage graft	20	206,000	R2 855,00		30,00	3,000	R 261,00	TM
0505	Grafts to cysts: Inter-metacarpal bone graft	20	147,000	R2 037,30		30,00	3,000	R 261,00	TM
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	20	50,000	R693,20		30,00	3,000	R 261,00	TM
3.1.2.2	Bony operations: Acute or chronic osteomyelitis								
0509	Acute or chronic osteomyelitis: Conservative treatment	20	-		v				
0511	Acute or chronic osteomyelitis: Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care								
0512	Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks aftercare	20	128,000	R1 774,00		30,00	3,000	R 261,00	TM
3.1.2.3	Bony operations: Osteotomy								
0514	Osteotomy: Sternum: Repair of pectus excavatum	20	330,000	R4 573,60		30,00	3,000	R 261,00	TM
0515	Osteotomy: Sternum: Repair of pectus carinatum	20	330,000	R4 573,60		30,00	3,000	R 261,00	TM
0516	Osteotomy: Pelvic	20	320,000	R4 435,10		30,00	3,000	R 261,00	TM
0521	Osteotomy: Femoral: Proximal	20	320,000	R4 435,10		30,00	3,000	R 261,00	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



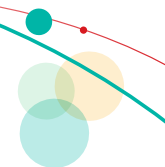
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0527	Osteotomy: Knee region	20	320,000	R4 435,10		30,00	3,000	R 261,00	TM
0528	Osteotomy: Os Calcis (Dwyer operation)	20	115,000	R1 593,90		30,00	3,000	R 261,00	TM
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	20	120,000	R1 662,90		30,00	3,000	R 261,00	TM
0531	Rotational osteotomy of tibia and fibula - Stand-alone procedure	20	278,900	R3 865,30		30,00	3,000	R 261,00	TM
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	20	160,000	R2 217,60		30,00	3,000	R 261,00	TM
0533	Osteotomy: Single metatarsal	20	60,000	R831,70		30,00	3,000	R 261,00	TM
0534	Osteotomy: Multiple metatarsal osteotomies	20	150,000	R2 079,00		30,00	3,000	R 261,00	TM
3.1.2.4	Bony operations: Exostosis								
0535	Exostosis: Excision: Readily accessible sites	20	60,000	R831,70		30,00	3,000	R 261,00	TM
0537	Exostosis: Excision: Less accessible sites	20	96,000	R1 330,50		30,00	3,000	R 261,00	TM
3.1.2.5	Bony operations: Biopsy								
0539	Needle Biopsy: Spine (no aftercare) (modifier 0005 not applicable)	20	50,000	R693,20		30,00	4,000	R 348,10	T
0541	Needle Biopsy: Other sites (no aftercare) (modifier 0005 not applicable)	20	32,000	R443,50		30,00	4,000	R 348,10	T
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	20	64,000	R887,20					
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	20	96,000	R1 330,50					
3.2	Joints								
3.2.1	Joints: Dislocations								
0547	Joint: Dislocation: Clavicle either end	20	38,000	R526,80		30,00	3,000	R 261,00	TM
0549	Joint: Dislocation: Shoulder	20	51,000	R706,80		30,00	3,000	R 261,00	TM
0551	Joint: Dislocation: Elbow	20	51,000	R706,80		30,00	3,000	R 261,00	TM
0552	Joint: Dislocation: Wrist	20	77,000	R1 067,30		30,00	3,000	R 261,00	TM
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	20	130,000	R1 801,90		30,00	3,000	R 261,00	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



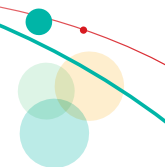
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0555	Joint: Dislocation: Lunate	20	77,000	R1 067,30		30,00	3,000	R 261,00	TM
0556	Joint: Dislocation: Carpo-metacarpo dislocation	20	51,000	R706,80		30,00	3,000	R 261,00	TM
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	20	26,000	R360,30		30,00	3,000	R 261,00	TM
0559	Joint: Dislocation: Hip	20	109,000	R1 510,80		30,00	3,000	R 261,00	TM
0561	Joint: Dislocation: Knee	20	96,000	R1 330,50		30,00	3,000	R 261,00	TM
0563	Joint: Dislocation: Patella	20	32,000	R443,50		30,00	3,000	R 261,00	TM
0565	Joint: Dislocation: Ankle	20	90,000	R1 247,50		30,00	3,000	R 261,00	TM
0567	Joint: Dislocation: Sub-Talar dislocation	20	90,000	R1 247,50		30,00	3,000	R 261,00	TM
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	20	77,000	R1 067,30		30,00	3,000	R 261,00	TM
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	20	14,000	R193,90		30,00	3,000	R 261,00	TM
0573	Joint: Dislocation: Spine with or without paralysis	20	-		v				
3.2.2	Joints: Operations for dislocations								
0578	Operations for dislocations: Recurrent dislocation of shoulder	20	200,000	R2 771,90		30,00	3,000	R 261,00	TM
0579	Operations for dislocations: Recurrent dislocation of all other joints	20	161,000	R2 231,20		30,00	3,000	R 261,00	TM
3.2.3	Joints: Capsular operations								
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks aftercare)	20	51,000	R706,80		30,00	3,000	R 261,00	TM
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks aftercare)	20	96,000	R1 330,50		30,00	3,000	R 261,00	TM
0585	Capsulectomy digital joint	20	64,000	R887,20		30,00	3,000	R 261,00	TM
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	20	90,000	R1 247,50		30,00	3,000	R 261,00	TM
0587	Release of digital joint contracture	20	128,000	R1 774,00		30,00	3,000	R 261,00	TM
3.2.4	Joints: Synovectomy								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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0589	Synovectomy: Digital joint	20	77,000	R1 067,30		30,00	3,000	R 261,00	TM
0592	Synovectomy: Large joint	20	160,000	R2 217,60		30,00	3,000	R 261,00	TM
0593	Tendon synovectomy	20	203,700	R2 823,30		30,00	3,000	R 261,00	TM
3.2.5	Joints: Arthrodesis								
0597	Arthrodesis: Shoulder	20	224,000	R3 104,50		30,00	3,000	R 261,00	TM
0598	Arthrodesis: Elbow	20	180,000	R2 494,60		30,00	3,000	R 261,00	TM
0599	Arthrodesis: Wrist	20	180,000	R2 494,60		30,00	3,000	R 261,00	TM
0600	Arthrodesis: Digital joint	20	128,000	R1 774,00		30,00	3,000	R 261,00	TM
0601	Arthrodesis: Hip	20	320,000	R4 435,10		30,00	3,000	R 261,00	TM
0602	Arthrodesis: Knee	20	180,000	R2 494,60		30,00	3,000	R 261,00	TM
0603	Arthrodesis: Ankle	20	180,000	R2 494,60		30,00	3,000	R 261,00	TM
0604	Arthrodesis: Sub-talar	20	130,000	R1 801,90		30,00	3,000	R 261,00	TM
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	20	180,000	R2 494,60		30,00	3,000	R 261,00	TM
0607	Arthrodesis: Mid-tarsal wedge resection	20	180,000	R2 494,60		30,00	3,000	R 261,00	TM
3.2.6	Joints: Arthroplasty								
0614	Arthroplasty: Debridement large joints	20	160,000	R2 217,60		30,00	3,000	R 261,00	TM
0615	Arthroplasty: Excision medial or lateral end of clavicle	20	116,000	R1 607,80		30,00	3,000	R 261,00	TM
0617	Shoulder: Acromioplasty	20	192,000	R2 661,10		30,00	3,000	R 261,00	TM
0619	Shoulder: Partial replacement	20	277,000	R3 839,20		30,00	5,000	R 434,90	TM
0620	Shoulder: Total replacement	20	416,000	R5 765,80		30,00	5,000	R 434,90	TM
0621	Elbow: Excision head of radius	20	96,000	R1 330,50		30,00	3,000	R 261,00	TM
0622	Elbow: Excision	20	192,000	R2 661,10		30,00	3,000	R 261,00	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

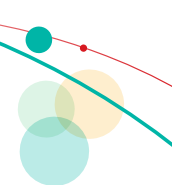


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0623	Elbow: Partial replacement	20	188,000	R2 605,80		30,00	3,000	R 261,00	TM
0624	Elbow: Total replacement	20	282,000	R3 908,60		30,00	3,000	R 261,00	TM
0625	Wrist: Excision distal end of ulna	20	96,000	R1 330,50		30,00	3,000	R 261,00	TM
0626	Wrist: Excision single bone	20	110,000	R1 524,60		30,00	3,000	R 261,00	TM
0627	Wrist: Excision proximal row	20	166,000	R2 300,70		30,00	3,000	R 261,00	TM
0631	Wrist: Total replacement	20	249,000	R3 451,10		30,00	3,000	R 261,00	TM
0635	Digital Joint: Total replacement	20	192,000	R2 661,10		30,00	3,000	R 261,00	TM
0637	Hip: Total replacement	20	416,000	R5 765,80		30,00	3,000	R 261,00	TM
0641	Hip: Prosthetic replacement of femoral head	20	288,000	R3 991,50		30,00	3,000	R 261,00	TM
0643	Hip: Girdlestone	20	320,000	R4 435,10		30,00	3,000	R 261,00	TM
0645	Knee: Partial replacement	20	277,000	R3 839,20		30,00	3,000	R 261,00	TM
0646	Knee: Total replacement	20	416,000	R5 765,80		30,00	3,000	R 261,00	TM
0649	Ankle: Total replacement	20	290,400	R4 024,90		30,00	3,000	R 261,00	TM
0650	Ankle: Astraglectomy	20	154,000	R2 134,40		30,00	3,000	R 261,00	TM
3.2.7	Joints: Miscellaneous (joints)								
0661	Aspiration of joint or intra-articular injection (not including aftercare) (modifier 0005 not applicable)	20	9,000	R124,80		30,00	3,000	R 261,00	T
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding aftercare) (modifier 0005 not applicable): First joint	20	7,500	R104,00		30,00	3,000	R 261,00	T
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding aftercare) (modifier 0005 not applicable): Additional (each)	20	4,000	R55,60		30,00	3,000	R 261,00	T
0667	Arthroscopy (excluding aftercare) (modifiers 0005 and 0013 not applicable)	20	60,000	R831,70		30,00	3,000	R 261,00	T
0669	Manipulation knee or shoulder joint under general anaesthetic (not including aftercare) (modifier 0005 not applicable)	20	14,000	R193,90		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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0669A	Manipulation hip joint under general anaesthetic (not including aftercare) (modifier 0005 not applicable)	20	14,000	R193,90		30,00	4,000	R 348,10	T
	Only the consultation fee should be charged when manipulation of a large joint is performed without general anaesthetic								
0673	Meniscectomy or operation for other internal derangement of knee	20	109,000	R1 510,80		30,00	3,000	R 261,00	TM
3.2.8	Joins: Joint ligament reconstruction or suture								
0675	Joint ligament reconstruction or suture: Ankle: Collateral	20	160,000	R2 217,60		30,00	3,000	R 261,00	TM
0677	Joint ligament reconstruction or suture: Knee: Collateral	20	160,000	R2 217,60		30,00	3,000	R 261,00	TM
0678	Joint ligament reconstruction or suture: Knee: Cruciate	20	160,000	R2 217,60		30,00	3,000	R 261,00	TM
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	20	280,000	R3 881,00		30,00	3,000	R 261,00	TM
0680	Joint ligament reconstruction or suture: Digital joint ligament	20	165,000	R2 286,90		30,00	3,000	R 261,00	TM
3.3	Amputations								
3.3.1	Amputations: Specific Amputations								
0681	Amputation Humerus: Includes primary closure		211,600	R2 931,70			4,000	R 348,10	
0682	Amputation: Fore-quarter amputation	20	294,000	R4 075,00		30,00	9,000	R 782,70	TM
0683	Amputation: Through shoulder	20	148,000	R2 051,20		30,00	5,000	R 434,90	TM
0684	Amputation: Forearm		213,500	R2 958,10			3,000	R 261,00	
0685	Amputation: Upper arm or fore-arm	20	116,000	R1 607,80		30,00	3,000	R 261,00	TM
0686	Amputation: Ankle (e.g. Syme, Pirogoff type)		204,100	R2 827,80			4,000	R 348,10	
0687	Partial amputation of the hand: One ray	20	102,000	R1 413,80		30,00	3,000	R 261,00	TM
0688	Amputation: Foot, midtarsal (Chopart type)		165,700	R2 295,90			3,000	R 261,00	
0691	Amputation: Whole or part of finger	20	116,800	R1 618,80		30,00	3,000	R 261,00	TM
0692	Scar revision/secondary closure: amputated thigh, through femur, any level		150,700	R2 088,00			3,000	R 261,00	
0693	Hindquarter amputation	20	420,000	R5 821,00		30,00	6,000	R 522,00	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

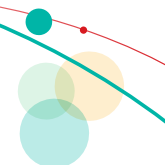


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0694	Scar revision/secondary closure: amputated leg, through tibia and fibula, any level		173,900	R2 409,50			3,000	R 261,00	
0695	Amputation: Through hip joint region	20	192,000	R2 661,10		30,00	6,000	R 522,00	TM
0696	Re-amputation: Thigh, through femur, any level		217,300	R3 010,70			3,000	R 261,00	
0697	Amputation: Through thigh	20	205,000	R2 841,40		30,00	6,000	R 522,00	TM
0698	Re-amputation: Leg, through tibia and fibula		198,200	R2 746,10			3,000	R 261,00	
0699	Amputation: Below knee, through knee or Syme	20	194,000	R2 689,10		30,00	5,000	R 434,90	TM
0700	Scar revision/secondary closure: Amputated shoulder		128,100	R1 774,90			3,000	R 261,00	
0701	Amputation: Trans-metatarsal or trans-tarsal	20	142,000	R1 968,30		30,00	3,000	R 261,00	TM
0702	Scar revision/secondary closure: Amputated humerus		163,100	R2 259,70			3,000	R 261,00	
0703	Amputation: Foot: One ray	20	97,000	R1 344,60		30,00	3,000	R 261,00	TM
0704	Scar revision/secondary closure: Amputated forearm		184,100	R2 550,70			3,000	R 261,00	
0705	Amputation: Toe	20	66,000	R914,60		30,00	3,000	R 261,00	TM
3.3.2	Amputations: Post-amputation reconstruction								
0706	Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler	20	75,000	R1 039,50		30,00	3,000	R 261,00	TM
0707	Post-amputation reconstruction: Krukenberg reconstruction	20	206,000	R2 855,00		30,00	3,000	R 261,00	TM
0708	Re-amputation: Humerus		223,100	R3 090,90			6,000	R 522,00	
0710	Re-amputation: Through forearm		206,000	R2 854,20			3,000	R 261,00	
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	20	282,000	R3 908,60		30,00	3,000	R 261,00	TM
0712	Post-amputation reconstruction: Toe to thumb transfer	20	800,000	R11 088,00		30,00	3,000	R 261,00	TM
3.4	Muscles, tendons and fasciae								
3.4.1	Muscles, tendons and fasciae: Investigations								
0713	Electromyography	20	75,000	R1 039,50		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

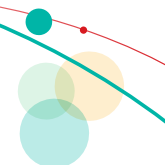
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0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	20	57,000	R790,00		30,00	3,000	R 261,00	T
0715	Strength duration curve per session	20	10,500	R145,40		30,00	3,000	R 261,00	T
0717	Electrical examination of single nerve or muscle	20	9,000	R124,80		30,00	3,000	R 261,00	T
0718	Oxidative study for mitochondrial function	20	64,000	R887,20					
0721	Voltage integration during isometric contraction	20	12,000	R166,30		30,00	3,000	R 261,00	T
0723	Tonometry with edrophonium	20	8,000	R110,80		30,00	3,000	R 261,00	T
0725	Isometric tension studies with edrophonium	20	10,000	R138,40		30,00	3,000	R 261,00	T
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	20	8,000	R110,80		30,00	3,000	R 261,00	T
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	20	14,000	R193,90		30,00	3,000	R 261,00	T
0729	Tendon reflex time	20	7,000	R97,20		30,00	3,000	R 261,00	T
0730	Limb brain somatosensory studies (per limb)	20	49,000	R679,20					
0731	Vision and audio-sensory studies	20	49,000	R679,20					
0733	Motor nerve conduction studies (single nerve)	20	26,000	R360,30					
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	20	31,000	R429,70		30,00	3,000	R 261,00	T
0737	Biopsy for motor nerve terminals and end plates	20	20,000	R277,30		30,00	3,000	R 261,00	T
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	20	34,000	R471,20		30,00	8,000	R 695,90	T
0740	Muscle fatigue studies	20	20,000	R277,30		30,00	3,000	R 261,00	T
0741	Muscle biopsy	20	20,000	R277,30		30,00	8,000	R 695,90	T
0742	Global fee for all muscle studies, including histochemical studies	20	262,000	R3 631,20					
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	20	20,250	R280,50					
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	20	33,300	R461,50					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



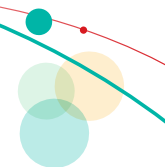
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4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	20	5,700	R79,00					
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	20	1,600	R22,30					
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	20	9,900	R137,20					
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	20	13,700	R189,80					
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	20	25,900	R359,00					
4715	Biochemical estimations on muscle biopsy specimens: Enolase	20	32,700	R453,10					
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	20	37,700	R522,60					
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	20	15,750	R218,40					
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	20	11,060	R153,60					
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	20	34,700	R480,80					
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucosmutase	20	40,300	R558,50					
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	20	28,800	R399,20					
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	20	43,000	R596,10					
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	20	14,000	R193,90					
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	20	20,000	R277,30					
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	20	71,000	R984,00					
4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	20	69,000	R956,00					
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	20	82,000	R1 136,80					
4744	Biochemical estimations on muscle biopsy specimens: Tension/cafeine/halothane procedure in malignant hyperthermia	20	143,000	R1 982,00					
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	20	75,000	R1 039,50					
3.4.2	Muscles, tendons and fasciae: Decompression Operations								
0743	Major compartmental decompression	20	132,000	R1 829,50		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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0744	Decompression operation: Fasciotomy only	20	60,000	R831,70		30,00	3,000	R 261,00	T
5550	Decompression Faciotomy: Buttock compartments:(unilateral)		243,000	R3 366,90			5,000	R 434,90	
5551	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). EXCLUDES debridement of nonviable muscle and/or nerve		151,900	R2 104,70			3,000	R 261,00	
5552	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). INCLUDES debridement of nonviable muscle and/or nerve		253,100	R3 506,70			3,000	R 261,00	
5553	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. EXCLUDES debridement of nonviable muscle and/or nerve		123,700	R1 713,80			3,000	R 261,00	
5554	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. INCLUDES debridement of nonviable muscle and/or nerv		162,100	R2 246,10			3,000	R 261,00	
5555	Decompression fasciotomy: Leg: Posterior compartment only. EXCLUDES debridement of nonviable muscle and/or nerve		130,800	R1 812,30			3,000	R 261,00	
5556	Decompression fasciotomy: Leg: Posterior compartment only. INCLUDES debridement of nonviable muscle and/or nerve		171,500	R2 376,20			3,000	R 261,00	
5557	Decompression fasciotomy: Fasciotomy/tenotomy, iliotibial		137,300	R1 902,40			4,000	R 348,10	
5558	Decompression fasciotomy: Fasciotomy: Foot and/or toe		86,600	R1 200,00			3,000	R 261,00	
5559	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. EXCLUDES debridement of nonviable muscle or nerve		226,300	R3 135,50			3,000	R 261,00	
5560	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. INCLUDES debridement of nonviable muscle or nerve		354,500	R4 911,60			3,000	R 261,00	
5561	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. EXCLUDES debridement of nonviable muscle or nerve		166,800	R2 311,00			3,000	R 261,00	
5562	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. INCLUDES debridement of nonviable muscle or nerve		321,100	R4 448,80			3,000	R 261,00	
5563	Decompression Faciotomy: Fingers and/or hand		165,600	R2 294,40			3,000	R 261,00	
3.4.3	Muscles, tendons and fasciae: Muscle and tendon repair								
0745	Muscle and tendon repair: Biceps humeri	20	109,000	R1 510,80		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	20	96,000	R1 330,50		30,00	3,000	R 261,00	TM
0747	Muscle and tendon repair: Rotator cuff	20	134,000	R1 857,20		30,00	4,000	R 348,10	T
0748	Muscle and tendon repair: Debridement rotator cuff	20	139,700	R1 936,40		30,00	4,000	R 348,10	T
0749	Muscle and tendon repair: Scapulopexy - Stand-alone procedure	20	271,900	R3 768,60		30,00	4,000	R 348,10	T
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	20	128,000	R1 774,00		30,00	3,000	R 261,00	T
0757	Muscle and tendon repair: Achilles tendon repair	20	197,600	R2 738,70		30,00	4,000	R 348,10	T
0759	Muscle and tendon repair: Other single tendon	20	77,000	R1 067,30		30,00	3,000	R 261,00	T
0760	Hand: Flexor tendon suture: Primary, zone 1 (each) (modifier 0005 applicable)		220,300	R3 052,30			3,000	R 261,00	
0761	Hand: Flexor tendon repair: Primary, zone 2 (no mans land) (each) (modifier 0005 applicable)		249,600	R3 458,10			3,000	R 261,00	
0762	Hand: Flexor tendon suture: Primary, zone 3 and 4 (wrist and forearm) (each) (modifier 0005 applicable)		191,300	R2 650,60			3,000	R 261,00	
0763	Muscle and tendon repair: Tendon or ligament injection	20	9,000	R124,80		30,00	3,000	R 261,00	T
0764	Hand: Flexor tendon repair: Secondary, zone 1		243,900	R3 379,30			3,000	R 261,00	
0765	Hand: Flexor tendon repair: Secondary, zone 2 (no mans land)		249,600	R3 458,10			3,000	R 261,00	
0766	Hand: Flexor tendon repair: Secondary, zone 3 and 4 (wrist and forearm)		190,600	R2 640,80			3,000	R 261,00	
0767	Hand: Flexor tendon suture: Primary (per tendon)	20	128,000	R1 774,00		30,00	3,000	R 261,00	T
0768	Repair: Intrinsic muscles of hand (each) (modifier 0005 applicable)		125,300	R1 735,90			3,000	R 261,00	
0769	Hand: Flexor tendon suture: Secondary (per tendon)	20	160,000	R2 217,60		30,00	3,000	R 261,00	T
0771	Extensor tendon suture: Primary (per tendon)	20	129,700	R1 797,70		30,00	3,000	R 261,00	T
0773	Extensor tendon suture: Secondary (per tendon)	20	80,000	R1 108,90		30,00	3,000	R 261,00	T
0774	Repair of Boutonniere deformity or Mallet finger with graft	20	183,700	R2 546,00		30,00	3,000	R 261,00	T
3.4.4	Muscles, tendons and fasciae: Tendon graft								
0775	Free tendon graft	20	160,000	R2 217,60		30,00	3,000	R 261,00	T
0776	Reconstruction of pulley for flexor tendon	20	50,000	R693,20		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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0777	Tendon graft: Finger: Flexor	20	192,000	R2 661,10		30,00	3,000	R 261,00	T
0779	Tendon graft: Finger: Extensor	20	122,000	R1 691,00		30,00	3,000	R 261,00	T
0780	Two stage flexor tendon graft using silastic rod	20	240,000	R3 326,40		30,00	3,000	R 261,00	T
3.4.5	Muscles, tendons and fasciae: Tendolysis								
0781	Tendon freeing operation, except where specified elsewhere	20	64,000	R887,20		30,00	3,000	R 261,00	T
0782	Carpal tunnel syndrome	20	98,700	R1 368,20		30,00	3,000	R 261,00	T
0783	Tenolysis: De Quervain	20	38,000	R526,80		30,00	3,000	R 261,00	T
0784	Trigger finger	20	38,000	R526,80		30,00	3,000	R 261,00	T
0785	Flexor tendon freeing operation following free tendon graft or suture	20	186,800	R2 589,20		30,00	3,000	R 261,00	T
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	20	180,900	R2 507,20		30,00	3,000	R 261,00	T
0788	Intrinsic tendon release per finger	20	64,000	R887,20		30,00	3,000	R 261,00	T
0789	Central tendon tenotomy for Boutonniere deformity	20	64,000	R887,20		30,00	3,000	R 261,00	T
3.4.6	Muscles, tendons and fasciae: Tenodesis								
0790	Tenodesis: Digital joint	20	90,000	R1 247,50		30,00	3,000	R 261,00	T
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer								
0791	Single tendon transfer	20	96,000	R1 330,50		30,00	3,000	R 261,00	T
0792	Multiple tendon transfer	20	128,000	R1 774,00		30,00	3,000	R 261,00	T
0793	Hamstring to quadriceps transfer	20	141,000	R1 954,10		30,00	3,000	R 261,00	T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	20	320,000	R4 435,10		30,00	5,000	R 434,90	T
0795	Tendon transfer at elbow	20	116,000	R1 607,80		30,00	3,000	R 261,00	T
0802	Radial club hand repair - Stand-alone procedure	20	360,300	R4 993,60		30,00	3,000	R 261,00	T
0803	Hand tendons: Single tendon transfer (first)	20	96,000	R1 330,50		30,00	3,000	R 261,00	T
0809	Hand tendons: Substitution for intrinsic paralysis of hand	20	224,000	R3 104,50		30,00	3,000	R 261,00	T

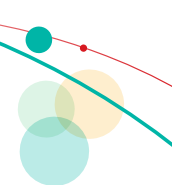
NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	20	220,600	R3 057,70		30,00	3,000	R 261,00	T
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening								
0812	Percutaneous Tenotomy: All sites	20	38,000	R526,80		30,00	3,000	R 261,00	T
0813	Torticollis	20	96,000	R1 330,50		30,00	5,000	R 434,90	T
0815	Scalenotomy	20	132,000	R1 829,50		30,00	5,000	R 434,90	T
0817	Scalenotomy with excision of first rib	20	190,000	R2 633,50		30,00	3,000	R 261,00	TM
0821	Tennis elbow	20	96,000	R1 330,50		30,00	3,000	R 261,00	T
0822	Open release elbow (Mitals) - Stand-alone procedure	20	278,200	R3 855,80		30,00	3,000	R 261,00	TM
0823	Excision or slide for Volkmann's Contracture	20	192,000	R2 661,10		30,00	3,000	R 261,00	T
0825	Hip: Open muscle release	20	116,000	R1 607,80		30,00	7,000	R 608,90	T
0829	Knee: Quadriceps plasty	20	160,000	R2 217,60		30,00	3,000	R 261,00	T
0831	Knee: Open tenotomy	20	141,000	R1 954,10		30,00	3,000	R 261,00	T
0835	Calf	20	96,000	R1 330,50		30,00	4,000	R 348,10	T
0837	Open elongation tendon Achilles	20	96,000	R1 330,50		30,00	4,000	R 348,10	T
0838	Percutaneous "Hoke" elongation tendo Achilles	20	79,300	R1 099,00		30,00	4,000	R 348,10	T
0845	Foot: Plantar fasciotomy	20	70,000	R970,30		30,00	3,000	R 261,00	T
0846	Foot: Postero-medial release for club-foot	20	192,000	R2 661,10		30,00	3,000	R 261,00	T
3.5	Bursae and ganglia								
0847	Excision: Semimembranosus	20	90,000	R1 247,50		30,00	4,000	R 348,10	T
0849	Excision: Prepatellar	20	45,000	R623,80		30,00	3,000	R 261,00	T
0851	Excision: Olecranon	20	81,800	R1 133,60		30,00	3,000	R 261,00	T
0853	Excision: Small bursa or ganglion	20	80,900	R1 121,10		30,00	3,000	R 261,00	T
0855	Excision: Compound palmar ganglion or synovectomy	20	128,000	R1 774,00		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

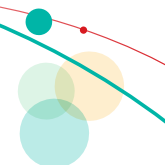
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0857	Bursae and ganglia: Aspiration or injection (no aftercare) (modifier 0005 not applicable)	20	9,000	R124,80		30,00	3,000	R 261,00	T
3.6	Musculo-skeletal system: Miscellaneous								
3.6.1	Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet								
0859	Leg equalisation and congenital hips and feet: Leg shortening	20	282,000	R3 908,60		30,00	3,000	R 261,00	TM
0861	Leg equalisation and congenital hips and feet: Leg lengthening	20	416,000	R5 765,80		30,00	3,000	R 261,00	TM
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	20	116,000	R1 607,80		30,00	3,000	R 261,00	TM
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	20	109,000	R1 510,80		30,00	3,000	R 261,00	TM
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	20	160,000	R2 217,60		30,00	3,000	R 261,00	TM
0868	Open reduction of congenital dislocation of the hip	20	186,000	R2 577,90		30,00	3,000	R 261,00	TM
0869	Subsequent plasters	20	32,000	R443,50					
0873	Congenital club foot: Manipulation and plaster: One foot	20	26,000	R360,30		30,00	3,000	R 261,00	T
0874	Ponseti technique assistant (medical practitioner)	20	13,000	R179,90	Z				
3.6.2	Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis								
0883	Removal of internal fixatives or prosthesis: Readily accessible	20	36,600	R507,20		30,00	3,000	R 261,00	
0884	Removal of internal fixatives: Less accessible	20	75,500	R1 046,50		30,00	3,000	R 261,00	
0885	Removal of prosthesis for infection soon after operation	20	128,000	R1 774,00		30,00	6,000	R 522,00	
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks aftercare): ADD to the item for total joint replacement of the specific joint	20	64,000	R887,20		30,00	6,000	R 522,00	TM
3.7	Plasters (exclusive of aftercare)								
0887	Limb cast (excluding aftercare) (modifier 0005 not applicable)	20	13,000	R179,90	ò	30,00	3,000	R 261,00	T
0888	Application of short limb cast (forearm, lower leg) (excluding aftercare) (first cast included in procedure)		18,400	R254,90			3,000	R 261,00	
0889	Spica, plaster jacket or hinged cast brace (excluding aftercare)	20	32,000	R443,50		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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0891	Turnbuckle cast for scoliosis (excluding aftercare)	20	51,000	R706,80		30,00	5,000	R 434,90	T
0892	Application of cast: Revision (walker, window, bivalve) (excluding aftercare)		18,900	R261,90			5,000	R 434,90	
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding aftercare)	20	19,000	R263,50		30,00	5,000	R 434,90	T
0894	Application of cast: Clubfoot (excluding aftercare) (first cast included in procedure)		34,000	R471,00			5,000	R 434,90	
3.8	Musculo-skeletal system: Special areas								
3.8.1	Special areas: Foot and Ankle								
0895	Club foot: Revision club foot release - Stand-alone procedure	20	302,700	R4 195,40		30,00	3,000	R 261,00	TM
0896	Club foot: Posterior release only - Stand-alone procedure	20	159,300	R2 207,80		30,00	3,000	R 261,00	TM
0900	Excision tarsal coalition - Stand-alone procedure	20	141,500	R1 961,10		30,00	3,000	R 261,00	TM
0901	Tenotomy: Single tendon	20	63,300	R877,40		30,00	3,000	R 261,00	TM
0903	Hammer toe: One toe	20	99,500	R1 379,30		30,00	3,000	R 261,00	TM
0905	Filleting of toe or Ruiz-Mora procedure	20	99,500	R1 379,30		30,00	3,000	R 261,00	TM
0906	Arthrodesis Hallux	20	148,000	R2 051,20		30,00	3,000	R 261,00	TM
0907	Silver bunionectomy or similar for Hallux Valgus	20	126,200	R1 749,00		30,00	3,000	R 261,00	TM
	Not to be charged with item 0911								
0909	Excision arthroplasty	20	145,200	R2 012,30		30,00	3,000	R 261,00	TM
0910	Cheilectomy or metatarsophangeal implant Hallux	20	183,000	R2 536,40		30,00	3,000	R 261,00	TM
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - Stand-alone procedure	20	189,200	R2 622,20		30,00	3,000	R 261,00	TM
	Not to be charged with item 0907								
5730	Hallux Valgus double osteotomy etc.	20	182,600	R2 530,80		30,00	3,000	R 261,00	TM
5731	Distal soft tissue procedure for Hallux Valgus	20	173,600	R2 406,00		30,00	3,000	R 261,00	TM
5732	Aitkin procedure or similar	20	166,800	R2 312,00		30,00	3,000	R 261,00	T
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	20	91,000	R1 261,10		30,00	3,000	R 261,00	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

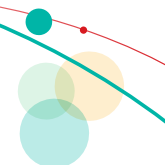


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5735	Repair angular deformity toe (lesser toes)	20	97,200	R1 347,20		30,00	3,000	R 261,00	TM
5736	Sesamoidectomy	20	97,800	R1 355,40		30,00	3,000	R 261,00	TM
5737	Repair major foot tendons e.g. Tib Post	20	147,300	R2 041,60		30,00	3,000	R 261,00	TM
5738	Repair of dislocating peroneal tendons	20	173,200	R2 400,60		30,00	3,000	R 261,00	T
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	20	202,300	R2 803,80		30,00	3,000	R 261,00	TM
5740	Steindler strip - plantar fascia	20	97,200	R1 347,20		30,00	3,000	R 261,00	T
5741	Kelikian syndactily (one web space)	20	97,200	R1 347,20		30,00	3,000	R 261,00	T
5742	Tendon transfer foot	20	172,000	R2 384,00		30,00	3,000	R 261,00	T
5743	Capsulotomy metatarsophalangeal joints: Foot	20	86,800	R1 203,00		30,00	3,000	R 261,00	T
3.8.2	Big toe (refer to section 3.8.1 for procedures on big toe)								
3.8.3	Special areas: Reimplantations								
0912	Replantation of amputated upper limb proximal to wrist joint	20	730,000	R10 117,40		30,00	3,000	R 261,00	TM
0913	Replantation of thumb	20	670,000	R9 286,20		30,00	3,000	R 261,00	TM
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	20	580,000	R8 038,70		30,00	3,000	R 261,00	TM
0915	Replantation operation through the palm	20	1270,000	R17 602,10		30,00	3,000	R 261,00	TM
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)								
0919	Tumours: Epidermoid cysts	20	35,000	R485,10		30,00	3,000	R 261,00	TM
0920	Tumours: Ganglion or fibroma	20	77,500	R1 074,10		30,00	3,000	R 261,00	TM
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	20	86,000	R1 191,80		30,00	3,000	R 261,00	TM
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	20	19,000	R263,50		30,00	3,000	R 261,00	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

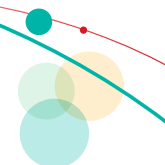
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0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	20	32,000	R443,50		30,00	3,000	R 261,00	TM
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	20	37,000	R512,90		30,00	3,000	R 261,00	TM
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioner s.								
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	20	16,000	R221,80		30,00	3,000	R 261,00	TM
3.8.5	Special areas: Spine								
	Please note the following with regard to section 3.8.5: Spine a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together: 1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis. 2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition. b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Osteotomy, laminectomy.								
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	20	207,000	R2 869,30		30,00	3,000	R 261,00	TM
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	20	42,000	R582,10		30,00	3,000	R 261,00	TM
0929	Manipulation of spine under general anaesthetic: (no aftercare) (modifier 0005 not applicable)	20	14,000	R193,90		30,00	5,000	R 434,90	TM
0930	Posterior osteotomy of spine: One vertebral segment	20	339,000	R4 698,50		30,00	3,000	R 261,00	TM
0931	Posterior spinal fusion: One level	20	385,000	R5 336,10		30,00	3,000	R 261,00	TM
0932	Posterior osteotomy of spine: Each additional vertebral segment	20	103,000	R1 427,50		30,00	3,000	R 261,00	TM
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	20	315,000	R4 365,70		30,00	3,000	R 261,00	TM
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	20	103,000	R1 427,50		30,00	3,000	R 261,00	TM
0938	Anterior fusion base of skull to C2	20	449,000	R6 223,20		30,00	4,000	R 348,10	TM
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	20	160,000	R2 217,60		30,00	3,000	R 261,00	TM
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	20	160,000	R2 217,60		30,00	3,000	R 261,00	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



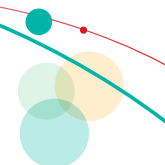
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0941	Anterior interbody fusion: One level	20	360,000	R4 989,60		30,00	3,000	R 261,00	TM
0942	Anterior interbody fusion: Each additional level	20	102,000	R1 413,80		30,00	3,000	R 261,00	TM
0944	Posterior fusion: Occiput to C2	20	390,000	R5 405,10		30,00	4,000	R 348,10	TM
0946	Posterior spinal fusion: Each additional level	20	111,000	R1 538,50		30,00	3,000	R 261,00	TM
0948	Posterior interbody lumbar fusion: One level	20	364,000	R5 044,80		30,00	3,000	R 261,00	TM
0950	Posterior interbody lumbar fusion: Each additional interspace	20	95,000	R1 316,60		30,00	3,000	R 261,00	TM
0959	Excision of coccyx	20	96,000	R1 330,50		30,00	3,000	R 261,00	TM
0961	Costo-transversectomy	20	198,000	R2 744,10		30,00	3,000	R 261,00	TM
0963	Antero-lateral decompression of spinal cord or anterior debridement	20	326,000	R4 518,50		30,00	3,000	R 261,00	T
MODIFIER									
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed								
3.8.6	Special areas: Spinal deformities								
	Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees).								
0952	Posterior fusion for spinal deformity: Up to 6 levels	20	359,000	R4 975,70		30,00	3,000	R 261,00	TM
0954	Posterior fusion for spinal deformity: 7 to 12 levels	20	547,000	R7 581,30		30,00	3,000	R 261,00	TM
0955	Posterior fusion for spinal deformity: 13 or more levels	20	593,000	R8 218,70		30,00	3,000	R 261,00	TM
0956	Anterior fusion for spinal deformity: 2 or 3 levels	20	410,000	R5 682,40		30,00	3,000	R 261,00	TM
0957	Anterior fusion for spinal deformity: 4 to 7 levels	20	444,000	R6 153,80		30,00	3,000	R 261,00	TM
0958	Anterior fusion for spinal deformity: 8 or more levels	20	539,000	R7 470,40		30,00	3,000	R 261,00	TM
MODIFIER									

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



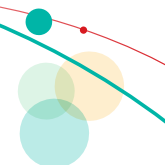
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0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								
3.8.7	Special areas: All spinal problems								
0943	Laminectomy with decompression of nerve roots and disc removal: One level	20	240,000	R3 326,40		30,00	3,000	R 261,00	TM
0960	Posterior non-segmental instrumentation	20	167,000	R2 314,70		30,00	5,000	R 434,90	TM
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	20	176,000	R2 439,20		30,00	5,000	R 434,90	TM
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	20	201,000	R2 785,80		30,00	5,000	R 434,90	TM
0966	Posterior segmental instrumentation:13 or more vertebrae	20	245,000	R3 395,80		30,00	5,000	R 434,90	TM
0968	Anterior instrumentation: 2 to 3 vertebrae	20	159,000	R2 203,70		30,00	5,000	R 434,90	TM
0969	Skull or skull-femoral traction including two weeks aftercare	20	64,000	R887,20					
0970	Anterior instrumentation: 4 to 7 vertebrae	20	185,000	R2 564,20		30,00	5,000	R 434,90	TM
0971	Halo-splint and POP jacket including two weeks aftercare	20	116,000	R1 607,80					
0972	Anterior instrumentation: 8 or more vertebrae	20	206,000	R2 855,00		30,00	5,000	R 434,90	TM
0974	Additional pelvic fixation of instrumentation other than sacrum	20	108,000	R1 496,70		30,00	5,000	R 434,90	TM
5750	Reinsertion of instrumentation	20	276,000	R3 825,20		30,00	6,000	R 522,00	TM
5751	Removal of posterior non-segmental instrumentation	20	173,000	R2 397,70		30,00	6,000	R 522,00	TM
5752	Removal of posterior segmental instrumentation	20	175,000	R2 425,70		30,00	6,000	R 522,00	TM
5753	Removal of anterior instrumentation	20	204,000	R2 827,40		30,00	6,000	R 522,00	TM
5755	Laminectomy for spinal stenosis (exclude disectomy, foraminotomy and spondylolisthesis): One or two levels	20	295,000	R4 088,60		30,00	3,000	R 261,00	TM
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	20	304,000	R4 213,40		30,00	3,000	R 261,00	TM
5757	Laminectomy for decompression without foraminotomy or disectomy more than two levels	20	321,000	R4 449,20		30,00	3,000	R 261,00	TM
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	20	63,000	R873,20		30,00	3,000	R 261,00	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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5759	Laminectomy for decompression discectomy, etc. revision operation	20	352,000	R4 878,60		30,00	4,000	R 348,10	TM
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	20	301,000	R4 171,90		30,00	3,000	R 261,00	TM
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	20	68,000	R942,40		30,00	3,000	R 261,00	TM
5763	Anterior disc removal and spinal decompression cervical: One level	20	344,000	R4 767,60		30,00	3,000	R 261,00	TM
5764	Anterior disc removal and spinal decompression cervical: Each additional level	20	81,000	R1 122,70		30,00	3,000	R 261,00	TM
5765	Vertebral corpectomy for spinal decompression: One level	20	466,000	R6 458,70		30,00	3,000	R 261,00	TM
5766	Vertebral corpectomy for spinal decompression: Each additional level	20	88,000	R1 219,50		30,00	3,000	R 261,00	TM
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	20	71,000	R984,00					
3.9	Facial bone procedures								
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9								
0987	Repair of orbital floor (blowout fracture)	20	184,600	R2 558,40		30,00	4,000	R 348,10	TM
0988	Genioplasty	20	263,000	R3 645,10		30,00	4,000	R 348,10	TM
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	20	202,200	R2 802,40		30,00	4,000	R 348,10	TM
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	20	302,000	R4 185,70		30,00	4,000	R 348,10	TM
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	20	433,000	R6 001,50		30,00	4,000	R 348,10	TM
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	20	970,000	R13 443,90		30,00	4,000	R 348,10	TM
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	20	302,000	R4 185,70		30,00	4,000	R 348,10	TM
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	20	1103,000	R15 287,40		30,00	4,000	R 348,10	TM
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	20	1654,000	R22 924,00		30,00	4,000	R 348,10	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

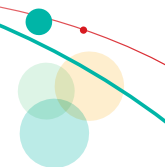


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0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	20	-		F				
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	20	302,000	R4 185,70		30,00	3,000	R 261,00	TM
0998	Excision mandible bone, e.g. osteomyelitis, abscess		219,300	R3 039,90			5,000	R 434,80	TM
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	20	184,000	R2 550,10		30,00	3,000	R 261,00	TM
1000	Excision facial bone e.g., osteomyelitis, abscess		144,300	R2 000,10			5,000	R 434,80	TM
1001	Temporo-mandibular joint: Reconstruction for dysfunction	20	206,000	R2 855,00		30,00	4,000	R 348,10	TM
1002	Harvesting: Bone for contouring of benign bony growths (e.g., fibrous dysplasia)		189,200	R2 622,50			5,000	R 434,80	
1003	Manipulation: Immobilisation and follow-up of fractured nose	20	35,000	R485,10		30,00	3,000	R 261,00	TM
1005	Nasal fracture without manipulation	20	-		F				
1007	Mandibulectomy	20	320,000	R4 435,10		30,00	5,000	R 434,90	TM
1008	Excision: Torus Mandibularis		84,100	R1 165,80			5,000	R 434,80	TM
1009	Maxillectomy	20	382,500	R5 301,30		30,00	4,000	R 348,10	TM
1010	Excision: Torus Palatinus		83,300	R1 154,70			5,000	R 434,80	
1011	Bone graft to mandible	20	206,000	R2 855,00		30,00	4,000	R 348,10	TM
1012	Adjustment of occlusion by ramisection	20	227,000	R3 146,30		30,00	4,000	R 348,10	TM
1013	Fracture of arch of zygoma without displacement	20	-		F				
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	20	131,000	R1 815,60		30,00	3,000	R 261,00	TM
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	20	262,000	R3 631,20		30,00	3,000	R 261,00	TM
4	RESPIRATORY SYSTEM								
4.1	Nose and sinuses								
1018	Flexible nasopharyngolaryngoscope examination	20	51,940	R720,00					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

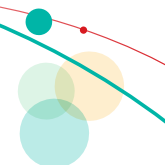
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1019	ENT endoscopy in rooms with rigid endoscope	20	12,000	R166,30					
1020	Repair of perforated septum: Any method	20	141,900	R1 966,80		30,00	4,000	R 348,10	T
1022	Functional reconstruction of nasal septum	20	121,200	R1 680,10		30,00	4,000	R 348,10	T
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	20	30,000	R415,80		30,00	4,000	R 348,10	T
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	20	64,600	R895,30		30,00	4,000	R 348,10	T
1027	Dacryocystorhinostomy	20	210,000	R2 910,60		30,00	5,000	R 434,90	T
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	20	62,600	R867,70		30,00	4,000	R 348,10	T
1030	Endoscopic turbinectomy: Laser or microdebrider	20	90,000	R1 247,50		30,00	5,000	R 434,90	T
1031	Removal of single nasal polyp at rooms (at initial consultation only)	20	25,400	R352,00					
1033	Removal of multiple polyps in hospital under general anaesthetic	20	81,800	R1 133,60		30,00	4,000	R 348,10	T
1034	Autogenous nasal bone transplant: Bone removal included	20	100,000	R1 386,00		30,00	4,000	R 348,10	T
1035	Functional endoscopic sinus surgery: Unilateral	20	140,000	R1 940,20		30,00	4,000	R 348,10	T
1036	Functional endoscopic sinus surgery: Bilateral	20	245,000	R3 395,80		30,00	4,000	R 348,10	T
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	20	8,000	R110,80					
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	20	35,000	R485,10		30,00	4,000	R 348,10	T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	20	40,000	R554,30		30,00	6,000	R 522,00	T
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	20	60,000	R831,70		30,00	6,000	R 522,00	T
1045	Ligation anterior ethmoidal artery	20	135,400	R1 876,40		30,00	6,000	R 522,00	T
1047	Caldwell-Luc operation: Unilateral	20	137,300	R1 902,90		30,00	4,000	R 348,10	T
1048	Endonasal frontal sinus drainage, with or without removal of tissue (modifier 0069 applies)		152,200	R2 109,60			5,000	R 434,80	T
1049	Ligation internal maxillary artery	20	196,000	R2 716,50		30,00	6,000	R 522,00	T
1050	Vidian neurectomy (transantral or transnasal)	20	113,000	R1 566,20		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1051	Removal nasopharyngeal fibroma	20	285,000	R3 950,10		30,00	6,000	R 522,00	T
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	20	50,000	R693,20		30,00	4,000	R 348,10	T
1053	Frontal sinus drainage, trephine operation	20	93,100	R1 290,50		30,00	4,000	R 348,10	T
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)	20	37,300	R517,00					
1055	External frontal ethmoidectomy	20	190,700	R2 643,10		30,00	4,000	R 348,10	T
1056	Anterior cranial fossa, craniofacial approach, extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	20	433,300	R6 005,20			3,000	R 261,00	
1057	External ethmoidectomy and/or sphenoidectomy	20	199,400	R2 763,70		30,00	4,000	R 348,10	T
1058	Sublabial transseptal sphenoidotomy	20	137,000	R1 898,90		30,00	4,000	R 348,10	T
1059	Frontal osteomyelitis	20	194,000	R2 689,10		30,00	4,000	R 348,10	T
1060	Obliteration of frontal sinus	20	291,100	R4 034,60		30,00	4,000	R 348,10	T
1061	Lateral rhinotomy	20	164,000	R2 273,00		30,00	4,000	R 348,10	T
1062	Excision nasolabial cyst	20	186,100	R2 579,10		30,00	4,000	R 348,10	T
1063	Removal of foreign bodies from nose: At rooms	20	10,000	R138,40					
1065	Removal of foreign body from nose: Under general anaesthetic	20	38,600	R534,80		30,00	4,000	R 348,10	T
1067	Proof puncture at rooms: Unilateral	20	10,000	R138,40		30,00	4,000	R 348,10	T
1069	Proof puncture, uni- or bilateral under general anaesthetic	20	35,000	R485,10		30,00	4,000	R 348,10	T
1071	Proetz treatment (consultation fee only to be charged for first treatment)	20	4,000	R55,60					
1077	Septum abscess: At rooms, including aftercare	20	8,000	R110,80					
1079	Septum abscess: Under general anaesthetic	20	35,000	R485,10		30,00	4,000	R 348,10	T
1081	Oro-antral fistula (without Caldwell-Luc)	20	111,800	R1 549,40		30,00	4,000	R 348,10	T
1083	Choanal atresia: Intranasal approach	20	113,000	R1 566,20		30,00	5,000	R 434,90	T
1084	Choanal atresia: Transpalatal approach	20	194,000	R2 689,10		30,00	7,000	R 608,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

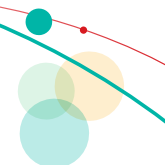


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Tariff Code		Description of tariff code			CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip				20	350,000	R4 850,90		30,00	5,000	R 434,90	T
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction				20	210,000	R2 910,60		30,00	5,000	R 434,90	T
1089	Forehead rhinoplasty (all stages): Total				20	552,000	R7 650,70		30,00	5,000	R 434,90	T
1091	Forehead rhinoplasty (all stages): Partial				20	414,000	R5 738,00		30,00	5,000	R 434,90	T
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft				20	138,000	R1 912,80		30,00	5,000	R 434,90	T
1095	Full nasal reconstruction for secondary cleft lip deformity				20	357,900	R4 960,40		30,00	5,000	R 434,90	T
1097	Partial nasal reconstruction for cleft lip deformity				20	199,700	R2 767,70		30,00	5,000	R 434,90	T
1099	Columella reconstruction or lengthening				20	138,000	R1 912,80		30,00	5,000	R 434,90	T
4896	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, brow incision				20	220,100	R3 050,20			3,000	R 261,00	
4897	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, coronal incision				20	232,900	R3 227,60			3,000	R 261,00	
4898	Sinusotomy: Obliterative frontal, with osteoplastic flap, brow incision				20	181,600	R2 516,90			3,000	R 261,00	
4899	Sinusotomy: Obliterative frontal, with osteoplastic flap, coronal incision				20	120,000	R1 663,10			3,000	R 261,00	
4900	Sinusotomy: Non-obliterative frontal, with osteoplastic flap, brow incision				20	196,600	R2 724,20			3,000	R 261,00	
4901	Sinusotomy: Non-obliterative frontal, with osteoplastic flap, coronal incision				20	195,400	R2 708,90			3,000	R 261,00	
MODIFIERS GOVERNING NASAL OPERATIONS												
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083											
4.2	Throat											
1101	Tonsillectomy (dissection of the tonsils)				20	75,000	R1 039,50		30,00	4,000	R 348,10	T
1102	Laser tonsillectomy				20	75,000	R1 039,50		30,00	6,000	R 522,00	T
1105	Removal of adenoids				20	40,000	R554,30		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	20	168,300	R2 332,80		30,00	5,000	R 434,90	T
1107	Opening of quinsy: At rooms	20	12,000	R166,30		30,00	6,000	R 522,00	T
1108	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon	20	85,000	R1 178,00		30,00	5,000	R 434,90	T
1109	Opening of quinsy: Under general anaesthetic	20	35,000	R485,10		30,00	6,000	R 522,00	T
1110	Ludwig's Angina: Drainage	20	42,000	R582,10		30,00	9,000	R 782,70	T
1111	Post tonsillectomy or adenoidectomy haemorrhage	20	46,000	R637,60		30,00	6,000	R 522,00	T
1112	Pharyngeal pouch operation	20	231,800	R3 212,70		30,00	5,000	R 434,90	T
1113	Retropharyngeal abscess: Internal approach	20	35,000	R485,10		30,00	6,000	R 522,00	T
1115	Retropharyngeal abscess: External approach	20	85,000	R1 178,00		30,00	6,000	R 522,00	T
1116	Functional reconstruction of palate and uvula	20	168,300	R2 332,80		30,00	5,000	R 434,90	T
4.3	Larynx								
1117	Laryngeal intubation	20	10,000	R138,40					
1118	Laryngeal stroboscopy with video capture	20	39,000	R540,50		30,00	6,000	R 522,00	T
1119	Laryngectomy without block dissection of the neck	20	430,000	R5 959,60		30,00	7,000	R 608,90	T
1122	Laryngeal function studies	20	11,600	R160,80			3,000	R 261,00	
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	20	35,000	R485,10					
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding aftercare)	20	81,100	R1 123,80		30,00	6,000	R 522,00	T
1126	Post laryngectomy for voice restoration	20	139,500	R1 933,50		30,00	9,000	R 782,70	T
1127	Tracheotomy	20	90,000	R1 247,50		30,00	9,000	R 782,70	T
1128	Endolaryngeal operations	20	75,000	R1 039,50		30,00	8,000	R 695,90	T
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	20	294,400	R4 080,20		30,00	8,000	R 695,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	20	41,400	R573,90		30,00	6,000	R 522,00	T
1131	Direct laryngoscopy plus foreign body removal	20	64,600	R895,30		30,00	6,000	R 522,00	T
4916	Laryngoplasty: Laryngeal web, two stage, with keel insertion and removal	20	220,500	R3 055,90			3,000	R 261,00	
4917	Laryngoplasty: Laryngeal stenosis, with graft or core mold, including tracheotomy	20	342,100	R4 741,20			3,000	R 261,00	
4918	Laryngoplasty: Open reduction of fracture	20	293,800	R4 071,50			3,000	R 261,00	
4919	Laryngoplasty: Cricoid split	20	184,200	R2 553,50			3,000	R 261,00	
4922	Tracheostoma: Revision, without flap rotation, simple	20	102,400	R1 419,30			3,000	R 261,00	
4923	Tracheostoma: Revision, with flap rotation, complex	20	133,800	R1 855,00			3,000	R 261,00	
4926	Tracheostomy: Fenestration with skin flaps	20	144,300	R2 000,20			3,000	R 261,00	
4927	Tracheostomy: Revision of scar	20	105,500	R1 462,30			3,000	R 261,00	
4928	Tracheostomy/fistula: Closure, without plastic repair	20	104,000	R1 441,50			3,000	R 261,00	
4929	Tracheostomy/fistula: Closure, with plastic repair	20	120,000	R1 663,10			3,000	R 261,00	
4932	Tracheobronchoscopy: Through established tracheostomy incision	20	37,700	R522,60			3,000	R 261,00	
4933	Tracheoplasty: Cervical	20	208,100	R2 883,90			3,000	R 261,00	
4934	Tracheoplasty: Tracheopharyngeal fistulisation, per stage	20	263,200	R3 647,90			3,000	R 261,00	
MODIFIERS									
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (for other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff)								
4.4	Bronchial procedures								
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy								
1132	Bronchoscopy: Diagnostic bronchoscopy	20	65,000	R900,80		30,00	6,000	R 522,00	T
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	20	80,000	R1 108,90		30,00	8,000	R 695,90	T

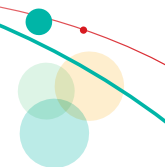
NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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1134	Bronchoscopy: Bronchoscopy with laser	20	75,000	R1 039,50		30,00	8,000	R 695,90	T
1136	Nebulisation (in rooms)	20	12,000	R166,30		20,00	12,000	R 166,30	ç
1137	Bronchial lavage					30,00	8,000	R 695,90	T
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	20	350,000	R4 850,90		30,00	12,000	R 1 044,00	T
4.5	Pleura								
1139	Pleural needle biopsy (no aftercare) (modifier 0005 not applicable)	20	50,000	R693,20		30,00	3,000	R 261,00	T
1141	Insertion of intercostal catheter (under water drainage)	20	50,000	R693,20		30,00	6,000	R 522,00	T
1142	Intra-pleural block	20	36,000	R498,80		20,00	36,000	R 498,80	ç
1143	Paracentesis chest: Diagnostic	20	8,000	R110,80		30,00	3,000	R 261,00	T
1145	Paracentesis chest: Therapeutic	20	13,000	R179,90		30,00	3,000	R 261,00	T
1147	Pneumothorax: Induction (diagnostic)	20	25,000	R346,40					
1149	Pleurectomy	20	250,000	R3 465,00		30,00	11,000	R 956,90	T
1151	Decortication of lung	20	350,000	R4 850,90		30,00	11,000	R 956,90	T
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	20	55,000	R762,20		30,00	3,000	R 261,00	T
4.6	Pulmonary procedures								
4.6.1	Pulmonary procedures: Surgical								
1155	Needle biopsy lung: (no aftercare) (modifier 0005 not applicable)	20	32,000	R443,50		30,00	5,000	R 434,90	T
1157	Pneumonectomy	20	350,000	R4 850,90		30,00	11,000	R 956,90	T
1159	Pulmonary lobectomy	20	389,500	R5 398,30		30,00	11,000	R 956,90	T
1161	Segmental lobectomy	20	365,000	R5 058,80		30,00	11,000	R 956,90	T
1163	Excision tracheal stenosis: Cervical	20	375,000	R5 197,50		30,00	8,000	R 695,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

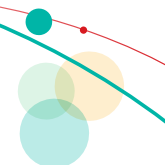
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1164	Excision tracheal stenosis: Intra thoracic	20	350,000	R4 850,90		30,00	12,000	R 1 044,00	T
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	20	215,000	R2 979,90		30,00	12,000	R 1 044,00	T
1168	Thoracoplasty: Complete	20	250,000	R3 465,00		30,00	11,000	R 956,90	T
1169	Thoracoplasty: Limited (osteoplastic)	20	200,000	R2 771,90		30,00	11,000	R 956,90	T
1171	Drainage empyema (including six weeks after treatment)	20	170,000	R2 356,30		30,00	11,000	R 956,90	T
1173	Drainage of lung abscess (including six weeks after treatment)	20	170,000	R2 356,30		30,00	11,000	R 956,90	T
1175	Thoracotomy (limited): For lung or pleural biopsy	20	115,000	R1 593,90		30,00	11,000	R 956,90	T
1177	Major: Diagnostic, as for inoperable carcinoma	20	215,000	R2 979,90		30,00	11,000	R 956,90	T
1179	Thoracoscopy	20	89,000	R1 233,50		30,00	11,000	R 956,90	T
1181	Lung transplant: Unilateral	20	600,000	R8 315,90		30,00	15,000	R 1 304,80	T
1182	Harvesting donor lung: Unilateral	20	120,000	R1 662,90		30,00	5,000	R 434,90	T
1183	Excision or plication of emphysematous cyst: Unilateral	20	250,000	R3 465,00		30,00	11,000	R 956,90	T
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	20	438,000	R6 070,50		30,00	11,000	R 956,90	T
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	20	100,000	R1 386,00		30,00	11,000	R 956,90	T
4.6.2	Pulmonary function tests								
	When these procedures are performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
1186	Flow volume test: Inspiration/expiration	20	30,000	R415,80		20,00	30,000	R 415,80	ç
1187	Exhaled nitric oxide determination	20	4,900	R68,00			-		
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	20	50,000	R693,20		20,00	50,000	R 693,20	ç
1189	Forced expirogram only	20	10,000	R138,40		20,00	10,000	R 138,40	ç
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	20	45,310	R627,90					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



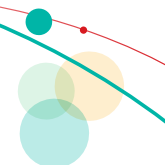
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1191	N2 single breath distribution	20	10,000	R138,40		20,00	10,000	R 138,40	ç
1192	Peak expiratory flow only	20	5,000	R69,30		20,00	5,000	R 69,30	ç
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	20	37,760	R523,40					
1195	Thoracic gas volume	20	37,930	R525,70					
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	20	45,310	R627,90					
1197	Compliance and resistance, using oesophageal balloon	20	24,000	R332,90		20,00	24,000	R 332,90	ç
1198	Prolonged post exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine, other chemical agent or after exercise, with subsequent spirometry	20	55,890	R774,60					
1199	Pulmonary stress testing: For determination of VO2 max	20	96,500	R1 337,30					
1200	Carbon monoxide diffusing capacity, any method	20	38,060	R527,60					
1201	Maximum inspiratory/expiratory pressure	20	5,000	R69,30		20,00	5,000	R 69,30	ç
4.7	Intensive care								
RULES GOVERNING THIS SECTION									
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and X-rays . (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion inpatient s under the age of three years (item 0205) that does not form a part of the daily ICU/ High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



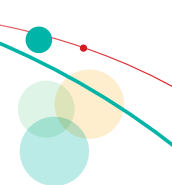
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S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) include the following: (a) Measurement of minute volume, vital capacity, time- and vital capacity studies. (b) Testing and connecting the machine. (c) Putting patient on machine: setting machine, synchronising patient with machine. (d) Instruction to nursing staff. (e) All subsequent visits for 24-hours.								
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Category 1: Cases requiring intensive monitoring								
4.7.1	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures								
1202	Insertion of central venous catheter via peripheral vein in neonates	20	40,000	R554,30		20,00	40,000	R 554,30	ç
4.7.2	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care								
1204	Intensive care: Category 1 (High Care) : Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	20	30,000	R415,80		20,00	30,000	R 415,80	ç

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



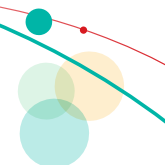
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
	(i) Only one practitioner may charge category 1: Intensive monitoring of patient in high care unit. (ii) Item 1204 may not be charged by the surgeon who performed a surgical procedure. Intensive monitoring is regarded as normal postoperative care, which is included in the global fee attached to that surgical procedure. (iii) Practitioners involved in treating a patient in a high care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								
1205	Intensive care: Category 2 (ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): First day	20	100,000	R1 386,00		20,00	100,000	R 1 386,00	ç
1206	Intensive care: Category 2 (ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): Subsequent days, per day	20	50,000	R693,20		20,00	50,000	R 693,20	ç
1207	Intensive care: Category 2(ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): After two weeks, per day	20	30,000	R415,80		20,00	30,000	R 415,80	ç
	Please Note: (i) The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109 (ii) Only one practitioner may charge category 2: Intensive monitoring of patient in intensive care unit. (iii) Should a patient during the post-operative care period require active system support, the person who is responsible for the active systems support, may use items 1205-1207 (as appropriate). (iv) It would be acceptable for the surgeon who performed a surgical procedure of which the aftercare is included, to charge fees according to the appropriate hospital follow-up visit (item 0109) (v) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



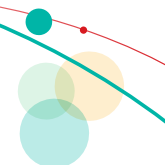
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1208	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	20	137,000	R1 898,90		20,00	137,000	R 1 898,90	ç
1209	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	20	58,000	R803,90		20,00	58,000	R 803,90	ç
1210	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	20	50,000	R693,20		20,00	50,000	R 693,20	ç
	Please note: (i) Items 1208-1210 are used if more than one practitioner is involved in active system support on a category 2 patient in the intensive care unit. (ii) Items 1208-1210 are used for category 3 patients with multiple organ failure. (iv) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								
4.7.3	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Procedures								
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) - 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc.								
1212	Ventilation: First day	20	75,000	R1 039,50		20,00	75,000	R 1 039,50	ç
1213	Ventilation: Subsequent days, per day	20	50,000	R693,20		20,00	50,000	R 693,20	ç
1214	Ventilation: After two weeks, per day	20	25,000	R346,40		20,00	25,000	R 346,40	ç
1215	Insertion of arterial pressure cannula	20	25,000	R346,40		20,00	25,000	R 346,40	ç
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	20	50,000	R693,20		20,00	50,000	R 693,20	ç
1217	Insertion of central venous line via peripheral vein	20	10,000	R138,40		20,00	10,000	R 138,40	ç

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



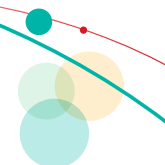
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1218	Insertion of central venous line via subclavian or jugular veins	20	25,000	R346,40		20,00	25,000	R 346,40	ç
1219	Hyperalimentation (daily tariff)	20	15,000	R207,90		20,00	15,000	R 207,90	ç
1220	Patient-controlled analgesic pump: Hire fee: Per 24-hours (Cassette to be charged for according to item 0201 per patient)	20	30,000	R415,80		20,00	30,000	R 415,80	ç
1221	Professional fee for managing a patient-controlled analgesic pump: First 24-hours (for subsequent days charged the appropriate hospital follow-up consultation/visit code)	20	30,000	R415,80		20,00	30,000	R 415,80	ç
4.8	Hyperbaric Oxygen Therapy								
	Internationally recognized scientific indications for Hyperbaric Oxygen Therapy: a. Arterial gas embolism (traumatic or iatrogenic). b. Decompression sickness ('the bends') c. Carbon monoxide poisoning d. Gas gangrene e. Crush injuries, compartment syndromes or acute traumatic ischaemias. f. Problem wounds (selected diabetic wounds, complicated pressure sores, arterial and refractory venous stasis ulcers and non-union) g. Necrotising soft tissue infections (e.g. necrotising fasciitis) h. Refractory osteomyelitis. i. Bone and soft tissue radiation necrosis. j. Compromised skin grafts and flaps. k. Acute thermal burns. l. Acute bloodloss anaemia (transfusion is contraindicated - e.g. Jehovah's Witnesses or haemolytic anaemia). m. Cerebral abscesses								
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Low pressure table (1,5-1,8 ATA x 45-60 min): PROFESSIONAL COMPONENT	20	30,000	R415,80					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	20	101,130	R1 401,60	Z				
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Routine HBO table (2-2,5 ATA x 90-120 min): PROFESSIONAL COMPONENT	20	60,000	R831,70					
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	20	131,260	R1 819,10	Z				
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Emergency HBO table (2,5-3 ATA x 90-120 min): PROFESSIONAL COMPONENT	20	80,000	R1 108,90					
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	20	131,260	R1 819,10	Z				
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT5 (2,8 ATA x 135 min): PROFESSIONAL COMPONENT	20	90,000	R1 247,50					
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	20	214,180	R2 968,30	Z				
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6 (2,8 ATA x 285 min): PROFESSIONAL COMPONENT	20	190,000	R2 633,50					
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	20	386,420	R5 355,70	Z				
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6ext/6A or Cx 30 (2,8-6 ATA x 305-490 min): PROFESSIONAL COMPONENT	20	327,000	R4 532,20					
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20	680,850	R9 436,40	Z				
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20	678,280	R9 400,70	Z				
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20	671,850	R9 311,70	Z				
4815	Prolonged attendance inside a hyperbaric chamber: 40,00 clinical procedure units per half hour or part thereof for the first hour, thereafter 20,00 clinical procedure units per half hour: Minimum 40,00 clinical procedure units; maximum 320,00 clinical procedure units								
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

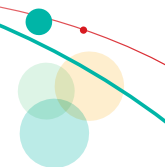


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5	MEDIASTINAL PROCEDURES								
1222	Mediastinal tumours	20	285,000	R3 950,10		30,00	11,000	R 956,90	T
1223	Mediastinoscopy	20	95,000	R1 316,60		30,00	5,000	R 434,90	T
1224	Mediastinotomy	20	115,000	R1 593,90		30,00	11,000	R 956,90	T
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	20	350,000	R4 850,90		30,00	11,000	R 956,90	T
1226	Removal of single rib with a lesion	20	282,000	R3 908,60		30,00	11,000	R 956,90	T
6	CARDIOVASCULAR SYSTEM								
	MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP								
6.1	Cardiovascular system: General								
1227	Prolonged neonatal resuscitation	20	20,000	R277,30		20,00	20,000	R 277,30	ç
	Where ECG is done by a General Practitioner but interpreted by a physician, the General Practitioner is entitled to a consultation fee, plus half of fee determined for ECG								
1228	General Practitioner 's fee for the taking of an ECG only: Without effort: ½ (item 1232)								
1229	General Practitioner 's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)								
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added								
1230	Physician's fee for interpreting an ECG: Without effort	20	6,000	R83,30					
1231	Physician's fee for interpreting an ECG: With and without effort	20	10,000	R138,40					
	A specialist physician is entitled to the fees specified in item 1230 and 1231 for interpretation of an ECG tracing referred for interpretation. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

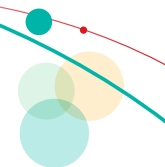
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1232	Electrocardiogram: Without effort	20	9,000	R124,80					
1233	Electrocardiogram: With and without effort	20	13,000	R179,90					
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	20	40,000	R554,30					
1235	Multi-stage treadmill test	20	60,000	R831,70					
1236	Electrocardiogram without effort: Under 4 years old	20	18,000	R249,50					
1237	24-hour ambulatory blood pressure: Hire fee	20	30,000	R415,80					
1238	24-hour ambulatory ECG monitoring (holter): Hire fee	20	55,000	R762,20					
1239	24-hour ambulatory ECG monitoring (holter): Interpretation	20	27,000	R374,40					
1240	Signal averaged electrocardiogram	20	80,000	R1 108,90					
1241	X-ray Screening: Chest	20	4,000	R55,60					
1242	X-ray screening: Prosthetic valves	20	10,000	R138,40					
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	20	55,000	R762,20					
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	20	25,000	R346,40					
1245	Angiography cerebral: First two series	20	34,300	R475,50		30,00	4,000	R 348,10	T
1246	Angiography peripheral: Per limb	20	25,000	R346,40		30,00	4,000	R 348,10	T
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	20	65,000	R900,80		30,00	6,000	R 522,00	T
1248	Paracentesis of pericardium	20	50,000	R693,20		30,00	9,000	R 782,70	T
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	20	51,000	R706,80					
	MODIFIER GOVERNING PAEDIATRIC CARDIAC CATHETERISATION BY PAEDIATRIC CARDIOLOGISTS WITH A "33" PRACTICE NUMBER								
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								
6.2	Invasive Cardiology								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



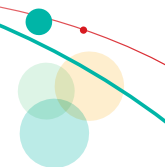
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6.2.1	Invasive cardiology: Cardiac catheterisation								
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	20	140,000	R1 940,20		30,00	9,000	R 782,70	T
1250	Endomyocardial biopsy	20	70,000	R970,30		30,00	9,000	R 782,70	T
1251	Transeptal puncture	20	70,000	R970,30		30,00	9,000	R 782,70	T
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	20	140,000	R1 940,20		30,00	9,000	R 782,70	T
1253	Right heart catheterisation (with or without biopsy)	20	70,000	R970,30		30,00	9,000	R 782,70	T
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	20	40,000	R554,30		30,00	9,000	R 782,70	T
1255	Tilt test	20	31,300	R433,90					
6.2.2	Invasive cardiology: Electrophysiological study								
1256	Ventricular stimulation study	20	160,000	R2 217,60		30,00	9,000	R 782,70	T
1257	Full electrophysiological study	20	300,000	R4 158,00		30,00	9,000	R 782,70	T
6.2.3	Invasive cardiology: Pacemakers								
1258	Pacemaker: Permanent - single chamber	20	155,000	R2 148,50		30,00	9,000	R 782,70	T
1259	Pacemaker: Permanent - dual chamber	20	230,000	R3 187,80		30,00	9,000	R 782,70	T
1260	AV nodal ablation	20	300,000	R4 158,00		30,00	9,000	R 782,70	T
1261	Accessory pathway ablation	20	600,000	R8 315,90		30,00	9,000	R 782,70	T
1262	Electrophysiological mapping	20	500,000	R6 929,90					
1263	Insertion transvenous implantable defibrillator	20	212,000	R2 938,30		30,00	15,000	R 1 304,80	T
1264	Test for implantable transvenous defibrillator	20	120,000	R1 662,90		30,00	15,000	R 1 304,80	T
1265	Renewal of pacemaker unit only, team fee	20	125,000	R1 732,60		30,00	9,000	R 782,70	T
1266	Resiting pacemaker generator	20	80,000	R1 108,90					
1267	Repositioning of catheter electrode	20	50,000	R693,20		30,00	9,000	R 782,70	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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1268	Threshold testing: Own equipment	20	15,000	R207,90					
1269	Threshold testing: Hospital equipment	20	11,000	R152,40					
1270	Programming of atrio-ventricular sequential pacemaker	20	50,000	R693,20					
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	20	120,000	R1 662,90		30,00	9,000	R 782,70	T
1274	Percutaneous transluminal thrombectomy for clot extraction in native coronary arteries and venous and arterial bypass grafts	20	260,000	R3 603,80					
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	20	200,000	R2 771,90		30,00	9,000	R 782,70	T
6.2.4	Invasive cardiology: Percutaneous transluminal angioplasty								
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	20	260,000	R3 603,80		30,00	13,000	R 1 130,70	T
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	20	140,000	R1 940,20		30,00	13,000	R 1 130,70	T
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	20	60,000	R831,70		30,00	13,000	R 1 130,70	T
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	20	40,000	R554,30		30,00	13,000	R 1 130,70	T
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	20	60,000	R831,70		30,00	13,000	R 1 130,70	T
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	20	40,000	R554,30		30,00	13,000	R 1 130,70	T
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	20	260,000	R3 603,80		30,00	15,000	R 1 304,80	T
1283	Use of balloon procedure as in item 1282: Second cardiologist	20	140,000	R1 940,20		30,00	15,000	R 1 304,80	T
1284	Atherectomy: Single lesion: First cardiologist	20	300,000	R4 158,00					
1285	Atherectomy: Single lesion: Second cardiologist	20	180,000	R2 494,60					
1286	Insertion of intravascular stent: First cardiologist	20	100,000	R1 386,00					
1287	Insertion of intravascular stent: Second cardiologist	20	50,000	R693,20					
	The insertion of a stent(s) (item 1286 & 1267) may only be charged once per vessel regardless of the number of stents inserted in this vessel.								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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1290	Use of balloon procedures including: First paediatric cardiologist (33): Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty; Closure atrial septal defect; Closure of patient ductus arteriosus	20	300,000	R4 158,00		30,00	15,000	R 1 304,80	T
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)	20	160,000	R2 217,60		30,00	15,000	R 1 304,80	T
1292	Multi-slice computed tomography coronary angiography: Own equipment	20	655,260	R9 081,90					
5961	Balloon angioplasty pulmonary mitral valve or tricuspid valve		437,700	R6 064,50			10,000	R 869,70	
5962	Balloon angioplasty aortic valve (congenital aortic stenosis)		424,100	R5 875,90			10,000	R 869,70	
5963	Balloon angioplasty, pulmonary artery branches: First vessel		202,000	R2 798,70			10,000	R 869,70	
5964	Balloon angioplasty, pulmonary artery branches: Subsequent vessels (per vessel)		101,600	R1 407,80			10,000	R 869,70	
5965	Balloon angioplasty aorta for congenital lesion/coarctation		629,700	R8 724,60			10,000	R 869,70	
5966	Balloon/cutting balloon angioplasty, collateral vessel (incl MAPCA) or venous system (IVC, SVC, systemic vein): First vessel		451,400	R6 254,10			5,000	R 434,90	
5967	Balloon angioplasty, collateral vessel (incl. MAPCA): Subsequent vessels (per vessel)		112,850	R1 563,70			5,000	R 434,90	
5968	Balloon angioplasty venous system (IVC, SVC, systemic vein)		451,400	R6 254,10			5,000	R 434,90	
5969	Cutting balloon angioplasty, cardiovascular structure: First vessel		451,400	R6 254,10			5,000	R 434,90	
5970	Cutting balloon angioplasty, cardiovascular structure: Subsequent vessels (per vessel)		112,850	R1 563,70			5,000	R 434,90	
6.2.5	Invasive cardiology: Paediatric cardiac catheterisation								
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	20	210,000	R2 910,60		30,00	12,000	R 1 044,00	T
1289	Paediatric cardiac catheterisation: Infants below the age of one year	20	263,000	R3 645,10		30,00	12,000	R 1 044,00	T
6.3	Cardiac surgery								
1294	Patent ductus arteriosus	20	320,000	R4 435,10		30,00	13,000	R 1 130,70	T
1295	Pericardiectomy for constrictive pericarditis	20	400,000	R5 543,90		30,00	15,000	R 1 304,80	T
1296	Fractional flow reserve (FFR): First vessel (add-on code)		28,000	R387,90					
1297	Coarctation of aorta	20	425,000	R5 890,30		30,00	15,000	R 1 304,80	T

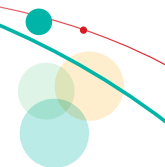
NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1298	Fractional flow reserve (FFR): Each additional vessel (add-on code)		22,400	R310,50					
1299	Systemo-pulmonary anastomosis	20	425,000	R5 890,30		30,00	15,000	R 1 304,80	T
1300	Renal denervation (RDN), per artery (modifier 0005 applicable)		223,000	R3 089,70					
1301	Mitral valvotomy: Closed heart technique	20	350,000	R4 850,90		30,00	15,000	R 1 304,80	T
1302	Heart transplant	20	875,000	R12 127,30		30,00	15,000	R 1 304,80	T
1303	Harvesting donor heart	20	75,000	R1 039,50		30,00	5,000	R 434,90	T
1305	Operative implantation of cardiac pacemaker by thoracotomy	20	220,000	R3 049,20		30,00	15,000	R 1 304,80	T
1307	Re-exploration after cardiac surgery	20	215,000	R2 979,90		30,00	15,000	R 1 304,80	T
1308	Heart and lung transplant	20	1000,000	R13 859,80		30,00	15,000	R 1 304,80	T
1309	Harvesting donor heart and lungs	20	120,000	R1 662,90		30,00	5,000	R 434,90	T
1311	Pericardial drainage	20	140,000	R1 940,20		30,00	13,000	R 1 130,70	T
6.3.1	Cardiac surgery: Open heart surgery								
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	20	25,000	R346,40					
1320	Repeat open heart surgery (additional fee above procedure fee)	20	250,000	R3 465,00		30,00	15,000	R 1 304,80	T
1321	Stand-by fee for coronary angioplasty	20	30,000	R415,80		20,00	30,000	R 415,80	ç
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	20	20,000	R277,30					
6.3.1.1	Cardiac surgery: Open heart surgery: Congenital conditions								
1323	Atrial septal defect: Osteum secundum	20	500,000	R6 929,90		30,00	15,000	R 1 304,80	T
1325	Atrial septal defect: Sinus venosus or osteum primum	20	563,000	R7 803,10		30,00	15,000	R 1 304,80	T
1327	Atrial septal defect: Ventricular septal defect	20	603,800	R8 368,60		30,00	15,000	R 1 304,80	T
1329	Atrial septal defect: Fallot's tetralogy	20	563,000	R7 803,10		30,00	15,000	R 1 304,80	T
1330	Atrial septal defect: Pulmonary stenosis	20	500,000	R6 929,90		30,00	15,000	R 1 304,80	T
1331	Transposition of large vessels (venous repair)	20	563,000	R7 803,10		30,00	15,000	R 1 304,80	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

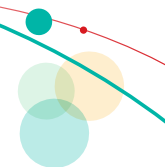
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1332	Transposition of great arteries (arterial repair)	20	750,000	R10 394,80		30,00	15,000	R 1 304,80	T
1333	Ebstein's Anomaly	20	563,000	R7 803,10		30,00	15,000	R 1 304,80	T
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	20	548,800	R7 606,20		30,00	20,000	R 1 739,70	T
1335	Total anomalous venous drainage	20	563,000	R7 803,10		30,00	15,000	R 1 304,80	T
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	20	658,900	R9 132,20		30,00	20,000	R 1 739,70	T
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	20	500,000	R6 929,90		30,00	15,000	R 1 304,80	T
1338	Fontan type repair	20	750,000	R10 394,80		30,00	15,000	R 1 304,80	T
6.3.1.2	Cardiac surgery: Open heart surgery: Acquired conditions								
1339	Mitral valve replacement	20	657,000	R9 105,80		30,00	15,000	R 1 304,80	T
1340	Mitral valvuloplasty	20	688,000	R9 535,50		30,00	15,000	R 1 304,80	T
1341	Aortic valve replacement	20	623,800	R8 645,80		30,00	15,000	R 1 304,80	T
1342	Tricuspid annulo plasty	20	188,000	R2 605,80		30,00	15,000	R 1 304,80	T
1343	Double valve replacement	20	968,900	R13 428,50		30,00	15,000	R 1 304,80	T
1344	Acute dissecting aneurysm repair	20	750,000	R10 394,80		30,00	15,000	R 1 304,80	T
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	20	1000,000	R13 859,80		30,00	15,000	R 1 304,80	T
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	20	100,000	R1 386,00					
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	20	175,000	R2 425,70					
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	20	750,000	R10 394,80		30,00	15,000	R 1 304,80	T
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	20	781,000	R10 824,50		30,00	15,000	R 1 304,80	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



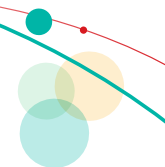
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1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	20	813,000	R11 268,00		30,00	15,000	R 1 304,80	T
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	20	875,000	R12 127,30		30,00	15,000	R 1 304,80	T
1352	Cardiac aneurysm	20	563,000	R7 803,10		30,00	15,000	R 1 304,80	T
1353	Ascending/descending thoracic aortic aneurysm repair	20	625,000	R8 662,30		30,00	15,000	R 1 304,80	T
1354	Arrhythmia surgery	20	688,000	R9 535,50		30,00	15,000	R 1 304,80	T
1355	Cardiac tumour	20	625,000	R8 662,30		30,00	15,000	R 1 304,80	T
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	20	188,000	R2 605,80		30,00	15,000	R 1 304,80	T
1358	Harvesting of radial artery	20	175,000	R2 425,70					
6.4	Peripheral vascular system								
MODIFIER GOVERNING THIS SECTION									
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								
6.4.1	Peripheral vascular system: Investigations								
1357	Skin temperature test: Response to reflex heating	20	15,000	R207,90					
1359	Skin temperature test: Response to reflex cooling	20	15,000	R207,90					
1360	Closure: Left atrial appendage (LAA)		828,000	R11 472,00			15,000	R 1 304,80	
1361	Cold sensitivity test	20	17,000	R235,70					
1362	Trans-aortic valve implantation (TAVI)/Transcatheter aortic valve replacement (TAVR)		397,500	R5 507,40			15,000	R 1 304,80	
1363	Oscillometry test	20	5,000	R69,30					
1365	Sweating test	20	17,000	R235,70					
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	20	26,300	R364,50					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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1367	Doppler blood tests	20	6,000	R83,30					
5369	Doppler arterial pressures	20	6,000	R83,30					
5371	Doppler arterial pressures with exercise	20	10,000	R138,40					
5373	Doppler segmental pressures and wave forms	20	12,000	R166,30					
5375	Venous doppler examination (both limbs)	20	9,000	R124,80					
5377	Venous plethysmography	20	16,000	R221,80					
5379	Supra-orbital doppler test	20	5,000	R69,30					
5381	Carotid non-invasive complex tests	20	39,000	R540,50					
6.4.2	Peripheral vascular system: Arterio-venous abnormalities								
1369	Fistula or aneurysm (as for grafting of various arteries)								
6.4.3	Arteries								
6.4.3.1	Peripheral vascular system: Arteries: Aorta-iliac and major branches								
1372	Abdominal aorta and iliac artery: Unruptured	20	540,000	R7 484,20		30,00	15,000	R 1 304,80	T
1373	Abdominal aorta and iliac artery: Ruptured	20	600,000	R8 315,90		30,00	15,000	R 1 304,80	T
1375	Grafting and/or thrombo-endarterectomy for thrombosis	20	444,000	R6 153,80		30,00	15,000	R 1 304,80	T
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	20	594,000	R8 232,60		30,00	15,000	R 1 304,80	T
6.4.3.2	Peripheral vascular system: Arteries: Iliac artery								
1379	Prosthetic grafting and/or thrombo-endarterectomy	20	300,000	R4 158,00		30,00	13,000	R 1 130,70	T
6.4.3.3	Peripheral vascular system: Arteries: Peripheral								
1385	Prosthetic grafting	20	255,000	R3 534,20		30,00	5,000	R 434,90	T
1387	Grafting vein: Vein grafting proximal to knee joint	20	300,000	R4 158,00		30,00	5,000	R 434,90	T
1388	Grafting vein: Distal to knee joint	20	444,000	R6 153,80		30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

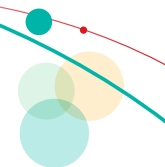


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1389	Grafting vein: Endarterectomy when not part of another specified procedure	20	264,000	R3 659,10		30,00	5,000	R 434,90	T
1390	Grafting vein: Carotid endarterectomy	20	321,000	R4 449,20		30,00	15,000	R 1 304,80	T
1393	Embolectomy: Peripheral embolectomy transfemoral	20	168,000	R2 328,60		30,00	5,000	R 434,90	T
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	20	125,000	R1 732,60		30,00	5,000	R 434,90	T
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure	20	264,000	R3 659,10		30,00	15,000	R 1 304,80	T
1397	Profundoplasty	20	210,000	R2 910,60		30,00	5,000	R 434,90	T
1399	Distal tibial (ankle region)	20	456,000	R6 320,00		30,00	5,000	R 434,90	T
1401	Femoro-femoral	20	254,000	R3 520,30		30,00	5,000	R 434,90	T
1402	Carotid-subclavian	20	288,000	R3 991,50		30,00	8,000	R 695,90	T
1403	Axillo-femoral: (Bifemoral + 50%)	20	288,000	R3 991,50		30,00	8,000	R 695,90	T
6.4.4	Peripheral vascular system: Veins								
1407	Ligation of saphenous vein	20	50,000	R693,20		30,00	3,000	R 261,00	T
1408	Placement of Hickman catheter or similar	20	91,000	R1 261,10		30,00	4,000	R 348,10	T
1410	Ligation of inferior vena cava: Abdominal	20	180,000	R2 494,60		30,00	8,000	R 695,90	T
1412	Umbrella operation on inferior vena cava: Abdominal	20	100,000	R1 386,00		30,00	8,000	R 695,90	T
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	20	141,000	R1 954,10		30,00	3,000	R 261,00	T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	20	247,000	R3 423,30		30,00	3,000	R 261,00	T
1417	Extensive sub-fascial ligation of perforating veins	20	125,000	R1 732,60		30,00	3,000	R 261,00	T
1419	Lesser varicose vein procedures	20	31,000	R429,70		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

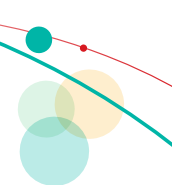
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1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	20	9,000	R124,80					
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	20	240,000	R3 326,40		30,00	11,000	R 956,90	T
1427	Thrombectomy: Illio-femoral	20	175,000	R2 425,70		30,00	6,000	R 522,00	T
6.4.5	Peripheral vascular system: Portal hypertension								
1429	Porto-caval shunt	20	500,000	R6 929,90		30,00	11,000	R 956,90	T
6.5	Cardiac rehabilitation								
1431	Cardiac rehabilitation: Phase II: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 5 patients per group	20	12,000	R166,30					
1432	Cardiac rehabilitation: Phase III: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 10 patients per group	20	6,000	R83,30					
	Please note : a. A practitioner is only allowed to instruct one group at a time. b. Benefits are limited to 3 times per week for a period of 60 minutes with a maximum of 3 months.								
7	LYMPHO RETICULAR SYSTEM								
7.1	Spleen								
1435	Splenectomy (in all cases)	20	221,300	R3 067,20		30,00	9,000	R 782,70	T
1436	Splenorrhaphy	20	231,800	R3 212,70		30,00	9,000	R 782,70	T
1437	Bone marrow or blood-derived peripheral stem cell transplantation: allogeneic donor lymphocyte infusions - PROFESSIONAL COMPONENT		28,100	R389,30					
1438	Bone marrow or blood-derived peripheral stem cell transplantation: allogeneic - PROFESSIONAL COMPONENT		36,900	R511,40					
7.2	Lymph nodes and lymphatic channels								
1439	Excision of lymph node for biopsy: Neck or axilla	20	65,000	R900,80		30,00	4,000	R 348,10	T
1440	Bone marrow or blood-derived peripheral stem cell transplantation: autologous - PROFESSIONAL COMPONENT		36,800	R509,80					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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1441	Excision of lymph node for biopsy: Groin	20	65,000	R900,80		30,00	3,000	R 261,00	T
1442	Lymphadenectomy: Modified radical neck dissection, cervical	20	293,100	R4 062,80			3,000	R 261,00	
1443	Simple excision of lymph nodes for tuberculosis	20	91,000	R1 261,10		30,00	3,000	R 261,00	T
1444	Blood-derived haematopoietic progenitor cell harvesting for transplantation, per collection: allogeneic - PROFESSIONAL COMPONENT		23,500	R325,50					
1445	Radical excision of lymph nodes of neck: Total: Unilateral	20	315,000	R4 365,70		30,00	5,000	R 434,90	T
1446	Blood-derived haematopoietic progenitor cell harvesting for transplantation, per collection: autologous - PROFESSIONAL COMPONENT		23,800	R329,60					
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	20	235,000	R3 256,70		30,00	5,000	R 434,90	T
1448	Bone marrow harvesting for transplant - PROFESSIONAL COMPONENT		101,000	R1 399,30					
1449	Radical excision of lymph nodes of axilla	20	160,000	R2 217,60		30,00	4,000	R 348,10	T
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	20	58,000	R803,90		30,00	5,000	R 434,90	T
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	20	175,000	R2 425,70		30,00	4,000	R 348,10	T
1453	Radical excision of lymph nodes of groin: Inguinal	20	150,000	R2 079,00		30,00	4,000	R 348,10	T
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	20	39,000	R540,50		30,00	5,000	R 434,90	T
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	20	275,000	R3 811,50		30,00	6,000	R 522,00	T
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis	20	42,000	R582,10		30,00	5,000	R 434,90	T
1457	Bone marrow biopsy: By trephine	20	13,000	R179,90		30,00	3,000	R 261,00	T
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	20	8,000	R110,80					
1459	Staging laparotomy for lymphoma (including splenectomy)	20	245,000	R3 395,80		30,00	7,000	R 608,90	T
1460	Sentinel lymph node(s): Intra-operative identification; INCLUDES injection of non-radioactive dye, when performed		40,400	R559,80					
8	DIGESTIVE SYSTEM								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

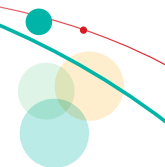


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MODIFIERS GOVERNING THIS SECTION									
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee (“+” codes excluded) will apply where endoscopic procedures are performed with own equipment.								
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	20	21,000	R291,10					
8.1	Oral cavity								
1461	All dental procedures					30,00	4,000	R 348,10	T
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	20	35,000	R485,10		30,00	4,000	R 348,10	T
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	20	15,000	R207,90		30,00	4,000	R 348,10	T
1467	Drainage of intra-oral abscess	20	31,000	R429,70		30,00	4,000	R 348,10	T
1469	Local excision of mucosal lesion of oral cavity	20	23,000	R318,90		30,00	4,000	R 348,10	T
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	20	549,000	R7 609,10		30,00	7,000	R 608,90	T
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	20	-			30	7,000	R 608,90	T
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	20	215,000	R2 979,90		30,00	6,000	R 522,00	T
1477	Cleft palate: Secondary repair	20	174,200	R2 414,60		30,00	6,000	R 522,00	T
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	20	240,000	R3 326,40		30,00	6,000	R 522,00	T
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	20	227,000	R3 146,30		30,00	6,000	R 522,00	T
1480	Repair of oronasal fistula (large) e.g. distant flap	20	227,000	R3 146,30		30,00	6,000	R 522,00	T
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	20	138,000	R1 912,80		30,00	5,000	R 434,90	T
1482	Repair of oronasal fistula (large): Second stage	20	138,000	R1 912,80		30,00	5,000	R 434,90	T
1483	Alveolar periosteal or other flaps for arch closure	20	138,000	R1 912,80		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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1486	Closure of anterior nasal floor	20	138,000	R1 912,80		30,00	5,000	R 434,90	T
8.2	Lips								
1484	Cleft lip repair: Lip adhesion (cleft lip)	20	95,000	R1 316,60		30,00	5,000	R 434,90	T
1485	Local excision of benign lesion of lip	20	27,000	R374,40		30,00	4,000	R 348,10	T
1487	Resection for lip malignancy	20	91,000	R1 261,10		30,00	4,000	R 348,10	T
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	20	227,000	R3 146,30		30,00	5,000	R 434,90	T
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	20	251,600	R3 487,30		30,00	5,000	R 434,90	T
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	20	329,900	R4 572,20		30,00	5,000	R 434,90	T
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	20	227,000	R3 146,30		30,00	5,000	R 434,90	T
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	20	251,600	R3 487,30		30,00	5,000	R 434,90	T
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	20	91,000	R1 261,10		30,00	5,000	R 434,90	T
1495	Abbé or Estlander type flap (all stages included)	20	273,100	R3 785,10		30,00	5,000	R 434,90	T
1497	Vermilionectomy	20	94,900	R1 315,20		30,00	4,000	R 348,10	T
1499	Lip reconstruction following an injury: Direct repair	20	105,600	R1 463,80		30,00	4,000	R 348,10	T
1501	Lip reconstruction following an injury or tumour removal: Flap repair	20	206,000	R2 855,00		30,00	4,000	R 348,10	T
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	20	206,000	R2 855,00		30,00	4,000	R 348,10	T
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	20	104,000	R1 441,40		30,00	4,000	R 348,10	T
8.3	Tongue								
1505	Partial glossectomy	20	225,000	R3 118,40		30,00	6,000	R 522,00	T
1507	Local excision of lesion of tongue	20	27,000	R374,40		30,00	4,000	R 348,10	T
8.4	Palate, uvula and salivary glands								
1509	Wide excision of lesion of palate	20	100,000	R1 386,00		30,00	5,000	R 434,90	T
1511	Radical resection of palate (including skin graft)	20	250,000	R3 465,00		30,00	7,000	R 608,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1513	Excision of ranula	20	85,600	R1 186,60		30,00	5,000	R 434,90	T
1515	Excision of sublingual salivary gland	20	120,000	R1 662,90		30,00	4,000	R 348,10	T
1517	Excision of submandibular salivary gland	20	146,000	R2 023,40		30,00	4,000	R 348,10	T
1519	Excision of submandibular salivary gland with suprahyoid dissection	20	150,000	R2 079,00		30,00	5,000	R 434,90	T
1521	Excision of submandibular salivary gland: With radical neck dissection	20	352,000	R4 878,60		30,00	6,000	R 522,00	T
1523	Local resection of parotid tumour	20	169,600	R2 350,50		30,00	5,000	R 434,90	T
1525	Partial parotidectomy	20	310,000	R4 296,40		30,00	5,000	R 434,90	T
1526	Total parotidectomy with preservation of facial nerve	20	358,500	R4 968,90		30,00	5,000	R 434,90	T
1527	Total parotidectomy	20	358,500	R4 968,90		30,00	5,000	R 434,90	T
1529	Parotidectomy: Extracapsular	20	300,000	R4 158,00		30,00	5,000	R 434,90	T
1531	Drainage of parotid abscess	20	25,000	R346,40		30,00	4,000	R 348,10	T
1533	Closure of salivary fistula	20	91,000	R1 261,10		30,00	4,000	R 348,10	T
1535	Dilatation of salivary duct	20	10,000	R138,40		30,00	4,000	R 348,10	T
1537	Operative removal of salivary calculus	20	55,000	R762,20		30,00	4,000	R 348,10	T
1538	Sialolithotomy: Submandibular/submaxillary, intraoral approach, complicated	20	58,500	R810,80			3,000	R 261,00	
1539	Salivary duct: Meatotomy	20	20,000	R277,30		30,00	4,000	R 348,10	T
1541	Branchial cyst and/or fistula: Excision	20	140,000	R1 940,20		30,00	5,000	R 434,90	T
1543	Excision of cystic hygroma	20	140,000	R1 940,20		30,00	5,000	R 434,90	T
1544	Ludwig's Angina: Drainage	20	42,000	R582,10		30,00	9,000	R 782,70	T
8.5	Oesophagus								
1545	Oesophagoscopy with rigid instrument: First and subsequent	20	47,000	R651,30		30,00	4,000	R 348,10	T
1549	Oesophagoscopy with dilatation of stricture	20	70,000	R970,30		30,00	4,000	R 348,10	T
1550	Oesophagoscopy with removal of foreign body	20	70,000	R970,30		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	20	80,000	R1 108,90		30,00	4,000	R 348,10	T
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	20	80,000	R1 108,90		30,00	4,000	R 348,10	T
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	20	65,000	R900,80		30,00	4,000	R 348,10	T
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	20	400,000	R5 543,90		30,00	15,000	R 1 304,80	T
1556	Oesophagogastric fundoplication (e.g. Nissen, Toupet, Watson): Laparoscopic		314,700	R4 360,10			7,000	R 608,90	
1557	Oesophageal dilatation	20	40,000	R554,30		30,00	4,000	R 348,10	T
1558	Oesophagogastric fundoplasty: Thal-Nissen procedure		389,800	R5 400,60			7,000	R 608,90	
1559	Oesophagectomy: Two stage	20	500,000	R6 929,90		30,00	11,000	R 956,90	T
1560	Oesophagectomy: Three stage	20	550,000	R7 623,00		30,00	11,000	R 956,90	T
1561	Thoraco-abdominal oesophagogastrrectomy	20	500,000	R6 929,90		30,00	11,000	R 956,90	T
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	20	300,000	R4 158,00		30,00	11,000	R 956,90	T
1564	Oesophagogastric fundoplication (e.g. Nissen, Belsey): Thoracotomy		357,100	R4 947,60			7,000	R 608,90	
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	20	350,000	R4 850,90		30,00	11,000	R 956,90	T
1566	Private fee: Gastroplasty	20	325,000	R4 504,30		30,00	8,000	R 695,90	T
1567	Bochdalek hernia repair in newborn	20	250,000	R3 465,00		30,00	14,000	R 1 217,60	T
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	20	375,000	R5 197,50		30,00	11,000	R 956,90	T
1569	Heller's operation	20	250,000	R3 465,00		30,00	14,000	R 1 217,60	T
1570	Oesophagomyotomy: Laparoscopic, with fundoplication if performed (Heller type procedure)		377,700	R5 233,10			7,000	R 608,90	
1571	Oesophagomyotomy: Thoracic approach (Heller type procedure)		313,100	R4 338,00			15,000	R 1 304,80	
1575	Insertion of indwelling oesophageal tube by laparotomy	20	142,000	R1 968,30		30,00	6,000	R 522,00	T
1576	Oesophagogastric lengthening procedure (e.g. Collis or wedge gastroplasty): ADD to major procedure (modifier 0005 does not apply)		48,300	R669,30			7,000	R 608,90	
1578	Oesophageal motility (4 channel + pneumograph)	20	100,000	R1 386,00		30,00	4,000	R 348,10	T

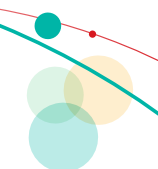
NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	20	400,000	R5 543,90		30,00	11,000	R 956,90	T
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	20	110,000	R1 524,60		30,00	4,000	R 348,10	T
1581	Removal of benign oesophageal tumours	20	285,000	R3 950,10		30,00	11,000	R 956,90	T
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	20	150,000	R2 079,00		30,00	4,000	R 348,10	T
1583	Excision of intrathoracic oesophageal diverticulum	20	250,000	R3 465,00		30,00	11,000	R 956,90	T
1584	24-hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimony pH probe)	20	55,000	R762,20					
1585	24-hour oesophageal pH studies: Interpretation	20	27,000	R374,40					
5710	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Laparotomy (not applicable to neonatal surgery)		348,200	R4 824,30			7,000	R 608,90	
5711	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Laparotomy (not applicable to neonatal surgery)		378,100	R5 238,50			7,000	R 608,90	
5712	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Thoracotomy (not applicable to neonatal surgery)		382,200	R5 295,40			15,000	R 1 304,80	
5713	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Thoracotomy (not applicable to neonatal surgery)		411,800	R5 705,50			15,000	R 1 304,80	
5714	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Thoraco-abdominal approach (not applicable to neonatal surgery)		451,200	R6 251,40			15,000	R 1 304,80	
5715	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Thoraco-abdominal approach (not applicable to neonatal surgery)		492,500	R6 823,70			15,000	R 1 304,80	
5716	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Laparoscopic (not applicable to neonatal surgery)		463,600	R6 423,20			7,000	R 608,90	
5717	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Laparoscopic (not applicable to neonatal surgery)		520,900	R7 217,10			7,000	R 608,90	
8.6	Stomach								
1587	Upper gastro-intestinal endoscopy: Hospital equipment	20	48,750	R675,70	Z	30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

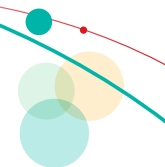
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
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1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	20	25,000	R346,40	Z	30,00	4,000	R 348,10	T
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection, ligation or application of energy device (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653)	20	34,000	R471,20		30,00	6,000	R 522,00	T
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	20	25,000	R346,40	Z	30,00	4,000	R 348,10	T
1593	Augmented histamine test: Gastric intubation with x-ray screening	20	5,000	R69,30					
1597	Gastrostomy or Gastrotomy	20	147,500	R2 044,40		30,00	6,000	R 522,00	T
1598	Gastrotomy with suture repair of bleeding ulcer	20	251,200	R3 481,50	Z	30,00	6,000	R 522,00	T
1599	Pyloromyotomy (Rammstedt)	20	116,000	R1 607,80		30,00	6,000	R 522,00	T
1601	Local excision of ulcer or benign neoplasm	20	195,600	R2 711,10		30,00	6,000	R 522,00	T
1603	Vagotomy: Abdominal	20	150,000	R2 079,00		30,00	6,000	R 522,00	T
1604	Vagotomy: Thoracic	20	150,000	R2 079,00		30,00	11,000	R 956,90	T
1605	Truncal or selective with drainage procedures	20	250,000	R3 465,00		30,00	6,000	R 522,00	T
1607	Vagotomy and antrectomy	20	320,000	R4 435,10		30,00	6,000	R 522,00	T
1609	Highly selective vagotomy	20	250,000	R3 465,00		30,00	6,000	R 522,00	T
1611	Pyloroplasty	20	180,200	R2 497,50		30,00	6,000	R 522,00	T
1613	Gastroenterostomy	20	203,600	R2 822,00		30,00	6,000	R 522,00	T
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	20	200,000	R2 771,90		30,00	7,000	R 608,90	T
1617	Partial gastrectomy	20	328,300	R4 550,20		30,00	7,000	R 608,90	T
1619	Total gastrectomy	20	384,430	R5 328,10		30,00	7,000	R 608,90	T
1621	Revision of gastrectomy or gastro-enterostomy	20	375,000	R5 197,50		30,00	7,000	R 608,90	T
1625	Gastro-esophageal operation for portal hypertension (Tanner)	20	375,000	R5 197,50		30,00	11,000	R 956,90	T
8.7	Duodenum								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



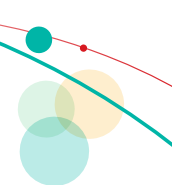
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
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1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	20	120,000	R1 662,90		30,00	6,000	R 522,00	T
1627	Duodenal intubation (under X-ray screening)	20	8,000	R110,80					
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	20	21,000	R291,10					
1631	Duodenal intubation: Under 3 years of age	20	15,000	R207,90					
8.8	Intestines								
1632	H2 breath test (intestines)	20	9,000	R124,80					
1633	Complete test using lactose or lactulose	20	27,000	R374,40					
1634	Enterotomy or Enterostomy	20	202,600	R2 808,00		30,00	6,000	R 522,00	T
1635	Intestinal obstruction of the newborn	20	240,000	R3 326,40		30,00	7,000	R 608,90	T
1636	Oral food challenge test		14,100	R195,40					
1637	Operation for relief of intestinal obstruction	20	240,000	R3 326,40		30,00	7,000	R 608,90	T
1638	Resection of small bowel for congenital atresia, proximal segment, without tapering	20	195,900	R2 715,60			3,000	R 261,00	
1639	Resection of small bowel with enterostomy or anastomosis	20	244,900	R3 394,20		30,00	6,000	R 522,00	T
1640	Resection of small bowel for congenital atresia, proximal segment, with tapering	20	431,100	R5 975,20			3,000	R 261,00	
1641	Entero-enterostomy or entero-colostomy for bypass	20	213,100	R2 953,50		30,00	6,000	R 522,00	T
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (item 0201 applicable for video capsule - disposable single patient use) (Please note: All patients should have had a normal gastroscopy and colonoscopy)	20	150,000	R2 079,00	Z				
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	20	90,000	R1 247,50	Z				
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	20	185,200	R2 566,80		30,00	6,000	R 522,00	T
1647	Closure of intestinal fistula	20	258,000	R3 575,80		30,00	6,000	R 522,00	T
1649	Excision of Meckel's diverticulum	20	179,800	R2 491,90		30,00	6,000	R 522,00	T
1651	Excision of lesion of mesentery	20	171,600	R2 378,40		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



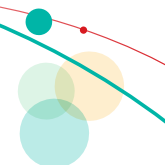
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
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1652	Laparotomy for mesenteric thrombosis	20	300,000	R4 158,00		30,00	8,000	R 695,90	T
1653	Total colonoscopy: With hospital equipment (including biopsy)	20	90,000	R1 247,50	Z	30,00	4,000	R 348,10	T
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	20	30,000	R415,80	Z	30,00	4,000	R 348,10	T
1656	Left-sided colonoscopy	20	60,000	R831,70	Z	30,00	4,000	R 348,10	T
1657	Right or left hemicolectomy or segmental colectomy	20	325,000	R4 504,30		30,00	6,000	R 522,00	T
1658	Reconstruction of colon after Hartman's procedure	20	359,400	R4 981,30		30,00	6,000	R 522,00	T
1659	Surgeon present assisting with air enema for reduction of intussusception (Paediatric surgeons add modifier 0016)		60,600	R839,70					
1660	Mini-laparotomy and insertion of peritoneal drain for perforated necrotising enterocolitis in Neonatal Intensive Care Unit (NICU) (Paediatric surgeons add modifier 0016)		20,500	R284,10			4,000	R 348,10	
1661	Colotomy: Including removal of tumour or foreign body	20	205,700	R2 851,10		30,00	6,000	R 522,00	T
1663	Total colectomy	20	390,000	R5 405,10		30,00	6,000	R 522,00	T
1665	Colostomy or ileostomy isolated procedure	20	233,800	R3 240,20		30,00	6,000	R 522,00	T
1666	Continent ileostomy pouch (all types)	20	300,000	R4 158,00		30,00	6,000	R 522,00	T
1667	Colostomy: Closure	20	179,100	R2 482,20		30,00	5,000	R 434,90	T
1668	Revision of ileostomy pouch	20	375,000	R5 197,50		30,00	6,000	R 522,00	T
1669	Total proctocolectomy and ileostomy	20	480,000	R6 652,60		30,00	7,000	R 608,90	T
1670	Proctocolectomy, ileostomy and ileostomy pouch	20	540,000	R7 484,20		30,00	7,000	R 608,90	T
1671	Colomyotomy (Reilly operation)	20	185,000	R2 564,20		30,00	6,000	R 522,00	T
8.9	Appendix								
1673	Drainage of appendix abscess	20	150,000	R2 079,00		30,00	5,000	R 434,90	T
1675	Appendicectomy	20	160,000	R2 217,60		30,00	4,000	R 348,10	T
8.10	Rectum and anus								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	20	48,750	R675,70	Z	30,00	3,000	R 261,00	T
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	20	13,000	R179,90		30,00	3,000	R 261,00	T
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	20	25,000	R346,40	Z	30,00	3,000	R 261,00	T
1679	Sigmoidoscopy with removal of polyps, first and subsequent	20	30,000	R415,80		30,00	3,000	R 261,00	T
1681	Proctoscopy with removal of polyps: First time	20	21,000	R291,10		30,00	3,000	R 261,00	T
1683	Proctoscopy with removal of polyps: Subsequent times	20	15,000	R207,90		30,00	3,000	R 261,00	T
1685	Endoscopic fulguration of tumour	20	50,000	R693,20		30,00	4,000	R 348,10	T
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	20	381,300	R5 284,80		30,00	6,000	R 522,00	T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	20	445,000	R6 167,70		30,00	8,000	R 695,90	T
1689	Perineal resection of rectum	20	141,000	R1 954,10		30,00	5,000	R 434,90	T
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.								
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	20	409,300	R5 673,00		30,00	7,000	R 608,90	T
1692	Abdomino-perineal resection of rectum: Perineal surgeon	20	158,500	R2 196,90					
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	20	200,000	R2 771,90		30,00	4,000	R 348,10	T
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	20	400,000	R5 543,90		30,00	7,000	R 608,90	T
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	20	300,000	R4 158,00		30,00	6,000	R 522,00	T
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	20	200,000	R2 771,90		30,00	6,000	R 522,00	T
1701	Repair of prolapsed rectum: Abdominal: Perineal	20	150,000	R2 079,00		30,00	4,000	R 348,10	T
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	20	35,000	R485,10		30,00	4,000	R 348,10	T
1705	Incision and drainage of peri-anal abscess	20	40,000	R554,30		30,00	3,000	R 261,00	T
1707	Drainage of submucous abscess	20	40,000	R554,30		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1709	Drainage of ischio-rectal abscess	20	87,000	R1 205,70		30,00	3,000	R 261,00	T
1711	Excision of pelvi-rectal fistula	20	200,000	R2 771,90		30,00	5,000	R 434,90	T
1713	Excision of fistula-in-ano	20	105,000	R1 455,30		30,00	3,000	R 261,00	T
1715	Operation for fissure-in-ano	20	66,800	R925,70		30,00	3,000	R 261,00	T
1716	Rectal Tumour: Destruction (any method):Transanal Approach		167,900	R2 326,30			5,000	R 434,90	
1717	Rectal tumour: Excision, transanal approach, EXCLUDING muscularis propria (partial thickness)		96,400	R1 335,70			5,000	R 434,90	
1718	Rectal Tumour: Excision, Transanal Approach,INCLUDING muscularis propria(full thickness)		143,600	R1 989,50			5,000	R 434,90	
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	20	10,000	R138,40		30,00	3,000	R 261,00	T
1721	Sclerosing injection for haemorrhoids: Per injection	20	5,000	R69,30					
1723	Haemorrhoidectomy	20	120,000	R1 662,90		30,00	3,000	R 261,00	T
1725	Drainage of external thrombosed pile	20	12,500	R173,20		30,00	3,000	R 261,00	T
1727	Multiple procedures (haemorrhoids, fissure, etc.)	20	90,000	R1 247,50		30,00	3,000	R 261,00	T
1728	Biopsy of ano-rectal wall, for congenital megacolon	20	60,600	R840,00	Z	30,00	5,000	R 434,90	T
1729	Excision of anal skin tags	20	25,000	R346,40		30,00	3,000	R 261,00	T
1731	Operation for low imperforate anus	20	105,000	R1 455,30		30,00	6,000	R 522,00	T
1733	Anoplasty: Y-V-plasty	20	41,000	R568,30		30,00	3,000	R 261,00	T
1734	Radio frequency energy delivery or implantation of biopolymers to the anal canal muscle for the treatment of faecal incontinence (endoscopy inclusive)	20	90,000	R1 247,50			3,000	R 261,00	
1735	Anal sphincteroplasty for incontinence	20	120,000	R1 662,90		30,00	3,000	R 261,00	T
1737	Dilation of ano-rectal stricture	20	12,500	R173,20		30,00	3,000	R 261,00	T
1739	Closure of recto-vesical fistula	20	241,000	R3 340,30		30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1741	Closure of recto-urethral fistula	20	241,000	R3 340,30		30,00	5,000	R 434,90	T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	20	27,000	R374,40					
8.11	Liver								
1743	Needle biopsy of liver	20	30,300	R420,00		30,00	3,000	R 261,00	T
1745	Biopsy of liver by laparotomy	20	125,000	R1 732,60		30,00	4,000	R 348,10	T
1747	Drainage of liver abscess or cyst	20	179,100	R2 482,20		30,00	7,000	R 608,90	T
1748	Body composition measured by bio-electrical impedance	20	3,000	R41,50					
1749	Hemi-hepatectomy: Right	20	564,000	R7 816,90		30,00	9,000	R 782,70	T
1751	Hemi-hepatectomy: Left	20	521,100	R7 222,20		30,00	9,000	R 782,70	T
1752	Extended right or left hepatectomy	20	570,900	R7 912,60		30,00	9,000	R 782,70	T
1753	Partial or segmental hepatectomy	20	378,000	R5 239,10		30,00	9,000	R 782,70	T
1754	Hepatico-jejunostomy	20	369,200	R5 116,80		30,00	9,000	R 782,70	T
1755	Liver transplant	20	1400,800	R19 414,90		30,00	15,000	R 1 304,80	T
1756	Harvesting donor hepatectomy	20	616,200	R8 540,50		30,00	5,000	R 434,90	T
1757	Suture of liver wound or injury	20	214,200	R2 969,00		30,00	9,000	R 782,70	T
8.12	Biliary tract								
1759	Cholecystostomy	20	171,600	R2 378,40		30,00	6,000	R 522,00	T
1761	Cholecystectomy	20	225,000	R3 118,40		30,00	6,000	R 522,00	T
1762	Cholecystectomy and operative cholangiogram	20	255,000	R3 534,20		30,00	6,000	R 522,00	T
1763	With exploration of common bile duct	20	264,500	R3 666,00		30,00	6,000	R 522,00	T
1765	Exploration of common bile duct: Secondary operation	20	327,700	R4 541,90		30,00	6,000	R 522,00	T
1767	Reconstruction of common bile duct	20	371,700	R5 151,70		30,00	6,000	R 522,00	T
1768	Resection bile duct tumour with reconstruction	20	327,700	R4 541,90		30,00	6,000	R 522,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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1769	Cholecysto-enterostomy or gastrostomy	20	236,300	R3 275,00		30,00	6,000	R 522,00	T
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	20	25,600	R354,90		30,00	6,000	R 522,00	T
1773	Transduodenal sphincteroplasty	20	225,000	R3 118,40		30,00	6,000	R 522,00	T
1774	Balloon dilatation of common bile duct strictures	20	125,000	R1 732,60		30,00	6,000	R 522,00	T
1775	Excision choledochal cyst with reconstruction	20	327,700	R4 541,90		30,00	6,000	R 522,00	T
1777	Porto-enterostomy for biliary atresia	20	400,000	R5 543,90		30,00	11,000	R 956,90	T
8.13	Pancreas								
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	20	105,900	R1 468,00		30,00	4,000	R 348,10	T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	20	15,820	R219,20		30,00	4,000	R 348,10	T
1780	Gastric and duodenal intubation	20	8,000	R110,80					
1781	Procedure (excluding laboratory tests)	20	21,000	R291,10					
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	20	30,000	R415,80		30,00	4,000	R 348,10	T
1783	Drainage of pancreatic abscess	20	239,300	R3 316,60		30,00	6,000	R 522,00	T
1784	Debridement pancreatic necrosis	20	348,400	R4 828,40		30,00	6,000	R 522,00	T
1785	Internal drainage of pancreatic cyst	20	250,600	R3 473,10		30,00	6,000	R 522,00	T
1770	Endoscopic placement of biliduodenal endoprosthesis: ADD to ERCP (item 1778)	20	30,000	R415,80		30,00	6,000	R 522,00	T
1786	Internal drainage of pancreatic cyst with Roux-Y	20	306,800	R4 252,30		30,00	6,000	R 522,00	T
1787	Operative pancreatogram: ADD	20	10,000	R138,40					
1788	Biopsy of pancreas	20	177,700	R2 463,00		30,00	6,000	R 522,00	T
1789	Pancreatico-duodenectomy	20	704,800	R9 768,20		30,00	8,000	R 695,90	T
1791	Local, partial or subtotal pancreatectomy	20	351,300	R4 868,90		30,00	8,000	R 695,90	T
1793	Distal pancreatectomy with internal drainage	20	377,400	R5 230,70		30,00	8,000	R 695,90	T

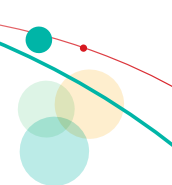
NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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8.14	Peritoneal cavity								
1797	Pneumo-peritoneum: First	20	13,000	R179,90		30,00	4,000	R 348,10	T
1799	Pneumo-peritoneum: Repeat	20	6,000	R83,30		30,00	4,000	R 348,10	T
1800	Peritoneal lavage	20	20,000	R277,30					
1801	Diagnostic paracentesis: Abdomen	20	8,000	R110,80					
1803	Therapeutic paracentesis: Abdomen	20	13,000	R179,90					
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	20	45,000	R623,80		30,00	5,000	R 434,90	T
1808	Omentectomy (separate procedures)		189,200	R2 621,40			6,000	R 522,00	
1809	Laparotomy	20	196,000	R2 716,50		30,00	4,000	R 348,10	T
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	20	350,000	R4 850,90		30,00	7,000	R 608,90	T
1811	Suture of burst abdomen	20	188,300	R2 610,00		30,00	7,000	R 608,90	T
1812	Laparotomy for control of surgical haemorrhage	20	105,000	R1 455,30		30,00	9,000	R 782,70	T
1813	Drainage of sub-phrenic abscess	20	180,000	R2 494,60		30,00	7,000	R 608,90	T
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	20	248,400	R3 442,70		30,00	5,000	R 434,90	T
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	20	75,000	R1 039,50		30,00	4,000	R 348,10	T
9	HERNIAE								
1819	Inguinal or femoral hernia: Adult	20	125,000	R1 732,60		30,00	4,000	R 348,10	T
1821	Inguinal or femoral hernia: Child under 14 years	20	90,000	R1 247,50		30,00	4,000	R 348,10	T
1823	Inguinal hernia: Infant under one year	20	100,000	R1 386,00		30,00	4,000	R 348,10	T
1825	Recurrent inguinal or femoral hernia	20	155,000	R2 148,50		30,00	4,000	R 348,10	T
1827	Strangulated hernia or femoral hernia	20	238,000	R3 298,70		30,00	7,000	R 608,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

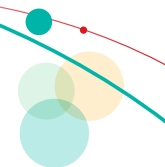
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1829	Epigastric hernia	20	93,300	R1 293,20		30,00	4,000	R 348,10	T
1831	Umbilical hernia: Adult	20	140,000	R1 940,20		30,00	4,000	R 348,10	T
1833	Umbilical hernia: Child under 14 years	20	60,000	R831,70		30,00	4,000	R 348,10	T
1835	Incisional hernia	20	166,800	R2 312,00		30,00	4,000	R 348,10	T
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to item for the incisional or ventral hernia repair)	20	77,000	R1 067,30		30,00	4,000	R 348,10	T
1837	Repair of omphalocele in newborn (one or more procedures)	20	275,000	R3 811,50		30,00	7,000	R 608,90	T
10	URINARY SYSTEM								
RULES GOVERNING THE SECTION URINARY SYSTEM									
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.								
10.1	Kidney								
1839	Renal biopsy: Per kidney: Open	20	71,000	R984,00		30,00	5,000	R 434,90	T
1841	Renal biopsy: Needle	20	30,000	R415,80		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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1843	Peritoneal dialysis: First day	20	33,000	R457,40					
1845	Peritoneal dialysis: Every subsequent day	20	33,000	R457,40					
1847	Haemodialysis: Per hour or part thereof	20	21,000	R291,10					
1849	Haemodialysis: Maximum: Eight hours	20	168,000	R2 328,60					
1851	Haemodialysis: Thereafter per week	20	55,000	R762,20					
1852	Continuous haemodiafiltration per day in intensive or high care unit	20	33,000	R457,40					
1853	Nephrectomy: Primary nephrectomy	20	225,000	R3 118,40		30,00	5,000	R 434,90	T
1855	Nephrectomy: Secondary nephrectomy	20	267,000	R3 700,70		30,00	5,000	R 434,90	T
1857	Radical with regional lymph adenectomy for tumour	20	280,000	R3 881,00		30,00	6,000	R 522,00	T
1859	Nephrectomy: Partial	20	267,000	R3 700,70		30,00	5,000	R 434,90	T
1861	Symphysiotomy for horse-shoe kidney	20	287,000	R3 977,60		30,00	6,000	R 522,00	T
1863	Nephro-ureterectomy	20	305,000	R4 227,10		30,00	5,000	R 434,90	T
1865	Nephrotomy with drainage nephrostomy	20	189,000	R2 619,60		30,00	6,000	R 522,00	T
1868	Nephrolithotomy, for congenital kidney abnormality, complicated	20	268,400	R3 719,90			3,000	R 261,00	
1869	Nephrolithotomy	20	227,000	R3 146,30		30,00	5,000	R 434,90	T
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	20	284,000	R3 936,00		30,00	5,000	R 434,90	T
1871	Staghorn stone: Surgical	20	341,000	R4 726,20		30,00	6,000	R 522,00	T
1873	Suture renal laceration (renorrhaphy)	20	193,000	R2 674,90		30,00	6,000	R 522,00	T
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	20	34,000	R471,20		30,00	3,000	R 261,00	T
1877	Operation for renal cyst: Marsupialisation or excision	20	189,000	R2 619,60		30,00	5,000	R 434,90	T
1878	Ablation of 1 or more renal tumour(s): Cryotherapy, percutaneous, unilateral	20	106,000	R1 469,10			3,000	R 261,00	
1879	Closure renal fistula	20	189,000	R2 619,60		30,00	5,000	R 434,90	T
1881	Pyeloplasty	20	252,000	R3 492,50		30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

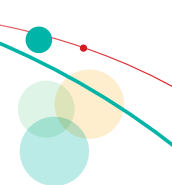


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1882	Pyeloplasty, complicated; with or without plastic procedure on ureter; nephropexy; nephrostomy; pyelostomy; ureteral splinting. (Secondary procedure for congenital kidney abnormality or solitary kidney)	20	327,700	R4 541,70			3,000	R 261,00	
1883	Pyelostomy	20	189,000	R2 619,60		30,00	5,000	R 434,90	T
1885	Pyelolithotomy	20	189,000	R2 619,60		30,00	5,000	R 434,90	T
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	20	223,000	R3 090,70		30,00	5,000	R 434,90	T
1889	Nephrectomy for Allograft: Living or dead	20	255,000	R3 534,20		30,00	5,000	R 434,90	T
1891	Perinephric abscess or renal abscess: Drainage	20	200,000	R2 771,90		30,00	7,000	R 608,90	T
1893	Aberrant renal vessels: Repositioning with pyeloplasty	20	210,000	R2 910,60		30,00	5,000	R 434,90	T
1894	Auto transplantation of kidney	20	420,000	R5 821,00		30,00	10,000	R 869,70	T
1895	Allo transplantation of kidney	20	420,000	R5 821,00		30,00	10,000	R 869,70	T
10.2	Ureter								
1897	Ureterorrhaphy: Suture of ureter	20	147,000	R2 037,30		30,00	5,000	R 434,90	T
1898	Ureterorrhaphy: Lumbar approach	20	189,000	R2 619,60		30,00	5,000	R 434,90	T
1899	Ureteroplasty	20	181,000	R2 508,50		30,00	5,000	R 434,90	T
1901	Ureterolysis	20	118,000	R1 635,40		30,00	5,000	R 434,90	T
1902	Ureterolysis: Lumbar approach	20	189,000	R2 619,60		30,00	5,000	R 434,90	T
1903	Ureterectomy only	20	137,000	R1 898,90		30,00	5,000	R 434,90	T
1905	Ureterolithotomy	20	265,800	R3 683,80		30,00	5,000	R 434,90	T
1907	Cutaneous ureterostomy: Unilateral	20	108,000	R1 496,70		30,00	5,000	R 434,90	T
1909	Cutaneous ureterostomy: Bilateral	20	189,000	R2 619,60		30,00	5,000	R 434,90	T
1911	Uretero-enterostomy: Unilateral	20	137,000	R1 898,90		30,00	5,000	R 434,90	T
1913	Uretero-enterostomy: Bilateral	20	240,000	R3 326,40		30,00	5,000	R 434,90	T
1915	Uretero-ureterostomy	20	137,000	R1 898,90		30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

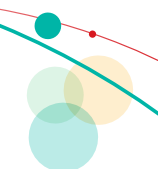
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1917	Transuretero-ureterostomy	20	155,000	R2 148,50		30,00	5,000	R 434,90	T
1919	Closure of ureteric fistula	20	147,000	R2 037,30		30,00	5,000	R 434,90	T
1921	Immediate deligation of ureter	20	147,000	R2 037,30		30,00	5,000	R 434,90	T
1923	Ureterolysis for retrocaval ureter with anastomosis	20	168,000	R2 328,60		30,00	5,000	R 434,90	T
1924	Ureterocalicostomy	20	20,000	R3 671,30			3,000	R 261,00	
1925	Uretero-pyelostomy	20	252,000	R3 492,50		30,00	5,000	R 434,90	T
1927	Uretero-neo-cystostomy: Unilateral	20	316,100	R4 381,10		30,00	5,000	R 434,90	T
1929	Uretero-neo-cystostomy: Bilateral	20	474,150	R6 571,70		30,00	5,000	R 434,90	T
1931	Uretero-neo-cystostomy: With Boariplasty	20	351,800	R4 875,70		30,00	5,000	R 434,90	T
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	20	252,000	R3 492,50		30,00	5,000	R 434,90	T
1935	Uretero-ileal conduit	20	388,000	R5 377,70		30,00	5,000	R 434,90	T
1937	Replacement of ureter by bowel segment: Unilateral	20	277,000	R3 839,20		30,00	5,000	R 434,90	T
1939	Replacement of ureter by bowel segment: Bilateral	20	485,000	R6 722,10		30,00	5,000	R 434,90	T
1941	Ureterostomy-in-situ: Unilateral	20	100,000	R1 386,00		30,00	5,000	R 434,90	T
1943	Ureterostomy-in-situ: Bilateral	20	175,000	R2 425,70		30,00	5,000	R 434,90	T
10.3	Bladder								
1952	J J Stent catheter	20	44,000	R610,00		30,00	3,000	R 261,00	T
1953	With hydrodilatation of the bladder for interstitial cystitis	20	5,000	R69,30		30,00	3,000	R 261,00	T
1954	Uretroscopy	20	35,000	R485,10		30,00	3,000	R 261,00	T
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	20	35,000	R485,10		30,00	3,000	R 261,00	T
1957	With dilatation of the ureter or ureters	20	25,000	R346,40		30,00	3,000	R 261,00	T
1959	With manipulation of ureteral calculus	20	20,000	R277,30		30,00	3,000	R 261,00	T
1961	With removal of foreign body or calculus from urethra or bladder	20	20,000	R277,30		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



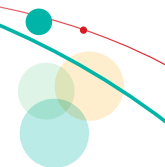
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1963	With fulguration or treatment of minor lesions, with or without biopsy	20	15,000	R207,90		30,00	3,000	R 261,00	T
1964	And control of haemorrhage and blood clot evacuation	20	15,000	R207,90		30,00	3,000	R 261,00	T
1965	And catheterisation of the ejaculatory duct	20	10,000	R138,40		30,00	3,000	R 261,00	T
1967	With ureteric meatotomy: Unilateral or bilateral	20	15,000	R207,90		30,00	3,000	R 261,00	T
1969	And cold biopsy	20	15,000	R207,90		30,00	3,000	R 261,00	T
1971	With cryosurgery for bladder or prostatic disease	20	55,000	R762,20		30,00	3,000	R 261,00	T
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	20	35,000	R485,10		30,00	3,000	R 261,00	T
1975	Ultraviolet cystoscopy for bladder tumour	20	60,000	R831,70		30,00	3,000	R 261,00	T
1976	Optic urethrotomy	20	80,000	R1 108,90		30,00	3,000	R 261,00	T
1977	Transurethral resection of ejaculatory duct	20	60,700	R841,10		30,00	3,000	R 261,00	T
1979	Internal urethrotomy: Female	20	50,000	R693,20		30,00	3,000	R 261,00	T
1981	Internal urethrotomy: Male	20	76,200	R1 056,30		30,00	3,000	R 261,00	T
1983	Transurethral resection of bladder tumour	20	100,000	R1 386,00		30,00	5,000	R 434,90	T
1984	Transurethral resection of bladder tumours: Large multiple tumours	20	115,000	R1 593,90		30,00	5,000	R 434,90	T
1985	Transurethral resection of bladder neck: Female or child	20	105,000	R1 455,30		30,00	5,000	R 434,90	T
1986	Transurethral resection of bladder neck: Male	20	125,000	R1 732,60		30,00	5,000	R 434,90	T
1987	Litholapaxy	20	80,000	R1 108,90		30,00	5,000	R 434,90	T
1989	Cystometrogram	20	25,000	R346,40		30,00	3,000	R 261,00	T
1991	Flometric bladder, studies with videocystograph	20	40,000	R554,30		30,00	3,000	R 261,00	T
1992	Without videocystograph	20	25,000	R346,40		30,00	3,000	R 261,00	T
1993	Voiding cysto-urethrogram	20	21,000	R291,10		30,00	3,000	R 261,00	T
1994	Rigiscan examination	20	66,000	R914,60					
1995	Percutaneous aspiration of bladder	20	10,000	R138,40		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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1996	Bladder catheterisation: Male (not at operation)	20	6,000	R83,30		30,00	3,000	R 261,00	T
1997	Bladder catheterisation: Female (not at operation)	20	3,000	R41,50					
1999	Percutaneous cystostomy	20	24,000	R332,90		30,00	3,000	R 261,00	T
1945	Instillation of radio-opaque material for cystography or urethrocystography	20	5,000	R69,30		30,00	3,000	R 261,00	T
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	20	10,000	R138,40		30,00	3,000	R 261,00	T
1949	Cystoscopy: Hospital equipment	20	44,000	R610,00		30,00	3,000	R 261,00	T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	20	10,000	R138,40		30,00	3,000	R 261,00	T
2001	Total cystectomy: After previous urinary diversion	20	294,000	R4 075,00		30,00	8,000	R 695,90	T
2003	Total cystectomy: With conduit construction and ureteric anastomosis	20	554,700	R7 688,00		30,00	8,000	R 695,90	T
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	20	650,000	R9 008,90		30,00	8,000	R 695,90	T
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	20	700,000	R9 701,90		30,00	8,000	R 695,90	T
2007	Partial cystectomy	20	147,000	R2 037,30		30,00	6,000	R 522,00	T
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	20	600,000	R8 315,90		30,00	8,000	R 695,90	T
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	20	462,000	R6 403,20		30,00	8,000	R 695,90	T
2010	Reversion of temporary conduit	20	360,000	R4 989,60		30,00	8,000	R 695,90	T
2011	Partial cystectomy with uretero-neo-cystostomy	20	202,000	R2 799,60		30,00	6,000	R 522,00	T
2012	Reversion of conduit with major urinary tract reconstruction	20	600,000	R8 315,90		30,00	8,000	R 695,90	T
2013	Diverticulectomy (independent procedure): Multiple or single	20	137,000	R1 898,90		30,00	5,000	R 434,90	T
2014	Closure of cystostomy (Stand-alone procedure)	20	120,000	R1 663,10			3,000	R 261,00	
2015	Suprapubic cystostomy	20	67,000	R928,60		30,00	5,000	R 434,90	T
2016	Abdomino-neo-urethrostomy	20	252,000	R3 492,50		30,00	5,000	R 434,90	T
2017	Open loop fulguration or excision of bladder tumour	20	101,000	R1 399,80		30,00	5,000	R 434,90	T
2019	Operation for vesico-vaginal or urethra-vaginal fistula	20	155,000	R2 148,50		30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

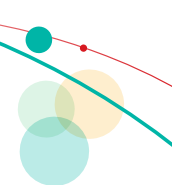


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2020	Repair of vesico vaginal fistula: Abdominal approach	20	255,000	R3 534,20		30,00	5,000	R 434,90	T
2021	Vesico-plication (Hamilton Stewart)	20	118,000	R1 635,40		30,00	5,000	R 434,90	T
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	20	195,000	R2 702,70		30,00	5,000	R 434,90	T
2025	Vesico-urethropexy with rectus sling	20	229,400	R3 179,50		30,00	5,000	R 434,90	T
2027	Open operation for ureterocele: Unilateral	20	118,000	R1 635,40		30,00	5,000	R 434,90	T
2029	Open operation for ureterocele: Bilateral	20	207,000	R2 869,30		30,00	5,000	R 434,90	T
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	20	264,000	R3 659,10		30,00	8,000	R 695,90	T
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	20	53,000	R734,70		30,00	8,000	R 695,90	T
2035	Cutaneous vesicostomy	20	118,000	R1 635,40		30,00	5,000	R 434,90	T
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	20	126,000	R1 746,40		30,00	5,000	R 434,90	T
2039	Operation for ruptured bladder	20	137,000	R1 898,90		30,00	6,000	R 522,00	T
2042	Enterocystoplasty plus bowel anastomosis	20	419,900	R5 819,80		30,00	5,000	R 434,90	T
2043	Cysto-lithotomy	20	132,000	R1 829,50		30,00	5,000	R 434,90	T
2045	Excision of patent-urachus or urachal cyst	20	112,000	R1 552,40		30,00	5,000	R 434,90	T
2047	Drainage of perivesical or prevesical abscess	20	105,000	R1 455,30		30,00	5,000	R 434,90	T
2049	Evacuation of clots from bladder: Other than post-operative	20	132,100	R1 830,80		30,00	3,000	R 261,00	T
2050	Evacuation of clots from bladder: Post-operative					30,00	4,000	R 348,10	T
2051	Simple bladder lavage: Including catheterisation	20	12,000	R166,30		30,00	3,000	R 261,00	T
2053	Bladder neck plasty: Male	20	137,000	R1 898,90		30,00	5,000	R 434,90	T
2057	Bladder neck plasty: Female	20	137,000	R1 898,90		30,00	5,000	R 434,90	T
10.4	Urethra								
2059	Open biopsy of urethra: Male	20	45,000	R623,80		30,00	3,000	R 261,00	T
2061	Open biopsy of urethra: Female	20	45,000	R623,80		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

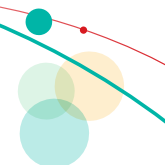
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2063	Dilatation of urethra stricture: By passage sound: Initial (male)	20	20,000	R277,30		30,00	3,000	R 261,00	T
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	20	10,000	R138,40		30,00	3,000	R 261,00	T
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	20	20,000	R277,30		30,00	3,000	R 261,00	T
2069	Dilatation of female urethra	20	5,000	R69,30		30,00	3,000	R 261,00	T
2071	Urethrorraphy: Suture of urethral wound or injury	20	139,000	R1 926,40		30,00	4,000	R 348,10	T
2073	External urethrotomy: Pendulous urethra (anterior)	20	67,000	R928,60		30,00	3,000	R 261,00	T
2075	Urethraplasty: Pendulous urethra: First stage	20	71,000	R984,00		30,00	4,000	R 348,10	T
2077	Urethraplasty: Pendulous urethra: Second stage	20	145,000	R2 009,80		30,00	4,000	R 348,10	T
2079	Reconstruction of female urethra	20	147,000	R2 037,30		30,00	4,000	R 348,10	T
2081	Reconstruction or repair of male anterior urethra (one stage)	20	261,600	R3 625,60		30,00	4,000	R 348,10	T
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	20	168,000	R2 328,60		30,00	6,000	R 522,00	T
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	20	168,000	R2 328,60		30,00	6,000	R 522,00	T
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	20	294,000	R4 075,00		30,00	6,000	R 522,00	T
2087	Urethral diverticulectomy: Male or female	20	147,000	R2 037,30		30,00	4,000	R 348,10	T
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	20	86,000	R1 191,80					
2089	Marsupialisation of urethral diverticula: Male or female	20	115,100	R1 595,40		30,00	4,000	R 348,10	T
2091	Total urethrectomy: Female	20	147,000	R2 037,30		30,00	5,000	R 434,90	T
2093	Total urethrectomy: Male	20	189,000	R2 619,60		30,00	5,000	R 434,90	T
2095	Drainage of simple localised perineal urinary extravasation	20	128,800	R1 785,10		30,00	5,000	R 434,90	T
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	20	137,000	R1 898,90		30,00	5,000	R 434,90	T
2099	Fulguration for urethral caruncle or polyp	20	53,600	R743,00		30,00	3,000	R 261,00	T
2101	Excision of urethral caruncle	20	53,600	R743,00		30,00	3,000	R 261,00	T
2103	Simple urethral meatotomy	20	26,300	R364,50		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



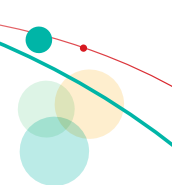
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2105	Incision of deep peri-urethral abscess: Female	20	123,100	R1 706,20		30,00	3,000	R 261,00	T
2107	Incision of deep peri-urethral abscess: Male	20	123,100	R1 706,20		30,00	3,000	R 261,00	T
2108	Sling operation for male urinary incontinence (fascia or synthetic)	20	169,000	R2 341,90			3,000	R 261,00	
2109	Badenoch pull-through for intractable stricture or incontinence	20	181,000	R2 508,50		30,00	5,000	R 434,90	T
2110	Removal/revision: Sling for male urinary incontinence (fascia or synthetic)	20	120,000	R1 663,10			3,000	R 261,00	
2111	External sphincterotomy	20	108,000	R1 496,70		30,00	5,000	R 434,90	T
2112	Insertion of inflatable sphincter, includes pump, reservoir and cuff	20	217,600	R3 015,80			3,000	R 261,00	
2113	Drainage of Skene gland abscess or cyst	20	42,300	R586,40		30,00	3,000	R 261,00	T
2114	Repair: Inflatable sphincter, includes pump, reservoir and cuff	20	142,500	R1 974,80			3,000	R 261,00	
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	20	168,000	R2 328,60		30,00	5,000	R 434,90	T
2116	Urethral meatoplasty	20	101,500	R1 406,70		30,00	3,000	R 261,00	T
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	20	150,300	R2 083,00		30,00	3,000	R 261,00	T
2118	Removal: Inflatable sphincter, includes pump, reservoir and cuff	20	154,400	R2 140,00			3,000	R 261,00	
2119	Removal and replacement: Inflatable sphincter, includes pump, reservoir and cuff	20	123,500	R1 711,90			3,000	R 261,00	
2120	Removal and replacement: Inflatable sphincter, includes pump, reservoir and cuff, plus debridement of infected tissue	20	278,200	R3 855,30			3,000	R 261,00	
2121	Closure of urethrovaginal fistula: Including diversionary procedures	20	189,000	R2 619,60		30,00	5,000	R 434,90	T
11	Male Genital System								
11.1	Penis								
2123	Biopsy of penis (independent procedure)	20	52,100	R721,90		30,00	3,000	R 261,00	T
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	20	16,600	R230,10		30,00	3,000	R 261,00	T
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	20	41,600	R576,60		30,00	3,000	R 261,00	T
2129	Electrodesiccation: Limited number	20	20,800	R288,50		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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2131	Electrodesiccation: Multiple extensive	20	41,600	R576,60		30,00	3,000	R 261,00	T
2132	Ligation of abnormal venous drainage	20	106,100	R1 470,50		30,00	3,000	R 261,00	T
2133	Circumcision: Clamp procedure	20	42,300	R586,40		30,00	3,000	R 261,00	T
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	20	60,000	R831,70		30,00	3,000	R 261,00	T
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	20	36,800	R509,90		30,00	3,000	R 261,00	T
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	20	101,000	R1 399,80		30,00	3,000	R 261,00	T
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	20	188,600	R2 613,80		30,00	3,000	R 261,00	T
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	20	224,600	R3 112,90		30,00	3,000	R 261,00	T
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	20	168,000	R2 328,60		30,00	3,000	R 261,00	T
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	20	168,000	R2 328,60		30,00	3,000	R 261,00	T
2153	Reconstructive operation for epispadias with incontinence	20	168,000	R2 328,60		30,00	3,000	R 261,00	T
2154	Induction of artificial erection	20	16,000	R221,80		30,00	3,000	R 261,00	T
2155	Hypospadias: Urethral reconstruction	20	187,000	R2 592,00		30,00	3,000	R 261,00	T
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	20	84,000	R1 164,00		30,00	3,000	R 261,00	T
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	20	300,000	R4 158,00		30,00	3,000	R 261,00	T
2161	Total amputation of penis: Without gland dissection	20	210,000	R2 910,60		30,00	4,000	R 348,10	T
2163	Total amputation of penis: With gland-dissection	20	336,000	R4 656,90		30,00	6,000	R 522,00	T
2165	Partial amputation of penis: With gland-dissection	20	210,000	R2 910,60		30,00	6,000	R 522,00	T
2167	Partial amputation of penis: Without gland-dissection	20	84,000	R1 164,00		30,00	4,000	R 348,10	T
2169	Injection procedure for Peyronie's disease	20	14,000	R193,90		30,00	3,000	R 261,00	T
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	20	42,000	R582,10		30,00	3,000	R 261,00	T
2173	Priapism operation: Shunt procedure: Any type	20	252,000	R3 492,50		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

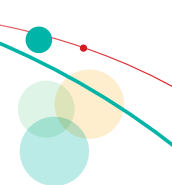


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2174	Priapism operation: Stab shunt	20	114,400	R1 585,70		30,00	4,000	R 348,10	T
11.2	Testis and epididymis								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								
2175	Testis biopsy: Needle (independent procedure)	20	18,500	R256,50		30,00	3,000	R 261,00	T
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	20	58,900	R816,40		30,00	3,000	R 261,00	T
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	20	58,900	R816,40		30,00	3,000	R 261,00	T
2181	Epididymis biopsy: Needle	20	86,100	R1 193,40		30,00	3,000	R 261,00	T
2183	Puncture aspiration hydrocele with or without injection of medication	20	10,000	R138,40		30,00	3,000	R 261,00	T
2185	Operation for mal descended testicle: Including herniotomy	20	135,000	R1 871,10		30,00	4,000	R 348,10	T
2187	Operation for torsion appendix testis	20	119,200	R1 652,20		30,00	4,000	R 348,10	T
2189	Operation for torsion testis with fixation of contralateral testis	20	119,200	R1 652,20		30,00	4,000	R 348,10	T
2191	Orchidectomy (total or subcapsular): Unilateral	20	98,000	R1 358,40		30,00	3,000	R 261,00	T
2193	Orchidectomy (total or subcapsular): Bilateral	20	147,000	R2 037,30		30,00	3,000	R 261,00	T
2195	Radical operation for malignant testis: Excluding gland dissection	20	155,300	R2 152,40		30,00	6,000	R 522,00	T
2197	Operation for hydrocele or spermatocele	20	99,800	R1 382,90		30,00	4,000	R 348,10	T
2199	Varicocelelectomy	20	106,100	R1 470,50		30,00	4,000	R 348,10	T
2201	Abdominal ligation of spermatic vein for varicocele	20	112,800	R1 563,50		30,00	4,000	R 348,10	T
2203	Epididymectomy: Unilateral	20	114,400	R1 585,70		30,00	3,000	R 261,00	T
2205	Epididymectomy: Bilateral	20	158,200	R2 192,70		30,00	3,000	R 261,00	T
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	20	55,900	R774,70		30,00	3,000	R 261,00	T
2209	Vasotomy: Unilateral or bilateral	20	70,400	R975,80		30,00	3,000	R 261,00	T
2210	Vasogram, seminal vesiculogram: Unilateral	20	58,100	R805,30		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

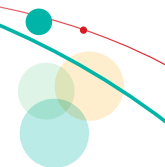
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2211	Vasogram, seminal vesiculogram: Bilateral	20	58,100	R805,30		30,00	3,000	R 261,00	T
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	20	91,200	R1 263,80		30,00	4,000	R 348,10	T
2213	Suture or repair of testicular injury	20	110,300	R1 528,70		30,00	4,000	R 348,10	T
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	20	90,000	R1 247,50		30,00	4,000	R 348,10	T
2217	Excision of local lesion of testis or epididymis	20	90,800	R1 258,40		30,00	4,000	R 348,10	T
2219	Vaso-vasostomy: Unilateral	20	67,000	R928,60		30,00	3,000	R 261,00	T
2221	Vaso-vasostomy: Bilateral	20	117,000	R1 621,60		30,00	3,000	R 261,00	T
2223	Epididymo-vasostomy: Unilateral	20	67,000	R928,60		30,00	3,000	R 261,00	T
2225	Epididymo-vasostomy: Bilateral	20	117,000	R1 621,60		30,00	3,000	R 261,00	T
2227	Incision and drainage of scrotal wall abscess	20	42,700	R591,70		30,00	3,000	R 261,00	T
2229	Excision of Mullerian duct cyst	20	189,000	R2 619,60		30,00	4,000	R 348,10	T
2231	Excision of lesion of spermatic cord	20	84,000	R1 164,00		30,00	3,000	R 261,00	T
2233	Seminal Vesiculectomy	20	220,000	R3 049,20		30,00	5,000	R 434,90	T
11.3	Prostate								
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	20	23,300	R323,00		30,00	3,000	R 261,00	T
2237	Biopsy prostate: Incisional, any approach	20	105,000	R1 455,30		30,00	4,000	R 348,10	T
2239	Transurethral drainage of prostatic abscess	20	117,400	R1 627,30		30,00	4,000	R 348,10	T
2241	Perineal drainage of prostatic abscess	20	77,000	R1 067,30		30,00	4,000	R 348,10	T
2243	Trans-urethral cryo-surgical removal of prostate	20	126,000	R1 746,40		30,00	6,000	R 522,00	T
2245	Trans-urethral resection of prostate	20	252,000	R3 492,50		30,00	6,000	R 522,00	T
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	20	126,000	R1 746,40		30,00	6,000	R 522,00	T
2249	Trans-urethral resection of post-operative bladder neck contracture	20	126,000	R1 746,40		30,00	5,000	R 434,90	T
2250	Laparoscopic prostatectomy: Retropubic, radical, including nerve sparing		501,800	R6 952,60			8,000	R 695,90	

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



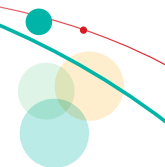
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2251	Prostatectomy: Perineal: Sub-total	20	252,000	R3 492,50		30,00	6,000	R 522,00	T
2253	Prostatectomy: Perineal: Radical	20	336,000	R4 656,90		30,00	8,000	R 695,90	T
2254	Pelvic lymph adenectomy	20	175,000	R2 425,70		30,00	8,000	R 695,90	T
2255	Supra-pelvic, transversical	20	252,000	R3 492,50		30,00	6,000	R 522,00	T
2257	Retropubic: Sub-total	20	252,000	R3 492,50		30,00	6,000	R 522,00	T
2259	Retropubic: Radical	20	336,000	R4 656,90		30,00	8,000	R 695,90	T
2260	Prostate brachytherapy	20	230,000	R3 187,80		30,00	8,000	R 695,90	T
12	FEMALE GENITAL SYSTEM								
12.1	Vulva and introitus								
2271	Removal of tag or polyp	20	6,000	R83,30		30,00	3,000	R 261,00	T
2272	Removal of small superficial benign lesions	20	23,000	R318,90		30,00	3,000	R 261,00	T
2273	Biopsy with suture in theatre (excluding aftercare)	20	27,000	R374,40		30,00	3,000	R 261,00	T
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	20	71,000	R984,00		30,00	3,000	R 261,00	T
2275	Reduction labial hypertrophy	20	67,000	R928,60		30,00	4,000	R 348,10	T
2277	Removal of extensive benign vulva tumour	20	67,000	R928,60		30,00	4,000	R 348,10	T
2279	Secondary perineal repair: Repair second degree tear	20	45,000	R623,80		30,00	6,000	R 522,00	T
2280	Secondary perineal repair: Repair third degree tear	20	96,000	R1 330,50		30,00	6,000	R 522,00	T
2281	Excision of inclusion cyst	20	43,000	R596,10		30,00	4,000	R 348,10	T
2283	Hymenectomy	20	43,000	R596,10		30,00	4,000	R 348,10	T
2285	Drainage haematocolpos	20	54,000	R748,20		30,00	4,000	R 348,10	T
2287	Clitoris repair for injury: Including skin graft, if required	20	67,000	R928,60		30,00	4,000	R 348,10	T
2288	Clitoral reduction	20	160,000	R2 217,60		30,00	4,000	R 348,10	T
2289	Denervation or alcohol infiltration vulva (Woodruff)	20	54,000	R748,20		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



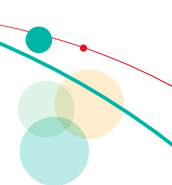
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2291	Vulva: Undercutting skin (ball)	20	58,000	R803,90		30,00	4,000	R 348,10	T
2293	Vulva and introitus: Drainage of abscess	20	27,000	R374,40		30,00	3,000	R 261,00	T
2295	Bartholin gland: Bartholin abscess marsupialisation	20	36,000	R498,80		30,00	3,000	R 261,00	T
2297	Bartholin gland: Bartholin gland excision	20	45,000	R623,80		30,00	3,000	R 261,00	T
2299	Bartholin gland: Bartholin radical excision for malignant lesion	20	357,000	R4 947,90		30,00	6,000	R 522,00	T
2301	Operation for enlarging introitus: Fenton plasty	20	50,000	R693,20		30,00	4,000	R 348,10	T
2303	Operation for enlarging introitus: Bilateral Z-plastic	20	88,000	R1 219,50		30,00	4,000	R 348,10	T
2305	Vulvectomy: Partial	20	161,000	R2 231,20		30,00	4,000	R 348,10	T
2307	Vulvectomy	20	225,000	R3 118,40		30,00	6,000	R 522,00	T
2309	Radical vulvectomy with bilateral lymphdenectomy	20	357,000	R4 947,90		30,00	6,000	R 522,00	T
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	20	402,000	R5 571,50		30,00	6,000	R 522,00	T
12.2	Vaginal procedures and operations								
2312	Artificial insemination	20	13,000	R179,90					
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand-alone procedure	20	25,500	R353,40		30,00	3,000	R 261,00	T
2314	Intra uterine insemination	20	18,000	R249,50					
2315	Simms Hühner test plus wet smear	20	5,000	R69,30					
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	20	14,000	R193,90		30,00	3,000	R 261,00	T
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	20	7,000	R97,20		30,00	3,000	R 261,00	T
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	20	56,000	R776,20		30,00	3,000	R 261,00	T
2319	Excision of cysts or tumours	20	54,000	R748,20		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



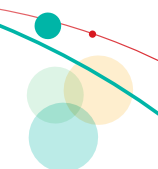
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2321	Drainage of vaginal abscess	20	54,000	R748,20		30,00	3,000	R 261,00	T
2322	Pudendal nerve block	20	15,000	R207,90					
2323	Reconstruction of vagina after atresia	20	107,000	R1 483,00		30,00	5,000	R 434,90	T
2324	Revision of prosthetic vaginal graft:Vaginal approach (removal included)	20	129,800	R1 799,20			5,000	R 434,80	T
2325	Construction of artificial vagina: Labial fusion	20	179,000	R2 480,80		30,00	4,000	R 348,10	T
2326	Revision of prosthetic vaginal graft: Abdominal approach (removal included)	20	199,100	R2 759,80			3,000	R 261,00	
2327	Construction of artificial vagina: Macindoe type	20	196,000	R2 716,50		30,00	5,000	R 434,90	T
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	20	241,000	R3 340,30		30,00	6,000	R 522,00	T
2330	Fitting/insertion of pessary or other intravaginal support device	20	11,998	R166,30			3,000	R 261,00	
2331	Vaginal septum removal	20	107,000	R1 483,00		30,00	4,000	R 348,10	T
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	20	243,300	R3 372,20		30,00	6,000	R 522,00	T
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	20	243,300	R3 372,20		30,00	6,000	R 522,00	T
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	20	166,900	R2 313,00		30,00	6,000	R 522,00	T
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	20	166,900	R2 313,00		30,00	6,000	R 522,00	T
2339	Colpotomy: Diagnostic (excluding aftercare)	20	20,000	R277,30		30,00	4,000	R 348,10	T
2341	Colpotomy: Therapeutic, with or without sterilisation	20	103,000	R1 427,50		30,00	4,000	R 348,10	T
2343	Vaginal hysterectomy: Without repair	20	210,500	R2 917,70		30,00	6,000	R 522,00	T
2345	Vaginal hysterectomy: With repair	20	231,700	R3 211,30		30,00	6,000	R 522,00	T
2355	Posterior colporrhaphy, Repair of rectocele with or without perineorrhaphy		110,300	R1 528,90			5,000	R 434,80	T
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	20	320,000	R4 435,10		30,00	6,000	R 522,00	T
2359	Colporrhaphy: Anteroposterior, with enterocele repair	20	163,900	R2 271,90			3,000	R 261,00	
2361	Vaginal hysterectomy and repair for total prolapse	20	320,000	R4 435,10		30,00	6,000	R 522,00	T
2363	Fothergill or Manchester repair operation	20	196,000	R2 716,50		30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



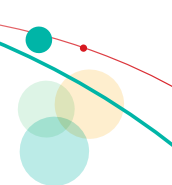
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2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	20	232,000	R3 215,30		30,00	5,000	R 434,90	T
2366	Posterior repair alone	20	107,000	R1 483,00		30,00	5,000	R 434,90	T
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	20	161,000	R2 231,20		30,00	5,000	R 434,90	T
2368	Uterovesical fistula	20	210,000	R2 910,60		30,00	5,000	R 434,90	T
2369	Repair of Vesico- or urethro-vaginal fistula	20	179,000	R2 480,80		30,00	5,000	R 434,90	T
2370	Repair of VVF - Obstetric or radiation	20	232,000	R3 215,30		30,00	5,000	R 434,90	T
2371	Closure of uretero-vaginal fistula	20	250,000	R3 465,00		30,00	5,000	R 434,90	T
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	20	250,000	R3 465,00		30,00	5,000	R 434,90	T
2373	Closure of recto-vaginal fistula	20	134,000	R1 857,20		30,00	5,000	R 434,90	T
2374	Closure of recto-vaginal fistula: Obstetric or radiation	20	151,000	R2 092,70		30,00	5,000	R 434,90	T
2375	Colpocleisis	20	129,000	R1 788,00		30,00	4,000	R 348,10	T
2377	Le Fort operation	20	129,000	R1 788,00		30,00	4,000	R 348,10	T
2379	Schauta operation	20	357,000	R4 947,90		30,00	8,000	R 695,90	T
2381	Vaginectomy	20	268,000	R3 714,60		30,00	8,000	R 695,90	T
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	20	429,000	R5 945,90		30,00	8,000	R 695,90	T
2385	Vaginal laceration or trauma: Repair	20	50,000	R693,20		30,00	4,000	R 348,10	T
2386	Repair: Paravaginal defect repair (including repair of cystocele, if performed), abdominal approach	20	172,800	R2 395,10			3,000	R 261,00	
2387	Repair: Paravaginal defect repair (including repair of cystocele, if performed), vaginal approach	20	140,100	R1 941,50			3,000	R 261,00	
12.3	Cervix								
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	20	20,000	R277,30					
2391	Cervix: Canal reconstruction	20	147,000	R2 037,30		30,00	3,000	R 261,00	T
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	20	14,000	R193,90					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



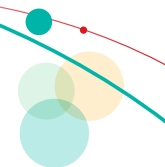
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2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	20	22,000	R304,90		30,00	3,000	R 261,00	T
2396	Laser or harmonic scalpel treatment of the cervix	20	80,000	R1 108,90		30,00	3,000	R 261,00	T
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	20	31,000	R429,70		30,00	3,000	R 261,00	T
2399	Punch biopsy (excluding aftercare)	20	9,000	R124,80		30,00	3,000	R 261,00	T
2400	Biopsy during pregnancy (excluding aftercare)	20	13,000	R179,90		30,00	3,000	R 261,00	T
2403	Wedge biopsy: Cervix (excluding aftercare)	20	18,000	R249,50		30,00	3,000	R 261,00	T
2404	Biopsy: Wedge during pregnancy: Cervix (excluding aftercare)	20	24,000	R332,90		30,00	3,000	R 261,00	T
2405	Cone biopsy: Cervix (excluding aftercare)	20	54,000	R748,20		30,00	3,000	R 261,00	T
2407	Amputation: Cervix	20	67,000	R928,60		30,00	3,000	R 261,00	T
2409	Cervix encircilage: McDonald stitch	20	35,000	R485,10		30,00	3,000	R 261,00	T
2411	Cervix encircilage: Shirodkar suture	20	60,000	R831,70		30,00	3,000	R 261,00	T
2413	Cervix encircilage: Lash	20	49,000	R679,20		30,00	3,000	R 261,00	T
2415	Cervix encircilage: Removal items 2409 and 2411: Without anaesthetic	20	5,000	R69,30					
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	20	30,000	R415,80		30,00	3,000	R 261,00	T
2417	Repair of tears: Emmet repair of tears	20	45,000	R623,80		30,00	3,000	R 261,00	T
2418	Repair of tears: Sturmdorff repair of tears	20	54,000	R748,20		30,00	3,000	R 261,00	T
2421	Extirpation of cervical stump: Vaginal	20	134,000	R1 857,20		30,00	5,000	R 434,90	T
2423	Extirpation of cervical stump: Abdominal	20	134,000	R1 857,20		30,00	5,000	R 434,90	T
2425	Removal of cervical polyps (excluding aftercare)	20	13,000	R179,90		30,00	3,000	R 261,00	T
2427	Removal of cervical myomata	20	54,000	R748,20		30,00	3,000	R 261,00	T
2429	Colposcopy (excluding aftercare)	20	27,000	R374,40		30,00	3,000	R 261,00	T
12.4	Uterus								
2432	Hysteroscopic bilateral tubal occlusion with permanent implants (includes hysteroscopy)	20	120,000	R1 663,10			3,000	R 261,00	

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



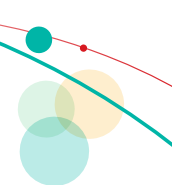
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2433	Embryo transfer	20	45,000	R623,80		30,00	4,000	R 348,10	T
2434	Endometrial biopsy (excluding aftercare)	20	18,000	R249,50		30,00	3,000	R 261,00	T
2435	Hysterosalpingogram (excluding aftercare)	20	22,000	R304,90		30,00	3,000	R 261,00	T
2436	Hysteroscopy (excluding aftercare)	20	40,000	R554,30		30,00	3,000	R 261,00	T
2437	Hysteroscopy and D&C (excluding aftercare)	20	58,000	R803,90		30,00	3,000	R 261,00	T
2438	Hysteroscopy and removal of uterine septum (excluding aftercare)	20	80,000	R1 108,90		30,00	3,000	R 261,00	T
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding aftercare)	20	63,000	R873,20		30,00	3,000	R 261,00	T
2440	Hysteroscopy and polypectomy (excluding aftercare)	20	75,000	R1 039,50		30,00	3,000	R 261,00	T
2441	Hysteroscopy and myomectomy (excluding aftercare)	20	130,000	R1 801,90		30,00	3,000	R 261,00	T
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding aftercare)	20	18,000	R249,50		30,00	3,000	R 261,00	T
2443	Dilatation and curettage (D&C) (excluding aftercare)	20	35,000	R485,10		30,00	3,000	R 261,00	T
2444	Fractional dilatation and curettage (D&C) (excluding aftercare)	20	45,000	R623,80		30,00	3,000	R 261,00	T
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	20	50,000	R693,20		30,00	4,000	R 348,10	T
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	20	71,000	R984,00		30,00	4,000	R 348,10	T
2448	Termination of pregnancy before 12 weeks	20	50,000	R693,20		30,00	4,000	R 348,10	T
2449	Evacuation: Missed abortion: Before 12 weeks gestation	20	50,000	R693,20		30,00	4,000	R 348,10	T
2451	Evacuation: Missed abortion: After 12 weeks gestation	20	80,000	R1 108,90		30,00	4,000	R 348,10	T
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	20	54,000	R748,20		30,00	4,000	R 348,10	T
2453	Evacuation hydatidiform mole	20	80,000	R1 108,90		30,00	5,000	R 434,90	T
2455	Evacuation uterus post-partum	20	54,000	R748,20		30,00	6,000	R 522,00	T
2461	Ventrosuspension	20	80,000	R1 108,90		30,00	4,000	R 348,10	T
2463	Uteroplasty: Strassman	20	143,000	R1 982,00		30,00	6,000	R 522,00	T
2465	Uteroplasty: Tompkins	20	143,000	R1 982,00		30,00	6,000	R 522,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



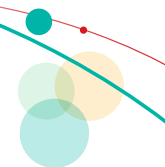
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2467	Myomectomy	20	143,000	R1 982,00		30,00	6,000	R 522,00	T
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	20	254,100	R3 521,90		30,00	6,000	R 522,00	T
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	20	252,200	R3 495,50		30,00	6,000	R 522,00	T
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	20	355,000	R4 920,30		30,00	6,000	R 522,00	T
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	20	472,800	R6 553,00		30,00	8,000	R 695,90	T
2477	Abdominal hysterotomy with or without sterilisation	20	188,000	R2 605,80		30,00	6,000	R 522,00	T
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	20	200,000	R2 771,90		30,00	6,000	R 522,00	T
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	20	225,000	R3 118,40		30,00	6,000	R 522,00	T
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	20	120,000	R1 662,90					
12.5	Fallopian tubes								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								
2481	Insufflation Fallopian tubes (excluding aftercare)	20	16,000	R221,80		30,00	3,000	R 261,00	T
2483	Salpingolysis	20	125,000	R1 732,60		30,00	4,000	R 348,10	T
2485	Salpingostomy	20	161,000	R2 231,20		30,00	4,000	R 348,10	T
2487	Tuboplasty tubal anastomosis or re-implantation	20	196,000	R2 716,50		30,00	4,000	R 348,10	T
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	20	125,000	R1 732,60		30,00	6,000	R 522,00	T
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	20	161,000	R2 231,20		30,00	6,000	R 522,00	T
2491	Ectopic pregnancy - after 12 weeks	20	225,000	R3 118,40		30,00	6,000	R 522,00	T
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	20	94,000	R1 302,80		30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



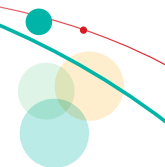
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	Note: Use item 1807 for open procedures performed with a laparoscope instead of item 2493. Item 1807 may only be added once, and may not be charged together with item 2493 for more than one procedure performed laparoscopically								
2493	Diagnostic laparoscopy (excluding aftercare)	20	94,400	R1 308,30		30,00	5,000	R 434,90	T
2496	Laparoscopy: Plus aspiration of a cyst (excluding aftercare)	20	18,000	R249,50		30,00	5,000	R 434,90	T
2497	Laparoscopy: Plus sterilisation	20	40,000	R554,30		30,00	5,000	R 434,90	T
2499	Laparoscopy: Plus biopsy (excluding aftercare)	20	18,000	R249,50		30,00	5,000	R 434,90	T
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	20	51,000	R706,80		30,00	5,000	R 434,90	T
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	20	18,000	R249,50		30,00	5,000	R 434,90	T
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding aftercare)	20	52,000	R720,80		30,00	5,000	R 434,90	T
2503	Laparoscopy: Plus ovarian drilling	20	40,000	R554,30		30,00	5,000	R 434,90	T
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	20	107,000	R1 483,00		30,00	5,000	R 434,90	T
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	20	52,000	R720,80		30,00	5,000	R 434,90	T
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	20	58,000	R803,90					
12.6	Ovaries								
2525	Wedge resection of ovaries, unilateral or bilateral	20	105,000	R1 455,30		30,00	4,000	R 348,10	T
2527	Removal of ovarian tumour or cyst	20	187,000	R2 592,00		30,00	4,000	R 348,10	T
2529	Oophorectomy: Uni- or bilateral	20	134,500	R1 864,20		30,00	4,000	R 348,10	T
2531	Ovarian carcinoma debulking and omentectomy	20	357,000	R4 947,90		30,00	6,000	R 522,00	T
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	20	469,000	R6 500,30		30,00	6,000	R 522,00	T
12.7	Miscellaneous procedures								
2535	Exenteration: Anterior Exenteration	20	402,000	R5 571,50		30,00	8,000	R 695,90	T
2537	Exenteration: Posterior Exenteration	20	402,000	R5 571,50		30,00	8,000	R 695,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



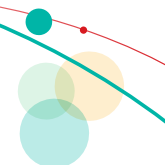
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2539	Exenteration: Total	20	625,000	R8 662,30		30,00	8,000	R 695,90	T
2541	Presacral neurectomy	20	98,000	R1 358,40		30,00	5,000	R 434,90	T
2542	Removal/revision: Sling for stress incontinence (e.g. fascia or synthetic)	20	151,400	R2 097,80			3,000	R 261,00	
2543	Moschowitz operation	20	120,000	R1 662,90		30,00	5,000	R 434,90	T
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	20	193,100	R2 676,50		30,00	5,000	R 434,90	T
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	20	195,000	R2 702,70		30,00	5,000	R 434,90	T
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	20	149,000	R2 065,00		30,00	6,000	R 522,00	T
2547	Operations for stress incontinence: Burch colposuspension	20	161,000	R2 231,20		30,00	5,000	R 434,90	T
2548	Operation for stress incontinence: Use of tape	20	229,400	R3 179,50		30,00	5,000	R 434,90	T
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	20	196,000	R2 716,50		30,00	5,000	R 434,90	T
2551	Laparotomy	20	196,000	R2 716,50		30,00	4,000	R 348,10	T
2552	Removal benign retroperitoneal tumour	20	223,000	R3 090,70		30,00	6,000	R 522,00	T
2553	Radical removal of malignant retroperitoneal tumour	20	350,000	R4 850,90		30,00	8,000	R 695,90	T
2554	Drainage of pelvic abscess per abdomen	20	180,000	R2 494,60		30,00	6,000	R 522,00	T
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	20	75,000	R1 039,50		30,00	5,000	R 434,90	T
2558	Drainage intra-abdominal abscess: Delayed closure	20	268,000	R3 714,60		30,00	6,000	R 522,00	T
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	20	150,000	R2 079,00		30,00	6,000	R 522,00	T
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	20	210,000	R2 910,60		30,00	6,000	R 522,00	T
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	20	51,000	R706,80		30,00	6,000	R 522,00	T
2565	Implantation hormone pellets (excluding aftercare)	20	3,000	R41,50					
2570	Ligation of internal iliac vessels (when not part of another procedure)	20	225,000	R3 118,40		30,00	8,000	R 695,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



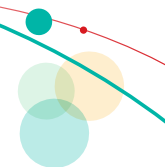
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13	OBSTETRIC PROCEDURES								
RULES GOVERNING THIS SECTION									
U.	Obstetric procedures: (a) When a General Practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the General Practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the General Practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the General Practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a General Practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a General Practitioner calls an obstetrician (specialist or General Practitioner) to help with a confinement, or take over the management of a confinement, but the General Practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the General Practitioner according to item 2614: Global obstetric care.								
13.1	Pre-natal care and procedures								
2603	External cephalic version (excluding aftercare)	20	22,000	R304,90					
2605	Amniocentesis (excluding aftercare)	20	36,000	R498,80					
2607	Amnioscopy (excluding aftercare)	20	18,000	R249,50					
2609	Intra-uterine transfusion of foetus or cordocentesis	20	134,000	R1 857,20					
2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding aftercare)	20	16,000	R221,80					
2611	Chorion villus sampling (excluding aftercare)	20	54,000	R748,20					
13.2	Confinements								
2614	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	20	282,000	R4 549,10		30,00	6,000	R 522,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



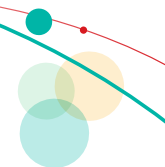
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2615	Global obstetric care: All inclusive fee for caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit).	20	267,000	R4 549,10		30,00	6,000	R 522,00	T
2616	Intrapartum obstetric care by obstetrician in consultation (excluding aftercare)	20	190,000	R2 633,50					
	Global obstetric care includes - o All modes of delivery (including Caesarean) - o All inductions of labour (medical or surgical) - o Intrapartum paracervical and pudential blocks - o Intrapartum amnioscopy - o Foetal blood sampling - o Application of scalp leads - o Symphysiotomy - o Manual removal of placenta - o Repair cervical tears - o Correction of uterine inversion - o Drainage of vulval haematoma - o Repair third degree tear - o Repair second degree tear - o Repair episiotomy - o Resuscitation of newborn by obstetrician - o Tracheal intubation - o Missed confinement								
	Global obstetric care excludes - o Prenatal consultations - o Prenatal procedures (Items 2603 - 2611) - o Emergency hysterectomy for obstetrical reasons - o Abdominal operation for repair of ruptured gravid uterus - o Intensive care for obstetrical emergencies - o Tubal ligation performed as a post-partum procedure - o Post-partum complications occurring after discharge from the hospital								
13.3	Operative procedures (excluding antenatal care)								
2653	Caesarean-hysterectomy	20	335,000	R4 642,90		30,00	9,000	R 782,70	T
2657	Post-partum hysterectomy	20	300,000	R4 158,00		30,00	8,000	R 695,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



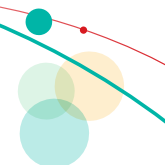
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2669	Abdominal operation for ruptured gravid uterus: Repair	20	250,000	R3 465,00		30,00	9,000	R 782,70	T
14	NERVOUS SYSTEM								
14.1	Diagnostic procedures								
2680	Haemodynamic and autonomic nervous system testing with task Force system-PROFFESIONEL COMPONENTS		29,00	R401,70					
2681	Visual evoked potentials (VEP): Unilateral	20	50,000	R693,20					
2682	Visual evoked potentials (VEP): Bilateral	20	88,000	R1 219,50					
2683	Electro-retinography (Ganzfeld method): Unilateral	20	60,000	R831,70					
2684	Electro-retinography (Ganzfeld method): Bilateral	20	105,000	R1 455,30					
2685	Electro-oculography: Unilateral	20	30,000	R415,80					
2686	Electro-oculography: Bilateral	20	53,000	R734,70					
2687	VEP stable condition (photic drive): Unilateral	20	50,000	R693,20					
2689	VEP stable condition (photic drive): Bilateral	20	88,000	R1 219,50					
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	20	150,000	R2 079,00					
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry								
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex	20	48,000	R665,30					
2704	Neurostimulation, percutaneous: Sacral nerve		120,800	R1 673,80					
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	20	6,000	R83,30					
2706	Neurostimulation, percutaneous: Posterior tibial nerve, single treatment. Includes programming		8,800	R121,90					
2707	Full fee for complete neurological evoked potential evaluation including neurological AEP, bilateral VEP, and bilateral median and/or posterior tibial stimulation	20	220,000	R3 049,20					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



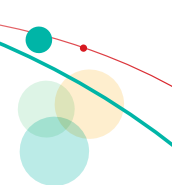
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2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	20	80,000	R1 108,90					
2709	Full spinogram including bilateral median and posterior-tibial studies	20	140,000	R1 940,20					
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)								
2711	Electro-encephalography: Taking of record	20	36,100	R500,40					
2712	Electro-encephalography: Interpretation	20	24,000	R332,90					
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	20	18,400	R254,90					
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
2714	Cisternal puncture and/or intrathecal injections	20	15,000	R207,90					
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	20	136,000	R1 885,00					
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	20	30,000	R415,80					
2717	Electromyography: First	20	75,000	R1 039,50					
2718	Electromyography: Subsequent	20	75,000	R1 039,50					
2719	Overnight polysomnogram and sleep staging: Hire	20	125,000	R1 732,60					
2720	Overnight polysomnogram and sleep staging: Interpretation	20	23,000	R318,90					
2721	Daytime polysomnogram: Hire	20	125,000	R1 732,60					
2722	Daytime polysomnogram: Interpretation	20	17,000	R235,70					
2723	Multiple sleep latency test: Interpretation	20	125,000	R1 732,60					
2724	Overnight continuous positive airways pressure (CPAP) titration	20	155,000	R2 148,50					
2725	Angiography carotis: Unilateral	20	25,000	R346,40		30,00	4,000	R 348,10	T
2726	Angiography carotis: Bilateral	20	44,000	R610,00		30,00	4,000	R 348,10	T
2727	Vertebral artery: Direct needling	20	50,000	R693,20		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



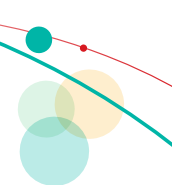
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2728	Unattended overnight home-based polysomnogram: Interpretation		24,500	R339,40					
2729	Vertebral catheterisation	20	50,000	R693,20		30,00	4,000	R 348,10	T
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)	20	60,000	R831,70	Z				
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	20	14,500	R200,90		30,00	4,000	R 348,10	T
2732	Overnight home-based polysomnogram: Interpretation		24,500	R339,40					
2733	Cortical Stimulation	20	58,900	R816,40					
2734	Sodium Amytal Testing (WADA test)	20	88,700	R1 229,20		30,00	13,000	R 1 130,70	T
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	20	31,500	R436,40					
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	20	7,000	R97,20					
2739	Ventricular needling without burring: Tapping only	20	16,000	R221,80		30,00	4,000	R 348,10	T
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	20	43,000	R596,10		30,00	4,000	R 348,10	T
2743	Subdural tapping: First sitting	20	15,000	R207,90		30,00	4,000	R 348,10	T
2745	Subdural tapping: Subsequent	20	10,000	R138,40		30,00	4,000	R 348,10	T
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	20	36,100	R500,40					
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	20	24,500	R339,80					
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	20	36,100	R500,40					
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	20	24,500	R339,80					
6010	Electroencephalogram monitoring: Monitoring for localisation of cerebral seizure focus using computerised sixteen or more channel EEG, which may include video recording (e.g. for pre-operative localisation): Each full 24-hour period	20	294,600	R4 083,10					
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24-hour period of monitoring	20	128,600	R1 782,30					
14.2	Introduction of burr holes for								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2746	Biopsy: Temporal artery		91,000	R1 260,80					
2747	Ventriculography	20	150,000	R2 079,00		30,00	8,000	R 695,90	T
2749	Catheterisation for ventriculography and/or drainage	20	150,000	R2 079,00		30,00	8,000	R 695,90	T
2751	Biopsy of brain tumour	20	150,000	R2 079,00		30,00	8,000	R 695,90	T
2753	Subdural haematoma or hygroma	20	150,000	R2 079,00		30,00	8,000	R 695,90	T
2755	Subdural empyema	20	150,000	R2 079,00		30,00	8,000	R 695,90	T
2757	Brain abscess	20	150,000	R2 079,00		30,00	8,000	R 695,90	T
14.3	Nerve procedures								
2759	Nerve biopsy: Peripheral	20	37,000	R512,90		30,00	4,000	R 348,10	T
2763	Nerve biopsy: Cranial nerves: Extra-cranial	20	20,000	R277,30		30,00	4,000	R 348,10	T
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	20	26,000	R360,30		30,00	4,000	R 348,10	T
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	20	25,000	R346,40					
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	20	30,000	R415,80					
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	20	35,000	R485,10					
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	20	35,000	R485,10					
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	20	50,000	R693,20					
14.3.1	Nerve procedures: Nerve repair or suture								
2767	Suture brachial plexus (see also items 2837 and 2839)	20	300,000	R4 158,00		30,00	6,000	R 522,00	T
2769	Suture: Large nerve: Primary	20	134,000	R1 857,20		30,00	5,000	R 434,90	T
2771	Suture: Large nerve: Secondary	20	202,000	R2 799,60		30,00	5,000	R 434,90	T
2773	Digital nerve: Primary	20	65,000	R900,80		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2775	Digital nerve: Secondary	20	96,000	R1 330,50		30,00	3,000	R 261,00	T
2777	Nerve graft: Simple	20	202,000	R2 799,60		30,00	4,000	R 348,10	T
2779	Fascicular: First fasciculus	20	202,000	R2 799,60		30,00	4,000	R 348,10	T
2781	Fascicular: Each additional fasciculus	20	50,000	R693,20		30,00	4,000	R 348,10	T
2782	Nerve pedicle transfer: First stage (not to be used together with item 2783)		309,100	R4 284,50			4,000	R 347,90	T
2783	Fascicular: Nerve flap: To include all stages	20	224,000	R3 104,50		30,00	4,000	R 348,10	T
2784	Nerve pedicle transfer: Second stage (not to be used together with item 2783)		338,300	R4 689,30			4,000	R 347,90	T
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	20	124,000	R1 718,50		30,00	6,000	R 522,00	T
2787	Fascicular: Grafting of facial nerve	20	215,000	R2 979,90		30,00	5,000	R 434,90	T
14.3.2	Nerve procedures: Neurectomy								
2789	Trigeminal ganglion: Injection of alcohol	20	150,000	R2 079,00		30,00	4,000	R 348,10	T
2791	Trigeminal ganglion: Injection of cortisone	20	65,000	R900,80		30,00	3,000	R 261,00	T
2793	Trigeminal ganglion: Coagulation through high frequency	20	170,000	R2 356,30		30,00	3,000	R 261,00	T
2799	Procedures for pain relief: Intrathecal injections for pain	20	36,000	R498,80		30,00	4,000	R 348,10	T
2800	Procedures for pain relief: Plexus nerve block	20	36,000	R498,80		20,00	36,000	R 498,80	ç
2801	Procedures for pain relief: Epidural injection for pain (refer to modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic)	20	36,000	R498,80					
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
2802	Procedures for pain relief: Peripheral nerve block	20	25,000	R346,40		20,00	25,000	R 346,40	ç
2803	Alcohol injection in peripheral nerves for pain: Unilateral	20	20,000	R277,30		30,00	3,000	R 261,00	T
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	20	10,000	R138,40		20,00	10,000	R 138,40	ç

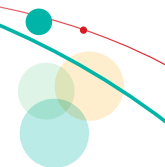
NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2805	Alcohol injection in peripheral nerves for pain: Bilateral	20	35,000	R485,10		30,00	3,000	R 261,00	T
2809	Peripheral nerve section for pain	20	45,000	R623,80		30,00	3,000	R 261,00	T
2811	Pudendal neurectomy: Bilateral	20	116,000	R1 607,80		30,00	3,000	R 261,00	T
2813	Obturator or Stoffels	20	96,000	R1 330,50		30,00	3,000	R 261,00	T
2815	Interdigital	20	82,300	R1 140,70		30,00	3,000	R 261,00	T
2825	Excision: Neuroma: Peripheral	20	109,500	R1 517,60		30,00	3,000	R 261,00	T
14.3.3	Nerve procedures: Other nerve procedures								
2827	Transposition of ulnar nerve	20	100,000	R1 386,00		30,00	3,000	R 261,00	T
2829	Neurolysis: Minor	20	51,000	R706,80		30,00	3,000	R 261,00	T
2831	Neurolysis: Major	20	132,000	R1 829,50		30,00	3,000	R 261,00	T
2833	Neurolysis: Digital	20	96,000	R1 330,50		30,00	3,000	R 261,00	T
2834	Neuroplasty: Sciatic nerve		168,800	R2 339,90			3,000	R 261,00	T
2835	Scalenotomy	20	132,000	R1 829,50		30,00	6,000	R 522,00	T
2837	Neuroplasty:Brachial Plexus	20	223,000	R3 090,70		30,00	5,000	R 434,80	T
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	20	895,200	R12 407,10		30,00	6,000	R 522,00	T
2841	Carpal Tunnel	20	64,000	R887,20		30,00	3,000	R 261,00	T
2843	Lumbar sympathectomy: Unilateral	20	153,000	R2 120,70		30,00	4,000	R 348,10	T
2845	Lumbar sympathectomy: Bilateral	20	268,000	R3 714,60		30,00	6,000	R 522,00	T
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)					30,00	11,000	R 956,90	T
2847	Cervical sympathectomy: Unilateral	20	153,000	R2 120,70		30,00	4,000	R 348,10	T
2848	Cervical sympathectomy: Bilateral	20	268,000	R3 714,60		30,00	6,000	R 522,00	T
2849	Sympathetic block: Other levels: Unilateral	20	20,000	R277,30		30,00	3,000	R 261,00	T
2851	Sympathetic block: Other levels: Bilateral	20	35,000	R485,10		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

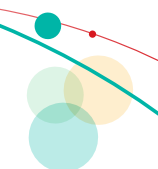
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	20	20,000	R277,30		30,00	4,000	R 348,10	T
14.4	Skull procedures								
2855	Removal of skull tumour: With or without plastic repair: Small	20	170,000	R2 356,30		30,00	5,000	R 434,90	T
2857	Removal of skull tumour: With or without plastic repair: Major	20	200,000	R2 771,90		30,00	8,000	R 695,90	T
2859	Repair of depressed fracture of skull: Without brain laceration: Major	20	200,000	R2 771,90		30,00	8,000	R 695,90	T
2860	Repair of depressed fracture of skull: Without brain laceration: Small	20	170,000	R2 356,30		30,00	8,000	R 695,90	T
2861	Repair of depressed fracture of skull: With brain lacerations: Small	20	200,000	R2 771,90		30,00	8,000	R 695,90	T
2862	Repair of depressed fracture of skull: With brain lacerations: Major	20	375,000	R5 197,50		30,00	8,000	R 695,90	T
2863	Cranioplasty	20	280,000	R3 881,00		30,00	8,000	R 695,90	T
2864	Encephalocele (excluding frontal)	20	200,000	R2 771,90		30,00	8,000	R 695,90	T
2865	Craniostenosis: Few suturae	20	213,000	R2 952,00		30,00	9,000	R 782,70	T
2867	Craniostenosis: Multiple suturae	20	280,000	R3 881,00		30,00	9,000	R 782,70	T
14.5	Shunt procedures								
2869	Ventriculo-cisternostomy	20	280,000	R3 881,00		30,00	8,000	R 695,90	T
2871	Ventriculo-caval shunt	20	280,000	R3 881,00		30,00	11,000	R 956,90	T
2873	Ventriculo-peritoneal shunt	20	280,000	R3 881,00		30,00	8,000	R 695,90	T
2875	Theco-peritoneal C.S.F. shunt	20	280,000	R3 881,00		30,00	8,000	R 695,90	T
14.6	Aneurysm repair								
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	20	700,000	R9 701,90		30,00	15,000	R 1 304,80	T
2877	Extracranial to intracranial vascular	20	700,000	R9 701,90		30,00	15,000	R 1 304,80	T
2878	Posterior fossa arteriovenous anomalies	20	700,000	R9 701,90		30,00	15,000	R 1 304,80	T
14.7	Craniectomy or Craniotomy								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



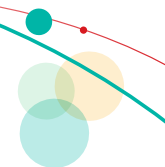
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2879	Glosso pharyngeal nerve	20	480,000	R6 652,60		30,00	6,000	R 522,00	T
2881	Eighth nerve: Intracranial	20	480,000	R6 652,60		30,00	8,000	R 695,90	T
2883	Eighth nerve: Extracranial	20	480,000	R6 652,60		30,00	4,000	R 348,10	T
2884	Sub-temporal section of the trigeminal nerve	20	375,000	R5 197,50		30,00	9,000	R 782,70	T
2885	Trigeminal tractotomy	20	480,000	R6 652,60		30,00	9,000	R 782,70	T
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiarri malformation or obstructive cysts e.g. Dandy Walker or parasites	20	450,000	R6 236,80		30,00	9,000	R 782,70	T
2887	Vestibular nerve	20	480,000	R6 652,60		30,00	9,000	R 782,70	T
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	20	700,000	R9 701,90		30,00	11,000	R 956,90	T
2891	Posterior fossa tumour removal: Glioma, secondary deposits	20	450,000	R6 236,80		30,00	11,000	R 956,90	T
2893	Posterior fossa tumour removal: Abscess	20	450,000	R6 236,80		30,00	11,000	R 956,90	T
2895	Excision of tumour of glomus jugulare: Intracranial	20	420,000	R5 821,00		30,00	11,000	R 956,90	T
2897	Excision of tumour of glomus jugulare: Extracranial	20	420,000	R5 821,00		30,00	9,000	R 782,70	T
2898	Excision of tumour of glomus jugulare: Hemispherectomy	20	500,000	R6 929,90		30,00	15,000	R 1 304,80	T
14.7.1	Posterior fossa surgery: Supratentorial procedures								
2899	Craniectomy for extra-dural haematoma or empyema	20	375,000	R5 197,50		30,00	11,000	R 956,90	T
14.8	Craniotomy for								
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	20	700,000	R9 701,90		30,00	11,000	R 956,90	T
2901	Craniotomy for Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/ pharyngioma	20	700,000	R9 701,90		30,00	11,000	R 956,90	T
2903	Craniotomy for Abscess, Glioma	20	450,000	R6 236,80		30,00	11,000	R 956,90	T
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	20	450,000	R6 236,80		30,00	11,000	R 956,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



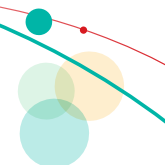
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2905	Craniotomy for Focal epilepsy: Excision of cortical scar	20	450,000	R6 236,80		30,00	11,000	R 956,90	T
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	20	375,000	R5 197,50		30,00	11,000	R 956,90	T
2907	Craniotomy for Temporal lobectomy	20	450,000	R6 236,80		30,00	11,000	R 956,90	T
2908	Craniotomy for Torkildsen anastomosis	20	375,000	R5 197,50		30,00	11,000	R 956,90	T
2909	Craniotomy for CSF-leaks	20	450,000	R6 236,80		30,00	11,000	R 956,90	T
2910	Craniotomy for removal of arteriovenous malformation	20	700,000	R9 701,90		30,00	11,000	R 956,90	T
14.8.1	Stereotaxis; Stereotactic Radiosurgery (Cranial); Neurostimulators (Intracranial)								
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	20	280,000	R3 881,00		30,00	4,00	R 348,10	T
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	20	196,000	R2 716,50		30,00	4,00	R 348,10	T
2915	Transnasal hypophysectomy	20	300,000	R4 158,00		30,00	11,00	R 956,90	T
2916	Transfrontal hypophysectomy	20	480,000	R6 652,60		30,00	11,00	R 956,90	T
2917	Transnasal hypophyseal implants	20	172,000	R2 384,00		30,00	11,00	R 956,90	T
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)	20	-						
14.9	Spinal operations								
	See section 3.8.7 for laminectomy procedures								
2923	Chordotomy: Unilateral	20	178,000	R2 467,00		30,00	3,000	R 261,00	TM
2925	Chordotomy: Open	20	350,000	R4 850,90		30,00	3,000	R 261,00	TM
2927	Rhizotomy: Extradural, but intraspinal	20	320,000	R4 435,10		30,00	3,000	R 261,00	TM
2928	Rhizotomy: Intradural	20	350,000	R4 850,90		30,00	3,000	R 261,00	TM
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	20	700,000	R9 701,90		30,00	8,000	R 695,90	T
2930	Removal of spinal cord tumour: Intramedullar: Anterio-lateral approach	20	700,000	R9 701,90		30,00	8,000	R 695,90	T
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	20	350,000	R4 850,90		30,00	3,000	R 261,00	TM

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



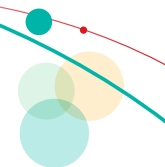
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
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2932	Removal of spinal cord tumour: Extramedullary, but intradural: Anterio-lateral approach	20	350,000	R4 850,90		30,00	8,000	R 695,90	T
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	20	320,000	R4 435,10		30,00	7,000	R 608,90	T
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	20	225,000	R3 118,40		30,00	3,000	R 261,00	T
2937	Repair of meningocele, involving nerve tissue	20	250,000	R3 465,00		30,00	9,000	R 782,70	T
2938	Simple	20	150,000	R2 079,00		30,00	9,000	R 782,70	T
2939	Excision of arterial vascular malformations and cysts of the spinal cord	20	700,000	R9 701,90		30,00	9,000	R 782,70	T
2940	Lumbar osteophyte removal	20	187,000	R2 592,00		30,00	3,000	R 261,00	TM
2941	Cervical or thoracic osteophyte removal	20	285,000	R3 950,10		30,00	3,000	R 261,00	TM
14.10	Arterial ligations								
2951	Carotis: Trauma	20	120,000	R1 662,90		30,00	8,000	R 695,90	T
2953	Carotis: For aneurysm (AV anomaly)	20	150,000	R2 079,00		30,00	8,000	R 695,90	T
2955	Removal of carotid body tumour (without vascular reconstruction)	20	335,600	R4 651,40		30,00	8,000	R 695,90	T
14.11	Medical psychotherapy								
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)								
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session								
2963	Pairs, marriage or sex therapy: Per 20-minute session								
2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session								
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)								
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)								
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session								
RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY									
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975)								
0099	Stat basis tests: For tests performed on a stat basis, an additional premium of 50% of the fee for the particular pathology service shall apply, with the following provisos: o Stat test requesting may only be done by the referring practitioner and not by the pathologist. o Specimens must be collected on a stat basis where applicable. o Test must be performed on a stat basis. o Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained. o This modifier will only apply during normal working hours and will never be used in combination with item 4547: After-hours service.								
14.12	Physical treatment methods								
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)					30,00	3,000	R 261,00	T
14.13	Psychiatric examination methods								
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per 60 min session								
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)								
15	ENDOCRINE SYSTEM								
15.1	Thyroid								
2983	Lobectomy: Partial	20	198,100	R2 745,80		30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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2985	Lobectomy: Total	20	200,000	R2 771,90		30,00	5,000	R 434,90	T
2987	Thyroidectomy: Subtotal	20	266,000	R3 686,70		30,00	5,000	R 434,90	T
2989	Thyroidectomy: Total	20	279,000	R3 866,90		30,00	5,000	R 434,90	T
2990	Parathyroid: Re-exploration for hyperparathyroidism, INCLUDES removal of parathyroid glands or lesions: Cervical approach		335,300	R4 645,60			6,000	R 522,00	
2991	Thyroglossal cyst or fistula excision	20	126,200	R1 749,00		30,00	5,000	R 434,90	T
15.2	Parathyroid								
2992	Parathyroid: Re-exploration for hyperparathyroidism, INCLUDES removal of parathyroid glands or lesions: With mediastinal exploration, sternal slit or transthoracic approach		370,700	R5 136,10			12,000	R 1 044,00	
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	20	275,000	R3 811,50		30,00	5,000	R 434,90	T
15.3	Adrenals								
2994	Parathyroid: Autotransplantation of parathyroid: ADD to major procedure (modifier 0005 does not apply)		70,500	R976,70			6,000	R 522,00	
2995	Adrenalectomy: Unilateral	20	225,000	R3 118,40		30,00	9,000	R 782,70	T
2997	Bilateral exploration of adrenal glands: Including removal	20	394,000	R5 460,70		30,00	11,000	R 956,90	T
15.4	Hypophysis								
2999	Transethmoidal hypophysectomy	20	300,000	R4 158,00		30,00	11,000	R 956,90	T
3000	Transnasal hypophysectomy (see also item 2915)	20	300,000	R4 158,00		30,00	11,000	R 956,90	T
15.5	Endocrine system: General								
3001	Implantation of pellets (excluding cost of material) (excluding aftercare)	20	3,000	R41,50					
16	EYE								
16.1	Eye: Procedures performed in rooms								
	(a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions (b) Material used is excluded (c) The fee for photography is not related to the number of photographs taken								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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16.1.1	Eye investigations								
3002	Gonioscopy	20	7,000	R97,20					
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	20	7,000	R97,20					
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	20	7,000	R97,20					
3006	Keratometry	20	7,000	R97,20					
3009	Basic capital equipment used in own rooms by ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations	20	11,680	R161,70					
3012	Pre-surgical retinal examination before retinal surgery	20	32,000	R443,50					
3013	Ocular motility assessment: Comprehensive examination	20	12,000	R166,30					
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	20	7,000	R97,20					
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	20	9,000	R124,80					
16.1.2	Special eye investigations								
3005	Endothelial cell count	20	7,000	R97,20					
3007	Potential acuity measurement	20	7,000	R97,20					
3008	Contrast sensitivity test	20	7,000	R97,20					
3010	Orthoptics consultation	20	10,000	R138,40					
3011	Orthoptic subsequent sessions	20	5,000	R69,30					
3015	Charting of visual field with manual perimeter	20	28,000	R388,10					
3016	Retinal threshold test without storage facilities	20	30,000	R415,80					
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	20	74,000	R1 025,50					
3018	Retinal threshold trend evaluation (additional to item 3017)	20	16,000	R221,80					
3019	Ocular muscle function with Hess screen or perimeter	20	16,000	R221,80					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	20	46,000	R637,60					
3022	Digital fluorescein video angiography	20	68,000	R942,40		30,00	9,000	R 782,70	T
3023	Digital indocyanine video angiography	20	110,000	R1 524,60		30,00	9,000	R 782,70	T
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	20	12,000	R166,30					
3025	Electronic tonography	20	19,000	R263,50					
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	20	19,300	R267,70					
3027	Fundus photography	20	21,000	R291,10					
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	20	40,000	R554,30					
3029	Anterior segment microphotography	20	21,000	R291,10					
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	20	45,000	R623,80					
3032	Eyelid and orbit photography	20	9,000	R124,80					
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	20	16,000	R221,80					
3034	Determination of lens implant power per eye	20	15,000	R207,90					
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	20	22,000	R304,90					
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)	20	36,000	R498,80					
16.2	Retina								
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	20	306,900	R4 253,80		30,00	6,000	R 522,00	T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	20	105,000	R1 455,30		30,00	6,000	R 522,00	T
3041	Pan retinal photocoagulation (per eye): Done in one sitting	20	150,000	R2 079,00		30,00	6,000	R 522,00	T
3044	Removal of encircling band and/or buckling material	20	105,000	R1 455,30		30,00	6,000	R 522,00	T

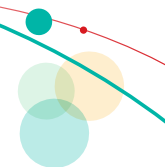
NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
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16.3	Cataract								
3045	Cataract: Intra-capsular	20	210,000	R2 910,60		30,00	7,000	R 608,90	T
3047	Cataract: Extra-capsular (including capsulotomy)	20	210,000	R2 910,60		30,00	7,000	R 608,90	T
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	20	57,000	R790,00		30,00	7,000	R 608,90	T
3050	Repositioning of intra ocular lens	20	171,100	R2 371,30		30,00	7,000	R 608,90	T
3051	Needling or capsulotomy	20	130,000	R1 801,90		30,00	4,000	R 348,10	T
3052	Laser capsulotomy	20	105,000	R1 455,30		30,00	4,000	R 348,10	T
3057	Removal of lenticulus	20	210,000	R2 910,60		30,00	7,000	R 608,90	T
3058	Exchange of intra ocular lens	20	236,000	R3 271,10		30,00	7,000	R 608,90	T
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	20	210,000	R2 910,60		30,00	7,000	R 608,90	T
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	20	4,000	R55,60					
16.4	Glaucoma								
3061	Drainage operation	20	247,600	R3 431,60		30,00	6,000	R 522,00	T
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	20	60,000	R831,70		30,00	6,000	R 522,00	T
3063	Cyclocryotherapy or cyclodiathermy	20	105,000	R1 455,30		30,00	6,000	R 522,00	T
3064	Laser trabeculoplasty	20	105,000	R1 455,30		30,00	6,000	R 522,00	T
3065	Removal of blood from anterior chamber	20	105,000	R1 455,30		30,00	4,000	R 348,10	T
3067	Goniotomy	20	210,000	R2 910,60		30,00	7,000	R 608,90	T
16.5	Intra-ocular foreign body								
3071	Intra-ocular foreign body: Anterior to Iris	20	127,000	R1 760,30		30,00	4,000	R 348,10	T
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	20	210,000	R2 910,60		30,00	6,000	R 522,00	T
16.6	Strabismus								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

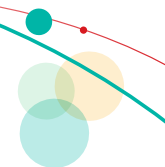
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3074	Strabismus (whether operation performed on one eye or both): Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (refer to item 0202)	20	20,000	R277,30					
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	20	175,600	R2 433,70		30,00	5,000	R 434,90	T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	20	200,000	R2 771,90		30,00	5,000	R 434,90	T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	20	120,000	R1 662,90		30,00	5,000	R 434,90	T
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	20	150,000	R2 079,00		30,00	5,000	R 434,90	T
16.7	Globe								
3079	Transcleral biopsy	20	132,000	R1 829,50		30,00	4,000	R 348,10	T
3080	Examination of eyes under general anaesthetic where no surgery is done	20	80,000	R1 108,90		30,00	4,000	R 348,10	T
3081	Treatment of minor perforating injury	20	161,600	R2 239,80		30,00	6,000	R 522,00	T
3083	Treatment of major perforating injury	20	267,500	R3 707,40		30,00	6,000	R 522,00	T
3085	Enucleation or Evisceration	20	105,000	R1 455,30		30,00	5,000	R 434,90	T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	20	160,000	R2 217,60		30,00	5,000	R 434,90	T
3088	Hydroxyapatite insertion (additional to item 3087)	20	40,000	R554,30		30,00	5,000	R 434,90	T
3089	Subconjunctival injection if not done at time of operation	20	10,000	R138,40		30,00	5,000	R 434,90	T
3090	Intra vitreal injection drug	20	47,600	R659,80		30,00	4,000	R 348,10	T
3091	Retrobulbar injection (if not done at time of operation)	20	16,000	R221,80		30,00	4,000	R 348,10	T
3092	External laser treatment for superficial lesions	20	53,000	R734,70					
3093	Treatment of tumours of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	20	209,000	R2 896,70		30,00	6,000	R 522,00	T
3094	Implantation of intra vitreal drug delivery system	20	247,600	R3 431,60		30,00	4,000	R 348,10	T
3095	Biopsy of vitreous body or anterior chamber contents	20	105,000	R1 455,30		30,00	6,000	R 522,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	20	130,000	R1 801,90		30,00	7,000	R 608,90	T
3097	Anterior vitrectomy	20	280,000	R3 881,00		30,00	6,000	R 522,00	T
3098	Removal of silicon from globe	20	280,000	R3 881,00		30,00	6,000	R 522,00	T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	20	419,000	R5 807,20		30,00	6,000	R 522,00	T
3100	Lensectomy done at time of posterior vitrectomy	20	30,000	R415,80		30,00	7,000	R 608,90	T
16.8	Orbit								
3101	Drainage of orbital abscess	20	105,000	R1 455,30		30,00	5,000	R 434,90	T
3103	Orbit: Removal of tumour	20	240,000	R3 326,40		30,00	5,000	R 434,90	T
3104	Removal orbital prosthesis	20	212,700	R2 948,00		30,00	5,000	R 434,90	T
3105	Orbit: Exenteration	20	275,000	R3 811,50		30,00	5,000	R 434,90	T
3107	Orbitotomy requiring bone flap	20	393,000	R5 446,80		30,00	5,000	R 434,90	T
3108	Eye socket reconstruction	20	206,000	R2 855,00		30,00	5,000	R 434,90	T
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously	20	300,000	R4 158,00		30,00	5,000	R 434,90	T
3110	Second stage hydroxyapatite implantation	20	110,000	R1 524,60		30,00	5,000	R 434,90	T
16.9	Cornea								
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	20	-		F				
3112	Fitting of contact lens for treatment of disease including supply of lens. Bandage contact lens as for corneal erosion, ulcer, abrasion or corneal wound.	20	12,200	R169,10					
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for one (1) year	20	200,000	R2 771,90					
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	20	78,850	R1 093,10					
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included	20	166,000	R2 300,70					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

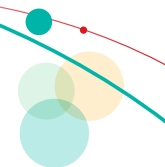


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3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	20	135,200	R1 873,80		30,00	6,000	R 522,00	T
3117	Removal of foreign body: On the basis of fee per consultation	20	-		F	30,00	4,000	R 348,10	T
3118	Curettage of cornea after removal of foreign body (aftercare excluded)	20	10,000	R138,40					
3119	Tattooing	20	26,000	R360,30		30,00	4,000	R 348,10	T
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	20	150,000	R2 079,00		30,00	6,000	R 522,00	T
3121	Corneal graft (Lamellar or full thickness)	20	289,000	R4 005,40		30,00	6,000	R 522,00	T
3122	Epikeratophakia	20	289,000	R4 005,40					
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	20	254,000	R3 520,30		30,00	6,000	R 522,00	T
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	20	9,000	R124,80					
3125	Keratectomy	20	127,000	R1 760,30		30,00	6,000	R 522,00	T
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	20	52,180	R723,20					
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	20	10,000	R138,40		30,00	4,000	R 348,10	T
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	20	150,000	R2 079,00		30,00	6,000	R 522,00	T
3129	Additional to item 3128 for the use of own diamond knives	20	40,000	R554,30					
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	20	96,900	R1 343,10		30,00	4,000	R 348,10	T
3131	Cornea: Paracentesis	20	53,000	R734,70		30,00	4,000	R 348,10	T
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	20	150,000	R2 079,00		30,00	6,000	R 522,00	T
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - Stand-alone procedure	20	116,300	R1 611,80		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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3136	Conjunctival flap or graft (not for use with pterigium surgery)	20	95,700	R1 326,40		30,00	6,000	R 522,00	T
3138	Removal corneal epithelium and chelating agent for band keratopathy	20	69,500	R963,20		30,00	4,000	R 348,10	T
4980	Corneal transplant: Endothelial	20	219,800	R3 047,00			3,000	R 261,00	
4981	Preparation of corneal endothelial allograft prior to transplantation (backbench)	20	-				-		
4985	Corneal cross linking	20	150,000	R2 078,90			3,000	R 261,00	
4986	Cross linking equipment hire	20	54,000	R748,50			-		
16.10	Ducts								
3133	Probing and/or syringing, per duct	20	10,000	R138,40		30,00	4,000	R 348,10	T
3135	Insert polythene tubes	20	51,800	R718,00		30,00	4,000	R 348,10	T
3137	Excision of lacrimal sac: Unilateral	20	132,000	R1 829,50		30,00	4,000	R 348,10	T
3139	Dacryocystorhinostomy (Single) with or without polythene tube	20	210,000	R2 910,60		30,00	5,000	R 434,90	T
3141	Sealing Punctum surgical or by cautery: Per eye	20	24,900	R345,20		30,00	4,000	R 348,10	T
3142	Sealing Punctum with plugs: Per eye	20	20,000	R277,30		30,00	4,000	R 348,10	T
3143	Three-snip operation	20	10,000	R138,40		30,00	4,000	R 348,10	T
3145	Repair of caniculus: Primary procedure	20	132,000	R1 829,50		30,00	4,000	R 348,10	T
3147	Repair of caniculus: Secondary procedure	20	175,000	R2 425,70		30,00	4,000	R 348,10	T
16.11	Iris								
3149	Iridectomy or iridotomy by open operation as isolated procedure	20	132,000	R1 829,50		30,00	4,000	R 348,10	T
3151	Excision of iris tumour	20	185,000	R2 564,20		30,00	6,000	R 522,00	T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	20	105,000	R1 455,30		30,00	4,000	R 348,10	T
3155	Iridocyclectomy for tumour	20	266,000	R3 686,70		30,00	6,000	R 522,00	T
3157	Division of anterior synechiae as isolated procedure	20	132,000	R1 829,50		30,00	4,000	R 348,10	T
3158	Repair iris as in dialysis: Anterior chamber reconstruction	20	142,400	R1 973,70		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

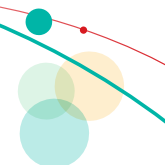


GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
16.12	Lids								
3161	Tarsorrhaphy	20	47,000	R651,30		30,00	4,000	R 348,10	T
3163	Excision of superficial lid tumour	20	47,000	R651,30		30,00	4,000	R 348,10	T
3165	Repair of skin laceration lid: Simple	20	27,300	R378,30		30,00	4,000	R 348,10	T
3167	Diathermy to wart on lid margin	20	12,000	R166,30		30,00	4,000	R 348,10	T
3169	Electrolysis of any number of eyelashes: Per eye	20	15,000	R207,90					
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	20	20,400	R282,70		30,00	4,000	R 348,10	T
3173	Epicanthal folds	20	128,700	R1 783,60		30,00	4,000	R 348,10	T
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	20	25,000	R346,40					
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)	20	35,000	R485,10					
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	20	187,000	R2 592,00		30,00	4,000	R 348,10	T
16.12.1	Lids: Entropion or ectropion by								
3177	Entropion or ectropion by Cautery	20	10,000	R138,40		30,00	4,000	R 348,10	T
3179	Entropion or ectropion by Suture	20	49,400	R684,60		30,00	4,000	R 348,10	T
3181	Entropion or ectropion by Open operation	20	111,500	R1 545,30		30,00	4,000	R 348,10	T
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	20	122,600	R1 699,20		30,00	4,000	R 348,10	T
16.12.2	Lids: Reconstruction of eyelid								
3185	Staged procedure for partial or total loss of eyelid: First stage	20	259,000	R3 589,60		30,00	4,000	R 348,10	T
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	20	206,000	R2 855,00		30,00	4,000	R 348,10	T
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	20	136,500	R1 892,00		30,00	4,000	R 348,10	T
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	20	150,200	R2 081,70		30,00	4,000	R 348,10	T
3172	Blepharoplasty lower eyelid plus fat pad	20	125,800	R1 743,70		30,00	4,000	R 348,10	T
16.12.3	Lids: Ptosis								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

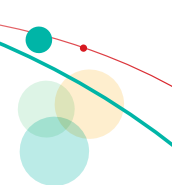
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3193	Repair by superior rectus, levator or frontalis muscle operation	20	190,000	R2 633,50		30,00	4,000	R 348,10	T
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	20	137,600	R1 907,30		30,00	4,000	R 348,10	T
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	20	166,000	R2 300,70		30,00	4,000	R 348,10	T
16.13	Conjunctiva								
3199	Repair of conjunctiva by grafting	20	132,000	R1 829,50		30,00	4,000	R 348,10	T
3200	Repair of lacerated conjunctiva	20	47,000	R651,30		30,00	4,000	R 348,10	T
16.14	Eye: General								
	OWN EQUIPMENT USED IN TREATMENT: Only the owner of the equipment may charge hire fees for equipment used and not the person using the equipment.								
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting	20	109,000	R1 510,80					
3192	Applicable to Medical Scheme Benefits only: Item 3192: If a practitioner performs the procedure in his own facility an excimer laser theatre fee of the indicated amount per minute may be charged	20	2,250	R31,20					
3196	Diamond knife: Use of own diamond knife during intraocular surgery	20	12,000	R166,30					
3198	Excimer laser: Hire fee (per eye)	20	284,130	R3 937,90					
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master)	20	109,000	R1 510,80					
3202	Phako emulsification apparatus: Hire fee	20	109,000	R1 510,80					
3203	Vitrectomy apparatus: Hire fee	20	120,000	R1 662,90					
3208	Biopsy: External auditory canal	20	15,497	R214,80			3,000	R 261,00	
17	EAR								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								
	Repair / modification of hearing aid: report this service using item 0201 and supply invoice								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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17.1	External ear (Pinna)								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								
	Repair / modification of hearing aid: report this service using 0201 and supply invoice								
3267	Major congenital deformity reconstruction of external ear: Unilateral	20	138,000	R1 912,80		30,00	5,000	R 434,90	T
3269	Major congenital deformity reconstruction of external ear: Bilateral	20	242,000	R3 354,10		30,00	5,000	R 434,90	T
3270	Excision of superficial pre-auricular fistula	20	55,000	R762,20		30,00	4,000	R 348,10	T
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	20	-		f				
3272	Excision of complicated pre-auricular fistula	20	140,000	R1 940,20		30,00	4,000	R 348,10	T
5170	Drainage: Haematoma or abscess of external ear	20	34,800	R482,40			3,000	R 261,00	
5173	Biopsy: External ear	20	12,400	R171,90			3,000	R 261,00	
5175	Excision: External ear, partial, simple repair	20	63,500	R880,00			3,000	R 261,00	
5176	Excision: External ear, complete	20	66,800	R925,70			3,000	R 261,00	
17.2	External ear canal								
3204	External ear canal: Removal of foreign body: At rooms	20	-		F				
3205	External ear canal: Removal of foreign body: Under general anaesthetic	20	21,000	R291,10		30,00	4,000	R 348,10	T
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	20	164,000	R2 273,00		30,00	4,000	R 348,10	T
3217	Meatus atresia: Congenital	20	277,000	R3 839,20		30,00	4,000	R 348,10	T
3218	Remove impacted wax (one or both ears) with the use of a microscope (excludes loupe) - not to be used combined with item 3206	20	17,420	R241,30					
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	20	77,000	R1 067,30		30,00	4,000	R 348,10	T
3220	Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with item 3206	20	23,100	R320,80			3,000	R 261,00	
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	20	215,000	R2 979,90		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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17.3	Middle ear								
3206	Microscopic examination of tympanic membrane including microsuction	20	8,000	R110,80					
3207	Myringotomy: Unilateral	20	28,000	R388,10		30,00	4,000	348,100	T
3209	Myringotomy: Bilateral	20	46,000	R637,60		30,00	4,000	348,100	T
3211	Unilateral myringotomy with insertion of ventilation tube	20	38,000	R526,80		30,00	4,000	348,100	T
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	20	57,000	R790,00		30,00	4,000	348,100	T
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	20	65,000	R900,80		30,00	4,000	348,100	T
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	20	255,000	R3 534,20		30,00	5,000	434,900	T
3237	Exploratory tympanotomy	20	158,900	R2 202,20		30,00	5,000	434,900	T
3242	Fenestration: Revision	20	20,000	R2 190,80			3,000	261,000	
3243	Myringoplasty	20	138,000	R1 912,80		30,00	5,000	434,900	T
3245	Functional reconstruction of tympanic membrane	20	277,000	R3 839,20		30,00	5,000	434,900	T
3249	Stapedotomy and stapedectomy	20	277,000	R3 839,20		30,00	5,000	434,900	T
3257	Cortical mastoidectomy	20	188,500	R2 612,70		30,00	5,000	434,900	T
3259	Radical mastoidectomy (excluding minor procedures)	20	277,400	R3 844,70		30,00	5,000	434,900	T
3261	Muscle grafting to mastoid cavity without tympanoplasty	20	180,000	R2 494,60		30,00	5,000	434,900	T
3263	Autogenous bone graft to mastoid cavity	20	180,000	R2 494,60		30,00	5,000	434,900	T
3264	Tympanomastoidectomy	20	375,000	R5 197,50		30,00	5,000	434,900	T
3265	Reconstruction of posterior canal wall, following radical mastoid	20	320,000	R4 435,10		30,00	5,000	434,900	T
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	20	30,000	R415,80		30,00	5,000	434,900	T
17.4	Facial nerve								
17.4.1	Facial nerve: Facial nerve tests								
3223	Percutaneous stimulation of the facial nerve	20	9,000	R124,80		30,00	4,000	348,100	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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3224	Electroneurography (ENOG)	20	75,000	R1 039,50		30,00	4,000	348,100	T
17.4.2	Facial nerve: Facial nerve surgery								
3227	Exploration of facial nerve: Exploration of tympanomastoid segment	20	297,000	R4 116,50		30,00	5,000	434,900	T
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	20	436,000	R6 042,80		30,00	5,000	434,900	T
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	20	436,000	R6 042,80		30,00	5,000	434,900	T
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	20	124,000	R1 718,50		30,00	6,000	522,000	T
17.5	Inner ear								
17.5.1	Inner ear: Audiometry								
2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral	20	50,000	R693,20					
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	20	88,000	R1 219,50					
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	20	60,000	R831,70					
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	20	105,000	R1 455,30					
2695	Audiology 40Hz response: Unilateral	20	30,000	R415,80					
2696	Audiology 40Hz response: Bilateral	20	53,000	R734,70					
2697	Mid- and long latency auditory evoked potentials: Unilateral	20	30,000	R415,80					
2698	Mid- and long latency auditory evoked potentials: Bilateral	20	53,000	R734,70					
2699	Electro-cochleography: Unilateral	20	50,000	R693,20					
2700	Electro-cochleography: Bilateral	20	88,000	R1 219,50					
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	20	140,000	R1 940,20		30,00	4,000	348,100	T
3248	Otoacoustic emission performed as a screening test	20	33,240	R460,80	Z				
3250	Otoacoustic emission (high risk patients only)	20	66,480	R921,40					
3273	Pure tone audiometry (air conduction)	20	6,500	R90,30					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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3274	Pure tone audiometry (bone conduction with masking)	20	6,500	R90,30					
3275	Impedance audiometry (tympanometry)	20	6,500	R90,30					
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	20	6,500	R90,30					
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	20	10,000	R138,40					
3278	Recruitment tests: Inclusive fee (Bekeasy, Fowler, etc.)	20	6,500	R90,30					
17.5.2	Inner ear: Balance tests								
3251	Minimal caloric test (excluding consultation fee)	20	10,000	R138,40					
3252	Bithermal Halpike caloric test (excluding consultation fee)	20	20,000	R277,30					
3253	Electro-nystagmography for spontaneous and positional nystagmus	20	25,000	R346,40					
3254	Video nystagmoscopy (monocular)	20	25,000	R346,40					
3255	Caloric test done with electronystamography	20	70,000	R970,30					
3256	Video nystagmoscopy (binocular)	20	50,000	R693,20					
3258	Otolith repositioning manoeuvre	20	14,000	R193,90		30,00	4,000	348,100	T
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	20	71,480	R990,60	Z				
17.5.3	Middle and Inner Ear Surgery								
3233	Labyrinthectomy via the middle ear or mastoid	20	277,000	R3 839,20		30,00	5,000	434,900	T
3240	Endolymphatic sac surgery	20	277,000	R3 839,20		30,00	4,000	348,100	T
3244	Fenestration and occlusion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	20	310,000	R4 296,40		30,00	5,000	434,900	T
3246	Cochlear implant surgery	20	340,500	R4 719,20		30,00	5,000	434,900	T
5196	Implantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, without mastoidectomy	20	212,300	R2 942,90			3,000	261,000	

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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5197	Implantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, with mastoidectomy	20	269,000	R3 727,70			3,000	261,000	
5199	Revision: Stapedectomy or stapedotomy	20	251,900	R3 491,70			3,000	261,000	
17.6	Microsurgery of the skull base								
17.6.1	Microsurgery of the skull base: Middel fossa approach (i.e transtemporal or supralabyrinthine)								
3229	Facial nerve: Exploration of the labyrinthine segment	20	420,000	R5 821,00		30,00	5,000	434,900	T
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	20	510,000	R7 068,30		30,00	11,000	956,900	T
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	20	620,000	R8 592,90		30,00	11,000	956,900	T
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	20	530,000	R7 345,60		30,00	11,000	956,900	T
5224	Removal of acoustic neuroma via the middle fossa approach	20	660,000	R9 147,50		30,00	11,000	956,900	T
17.6.2	Microsurgery of the skull base: Translabyrinthine approach								
3239	Acoustic neuroma removal translabyrinthine	20	660,000	R9 147,50		30,00	5,000	434,900	T
5227	Cochleo-vestibular neurectomy	20	530,000	R7 345,60		30,00	11,000	956,900	T
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting is required, the grafting and harvesting of graft are included)	20	660,000	R9 147,50		30,00	11,000	956,900	T
17.6.3	Microsurgery of the skull base: Transotic approach to the cerebellopontine angle								
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	20	660,000	R9 147,50		30,00	11,000	956,900	T
17.6.4	Microsurgery of the skull base: Intratemporal fossa approach type A								
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours	20	710,000	R9 840,50		30,00	11,000	956,900	T
17.6.5	Microsurgery of the skull base: Intratemporal fossa approach type B								
5238	Removal of tumour of the petrous apex	20	620,000	R8 592,90		30,00	11,000	956,900	T
5239	Removal of tumour of the clivus	20	620,000	R8 592,90		30,00	11,000	956,900	T

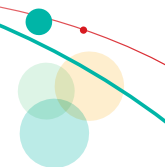
NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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17.6.6	Microsurgery of the skull base: Intrafemoral approach type C								
5242	Removal of nasopharyngeal angiofibroma or carcinoma	20	520,000	R7 207,00		30,00	8,000	695,900	T
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	20	520,000	R7 207,00		30,00	11,000	956,900	T
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy								
5246	Subtotal petrosectomy for removal of temporal bone tumour	20	600,000	R8 315,90		30,00	11,000	956,900	T
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	20	480,000	R6 652,60		30,00	11,000	956,900	T
17.6.8	Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa								
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	20	520,000	R7 207,00		30,00	11,000	956,900	T
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	20	600,000	R8 315,90		30,00	8,000	695,900	T
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	20	660,000	R9 147,50		30,00	8,000	695,900	T
18	PHYSICAL TREATMENT								
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	20	0,750	R10,40					
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	20	13,500	R187,00					
3281	Ultrasonic therapy	20	10,000	R138,40					
3282	Shortwave diathermy	20	10,000	R138,40					
3284	Sensory nerve conduction studies	20	31,000	R429,70					
3285	Motor nerve conduction studies	20	26,000	R360,30					
3287	Spinal joint and ligament injection	20	20,000	R277,30					
3288	Epidural injection	20	36,000	R498,80					
3289	Multiple injections: First joint	20	7,500	R104,00					
3290	Multiple injections: Each additional joint	20	4,500	R62,30					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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3291	Tendon or ligament injection					20	9,000	R124,80					
3292	Aspiration of joint or inter-articular injection					20	9,000	R124,80					
3293	Aspiration or injection of bursa or ganglion					20	9,000	R124,80					
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)					20	20,000	R277,30					
3295	Paravertebral root block: Unilateral					20	20,000	R277,30					
3296	Paravertebral root block: Bilateral					20	30,000	R415,80					
3297	Manipulation of spine performed by a specialist in Physical Medicine					20	14,000	R193,90					
3298	Spinal traction					20	6,000	R83,30					
3299	Manipulation of large joints: Under general anaesthesia					20	14,000	R193,90		30,00	3,000	R 261,00	T
3299a	Manipulation of large joints: Under general anaesthesia					20	14,000	R193,90		30,00	4,000	R 348,10	T
3300	Manipulation of large joints: Without anaesthetic					20	-		F				
3301	Muscle fatigue studies					20	20,000	R277,30					
3302	Strength duration curve per session					20	10,500	R145,40					
3303	Electromyography					20	75,000	R1 039,50					
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 general rules L and M)					20	10,000	R138,40					
SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT													
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)												
5431	Physical status modifier: Normal health patient, ASA 1: Add 0.00 anaesthetic units												
5432	Physical status modifier: A patient with mild systemic disease, ASA 2: Add 0,00 anaesthetic units												
5436	Physical status modifier: A declared brain-dead patient whose organs are being removed for donor purposes ASA 6: Add 0,00 anaesthetic units												

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

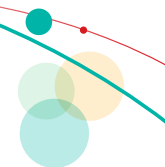


GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
19	RADIOLOGY								
	Please note: The calculated amounts in this section (except for sections 19.9 and 19.11) are calculated according to the radiology unit values								
RULES GOVERNING THE SECTION RADIOLOGY									
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								
Z.	No fee is subject to more than one reduction								
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years								
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or General Practitioner s. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").								
MODIFIERS GOVERNING THE SECTION									
0002	Written report on X-rays : The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere								
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	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

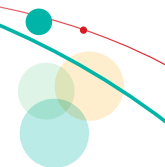
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0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)								
19.1	Skeleton								
19.1.1	Skeleton: Limbs								
3305	Finger, toe		6,300	R123,60					
3309	Smith-Petersen or equivalent control, in theatre		38,700	R759,80					
3311	Stress studies, e.g., joint		7,700	R151,40					
3313	Full length study, both legs		15,500	R304,30					
3315	Skeletal survey under 5 years								
3317	Skeletal survey over 5 years		28,000	R549,80					
3319	Arthrography per joint		15,400	R302,30					
3320	Introduction of contrast medium or air: ADD		13,800	R271,10					
6500	Hand		7,700	R151,40					
6501	Wrist (specify region)		7,700	R151,40					
6503	Scaphoid		7,700	R151,40					
6504	Radius and ulna		7,700	R151,40					
6505	Elbow		7,700	R151,40					
6506	Humerus		7,700	R151,40					
6507	Shoulder		7,700	R151,40					
6508	Acromio-Clavícula joint		7,700	R151,40					
6509	Clavicle		7,700	R151,40					
6510	Scapula		7,700	R151,40					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



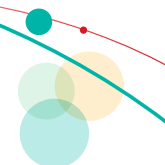
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6511	Foot		7,700	R151,40					
6512	Ankle		7,700	R151,40					
6513	Calcaneus		7,700	R151,40					
6514	Tibia and fibula								
6515	Knee		7,700	R151,40					
6516	Patella		7,700	R151,40					
6517	Femur		7,700	R151,40					
6518	Hip		7,700	R151,40					
6519	Sesamoid Bone		7,700	R151,40					
19.1.2	Skeleton: Spinal column								
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic		11,000	R215,90					
3325	Stress studies		11,000	R215,90					
3329	Scoliosis studies		21,000	R412,40					
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)		11,000	R215,90					
3333	Myelography: Lumbar		28,900	R567,50		30,00	4,000	348,100	T
3334	Myelography: Thoracic		22,200	R436,00		30,00	4,000	348,100	T
3335	Myelography: Cervical		35,500	R696,80		30,00	4,000	348,100	T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)					30,00	4,000	348,100	T
3344	Introduction of contrast medium		18,700	R367,30					
3345	Discography		34,600	R679,40		30,00	4,000	348,100	T
3347	Introduction of contrast medium per disc level: ADD		28,200	R553,80					
19.1.3	Skeleton: Skull								
3349	Skull studies		15,700	R308,30					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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3351	Paranasal sinuses		11,000	R215,90					
3353	Facial bones and/or orbits		12,600	R247,40					
3355	Mandible		9,400	R184,50					
3357	Nasal bone		7,800	R153,10					
3359	Mastoid: Bilateral								
3361	Teeth: One quadrant		3,700	R72,80					
3363	Teeth: Two quadrants		6,300	R123,60					
3365	Teeth: Full mouth		11,000	R215,90					
3366	Teeth: Rotation tomography of the teeth and jaws		13,300	R261,10					
3367	Teeth: Temporo-mandibular joints: Per side		11,000	R215,90					
3369	Teeth: Tomography: Per side		11,000	R215,90					
3371	Localisation of foreign body in the eye		15,700	R308,30					
3381	Ventriculography		27,300	R536,30		30,00	4,000	348,100	T
3385	Post-nasal studies: Lateral neck		6,300	R123,60					
3387	Maxillo-facial cephalometry		8,800	R173,00					
3389	Dacrocystography		11,000	R215,90		30,00	4,000	348,100	T
3391	For introduction of contrast medium: ADD		11,000	R215,90					
19.2	Alimentary tract								
3393	Bowel washout: ADD		4,800	R94,20					
3395	Sialography (plus 80% for each additional gland)		12,700	R249,60		30,00	4,000	348,100	T
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)		11,000	R215,90					
3399	Pharynx and oesophagus		12,700	R249,60					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

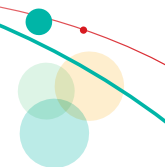


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3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow-through		20,000	R392,80					
3405	Double contrast: ADD								
3406	Small bowel meal (control film of abdomen included except when part of item 3408)		20,000	R392,80					
3408	Barium meal and dedicated gastro-intestinal tract follow-through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)		28,900	R567,50					
3409	Barium enema (control film of abdomen included)		18,300	R359,60					
3411	Air contrast study: ADD		19,300	R379,00					
3415	Biliary Tract: ERCP own equipment: Cholelithotomy and/or pancreatography screening included		23,300	R457,40		30,00	4,000	R 348,10	T
3416	Pancreas: ERCP hospital equipment: Cholelithotomy and/or pancreatography screening included		15,500	R304,30		30,00	4,000	R 348,10	T
	Note: For items 3415 and 3416: Endoscopy (see item 1778)								
3417	Gastric/oesophageal/duodenal intubation control		5,900	R115,90					
3419	Gastric/oesophageal intubation insertion of tube: ADD		5,600	R109,80					
3421	Duodenal intubation: Insertion of tube: ADD		11,000	R215,90					
3423	Hypotonic duodenography (item 3403 and item 3405 included)		29,300	R575,40					
19.3	Biliary tract								
3425	Oral cholecystography		15,700	R308,30					
3427	Cholangiography: Intravenous		22,000	R431,90					
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre		21,000	R412,40					
3433	Post operative: T-tube		16,700	R327,80					
3435	Introduction of contrast medium: ADD		5,600	R109,80					
3437	Trans hepatic, percutaneous		18,300	R359,60					
3439	Introduction of contrast medium: ADD		33,100	R649,90					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

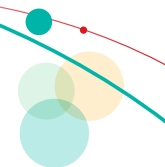
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3441	Tomography of biliary tract: ADD		9,400	R184,50					
19.4	Chest								
3443	Larynx (Tomography included)		12,500	R245,20					
3445	Chest (item 3601 included)		9,400	R184,50					
3447	Chest and cardiac studies (item 3601)		12,600	R247,40					
3449	Ribs								
3451	Sternum or sterno-clavicular joints								
3453	Bronchography: Unilateral		12,600	R247,40		30,00	8,000	R 695,90	T
3455	Bronchography: Bilateral		22,100	R434,10		30,00	8,000	R 695,90	T
3457	Introduction of contrast medium included		35,700	R700,90					
3461	Pleurography					30,00	3,000	R 261,00	T
3463	For introduction of contrast medium: ADD								
3465	Laryngography								
3467	For introduction of contrast medium: ADD								
3468	Thoracic inlet								
19.5	Abdomen								
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)								
3479	Acute abdomen or equivalent studies		15,700	R308,30					
19.6	Urinary tract								
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)		25,100	R492,90					
3493	Waterload test: ADD		12,200	R239,60					
3497	Cystography only or urethrography only (retrograde)		19,300	R379,00					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3499	Cysto-urethrography: Retrograde		31,900	R626,10					
3503	Cysto-urethrography: Introduction of contrast medium		3,700	R72,80					
3505	Retrograde-prograde pyelography		18,300	R359,60		30,00	3,000	R 261,00	T
3511	Aspiration renal cyst		18,400	R361,20					
3513	Tomography of renal tract: ADD		9,400	R184,50					
19.7	Gynaecology and obstetrics								
3515	Pregnancy								
3517	Pelvimetry								
3519	Hystero-salpingography					30,00	3,000	R 261,00	T
3521	Introduction of contrast medium: ADD								
19.8	Vascular studies								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

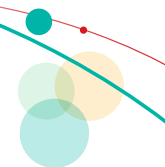


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	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). - iii All fluoroscopy (item 3601 does not apply). - iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								
MODIFIER GOVERNING VASCULAR STUDIES									
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations								
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)								
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

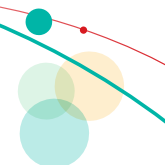
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6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure								
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value								
19.8.1	Vascular studies: Film Series								
	Note: In the case of selective catheterisation of a branch of the aorta, the fee for catheterisation of the aorta is not added.								
3536	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment								
3537	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment								
3538	Analogue monoplane table with DSA attachment								
3539	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment								
3545	Venography: Per limb		16,500	R324,10					
3548	Analogue monoplane screening table								
3550	Digital monoplane screening table								
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)		166,800	R3 104,40					
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram		48,600	R954,30		30,00	4,000	R 348,10	T
3558	Translumbar aortic puncture, with full study		69,600	R1 366,70		30,00	5,000	R 434,90	T
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram		57,000	R1 119,20		30,00	4,000	R 348,10	T
3560	Selective second order catheterisation, arterial or venous, with angiogram/ venogram		65,400	R1 284,30		30,00	4,000	R 348,10	T
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram		73,200	R1 437,30		30,00	4,000	R 348,10	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



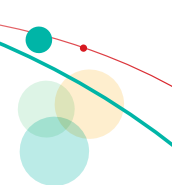
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3564	Direct femoral arterial or venous or jugular venous puncture		37,200	R730,60					
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM)		85,800	R1 684,70		30,00	5,000	R 434,90	T
3569	Intravascular pressure studies, arterial or venous, once off per case		19,800	R388,90					
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)		130,800	R2 568,50		30,00	5,000	R 434,90	T
3572	Transcatheter selective blood sampling, arterial or venous		32,400	R636,10					
3574	Spinal angiogram (global fee) including all selective catheterisations		480,000	R9 425,30		30,00	5,000	R 434,90	T
19.8.2	Vascular studies: Introduction of contrast medium								
3563	Direct intravenous for limb		7,400	R145,10					
3575	Cut-downs for venography: ADD		11,000	R215,90					
19.9	Tomography and cinematography								
	Please note: The calculated amounts in this section are calculated according to the computed tomography unit values								
3577	Tomography (conventional except where otherwise specified): ADD 100% provided that if it is more than one dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations								
3579	Tomography (multi-dimensional in motion): ADD 150%								
3581	Cinematography: For first series: ADD 100%								
3583	Cinematography: For each series after the first: ADD 80% of the primary fee								
19.9.1	Tomography and cinematography: Computed Tomography								
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour								
3597	Contrast media: General Rule Y applies (Please note: Item 0201 is not applicable for contrast media)								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



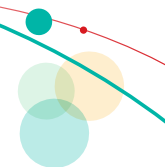
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3598	Electron beam computed tomography (EBCT) for assessment of coronary artery calcification (complete fee - no additions)								
3599	Electron beam computed tomography (EBCT) of the heart. Total fee for contract examination excluding cost of contrast medium (not to be used for coronary artery calcium assessment or scoring - see item 3598)								
6400	Plus spiral CT								
6401	Plus 3D reconstruction								
6402	Plus high resolution study								
6403	CT limb uncontrasted					30,00	5,000	R 434,90	T
6404	CT limb with contrast only					30,00	5,000	R 434,90	T
6405	CT limb pre- AND post contrast					30,00	5,000	R 434,90	T
6406	CT joint uncontrasted					30,00	5,000	R 434,90	T
6407	CT joint with contrast only					30,00	5,000	R 434,90	T
6408	CT joint pre AND post contrast					30,00	5,000	R 434,90	T
6409	CT brain uncontrasted (including posterior fossa)					30,00	5,000	R 434,90	T
6410	CT brain with contrast only (including posterior fossa)					30,00	5,000	R 434,90	T
6411	CT brain pre AND post contrast (including posterior fossa)					30,00	5,000	R 434,90	T
6412	CT orbits complete study, axial OR coronal, uncontrasted					30,00	5,000	R 434,90	T
6413	CT orbits complete study, axial AND coronal, uncontrasted					30,00	5,000	R 434,90	T
6414	CT orbits complete study, axial OR coronal pre AND post contrast					30,00	5,000	R 434,90	T
6415	CT orbits complete study, axial AND coronal pre AND post contrast					30,00	5,000	R 434,90	T
6416	CT paranasal sinuses limited study axial OR coronal					30,00	5,000	R 434,90	T
6417	CT paranasal sinuses limited study axial AND coronal					30,00	5,000	R 434,90	T
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted					30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



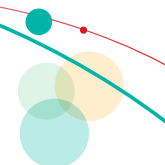
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted					30,00	5,000	R 434,90	T
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast					30,00	5,000	R 434,90	T
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast					30,00	5,000	R 434,90	T
6422	CT pituitary fossa, uncontrasted					30,00	5,000	R 434,90	T
6423	CT pituitary fossa, pre AND post contrast					30,00	5,000	R 434,90	T
6424	CT internal auditory meati, uncontrasted					30,00	5,000	R 434,90	T
6425	CT internal auditory meati, pre AND post contrast					30,00	5,000	R 434,90	T
6426	CT mastoids					30,00	5,000	R 434,90	T
6427	CT ear structures, limited study					30,00	5,000	R 434,90	T
6428	CT middle AND inner ear, complete study including reconstructions					30,00	5,000	R 434,90	T
6429	CT facial bones					30,00	5,000	R 434,90	T
6430	CT neck soft tissue, uncontrasted					30,00	5,000	R 434,90	T
6431	CT neck soft tissue with contrast only					30,00	5,000	R 434,90	T
6432	CT neck pre AND post contrast					30,00	5,000	R 434,90	T
6433	CT cervical spine uncontrasted					30,00	5,000	R 434,90	T
6434	CT cervical spine pre AND post contrast					30,00	5,000	R 434,90	T
6435	CT cervical spine post myelogram					30,00	5,000	R 434,90	T
6436	CT dorsal spine uncontrasted					30,00	5,000	R 434,90	T
6437	CT dorsal spine pre AND post contrast					30,00	5,000	R 434,90	T
6438	CT dorsal spine post myelogram					30,00	5,000	R 434,90	T
6439	CT lumbar spine uncontrasted					30,00	5,000	R 434,90	T
6440	CT lumbar spine pre AND post contrast					30,00	5,000	R 434,90	T
6441	CT lumbar spine post myelogram					30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



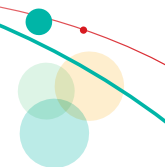
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6442	CT pelvimetry (topogram only)					30,00	5,000	R 434,90	T
6443	CT chest uncontrasted					30,00	5,000	R 434,90	T
6444	CT chest with contrast					30,00	5,000	R 434,90	T
6445	CT chest pre AND post contrast					30,00	5,000	R 434,90	T
6446	CT chest high resolution lungs, limited study					30,00	5,000	R 434,90	T
6447	CT high resolution lungs, complete study					30,00	5,000	R 434,90	T
6448	CT abdomen uncontrasted					30,00	5,000	R 434,90	T
6449	CT abdomen with contrast					30,00	5,000	R 434,90	T
6450	CT abdomen pre AND post contrast					30,00	5,000	R 434,90	T
6451	CT abdomen triphasic study					30,00	5,000	R 434,90	T
6452	CT pelvis uncontrasted					30,00	5,000	R 434,90	T
6453	CT pelvis with contrast					30,00	5,000	R 434,90	T
6454	CT pelvis pre AND post contrast					30,00	5,000	R 434,90	T
6455	CT abdomen AND pelvis uncontrasted					30,00	5,000	R 434,90	T
6456	CT abdomen AND pelvis with contrast					30,00	5,000	R 434,90	T
6457	CT abdomen AND pelvis pre AND post contrast					30,00	5,000	R 434,90	T
6458	CT chest, abdomen AND pelvis with contrast					30,00	5,000	R 434,90	T
6459	CT base of skull to symphysis pubis with contrast					30,00	5,000	R 434,90	T
6460	CT for dental implants maxilla OR mandible						5,000	R 434,90	
6461	CT for dental implants maxilla AND mandible						5,000	R 434,90	
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)					30,00	5,000	R 434,90	T
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)					30,00	5,000	R 434,90	T
6464	CT limited study, any region. Region to be identified on the account					30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



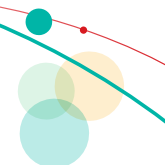
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6465	CT guidance for aspiration, biopsy or drainage					30,00	11,000	R 956,90	T
6466	CT guidance for aspiration at time of CT diagnostic study								
6467	CT stereotactic localisation for biopsy					30,00	11,000	R 956,90	T
6468	CT for radiotherapy planning (not to be used as an add-on)								
6469	Quantitative CT for bone mineral density								
6470	Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast					30,00	5,000	R 434,90	T
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast					30,00	5,000	R 434,90	T
6472	Computer Aided Diagnosis for Mammography								
19.10	Radiology: Miscellaneous								
3594	Mammogram of surgically removed breast biopsy specimen								
3600	Peripheral bone densitometry utilizing ionizing radiation	40	13,000	R255,30					
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)		7,700	R151,40					
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD		10,700	R210,00					
3603	Sinography		18,400	R361,20					
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	40	77,000	R1 511,70					
3605	Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used		33,000	R648,20					
3606	Repeat mammography, unilateral or bilateral, for localisation of tumour		21,000	R412,40					
3607	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in X-ray department (except item 3309): Per half hour: Plus fee or examination performed (Only to be used by radiological technical staff)								
3608	Repeat mammography procedure with minimally invasive breast biopsy, core biopsy or fine needle aspiration biopsy utilising dedicated stereotactic equipment with patient in erect or prone position		40,000	R785,30		30,00	3,000	R 261,00	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



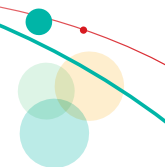
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3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done								
3611	Foreign body localisation: Introduction of sterile needle markers: ADD								
3613	Setting of sterile trays		3,300	R64,70					
5029	Mammotome - stereotaxis: Hand held		59,000	R1 158,50					
5034	Fine needle aspiration or biopsy or core biopsy of mamma		25,000	R490,90		30,00	6,000	R 522,00	T
19.10.2	Radiology: Miscellaneous: Mammography								
19.11	Ultrasound investigations								
	Please note: The calculated amounts in this section are calculated according to the ultrasound unit values Note: See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.								
3596	Intravascular ultrasound per case, arterial or venous, for intervention	60	30,000	R396,50					
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	60	110,000	R1 453,20		30,00	5,000	R 434,90	T
3612	Ultrasonic bone densitometry	60	19,000	R250,90					
3614	Transvaginal aspiration of ova	60	110,000	R1 453,20					
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	60	50,000	R660,50					
3616	Contrast media: General Rule Y applies								
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	60	50,000	R660,50					
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	60	40,000	R528,50					
3619	Intravascular ultrasound imaging assesses the atherosclerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed	60	30,000	R396,50		30,00	9,000	R 782,70	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



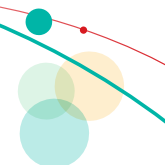
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3620	Cardiac examination plus Doppler colour mapping	60	50,000	R660,50					
3621	Cardiac examination (MMode)	60	25,000	R330,40					
3622	Cardiac examination: 2 Dimensional	60	50,000	R660,50					
3623	Cardiac examination + effort	60	10,000	R132,20					
3624	Cardiac examinations + contrast	60	10,000	R132,20					
3625	Cardiac examinations + doppler	60	50,000	R660,50					
3626	Cardiac examination + phonocardiography	60	10,000	R132,20					
3627	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)	60	60,000	R792,60					
3628	Renal tract	60	50,000	R660,50					
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	60	50,000	R660,50					
3631	Ophthalmic examination	60	50,000	R660,50					
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	60	50,000	R660,50					
3633	Neonatal head scan	60	50,000	R660,50					
3634	Peripheral vascular study, B mode only	60	39,000	R515,30					
3635	+ Doppler	60	39,000	R515,30					
3636	Trans-oesophageal echocardiography including passing the device	60	100,000	R1 321,10					
3637	+ Colour Doppler (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)	60	78,000	R1 030,40					
5026	Ultrasound guided amniocentesis	60	39,000	R515,30		30,00	6,000	R 522,00	T
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	60	50,000	R660,50					
5101	Pleural space ultrasound	60	50,000	R660,50					
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	60	50,000	R660,50					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



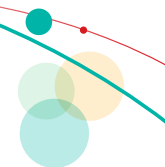
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5103	Ultrasound soft tissue, any region	60	50,000	R660,50			7,590	R 660,50	
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy	60	25,000	R330,40					
5107	Ultrasound after 24 weeks - motivation required	60	25,000	R330,40					
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	60	50,000	R660,50					
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	60	128,000	R1 691,00					
5111	Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree: Carotids, vertebral and subclavian vessels (not to be used together with items 5110, 5112, 5113 or 5114)	60	206,000	R2 721,20					
5112	Peripheral arterial ultrasound vascular study: B mode, pulsed and colour Doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results	60	117,000	R1 545,60					
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	60	117,000	R1 545,60					
5114	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; in erect and supine position including compression manoeuvres and reflux in superficial and deep systems, bilaterally	60	178,000	R2 351,50					
5115	Intra-operative ultrasound study	60	50,000	R660,50		30,00	3,000	R 261,00	T
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	60	88,000	R1 162,50					
5118	Diagnostic intravascular ultrasound imaging or wave wire imaging (with accompanying angioplasty or accompanying intravascular ultrasound imaging or wave wire mapping in a different coronary artery [LAD (left anterior descending), Circumflex or Right coronary artery]). May be used a maximum of twice per angiographic procedure	60	44,000	R581,20					
MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS									
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



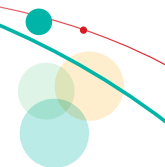
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0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	60	6,000	R79,40					
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								
GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY									
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								
19.12	Portable unit examinations								
3639	Where portable X-ray unit is used in the hospital or theatre: ADD		7,000	R137,40					
3640	Theatre investigations with fixed installation								
19.13	Diagnostic procedures requiring the use of radio-isotopes								
AA.	Procedures to exclude cost of isotope								
3641	Tracer test	40	33,200	R652,00					
3642	Repeat of further tracer tests for same investigation: Half of above fee	40	16,600	R325,80					
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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3644	Tracer test of complete body or brain tumour location	40	82,200	R1 613,90					
3645	Other organ scanning with use of relevant radio isotopes	40	82,200	R1 613,90					
3646	Thyroid scanning	40	28,800	R565,60					
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera								
6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera								
19.14	Interventional radiological procedures								
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). - iii All fluoroscopy (item 3601 does not apply). - iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								
	Note: In regard to multiple examinations see modifier 0080								
5002	Percutaneous transluminal angioplasty: Aortic/IVC		102,600	R2 014,70		30,00	13,000	R 1 130,70	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

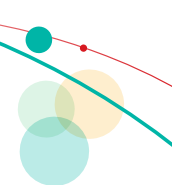


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5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel		102,600	R2 014,70		30,00	13,000	R 1 130,70	T
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial		102,600	R2 014,70		30,00	13,000	R 1 130,70	T
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial		139,200	R2 733,30		30,00	13,000	R 1 130,70	T
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic		139,200	R2 733,30		30,00	13,000	R 1 130,70	T
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - Stand-alone procedure		172,200	R3 381,40		30,00	13,000	R 1 130,70	T
5014	Atherectomy (per vessel)		204,600	R4 017,70					
5016	Aspiration thrombectomy (per vessel)								
5017	Endoscopic ultrasound: Colon		79,900	R1 106,90					
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite		106,800	R2 097,00		30,00	5,000	R 434,90	T
5019	Endoscopic ultrasound: Colon, with aspiration or biopsy		100,700	R1 395,20					
5021	Proctosigmoidoscopy with endoscopic ultrasound examination		41,900	R580,60					
5022	Embolisation non-intracranial, per vessel		106,800	R2 097,00		30,00	9,000	R 782,70	T
5023	Proctosigmoidoscopy with endoscopic ultrasound examination, with ultrasound-guided aspiration and/or biopsy		64,100	R888,10					
5024	Endoscopic ultrasound: Oesophagus		50,900	R705,30					
5025	Endoscopic ultrasound: Oesophagus with aspiration or biopsy		70,200	R972,60					
5030	Percutaneous nephrostomy for further procedure or drainage		73,800	R1 449,00		30,00	6,000	R 522,00	T
5031	Antegrade ureteric stent insertion		69,600	R1 366,70		30,00	6,000	R 522,00	T
5033	Percutaneous cystostomy in radiology suite		30,000	R589,00					
5035	Urethral balloon dilatation in radiology suite		22,800	R447,80					
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality		34,200	R671,60					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

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5037	Urethral stenting in radiology suite		102,600	R2 014,70					
5038	Intracranial/spinal AVM embolisation (per session)		335,400	R6 586,00		30,00	13,000	R 1 130,70	T
5039	Intracranial thrombolysis (on-table) per session		139,200	R2 733,30		30,00	13,000	R 1 130,70	T
5040	Intracranial aneurysm occlusion		286,800	R5 631,50		30,00	13,000	R 1 130,70	T
5041	Balloon occlusion/Wada test		106,800	R2 097,00		30,00	9,000	R 782,70	T
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation		286,800	R5 631,50		30,00	13,000	R 1 130,70	T
5043	Intracranial angioplasty		204,600	R4 017,70		30,00	13,000	R 1 130,70	T
5044	Transhepatic portogram		139,200	R2 733,30		30,00	9,000	R 782,70	T
5045	Hepatic arterial infusion catheter insertion		156,000	R3 063,20		30,00	6,000	R 522,00	T
5046	Percutaneous biliary drainage (external)		102,600	R2 014,70		30,00	9,000	R 782,70	T
5047	Combined internal/external biliary drainage		102,600	R2 014,70		30,00	9,000	R 782,70	T
5048	Biliary stent insertion		139,200	R2 733,30		30,00	9,000	R 782,70	T
5049	Percutaneous gall bladder drainage		69,600	R1 366,70		30,00	9,000	R 782,70	T
5050	Percutaneous or renal gall bladder stone removal		172,200	R3 381,40		30,00	5,000	R 434,90	T
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)		139,200	R2 733,30		30,00	13,000	R 1 130,70	T
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)		139,200	R2 733,30		30,00	13,000	R 1 130,70	T
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)		139,200	R2 733,30		30,00	13,000	R 1 130,70	T
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)		172,200	R3 381,40		30,00	13,000	R 1 130,70	T
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)		204,600	R4 017,70		30,00	13,000	R 1 130,70	T
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - Stand-alone procedure		204,600	R4 017,70		30,00	13,000	R 1 130,70	
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)		311,400	R6 114,90		30,00	13,000	R 1 130,70	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

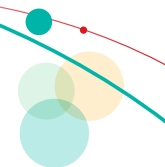


GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite		82,200	R 1 614,10		30,00	5,000	R 434,90	T
5074	IVC filter insertion jugular or femoral route		156,000	R3 063,20		30,00	9,000	R 782,70	T
5076	Intravascular foreign body removal, arterial or venous, any route		204,600	R4 017,70		30,00	9,000	R 782,70	T
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)		70,200	R1 378,50		30,00	5,000	R 434,90	T
5080	Transjugular intrahepatic porto-systemic shunt		335,400	R6 586,00		30,00	13,000	R 1 130,70	T
5082	Transjugular liver biopsy		69,600	R1 366,70		30,00	9,000	R 782,70	T
5084	Endoluminal fallopian tube recanalisation					30,00	6,000	R 522,00	T
5086	Renal cyst aspiration/ablation		22,800	R447,80					
5088	Oesophageal stent insertion in radiology suite		102,600	R2 014,70		30,00	6,000	R 522,00	T
5090	Tracheal stent insertion		102,600	R2 014,70		30,00	6,000	R 522,00	T
5091	GIT balloon dilatation under fluoroscopy		66,600	R1 307,80		30,00	6,000	R 522,00	T
5092	Other GIT stent insertion		102,600	R2 014,70		30,00	6,000	R 522,00	T
5093	Percutaneous gastrostomy in radiology suite		85,800	R1 684,70					
5094	Cutting needle biopsy with image guidance		22,800	R447,80					
5095	Chest drain insertion in radiology suite		32,400	R636,10					
5096	Percutaneous cyst or tumour ablation (non aspiration)		54,600	R1 072,20					
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level					30,00	13,000	R 1 130,70	T
5098	Endoscopic ultrasound: Upper gastro-intestinal tract. Includes oesophagus, stomach, duodenum and/or jejunum, as appropriate		81,400	R1 127,90					
5099	Endoscopic ultrasound: Upper gastro-intestinal tract. Includes oesophagus, stomach, duodenum and/or jejunum, as appropriate, with ultrasound-guided aspiration and/or biopsy		113,800	R1 576,70					
5955	3D Echocardiography for congenital cardiac abnormality: Transthoracic, Volumetric and functional evaluation - PROFESSIONAL COMPONENT		61,900	R857,60					
5956	3D Echocardiography for congenital abnormality: Trans-oesophageal - PROFESSIONAL COMPONENT		84,000	R1 163,80					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

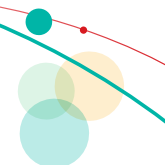
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5972	Stent placement right ventricular outflow tract, branch pulmonary artery, coarctation of the aorta, collateral vessel (incl. MAPCA), venous system (IVC, SVC, systemic vein or patent ductus arteriosus): First vessel		132,520	R1 836,30			6,000	R 522,00	
5973	Stent placement right ventricular outflow tract, branch pulmonary artery, coarctation of the aorta, collateral vessel (incl. MAPCA) or venous system (IVC, SVC, systemic vein or patent ductus arteriosus): Subsequent vessels (per vessel)		81,490	R1 128,90			6,000	R 522,00	
5974	Stent placement,branch pulmonary artery: First vessel		132,520	R1 836,30			6,000	R 522,00	
5975	Stent placement, branch pulmonary artery: Subsequent vessels (per vessel)		76,980	R1 066,60			6,000	R 522,00	
5976	Stent placement coarctation of the aorta		132,520	R1 836,30			6,000	R 522,00	
5980	Stent patent ductus arteriosus and interatrial communication		132,520	R1 836,30			6,000	R 522,00	
5981	Percutaneous stent placement in systemic to pulmonary shunt (e.g. Blalock-Taussig/Sano)		132,520	R1 836,30			6,000	R 522,00	
5985	ASD/PFO/Interatrial communication closure percutaneous, device placement		310,800	R4 306,20			10,000	R 869,70	
5986	VSD closure, percutaneous, device placement		412,400	R5 713,90			10,000	R 869,70	
5987	PFO closure with device		310,800	R4 306,20			10,000	R 869,70	
5989	PDA closure-coil or ductal device		276,500	R3 830,90			6,000	R 522,00	
5990	Closure, arterio-venous shunt (incl. Blalock, Sano) any method		276,500	R3 830,90			6,000	R 522,00	
5991	Transcatheter occlusion or embolisation any method, non-central nervous system, non-head or neck		276,500	R3 830,90			6,000	R 522,00	
5992	Closure interatrial communication (Fontan fenestration etc)		310,800	R4 306,20			10,000	R 869,70	
5995	Rapid right ventricular pacing for percutaneous procedure		51,000	R706,70			10,000	R 869,70	
5996	Removal of embolised device/materials		80,600	R1 116,70			6,000	R 522,00	
5998	Biopsy: Endomyocardial		236,100	R3 271,20			7,000	R 608,90	
6000	Actigraphy: Patient monitored for a minimum of 72 hours (includes equipment fee and interpretation)		47,300	R655,30					
MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES									

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



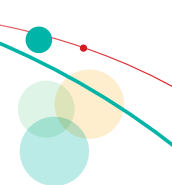
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0090	Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)								
19.15	Magnetic Resonance Imaging (MRI)								
6100	In order to charge the full fee (600,00 magnetic resonance units) 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 tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region								
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee								
6103	Post-contrast study: Bone tumour: 100% of the fee								
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable								
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items								
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



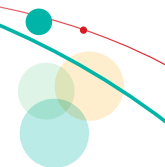
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain								
6110	MRI spectroscopy: 50% of fee								
	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.								
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.								
6200	Magnetic Resonance Imaging: Per anatomical region: Brain					30,00	5,000	R 434,90	T
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae					30,00	5,000	R 434,90	T
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses					30,00	5,000	R 434,90	T
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull					30,00	5,000	R 434,90	T
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint					30,00	5,000	R 434,90	T
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears					30,00	5,000	R 434,90	T
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck					30,00	5,000	R 434,90	T
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid					30,00	5,000	R 434,90	T
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)					30,00	5,000	R 434,90	T
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)					30,00	5,000	R 434,90	T
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae					30,00	5,000	R 434,90	T
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae					30,00	5,000	R 434,90	T
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae					30,00	5,000	R 434,90	T
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum					30,00	5,000	R 434,90	T
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis					30,00	5,000	R 434,90	T
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs					30,00	5,000	R 434,90	T
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen					30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



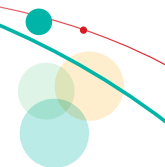
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall					30,00	5,000	R 434,90	T
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum					30,00	5,000	R 434,90	T
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back					30,00	5,000	R 434,90	T
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder					30,00	5,000	R 434,90	T
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder					30,00	5,000	R 434,90	T
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips					30,00	5,000	R 434,90	T
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip					30,00	5,000	R 434,90	T
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip					30,00	5,000	R 434,90	T
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm					30,00	5,000	R 434,90	T
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm					30,00	5,000	R 434,90	T
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow					30,00	5,000	R 434,90	T
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow					30,00	5,000	R 434,90	T
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm					30,00	5,000	R 434,90	T
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm					30,00	5,000	R 434,90	T
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand					30,00	5,000	R 434,90	T
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand					30,00	5,000	R 434,90	T
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg					30,00	5,000	R 434,90	T
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg					30,00	5,000	R 434,90	T
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee					30,00	5,000	R 434,90	T
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee					30,00	5,000	R 434,90	T
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg					30,00	5,000	R 434,90	T
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg					30,00	5,000	R 434,90	T
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle					30,00	5,000	R 434,90	T

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



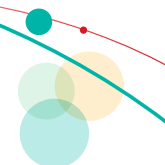
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle					30,00	5,000	R 434,90	T
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot					30,00	5,000	R 434,90	T
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot					30,00	5,000	R 434,90	T
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain					30,00	5,000	R 434,90	T
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck					30,00	5,000	R 434,90	T
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest					30,00	5,000	R 434,90	T
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen					30,00	5,000	R 434,90	T
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs					30,00	5,000	R 434,90	T
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart					30,00	5,000	R 434,90	T
6260	Contrast medium: Current price according the regular price list published by the Radiology Society of SA								
6270	Low field strength peripheral joint magnetic resonance imaging: Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine or head examinations					30,00	5,000	R 434,90	T
20	RADIATION ONCOLOGY								
	GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST (a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services. (b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment.								
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								
	Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



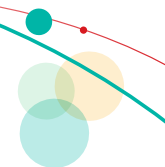
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20.1	Kilovolt therapy								
20.2	Radium therapy								
20.3	Isotope therapy								
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope								
20.4	Megavolt therapy								
20.5	Beta-ray therapy with strontium-90-applicator								
20.6	Planning of therapy								
20.7	Technical aids								
5141	Radiation materials (see modifier 0095)								
20.8	Oncological surgical procedures								
20.9	Special procedures								
20.10	Chemotherapy								
	Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient. Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities								
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy)	20	42,950	R595,20	Z				

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



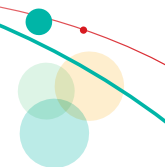
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	20	24,490	R339,40	Z				
5792	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	20	30,610	R424,40	Z				
	Non-infusional chemotherapy: Consultations are charged separately.								
	Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately.								
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities(consultations to be charged separately)	20	159,470	R2 210,10	Z				
5794	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	20	90,030	R1 247,80	Z				

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



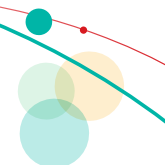
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5795	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	20	112,540	R1 559,70	Z				
	Item 5795 is chargeable in addition to item 5793 by the Oncologist who owns or rents the chemotherapy facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (only to be added to item 5793 if own or rented facility is used).								
20.11	Radiation Therapy Planning								
20.11.1	Manual Radiotherapy Planning Procedures								
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	50	42,560	R716,90	Z				
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest -TECHNICAL COMPONENT	50	99,320	R1 672,90	Z				
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	56,180	R946,30	Z				
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	131,100	R2 208,10	Z				
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	50	76,620	R1 290,70	Z				
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	50	178,770	R3 011,00	Z				
20.11.2	Conventional Radiotherapy Planning Procedures								
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	50	170,260	R2 867,70	Z				
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	50	397,270	R6 691,50	Z				

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



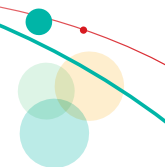
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5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	238,360	R4 014,70	Z				
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	556,180	R9 368,30	Z				
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	50	297,950	R5 018,70	Z				
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	50	695,220	R11 710,30	Z				
20.11.3	Three Dimensional Radiotherapy Planning Procedures								
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	240,230	R4 046,30	Z				
5620	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	977,200	R16 459,60	Z				
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	407,750	R6 868,10	Z				
5621	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	1368,070	R23 043,80	Z				
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	554,330	R9 337,00	Z				
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	1710,090	R28 804,40	Z				
20.11.4	Intensity Modulated Radiotherapy Planning Procedures								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



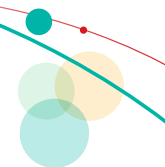
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5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	642,920	R10 829,20	Z				
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	1916,810	R32 286,40	Z				
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	232,180	R3 910,90	Z				
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	958,400	R16 143,00	Z				
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	753,350	R12 689,20	Z				
5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	2174,480	R36 626,50	Z				
20.11.5	Kilovolt Radiation Treatment								
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	50	49,080	R826,80	Z				
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	50	114,520	R1 929,10	Z				
20.11.6	Short Course Radiation Treatment								
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	50	105,740	R1 781,10	Z				
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	50	246,730	R4 156,20	Z				

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



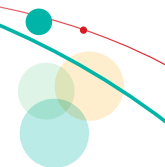
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5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	148,040	R2 493,70	Z				
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	345,410	R5 818,20	Z				
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	50	190,330	R3 205,90	Z				
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	50	444,110	R7 480,50	Z				
20.11.7	Weekly Radiation Treatment Sessions								
20.11.7.1	Weekly Radiation Treatment Sessions - Conventional Techniques								
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	50	193,860	R3 265,30	Z				
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	50	452,330	R7 618,80	Z				
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	246,730	R4 156,20	Z				
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	575,690	R9 696,70	Z				
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	50	317,220	R5 343,20	Z				
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	50	740,180	R12 467,30	Z				
20.11.7.2	Weekly Radiation Treatment Sessions - Advanced Techniques								
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT	50	236,240	R3 979,30	Z				
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	50	551,210	R9 284,40	Z				

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	330,730	R5 570,80	Z				
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	771,710	R12 998,60	Z				
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	50	425,230	R7 162,50	Z				
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	50	992,190	R16 712,00	Z				
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	50	348,870	R5 876,30	Z				
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	50	814,030	R13 711,30	Z				
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	50	826,830	R13 926,90	Z				
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	50	1929,260	R32 495,90	Z				
20.11.8	Stereotactic Radiation								
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	50	3719,340	R62 647,90	Z				
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	50	8678,460	R146 177,90	Z				
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	50	4277,240	R72 044,70	Z				
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	50	9980,230	R168 104,40	Z				
20.12	Brachytherapy								
20.12.1	Isotope/Applicator Therapy								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

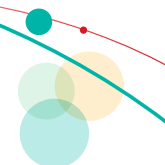


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5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an outpatient procedure. The cost of any isotopes and materials are not included	50	108,400	R1 826,00	Z				
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical outpatient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included	50	216,800	R3 651,90	Z				
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires inpatient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included	50	601,160	R10 125,90	Z				
20.12.2	Brachytherapy Implants								
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included	50	216,800	R3 651,90	Z				
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included	50	786,800	R13 252,70	Z				
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included	50	1049,070	R17 670,20	Z				
20.12.3	Brachytherapy Treatment								
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included	50	613,040	R10 325,90	Z				
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT	50	415,960	R7 006,20	Z				
5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT	50	970,560	R16 347,90	Z				

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

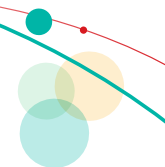
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20.12.4	Brachytherapy Imaging								
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885	50	156,770	R2 640,70	Z				
21	CLINICAL PATHOLOGY								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or General Practitioner s, the fee is to be charged at two-thirds of the pathologists fee								
	Please note: The calculated amounts in this section are calculated according to the clinical pathology unit values. Note: For fees for Histology and Cytology refer to items 4561-4593 under Section 22: Anatomical Pathology.								
21.1	Haematology								
3705	Alkali resistant haemoglobin	80	4,500	R72,00					
3709	Antiglobulin test (Coombs' or trypsinized red cells)	80	3,650	R58,40					
3710	Antibody titration	80	7,200	R115,30					
3712	Antibody identification	80	8,450	R135,20					
3713	Bleeding time (does not include the cost of the simplate device)	80	6,940	R111,10					
3714	Blood volume, dye method	80	7,200	R115,30					
3715	Buffy layer examination	80	19,900	R319,00					
3716	Mean Cell Volume	80	2,250	R36,30					
3717	Bone marrow cytological examination only	80	19,900	R319,00					
3719	Bone marrow: Aspiration	80	8,400	R134,60					
3720	Bone marrow trephine biopsy	80	32,600	R522,50					
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	80	36,800	R589,50					
3722	Capillary fragility: Hess	80	2,020	R32,40					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



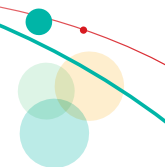
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3723	Circulating anticoagulants	80	5,850	R93,60					
3724	Coagulation factor inhibitor assay	80	57,560	R922,40					
3726	Activated protein C resistance	80	26,000	R416,50					
3727	Coagulation time	80	3,160	R50,70					
3728	Anti-factor Xa Activity	80	53,600	R858,70					
3729	Cold agglutinins	80	3,600	R57,80					
3730	Protein S: Functional	80	37,500	R600,80					
3731	Compatibility for blood transfusion	80	3,600	R57,80					
3732	Cryoglobulin	80	3,600	R57,80					
3734	Protein C (chromogenic)	80	30,290	R485,30					
3735	Anti-thrombin III (chromogenic)	80	22,000	R352,40					
3736	Plasminogen (chromogenic)	80	61,650	R987,80					
3737	Lupus Russel Viper method	80	17,000	R272,50					
3738	Lupus Kaolin Exner method	80	25,000	R400,60					
3739	Erythrocyte count	80	2,250	R36,30					
3740	Factors V and VII: Qualitative	80	7,200	R115,30					
3741	Coagulation factor assay: Functional	80	9,450	R151,60					
3743	Erythrocyte sedimentation rate	80	3,000	R48,10					
3744	Fibrin stabilizing factor (urea test)	80	4,500	R72,00					
3746	Fibrin monomers	80	2,700	R43,40					
3748	Plasminogen activator inhibitor (PAI-I)	80	65,950	R1 056,70					
3750	Tissue plasminogen Activator (tPA)	80	67,790	R1 086,10					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



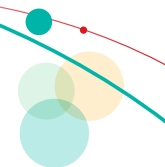
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3753	Osmotic fragility (before and after incubation)	80	18,000	R288,60					
3754	ABO Reverse Group	80	3,600	R57,80					
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	80	10,500	R168,30					
3756	Full cross match	80	7,200	R115,30					
3757	Coagulation factors: Quantitative	80	32,200	R515,80					
3758	Factor VIII related antigen	80	60,460	R968,80					
3759	Coagulation factor correction study	80	11,720	R187,90					
3761	Factor XIII related antigen	80	61,110	R978,80					
3762	Haemoglobin estimation	80	1,800	R28,80					
3763	Contact activated product assay	80	16,200	R259,50					
3764	Grouping: A B and O antigens	80	3,600	R57,80					
3765	Grouping: Rh antigen	80	3,600	R57,80					
3766	PIVKA	80	43,490	R696,70					
3767	Euglobulin Lysis time	80	25,580	R409,90					
3768	Haemoglobin A2 (column chromatography)	80	15,000	R240,40					
3769	Haemoglobin electrophoresis	80	26,820	R429,70					
3770	Haemoglobin-S (solubility test)	80	3,600	R57,80					
3772	Haptoglobin: Quantitative	80	9,450	R151,60					
3773	Ham's acidified serum test	80	8,000	R128,20					
3775	Heinz bodies	80	2,250	R36,30					
3776	Haemosiderin in urinary sediment	80	2,250	R36,30					
3783	Leucocyte differential count	80	6,200	R99,50					
3785	Leucocytes: Total count	80	1,800	R28,80					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



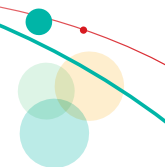
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3786	QBC malaria concentration and fluorescent staining	80	25,000	R400,60					
3787	LE-cells	80	8,300	R132,90					
3789	Neutrophil alkaline phosphatase	80	28,000	R448,50					
3791	Packed cell volume: Haematocrit	80	1,800	R28,80					
3792	Plasmodium falciparum: Monoclonal immunological identification	80	9,000	R144,30					
3793	Plasma haemoglobin	80	6,750	R108,10					
3794	Platelet sensitivities	80	18,640	R298,70					
3795	Platelet aggregation per aggregant	80	12,140	R194,50					
3797	Platelet count	80	2,250	R36,30					
3799	Platelet adhesiveness	80	4,500	R72,00					
3801	Prothrombin consumption	80	5,850	R93,60					
3803	Prothrombin determination (two stages)	80	5,850	R93,60					
3805	Prothrombin index	80	6,000	R96,00					
3806	Therapeutic drug level: Dosage	80	4,500	R72,00					
3809	Reticulocyte count	80	3,000	R48,10					
3810	Schumm's test	80	3,600	R57,80					
3811	Sickling test	80	2,250	R36,30					
3814	Sucrose lysis test for PNH	80	3,600	R57,80					
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	80	21,100	R338,10					
3820	Thrombo - Elastogram	80	26,000	R416,50					
3825	Fibrinogen titre	80	3,600	R57,80					
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	80	8,000	R128,20					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



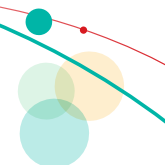
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3830	Glucose 6-phosphate-dehydrogenase: Quantitative	80	16,000	R256,50					
3832	Red cell pyruvate kinase: Quantitative	80	16,000	R256,50					
3834	Red cell Rhesus phenotype	80	9,900	R158,60					
3835	Haemoglobin F in blood smear	80	5,850	R93,60					
3837	Partial thromboplastin time	80	5,850	R93,60					
3841	Thrombin time (screen)	80	7,160	R114,70					
3843	Thrombin time (serial)	80	7,650	R122,70					
3847	Haemoglobin H	80	2,250	R36,30					
3851	Fibrin degeneration products (diffusion plate)	80	10,350	R166,00					
3853	Fibrin degeneration products (latex slide)	80	4,500	R72,00					
3854	XDP (Dimer test or equivalent latex slide test)	80	8,500	R136,20					
3855	Haemagglutination inhibition	80	9,900	R158,60					
3856	D-Dimer (quantitative)	80	27,520	R441,10					
3857	Ristocetin Cofactor	80	35,530	R569,10					
3858	Heparin removal	80	28,880	R462,90					
21.2	Microscopic and miscellaneous tests								
3863	Autogenous vaccine	80	12,600	R201,80					
3864	Entomological examination	80	20,700	R331,70					
3865	Parasites in blood smear	80	5,600	R89,70					
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	80	4,900	R78,70					
3868	Fungus identification	80	8,300	R132,90					
3869	Faeces (including parasites)	80	4,900	R78,70					
3873	Transmission electron microscopy	80	85,000	R1 361,80					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



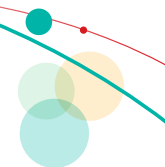
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3874	Scanning electron microscopy	80	100,000	R1 602,20					
3875	Inclusion bodies	80	4,500	R72,00					
3878	Crystal identification polarized light microscopy	80	4,500	R72,00					
3879	Campylobacter in stool: Fastidious culture	80	9,900	R158,60					
3880	Antigen detection with polyclonal antibodies	80	4,500	R72,00					
3881	Mycobacteria	80	3,000	R48,10					
3882	Antigen detection with monoclonal antibodies	80	10,800	R172,90					
3883	Concentration techniques for parasites	80	3,000	R48,10					
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	80	6,300	R100,80					
3885	Cytochemical stain	80	5,450	R87,10					
21.3	Bacteriology								
3887	Antibiotic susceptibility test: Per organism	80	8,000	R128,20					
3888	Adhesive tape preparation	80	2,700	R43,40					
3889	Clostridium difficile toxin: Monoclonal immunological	80	12,400	R198,70					
3890	Antibiotic assay of tissues and fluids	80	13,900	R222,80					
3891	Blood culture: Aerobic	80	5,850	R93,60					
3892	Blood culture: Anaerobic	80	5,850	R93,60					
3893	Bacteriological culture: Miscellaneous	80	6,300	R100,80					
3894	Radiometric blood culture	80	10,800	R172,90					
3895	Bacteriological culture: Fastidious organisms	80	9,900	R158,60					
3896	In vivo culture: Bacteria	80	16,000	R256,50					
3897	In vivo culture: Virus	80	16,000	R256,50					
3899	Bacterial exotoxin production (in vivo assay)	80	20,700	R331,70					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



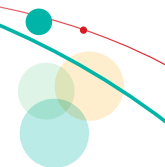
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3901	Fungal culture	80	4,500	R72,00					
3902	Clostridium difficile (cytotoxicity neutralisation)	80	30,000	R480,60					
3903	Antibiotic level: Biological fluids	80	11,700	R187,40					
3904	Rotavirus latex slide test	80	5,620	R90,30					
3905	Identification of virus or rickettsia	80	20,700	R331,70					
3906	Identification: Chlamydia	80	16,000	R256,50					
3908	Anaerobe culture: Comprehensive	80	9,900	R158,60					
3909	Anaerobe culture: Limited procedure	80	4,500	R72,00					
3911	Beta-lactamase assay	80	4,500	R72,00					
3914	Sterility control test: Biological method	80	4,500	R72,00					
3915	Mycobacterium culture	80	4,500	R72,00					
3916	Radiometric tuberculosis culture	80	10,800	R172,90					
3918	Mycoplasma culture: Comprehensive	80	9,900	R158,60					
3919	Identification of mycobacterium	80	9,900	R158,60					
3920	Mycobacterium: Antibiotic sensitivity	80	9,900	R158,60					
3921	Antibiotic synergistic study	80	20,700	R331,70					
3922	Viable cell count	80	1,350	R21,50					
3923	Biochemical identification of bacterium: Abridged	80	3,150	R50,60					
3924	Biochemical identification of bacterium: Extended	80	12,500	R200,30					
3925	Serological identification of bacterium: Abridged	80	3,150	R50,60					
3926	Serological identification of bacterium: Extended	80	10,200	R163,40					
3927	Grouping for streptococci	80	7,300	R117,00					
3928	Antimicrobial substances	80	3,800	R61,00					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



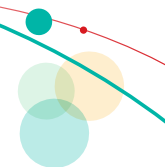
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3929	Radiometric mycobacterium identification	80	14,000	R224,50					
3930	Radiometric mycobacterium antibiotic sensitivity	80	25,000	R400,60					
3931	Helicobacter: Monoclonal immunological	80	12,400	R198,70					
4650	Antibiotic MIC per organism per antibiotic	80	8,000	R128,20					
4651	Non-radiometric automated blood cultures	80	13,900	R222,80					
4652	Rapid automated bacterial identification per organism	80	15,000	R240,40					
4653	Rapid automated antibiotic susceptibility per organism	80	17,000	R272,50					
4654	Rapid automated MIC per organism per antibiotic	80	17,000	R272,50					
4655	Mycobacteria: MIC determination - E Test	80	16,500	R264,20	Z				
4656	Mycobacteria: Identification HPLC	80	35,000	R560,90	Z				
4657	Mycobacteria: Liquefied, concentrated, fluorochrome stain	80	9,900	R158,60	Z				
21.4	Serology								
3958	Anti Gad/la2 Ab	80	67,950	R1 088,80					
3959	Rose Waaler agglutination test	80	4,500	R72,00					
3960	Gonococcal, listeria or echinococcus agglutination	80	9,500	R152,20					
3961	Slide agglutination test	80	2,630	R41,90					
3963	Serum complement level: Each component	80	3,150	R50,60					
3965	Anti la2 Antibodies	80	36,000	R576,70					
3966	Anti Gad Antibodies	80	36,000	R576,70					
3967	Auto-antibody: Sensitized erythrocytes	80	4,500	R72,00					
3968	Herpes virus typing: Monoclonal immunological	80	20,690	R331,50					
3969	Western blot technique	80	74,000	R1 185,90					
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	80	14,100	R225,80					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



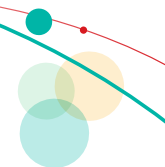
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3933	IgE: Total: EMIT or ELISA	80	11,700	R187,40					
3934	Auto antibodies by labelled antibodies	80	16,000	R256,50					
3935	Sperm antibodies	80	16,000	R256,50					
3936	Virus neutralisation test: First antibody	80	75,000	R1 201,90					
3937	Virus neutralisation test: Each additional antibody	80	15,000	R240,40					
3938	Precipitation test per antigen	80	4,500	R72,00					
3939	Agglutination test per antigen	80	5,500	R88,20					
3940	Haemagglutination test: Per antigen	80	9,900	R158,60					
3941	Modified Coombs' test for brucellosis	80	4,500	R72,00					
3942	Hepatitis Rapid Viral Ab	80	12,240	R195,90					
3943	Antibody titer to bacterial exotoxin	80	3,600	R57,80					
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	80	12,400	R198,70					
3945	Complement fixation test	80	5,850	R93,60					
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	80	14,050	R225,10					
3947	C-reactive protein	80	10,840	R173,50					
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	80	12,950	R207,60					
3949	Qualitative Kahn, VDRL or other flocculation	80	2,250	R36,30					
3950	Neutrophil phagocytosis	80	25,200	R403,90					
3951	Quantitative Kahn, VDRL or other flocculation	80	3,600	R57,80					
3952	Neutrophil chemotaxis	80	67,950	R1 088,80					
3953	Tube agglutination test	80	4,150	R66,60					
3955	Paul Bunnell: Presumptive	80	2,250	R36,30					
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	80	8,500	R136,20					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



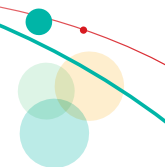
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3971	Immuno-diffusion test: Per antigen	80	3,150	R50,60					
3972	Respiratory syncytial virus (ELISA technique)	80	35,000	R560,90					
3973	Immuno electrophoresis: Per immune serum	80	9,450	R151,60					
3974	Polymerase chain reaction	80	75,000	R1 201,90					
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	80	12,000	R192,20					
3978	Lymphocyte transformation	80	51,700	R828,30					
3980	Bilharzia Ag Serum/Urine	80	14,500	R232,40					
3982	Histone Ab	80	16,000	R256,50					
4600	Anti-CCP	80	17,460	R279,80	Z				
4601	Panel typing: Antibody detection: Class I	80	36,000	R576,70					
4602	Panel typing: Antibody detection: Class II	80	44,000	R704,90					
4603	HLA test for specific locus/antigen - serology	80	27,000	R432,60					
4604	HLA typing: Class I - serology	80	52,000	R833,20					
4605	HLA typing: Class II - serology	80	52,000	R833,20					
4606	HLA typing: Class I & II - serology	80	90,000	R1 442,00					
4607	Cross matching T-cells (per tray)	80	18,000	R288,60					
4608	Cross matching B-cells	80	38,000	R608,90					
4609	Cross matching T- & B-cells	80	48,000	R769,00					
4610	Helicobacter: Pylori antigen test	80	34,600	R554,30					
4611	Erythropoietin	80	20,000	R320,50					
4612	HTLV I/II	80	20,000	R320,50					
4613	Anti-Gm1 Antibody Assay	80	75,000	R1 201,90					
4614	HIV Ab - Rapid Test	80	12,000	R192,20					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



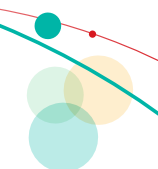
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21.5	Skin tests								
	For skin-prick allergy tests, please refer to items 0218, 0220 and 0221 in Section 2: Integumentary Section								
21.6	Biochemical tests: Blood								
3991	Abnormal pigments: Qualitative	80	4,500	R72,00					
3993	Abnormal pigments: Quantitative	80	9,000	R144,30					
3995	Acid phosphate	80	5,180	R82,90					
3998	Amino acids Quantitative (Post derivatisation HPLC)	80	78,120	R1 251,70					
3999	Albumin	80	4,800	R76,70					
4000	Alcohol	80	12,400	R198,70					
4001	Alkaline phosphatase	80	5,180	R82,90					
4002	Alkaline phosphatase-iso-enzymes	80	11,700	R187,40					
4003	Ammonia: Enzymatic	80	7,710	R123,50					
4004	Ammonia: Monitor	80	4,500	R72,00					
4005	Alpha-1-antitrypsin: Total	80	7,200	R115,30					
4006	Amylase	80	5,180	R82,90					
4007	Arsenic in blood, hair or nails	80	36,250	R580,80					
4008	Bilirubin - Reflectance	80	4,770	R76,40					
4009	Bilirubin: Total	80	4,770	R76,40					
4010	Bilirubin: Conjugated	80	3,620	R58,10					
4011	Breath Hydrogen Test	80	21,560	R345,40					
4012	CSF Nicotinic Acid	80	12,420	R199,10					
4013	CSF Glutamine	80	11,250	R180,00					
4014	Cadmium: Atomic absorption	80	18,120	R290,30					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



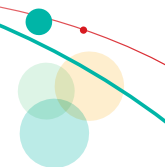
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4016	Calcium: Ionized	80	6,750	R108,10					
4017	Calcium: Spectrophotometric	80	3,620	R58,10					
4018	Calcium: Atomic absorption	80	7,250	R116,20					
4019	Carotene	80	2,250	R36,30					
4020	Carnitine (Total or free) in biological fluid: Each	80	11,690	R187,20					
4021	Carnitine (Total or free) in muscle: Each	80	23,380	R374,70					
4022	Acyl Carnitine	80	23,380	R374,70					
4023	Chloride	80	2,590	R41,50					
4025	Chol/HDL/LDL/Trig	80	27,070	R433,80					
4026	LDL cholesterol (chemical determination)	80	6,900	R110,50					
4027	Cholesterol total	80	5,340	R85,60					
4028	HDL cholesterol	80	6,900	R110,50					
4029	Cholinesterase: Serum or erythrocyte: Each	80	7,480	R119,70					
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	80	9,000	R144,30					
4031	Total CO2	80	5,180	R82,90					
4032	Creatinine	80	3,620	R58,10					
4033	CSF-Immunoglobulin G	80	9,450	R151,60					
4034	C1-Esterase Inhibitor	80	9,450	R151,60					
4035	CSF-Albumin	80	9,450	R151,60					
4036	CSF-IgG Index	80	22,050	R353,30					
4038	Glutamic acid	80	29,060	R465,70					
4040	Homocysteine (random)	80	15,300	R245,10					
4041	Homocysteine (after Methionine load)	80	18,100	R290,00					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



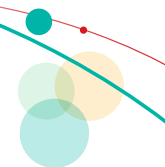
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4042	D-Xylose absorption test: Two hours	80	13,150	R210,70					
4045	Fibrinogen: Quantitative	80	3,600	R57,80					
4049	Glucose tolerance test (2 specimens)	80	8,970	R143,80					
4050	Glucose strip-test with photometric reading	80	1,800	R28,80					
4051	Galactose	80	11,250	R180,00					
4052	Glucose tolerance test (3 specimens)	80	13,170	R211,00					
4053	Glucose tolerance test (4 specimens)	80	17,370	R278,00					
4057	Glucose: Quantitative	80	3,620	R58,10					
4061	Glucose tolerance test (5 specimens)	80	21,560	R345,40					
4062	Galactose-1-phosphate uridyl transferase	80	16,000	R256,50					
4063	Fructosamine	80	7,200	R115,30					
4064	HbA1C	80	14,250	R228,20					
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	80	46,880	R751,10					
4067	Lithium: Flame ionisation	80	5,180	R82,90					
4068	Lithium: Atomic absorption	80	7,480	R119,70					
4071	Iron	80	6,750	R108,10					
4073	Iron-binding capacity	80	7,650	R122,70					
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day	80	19,100	R306,00					
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	80	6,750	R108,10					
4079	Ketones in plasma: Qualitative	80	2,250	R36,30					
4081	Drug level-biological fluid: Quantitative	80	10,800	R172,90					
4082	Tacrolimus assay	80	20,100	R322,10					
4083	Lysosomal enzyme assay	80	36,560	R585,80					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



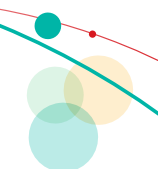
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4084	Thymidine kinase	80	20,000	R320,50					
4085	Lipase	80	5,180	R82,90					
4086	Lactate	80	16,000	R256,50					
4091	Lipoprotein electrophoresis	80	9,000	R144,30					
4092	Orosmucoid	80	9,450	R151,60					
4093	Osmolality: Serum or urine	80	6,750	R108,10					
4094	Magnesium: Spectrophotometric	80	3,620	R58,10					
4095	Magnesium: Atomic absorption	80	7,250	R116,20					
4096	Mercury: Atomic absorption	80	18,120	R290,30					
4098	Copper: Atomic absorption	80	18,120	R290,30					
4105	Protein electrophoresis	80	9,000	R144,30					
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	80	20,000	R320,50					
4109	Phosphate	80	3,620	R58,10					
4113	Potassium	80	3,620	R58,10					
4114	Sodium	80	3,620	R58,10					
4117	Protein: Total	80	3,110	R49,70					
4121	pH, pCO2 or pO2: Each	80	6,750	R108,10					
4123	Pyruvic acid	80	4,500	R72,00					
4125	Salicylates	80	4,500	R72,00					
4127	Caeruloplasmin	80	4,500	R72,00					
4128	Phenylalanine: Quantitative	80	11,250	R180,00					
4130	Aspartate aminotransferase (AST)	80	5,400	R86,50					
4131	Alanine aminotransferase (ALT)	80	5,400	R86,50					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



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This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
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4132	Creatine kinase (CK)	80	5,400	R86,50					
4133	Lactate dehydrogenase (LD)	80	5,400	R86,50					
4134	Gamma glutamyl transferase (GGT)	80	5,400	R86,50					
4135	Aldolase	80	5,400	R86,50					
4136	Angiotensin converting enzyme (ACE)	80	9,000	R144,30					
4137	Lactate dehydrogenase isoenzyme	80	10,800	R172,90					
4138	CK-MB: Immunoinhibition/precipitation	80	10,800	R172,90					
4139	Adenosine deaminase	80	5,400	R86,50					
4143	Serum/plasma enzymes	80	5,400	R86,50					
4144	Transferrin	80	11,700	R187,40					
4146	Lead: Atomic absorption	80	15,000	R240,40					
4147	Triglyceride	80	7,930	R127,20					
4148	Tay - Sachs Study	80	36,560	R585,80					
4149	Red cell magnesium	80	11,700	R187,40					
4151	Urea	80	3,620	R58,10					
4152	CK-MB: Mass determination: Quantitative (Automated)	80	12,400	R198,70					
4153	CK-MB: Mass determination: Quantitative (Not automated)	80	17,470	R279,90					
4154	Myoglobin quantitative: Monoclonal immunological	80	12,400	R198,70					
4155	Uric acid	80	3,780	R60,60					
4156	Vitamin D3	80	12,420	R199,10					
4157	Vitamin A-saturation test	80	15,300	R245,10					
4158	Vitamin E (tocopherol)	80	3,600	R57,80					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

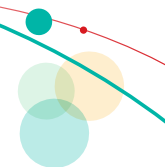


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4159	Vitamin A	80	6,300	R100,80					
4161	Troponin isoforms: Each	80	20,000	R320,50					
4163	Apoprotein AI: Turbidometric method	80	8,280	R132,60					
4165	Apoprotein AII: Turbidometric method	80	8,280	R132,60					
4167	Apoprotein B: Turbidometric method	80	8,280	R132,60					
4170	Lipoprotein (a)(Lp(a)) assay	80	12,420	R199,10					
4171	Sodium + potassium + chloride + CO2 + urea	80	15,840	R253,90					
4172	ELISA/EMIT technique	80	12,420	R199,10					
4173	Sirolimus Assay	80	78,000	R1 249,80					
4181	Quantitative protein estimation: Mancini method	80	7,760	R124,20					
4182	Quantitative protein estimation: Nephelometer or Turbidometric method	80	8,280	R132,60					
4183	Quantitative protein estimation: Labelled antibody	80	12,420	R199,10					
4184	C-reactive protein (Ultra sensitive)	80	11,680	R187,00					
4185	Lactose	80	10,800	R172,90					
4186	Vitamin B6	80	15,300	R245,10					
4187	Zinc: Atomic absorption	80	18,120	R290,30					
21.7	Biochemical tests: Urine								
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	80	1,500	R24,00					
4189	Abnormal pigments	80	4,500	R72,00					
4193	Alkapton test: Homogentisic acid	80	4,500	R72,00					
4194	Amino acids: Quantitative (Post derivatisation HPLC)	80	78,120	R1 251,70					
4195	Amino laevulinic acid	80	18,000	R288,60					
4197	Amylase	80	5,180	R82,90					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

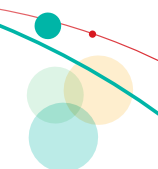
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4198	Arsenic	80	18,120	R290,30					
4199	Ascorbic acid	80	2,250	R36,30					
4201	Bence-Jones protein	80	2,700	R43,40					
4204	Calcium: Atomic absorption	80	7,250	R116,20					
4205	Calcium: Spectrophotometric	80	3,620	R58,10					
4209	Lead: Atomic absorption	80	15,000	R240,40					
4210	Urine collagen telopeptides	80	36,500	R584,90					
4211	Bile pigments: Qualitative	80	2,250	R36,30					
4213	Protein: Quantitative	80	2,250	R36,30					
4216	Mucopolysaccharides: Qualitative	80	3,600	R57,80					
4217	Oxalate	80	9,380	R150,40					
4218	Glucose: Quantitative	80	2,250	R36,30					
4219	Steroids: Chromatography (each)	80	7,200	R115,30					
4221	Creatinine	80	3,620	R58,10					
4223	Creatinine clearance	80	7,650	R122,70					
4227	Electrophoresis: Qualitative	80	4,500	R72,00					
4228	Fetal Lung Maturity	80	36,560	R585,80					
4230	Urine/Fluid - Specific Gravity	80	0,900	R14,30					
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	80	37,500	R600,80	Z				
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	80	46,800	R749,90	Z				
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	80	37,500	R600,80	Z				

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



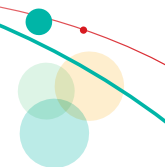
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	80	46,800	R749,90	Z				
4237	5-Hydroxy-indole-acetic acid: Screen test	80	2,700	R43,40					
4238	5HIAA (Hplc)	80	78,120	R1 251,70					
4247	Ketones: Excluding dip-stick method	80	2,250	R36,30					
4248	Reducing substances	80	1,800	R28,80					
4251	Metanephrines: Column chromatography	80	22,050	R353,30					
4252	Metanephrine (Hplc)	80	78,120	R1 251,70					
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	80	27,000	R432,60					
4254	Nitrosonaphtol test for tyrosine	80	2,250	R36,30					
4255	Orotic Acid - Urine	80	9,450	R151,60					
4256	Very long Chain Fatty Acids	80	129,380	R2 073,00					
4261	Micro Albumin: Quantitative	80	12,420	R199,10					
4262	Micro Albumin: Qualitative	80	4,500	R72,00					
4263	pH: Excluding dip-stick method	80	0,900	R14,30					
4265	Thin layer chromatography: One way	80	6,750	R108,10					
4266	Thin layer chromatography: Two way	80	11,250	R180,00					
4268	Organic acids: Quantitative: GCMS	80	109,380	R1 752,60					
4269	Phenylpyruvic acid: Ferric chloride	80	2,250	R36,30					
4270	Chromium Total Urine	80	18,120	R290,30					
4271	Phosphate excretion index	80	22,050	R353,30					
4272	Porphobilinogen qualitative screen: Urine	80	5,000	R80,10					
4273	Porphobilinogen/ALA: Quantitative each	80	15,000	R240,40					
4283	Magnesium: Spectrophotometric	80	3,620	R58,10					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



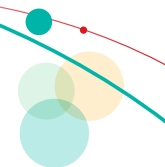
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4284	Magnesium: Atomic absorption	80	7,250	R116,20					
4285	Identification of carbohydrate	80	7,650	R122,70					
4287	Identification of drug: Qualitative	80	4,500	R72,00					
4288	Identification of drug: Quantitative	80	10,800	R172,90					
4293	Urea clearance	80	5,400	R86,50					
4297	Copper: Spectrophotometric	80	3,620	R58,10					
4298	Copper: Atomic absorption	80	18,120	R290,30					
4301	Chloride	80	2,590	R41,50					
4309	Urobilinogen: Quantitative	80	6,750	R108,10					
4313	Phosphates	80	3,620	R58,10					
4315	Potassium	80	3,620	R58,10					
4316	Sodium	80	3,620	R58,10					
4319	Urea	80	3,620	R58,10					
4321	Uric acid	80	3,620	R58,10					
4323	Total protein and protein electrophoresis	80	11,250	R180,00					
4325	VMA: Quantitative	80	11,250	R180,00					
4326	Catecholamines (HPLC)	80	78,120	R1 251,70					
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	80	46,880	R751,10					
4328	Immunoglobulin D	80	9,450	R151,60					
4335	Cystine: Quantitative	80	12,600	R201,80					
4336	Dinitrophenol hydrazine test: Ketoacids	80	2,250	R36,30					
21.8	Biochemical tests: Faeces								
4339	Chloride	80	2,590	R41,50					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



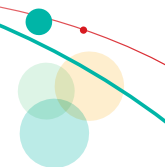
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4343	Fat: Qualitative	80	3,150	R50,60					
4345	Fat: Quantitative	80	22,050	R353,30					
4347	Ph	80	0,900	R14,30					
4351	Occult blood: Chemical test	80	2,250	R36,30					
4352	Occult blood: Monoclonal antibodies	80	10,000	R160,40					
4357	Potassium	80	3,620	R58,10					
4358	Sodium	80	3,620	R58,10					
4359	Secretory IgA	80	9,450	R151,60					
4362	Elastase quantitative ELISA	80	47,000	R753,10					
4363	Stercobilinogen: Quantitative	80	6,750	R108,10					
21.9	Biochemical tests: Miscellaneous								
4366	Porphyryn screen qualitative: Urine, stool, red blood cells: Each	80	5,000	R80,10					
4367	Porphyryn qualitative analysis by TLC: Urine, stool, red blood cells: Each	80	20,000	R320,50					
4368	Porphyryn: Total quantisation: Urine, stool, red blood cells: Each	80	20,000	R320,50					
4369	Porphyryn quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	80	30,000	R480,60					
4370	Drug level in biological fluid: Monoclonal immunological	80	12,400	R198,70					
4371	Amylase in exudate	80	5,180	R82,90					
4372	Fluoride in biological fluids and water	80	15,620	R250,40					
4374	Trace metals in biological fluid: Atomic absorption	80	18,130	R290,60					
4375	Calcium in fluid: Spectrophotometric	80	3,620	R58,10					
4376	Calcium in fluid: Atomic absorption	80	7,250	R116,20					
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	80	21,880	R350,60					
4378	Urea breath test	80	58,000	R929,40					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



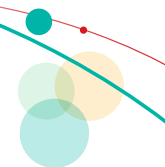
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4380	Lecithin in amniotic fluid: L/S ratio	80	27,000	R432,60					
4381	Lamellar body count in amniotic fluid	80	10,000	R160,40					
4390	Foam test: Amniotic fluid	80	3,150	R50,60					
4391	Renal calculus: Chemistry	80	5,400	R86,50					
4392	Renal calculus: Crystallography	80	16,250	R260,50					
4395	Sweat: Sodium	80	3,620	R58,10					
4396	Sweat: Potassium	80	3,620	R58,10					
4397	Sweat: Chloride	80	2,590	R41,50					
4399	Sweat collection by iontophoresis (excluding collection material)	80	4,500	R72,00					
4400	Tryptophane loading test	80	22,050	R353,30					
21.10	Cerebrospinal fluid								
4401	Cell count	80	3,450	R55,50					
4407	Cell count, protein, glucose and chloride	80	7,650	R122,70					
4409	Chloride	80	2,590	R41,50					
4416	Sodium	80	3,620	R58,10					
4417	Protein: Qualitative	80	0,900	R14,30					
4419	Protein: Quantitative	80	3,110	R49,70					
4421	Glucose	80	3,620	R58,10					
4423	Urea	80	3,620	R58,10					
4425	Protein electrophoresis	80	12,600	R201,80					
21.11	RNA/DNA based tests and andrology								
21.11.1	RNA/DNA based tests and andrology: RNA/DNA based tests								
4424	HLA test for specific allele DNA-PCR	80	36,000	R576,70					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



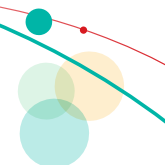
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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4426	HLA typing low resolution Class I DNA-PCR per locus	80	100,000	R1 602,20					
4427	HLA typing low resolution Class II DNA-PCR per locus	80	74,000	R1 185,90					
4428	HLA typing high resolution Class I or II DNA-PCR per locus	80	66,000	R1 057,50					
4429	Quantitative PCR (DNA/RNA)	80	84,300	R1 350,50					
4430	Recombinant DNA technique	80	25,000	R400,60					
4431	Ribosomal RNA targeting for bacteriological identification	80	35,000	R560,90					
4432	Ribosomal RNA amplification for bacteriological identification	80	75,000	R1 201,90					
4433	Bacteriological DNA identification (LCR)	80	25,000	R400,60					
4434	Bacteriological DNA identification (PCR)	80	75,000	R1 201,90					
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	80	150,000	R2 403,30	Z				
21.11.2	RNA/DNA based tests and andrology: Andrology								
4435	Mixed antiglobulin reaction: Semen	80	6,600	R105,60					
4436	Friberg test: Semen	80	14,500	R232,40					
4437	Kremer test: Semen	80	3,600	R57,80					
4440	Semen analysis: Cell count	80	7,650	R122,70					
4441	Semen analysis: Cytology	80	7,200	R115,30					
4442	Semen analysis: Viability + motility - 6 hours	80	6,000	R96,00					
4443	Semen analysis: Supravital stain	80	5,440	R87,00					
4445	Seminal fluid: Alpha glucosidase	80	20,000	R320,50					
4446	Seminal fluid fructose	80	3,150	R50,60					
4447	Seminal fluid: Acid phosphatase	80	5,180	R82,90					
21.12	Immunology								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



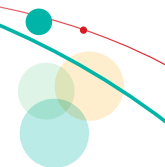
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4448	HCG: Latex agglutination: Qualitative (Side-room)	80	4,000	R63,90					
4449	HCG: Latex agglutination: Semi-quantitative (Side-room)	80	9,310	R149,10					
4450	HCG: Monoclonal immunological: Qualitative	80	10,000	R160,40					
4451	HCG: Monoclonal immunological: Quantitative	80	12,400	R198,70					
4452	Bone Specific Alk Phosphatase	80	20,000	R320,50					
4455	Anti IgE receptor antibody test (10 samples and dilution)	80	161,560	R2 588,40					
4456	Eosinophil cationic protein	80	27,810	R445,60					
4457	Mast cell tryptase	80	96,870	R1 552,30					
4458	Micro-albuminuria: Radio-isotope method	80	12,420	R199,10					
4459	Acetyl choline receptor antibody	80	158,120	R2 533,50					
4460	CA-199 tumour marker	80	20,000	R320,50					
4461	Nuclear Matrix Protein 22	80	35,000	R560,90					
4462	CA-125 tumour marker	80	20,000	R320,50					
4463	C6 complement functional essay	80	45,000	R721,00					
4466	Beta-2-microglobulin	80	12,420	R199,10					
4467	Chromograqnin A	80	47,000	R753,10					
4468	CA-549	80	20,000	R320,50					
4469	Tumour markers: Monoclonal immunological (each)	80	20,000	R320,50					
4470	CA-195 tumour marker	80	20,000	R320,50					
4471	Carcino-embryonic antigen	80	20,000	R320,50					
4473	TSH Receptor Ab	80	17,480	R280,00					
4474	Cast Per Allergen	80	27,810	R445,60					
4475	CA-724	80	20,000	R320,50					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



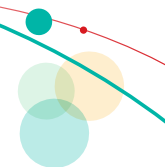
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4477	Neuron specific enolase	80	20,000	R320,50					
4478	Osteocalcin	80	31,400	R503,00					
4479	Vitamin B12-absorption: Shilling test	80	11,700	R187,40					
4480	Serotonin	80	18,750	R300,60					
4482	Free thyroxine (FT4)	80	17,480	R280,00					
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	80	37,080	R594,00					
4485	Insulin	80	12,420	R199,10					
4486	C-Peptide	80	12,420	R199,10					
4487	Calcitonin	80	18,900	R303,00					
4488	B-Type Natriuretic Peptide	80	47,040	R753,60					
4490	Releasing hormone response	80	50,000	R801,20					
4491	Vitamin B12	80	12,420	R199,10					
4492	Vitamin D3: Calcitriol (RIA)	80	75,000	R1 201,90					
4493	Drug concentration: Quantitative	80	12,420	R199,10					
4494	Free hormone assay	80	17,480	R280,00					
4495	Growth hormone	80	12,420	R199,10					
4496	Hormone concentration: Quantitative	80	12,420	R199,10					
4497	Carbohydrate deficient transferrin	80	29,060	R465,70					
4499	Cortisol	80	12,420	R199,10					
4500	DHEA sulphate	80	12,420	R199,10					
4501	Testosterone	80	12,420	R199,10					
4502	Free testosterone	80	17,480	R280,00					
4503	Oestradiol	80	12,420	R199,10					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



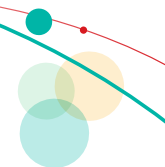
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4505	Oestriol	80	10,800	R172,90					
4506	Multiple antigen specific IgE screening test for Atopy	80	37,260	R597,10					
4507	Thyrotropin (TSH)	80	19,600	R314,20					
4508	Combined antigen specific IgE	80	24,480	R392,10					
4509	Free tri-iodothyronine (FT3)	80	17,480	R280,00					
4511	Renin activity	80	18,900	R303,00					
4512	Parathormone	80	17,080	R273,60					
4513	IgE: Total	80	12,420	R199,10					
4514	Antigen specific IgE	80	12,420	R199,10					
4515	Aldosterone	80	12,420	R199,10					
4516	Follitropin (FSH)	80	12,420	R199,10					
4517	Lutropin (LH)	80	12,420	R199,10					
4518	Soluble transferrin receptor	80	11,250	R180,00					
4519	Prostate specific antigen	80	14,490	R232,20					
4520	17 Hydroxy progesterone	80	12,420	R199,10					
4521	Progesterone	80	12,420	R199,10					
4522	Alpha-feto protein	80	12,420	R199,10					
4523	ACTH	80	21,740	R348,30					
4524	Free PSA	80	20,000	R320,50					
4526	Sex hormone binding globulin	80	12,420	R199,10					
4527	Gastrin	80	12,420	R199,10					
4528	Ferritin	80	12,420	R199,10					
4529	Anti-DNA antibodies	80	12,420	R199,10					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



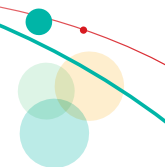
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4530	Antiplatelet antibodies	80	15,300	R245,10					
4531	Hepatitis: Per antigen or antibody	80	14,490	R232,20					
4532	Transcobalamine	80	12,420	R199,10					
4533	Folic acid	80	12,420	R199,10					
4534	Prostatic acid phosphatase	80	12,420	R199,10					
4536	Erythrocyte folate	80	17,480	R280,00					
4537	Prolactin	80	12,420	R199,10					
4538	Procalcitonin: Semi-quantitative	80	32,000	R512,90					
4539	Procalcitonin: Quantitative	80	46,000	R737,10					
4540	HCG: Quantitative as used for Down's screen	80	15,000	R240,40					
4546	First trimester Downs screen	80	53,500	R857,20					
4552	Second Trimester Down's screen	80	33,620	R538,90					
4553	Thyroglobulin	80	20,000	R320,50					
4554	SCC marker	80	20,000	R320,50					
21.13	Clinical pathology: Miscellaneous								
4544	Attendance in theatre	80	27,000	R432,60					
4547	After-hours service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays - Refer to General Rule B.								
4551	Unlisted pathology service: Fees for items not listed in the current Pathology schedule (sections 21, 22 and 23) will be based on the fee for a comparable service in the coding structure. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted pathology service which will be based on the fee for a comparable service in the coding structure. New items for these unlisted services should be added to the coding structure within six months or that specific unlisted pathology service should no longer be performed. Please note General Rule C and item 6999 are not applicable to pathology services (sections 21, 22 and 23)								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4555	Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately								
22	Anatomical Pathology								
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values								
22.1	Exfoliative cytology								
4561	Sputum, all body fluids and tumour aspirates: First unit	90	13,400	R247,60					
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	90	7,800	R144,30					
4564	Performance of fine-needle aspiration for cytology	90	15,000	R277,30					
4565	Examination of fine needle aspiration in theatre	90	90,000	R1 662,70					
4566	Vaginal or cervical smears, each	90	11,000	R203,30					
22.2	Histology								
4567	Histology per sample	95	20,000	R349,80					
4571	Histology per additional block, each	95	11,600	R203,00					
4575	Histology and frozen section in laboratory	95	22,700	R397,10					
4577	Histology and frozen section in theatre	95	90,000	R1 574,30					
4578	Second and subsequent frozen sections, each	95	20,000	R349,80					
4579	Attendance in theatre - no frozen section performed	95	45,000	R787,10					
4582	Serial step sections (including item 4567)	95	23,300	R407,40					
4584	Serial step sections per additional block, each	95	13,500	R236,10					
4587	Histology consultation	95	10,100	R176,90					
4589	Special stains	95	6,700	R117,20					
4591	Immunofluorescence studies	95	20,700	R362,10					
4592	Immunoperoxidase studies	95	40,000	R699,80					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

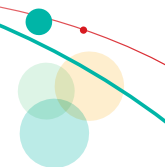


GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4593	Electron microscopy	95	94,000	R1 644,10					
4595	Foetal autopsy excluding histology	95	73,000	R1 276,90					
23	Human Genetics								
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values								
23.1	Cytogenetic								
4750	Cell culture: Lymphocytes, cord blood	100	15,000	R246,10					
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	100	45,000	R738,50					
4752	Cell culture: Chorionic villi	100	60,000	R984,80					
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	100	135,000	R2 215,30					
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukemia bloods: Idiograms, karyotyping, one staining technique	100	270,000	R4 430,60					
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	100	70,000	R1 148,60					
4760	FISH procedure, including cell culture	100	115,000	R1 887,20					
4761	FISH analysis per probe system	100	35,000	R574,30					
23.2	DNA-testing								
4763	Blood: DNA extraction	100	45,000	R738,50					
4764	Blood: Genotype per person: Southern blotting	100	89,000	R1 460,50					
4765	Blood: Genotype per person: PCR	100	60,000	R984,80					
4766	HIV Drug Resistance Testing	100	513,000	R8 418,00					
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	100	90,000	R1 476,80					
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	100	188,000	R3 085,00					
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	100	120,000	R1 969,20					

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED

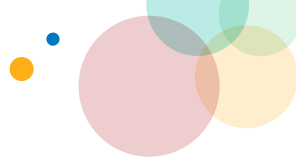
GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
IV.	Travelling Expenses								
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (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 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (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). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.								
5003	The indicated amount for each kilometre in excess of 16 kilometres travelled in own car e.g. where a practitioner has to travel 19 kilometres in total to visit a patient, the fees shall be calculated as follows: $19-16=3 \times$ Indicated amount	20	1,000	R13,80			1,000	R 13,80	
5005	Normal hours: Specialist: 18,00 clinical procedure units per hour or part thereof	20	18,000	R249,50					
5007	Normal hours: General Practitioner : 18,00 clinical procedure units per hour or part thereof								
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them								
V.	LIST OF PROCEDURES WHICH ARE OFTEN DONE IN THE DOCTORS' ROOMS TO WHICH MODIFIER 0004 SHOULD NOT BE APPLIED								

NON-CONTRACTED SURGEONS PHYSICIANS ANAESTHESIOLOGIST CONTINUED



GEMS TARIFF FOR SERVICES BY NON-CONTRACTED SPECIALISTS EFFECTIVE FROM 1 JANUARY 2019		Practice type: Specialists Non Contracted Specialist				Practice type: Anaesthesiology Anaesthesiologists			
This file is referenced to 2018 Medical Practitioner tariff file		Code: 10000				Discipline 10			
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
	Modifier 0004 is not applicable to the following sections: All anaesthetic services Section 19: Radiology Section 20: Radiation Oncology Section 21: Clinical Pathology (except for items 3719, 3720 and 3721 where modifier 0004 may be applied) Section 22: Anatomical Pathology Section 23: Human Genetic Please note : This is not a conclusive list and practitioners should not be penalised when patients need to be admitted to hospital for these procedures.								

NON-NETWORK SPECIALISTS



GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.								
RULES GOVERNING THE STRUCTURE									
A.	Consultations: Definitions: (a) New and established patients: A consultation/visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receive additional remuneration. (b) Subsequent visits: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and/or a clinical examination and/or prescribing or administering of treatment and/or counselling. (c) Hospital visits: Where a procedure or operation was done, hospital visits are regarded as part of the normal aftercare and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code.								
B.	Normal hours and after hours: After-hours services are paid at the same rate as benefits for normal hours services. Bona fide emergency medical services rendered to a patient, at any time, may attract a fee as specified in modifier 0011 and items 0146 or 0147 (which should be added to the appropriate consultative services code selected from items 0190-0192, 0173-0175, 0161-0164, 0166-0169)								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
C.	Comparable services: A service may be rendered that is not listed in this edition of the coding structure. The fee that may be charged in respect of the rendering of a service not listed in this coding structure shall be based on the fee in respect of a comparable service. For these procedure(s)/service(s), item 6999: Unlisted procedure or service code, should be used. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted procedure/service which will be based on the fee for a comparable service in the coding structure. When item 6999 is used to indicate that an unlisted service was rendered, the use of the item must be supported by a special report. This report must include: 1) An adequate definition or description of the nature, extent and need for the procedure/service or "medical necessity"; 2) In which respect is this service unusual or different in technique, compared to available procedures/services listed in the coding structure? Information regarding the nature and extent of the procedure/service, time and effort, special/dedicated equipment needed to provide this service, must be included in the report; 3) Is this procedure/service medically appropriate under the circumstances? Explain why another procedure/service listed in the coding structure will not be appropriate in this case; (4) A description of the complexity of the symptoms and concurrent problems must be supplied; 5) Final diagnosis supported by the appropriate ICD-10 code(s); 6) Pertinent physical findings (size, location and number of lesions if applicable); 7) Mention any other diagnostic or therapeutic procedure(s)/service(s) provided at the same session; 8) Any further diagnostic or therapeutic procedure(s)/service(s) to be provided in the follow-up period; and 9) Description of the follow-up care needed. Please note: This comparable service code may not be used for a period longer than six months for a particular procedure/service after which time an application has to be made for the addition of a specific code for this procedure								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
D.	Cancellation of appointments: Unless timely steps are taken to cancel an appointment for a consultation, the relevant consultation fee may be charged. In the case of a General Practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be								
E.	Pre-operative visits: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital								
F.	Administering of injections and/or infusions: Where applicable, fees for administering injections and/or infusions may only be charged when done by the practitioner himself								
G.	Post-operative care: (a) Unless otherwise stated, the fee in respect of an operation or procedure shall include normal aftercare for a period not exceeding ONE month (aftercare is excluded from pure diagnostic procedures during which no therapeutic procedures were performed). (b) If the normal aftercare is delegated to any other registered health professional and not completed by the surgeon, it shall be his/her own responsibility to arrange for this to be done without extra charge. (c) When post-operative care/treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the scheme or the patient (in case of a private account) may be charged. (d) Normal aftercare refers to an uncomplicated post-operative period not requiring any further incisions								
H.	Removal of lesions: Items involving removal of lesions include follow-up treatment for 10 days								
J.	Disproportionately low fees: In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical practitioner, a higher fee may be negotiated. The use of this rule is not intended merely to increase the Medical Schemes Benefits.								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
K.	Practice of specialists: In terms of the conditions in respect of the practice of specialists as published in Government Gazette No. 12958 of 11 January 1991, a specialist may treat any person who comes to him direct for consultation. A specialist who is consulted by a patient or who treats a patient, shall take all reasonable steps to ensure the collaboration of the patient's General Practitioner. Medical practitioners referring cases to other medical practitioners shall indicate in the reference whether the patient is a member of a medical scheme or a dependant of such member. This also applies in respect of specimens sent to pathologists								
L.	Procedures performed at time of visits: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged								
M.	Procedure planned to be performed later: In cases where, during a consultation/visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion								
N.	"Per consultation": No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation/visit performed at the time the condition is brought to the doctor's attention								
O.	Costly or prolonged medical services or procedures: In the case of costly or prolonged medical services or procedures, the medical practitioner shall first ascertain from the medical scheme for what amount the medical scheme will accept responsibility in respect of such treatment, should the practitioner wish any direct payment from the scheme								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (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 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (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). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) 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 for 24 hours.								
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Category 1: Cases requiring intensive monitoring								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

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Practice type: Specialists

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Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
U.	Obstetric procedures: (a) When a General Practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the General Practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the General Practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the General Practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a General Practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a General Practitioner calls an obstetrician (specialist or General Practitioner) to help with a confinement, or take over the management of a confinement, but the General Practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the General Practitioner according to item 2614: Global obstetric care.								
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								
Z.	No fee is subject to more than one reduction								
AA.	Procedures to exclude cost of isotope								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp								
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.								
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years								
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").								
XX.	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic								
YY.	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital)								
MODIFIERS GOVERNING THE STRUCTURE									
0002	Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

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Other specialists with no networks

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Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0004	Procedures performed in own procedure rooms: Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: as per fee for procedure + 100% (the value of modifier 0004 equals 100% of the value of the procedure performed). See Section V (Section G in SAMA's DBT) for a list of procedures, which are often done in rooms to which Modifier 0004 should not be applied. Please note: Only the medical practitioner who owns the facility and the equipment may charge modifier 0004. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms								
0005	Multiple therapeutic procedures/operations under the same anaesthetic: a) Unless otherwise identified in the tariff when multiple therapeutic 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, 75% for the second procedure/operation, 50% for the third procedure/operation, 25% for the fourth and subsequent procedures/operations. This modifier does not apply to purely diagnostic procedures. b) In the case of multiple fractures and/or dislocations the above values shall prevail. c) When purely diagnostic endoscopic procedures or diagnostic endoscopic procedures unrelated to any therapeutic procedures performed, are performed under the same general anaesthetic, Modifier 0005 is not applicable to the fees for such diagnostic endoscopic procedures as the fees for endoscopic procedures do not provide for aftercare. Specify unrelated endoscopic procedure and provide diagnosis to indicate diagnostic endoscopic procedure(s) unrelated to other (therapeutic) procedures performed under the same anaesthetic. d) Please note: When more than one small procedure is performed and the tariff makes provision for items for "subsequent" or "maximum for multiple additional procedures" (see Section 2. Integumentary System) Modifier 0005 is not applicable as the fee is already a reduced fee. e) "+" Means that this item is used in addition to another definitive procedure and is therefore not subject to reduction according to Modifier 0005 (see also Modifier 0082)								

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0006	Visiting specialists performing procedures: Where specialists visit smaller centres to perform procedures, fees for these particular procedures are exclusive of aftercare. The referring practitioner will then be entitled to subsequent hospital visits for aftercare. If the referring practitioner is not available, the specialist shall, on consultation with the patient, choose an appropriate locum tenens. Both the surgeon and the practitioner who handled the aftercare, must in such instances quote Modifier 0006 with the particular items which they use								
0007	a) Use of own monitoring equipment in the rooms: Remuneration for the use of any type of own monitoring equipment in the rooms for procedures performed under intravenous sedation - 15,00 clinical procedure units irrespective of the number of items of equipment provided. b) Use of own equipment in hospital theatre or unattached theatre unit: Remuneration for the use of any type of own equipment for procedures performed in a hospital theatre or unattached theatre unit when appropriate equipment is not provided by the hospital - 15,00 clinical procedure units irrespective of the number of items of equipment provided. c) Not funded for all disciplines when using tariff code 5103	20	15,000	R209,50					
0008	Specialist surgeon assistant: Where a procedure requires a registered specialist surgeon assistant, the fee is 33,33% (1/3) of the fee for the specialist surgeon								
0009	Assistant: The fee for an assistant is 20% of the fee for the specialist surgeon, with a minimum of 36,00 clinical procedure units. The minimum fee payable may not be less than 36,00 clinical procedures units								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0010	Local anaesthetic: (a) A fee for a local anaesthetic administered by the operator may only be charged for (1) an operation or procedure having a value greater than 30,00 clinical procedure units (i.e. 31,00 or more clinical procedure units allocated to a single item) or (2) where more than one operation or procedure is done at the same time with a combined value greater than 50,00 clinical procedure units. (b) The fee shall be calculated according to the basic anaesthetic units for the specific operation. Anaesthetic time may not be charged for, but the minimum fee as per Modifier 0036: Anaesthetic administered by a General Practitioner, shall be applicable in such a case. (c) Not applicable to radiological procedures (such as angiography and myelography). (d) No fee may be levied for topical application of local anaesthetic. (e) Please note: Modifier 0010: Local anaesthetic administered by the operator, may not be added on the surgeon's account for procedures that were performed under general anaesthetic.								
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)								
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged								
0014	Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions								
0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	10	7,500	R169,40					
0018	Surgical modifier for persons with a BMI of 35> (calculated according to kg/m2): Fee for procedure +50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists								
0019	Surgery on neonates (up to and including 28 days after birth) and low birth weight infants (less than 2500g) under general anaesthesia (excluding circumcision): per fee for procedure + 50% for surgeons and a 50% increase in anaesthetic time units for anaesthesiologists								
0046	Where in the treatment of a specific fracture or dislocation (compound or closed) an initial procedure is followed within one month by an open reduction, internal fixation, external skeletal fixation or bone grafting on the same bone, the fee for the initial treatment of that fracture or dislocation shall be reduced by 50%. Please note: This reduction does not include the assistant's fee where applicable. After one month, a full fee as for the initial treatment, is applicable								
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including aftercare)	20	27,000	R377,20					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	20	77,000	R1 075,50					
0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	20	115,500	R1 613,00					
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	20	77,000	R1 075,50					
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	20	32,000	R446,90					
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	20	77,000	R1 075,50					
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot								
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): Units as for the procedure(s) + 100% of the units as for the total revision procedure (the units for modifier 0058 equals 100% of the procedure(s) performed plus appropriate modifiers)								
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0063	Where two specialists work together on a replantation procedure, each shall be entitled to two-thirds of the fee for the procedure								
0064	Where the replantation is unsuccessful, no further surgical fee is payable for amputation of the non-viable parts								
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed (ðFor other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff)								
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								
0070	Add 45,00 clinical procedure units to procedure(s) performed through a thoroscope	20	45,000	R628,60					
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	20	21,000	R293,30					
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975)								
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	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used								
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)								
0085	Left Side’ modifier to be added to when items 6500 to 6519 are used when the left side is examined. Please note that the absence of this modifier indicates that the right side was examined								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations								
0090	Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)								
0091	Diagnostic services rendered to hospital inpatients: Quote Modifier 0091 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients officially admitted to hospital or day clinic (refer to Rule XX)								
0092	Diagnostic services rendered to outpatients: Quote Modifier 0092 on all accounts for diagnostic services (e.g. MRI, X-rays, pathology tests) performed on patients NOT officially admitted to hospital or day clinic (could be within the confines of a hospital) (refer to Rule YY)								
0095	Radiation materials: Exclusively for use where radiation materials supplied by the practice are used by clinical and radiation oncologists, modifier 0095 should be used to identify these materials. A material code list with descriptions and guideline costs for these materials, maintained and updated on a regular basis, will be supplied by the Society of Clinical and Radiation Oncology. This modifier is only chargeable by the practice responsible for the cost of this material and where the hospital did not charge therefore. Please note that item 0201 should not be used for these materials								
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee								
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units								

NON-NETWORK SPECIALISTS

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Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	60	6,000	R80,00					
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								
6100	In order to charge the full fee (600,00 magnetic resonance units) 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 tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region								
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee								
6103	Post-contrast study: Bone tumour: 100% of the fee								
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable								
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items								
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"								

NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain								
6110	MRI spectroscopy: 50% of fee								
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)								
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure								
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value								
I.	CONSULTATIVE SERVICES (REFER TO PSYCHIATRISTS CONSULTATIVE SERVICE GUIDE)								
I.a	General Practitioner visits								
I.b	Specialists tiered consultation structure								
I.b.1	New and established patients: Consultations/visits by psychiatrists (22) only								
0161	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with problem-focused history, clinical examination and straightforward decision-making for minor problem. Typically occupies the doctor personally with the patient between 10 and 20 minutes (for hospital consultation/ visit by psychiatrist - refer to items 0166-0169)								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0162	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, clinical examination and straightforward decision-making and counselling. Typically occupies the doctor personally with the patient between 21 and 35 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0163	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision-making and counselling. Typically occupies the doctor personally with the patient between 36 and 45 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0164	Psychiatry ('22'): New and established patients: Consultation/visit of new or established patient with comprehensive history and clinical examination for complex problem requiring complex decision-making and counselling. Typically occupies a doctor personally with the patient between 46 and 60 minutes (for hospital consultation/visit by psychiatrist - refer to items 0166-0169)								
0166	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 10 and 20 minutes								
0167	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 21 and 35 minutes								
0168	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 36 and 45 minutes								
0169	Psychiatry (22): First hospital and follow-up consultation/visit with problem-focused history, clinical examination and straightforward decision-making for a minor problem. . Typically occupies the doctor personally with the patient for between 46 and 60 minutes								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
I.c	General practitioner and specialist services (Refer to the Medical Practitioner Consultative service guide)								
0190	New and established patient: Consultation/visit of new or established patient of an average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								
0191	New and established patient: Consultation/visit of new or established patient of a moderately above-average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								
0192	New and established patient: Consultation/visit of new or established patient of long duration and/or high complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (for hospital consultation/visit - refer to item 0173-0175 or item 0109) - not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure								
0173	First hospital consultation/visit of an average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								
0174	First hospital consultation/visit of a moderately above-average duration and/or complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0175	First hospital consultation/visit of long duration and/or high complexity. Includes counselling with the patient and/or family and coordination with other healthcare providers or liaison with third parties on behalf of the patient (not appropriate for pre-anaesthetic assessment followed by the appropriate anaesthetics - refer to new anaesthetic structure)								
0109	Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care) (may only be charged once per day) (not to be used with items 0111, 0145, 0146, 0147 or ICU items 1204-1214)								
0111	Paediatric hospital follow-up visits (excluding neonates) by paediatricians or paediatric cardiologists (may only be charged once per day) (not to be used with items 0109 or ICU items 1204-1214). For a healthy neonate please use item 0109 for a hospital follow-up visit								
0129	Prolonged face-to-face attendance to a patient: ADD to either item 0192, item 0175, item 0164 or item 0169 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes								
0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								
0146	For an unscheduled emergency consultation/visit at the doctors' home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0161-0164 or items 0151-0153, as appropriate (refer to general rule B). Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								
0147	For an emergency consultation/visit away from the doctor's home or rooms, all hours: ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169 or items 0151-0153, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
I.e	Pre-anaesthetic assessment								
0151	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Problem focused history and clinical examination and straightforward decision-making for minor problem. Typically occupies the doctor face-to-face with the patient for between 10 and 20 minutes								
0152	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient (all hours). Detailed history and clinical examination and straightforward decision-making and counselling. Typically occupies the doctor face-to-face with the patient for between 20 and 35 minutes								
0153	Pre-anaesthetic assessment: Pre-anaesthetic assessment of patient or other consultative service. Consultation with detailed history, complete examination and moderate complex decision-making and counselling. Typically occupies the doctor face-to-face for between 30 and 45 minutes								
I.f	Prenatal visits and newborn attendance								
0107	New born attendance: Exclusive attendance to baby at Caesarean section, normal delivery or visit in the ward (once per patient) (items 0109, 0111, 0113, 0145, 0146 and/or 0147 may not be added to item 0107)								
	Item 0107 can be used once only for given confinement								
0113	New born attendance: Emergency attendance to newborn at all hours (once per patient) (items 0107, 0109, 0111, 0145, 0146 and/or 0147 may not be added to item 0113)								
I.g	Consultative services: Miscellaneous								
0130	Telephone consultation (all hours)								
0132	Consulting service e.g. writing of repeat scripts or requesting routine pre-authorisation without the physical presence of the patient (needs not be face-to-face contact) ("Consultation" via SMS or electronic media included)								
0133	Writing of special motivations for procedures and treatment without the physical presence of a patient (includes report on the clinical condition of a patient) requested by or on behalf of a third party funder or its agent								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS WITH EFFECT FROM 1 January 2019 This file is referenced to 2018 Medical Practitioner tariff file						Practice type: Specialists		Practice type: Anaesthesiology	
						Other specialists with no networks		Anaesthesiologists (SB only)	
						Code: 10000		Discipline 10	
Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0199	Completion of chronic medication forms by medical practitioners with or without the physical presence of the patient requested by or on behalf of a third party funder or its agent								
II.	MEDICINE, MATERIAL, SUPPLIES AND USE OF OWN EQUIPMENT								
II.a	Medicine codes								
II.a.1	Dispensing of medicine by licensed dispensing medical practitioners								
0197	Licensed dispensing medical practitioners: Dispensing cost : As per legislated tariff. Add to each Nappi code to provide for the dispensing cost.								
II.a.2	Once-off administration of medicine used during a consultation								
0198	Once-off administration of medicines: This item provides for medicines used at a consultation, viz, once off administration of medicine, special medicine used in treatment, or emergency dispensing. Charge for medicine used according to the Single Exit Price (SEP) PLUS legislated tariff for dispensing fees.(Where applicable, VAT should be added to the dispensing fee only and not to the SEP, since the SEP is VAT inclusive).[According to Section 18(8) of the Medicines and Related Substances Act (Act 101 of 1965) compounding and dispensing does not refer to a medicine requiring preparation for a once-off administration to a patient during a consultation]. The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the medicine used. Please note: Refer to item 0201 for cost of material used in treatment.								
II.a.3	Cost of chemotherapy drugs								
0212	Cost of chemotherapy drugs: This item provides for a charge for chemotherapy drugs used in treatment. Charge for chemotherapy drugs used in treatment at cost price PLUS 16% (with a maximum of R16,00). (Where applicable, VAT should be added to the above). The appropriate Ethical Medicine Nappi code(s), selected from those codes commencing with 7, 8 or 9 (provided that it is not a reference code), should be added applicable to the chemotherapy drugs used.								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
II.b	Material codes								
II.b.1	Prosthesis and/or internal fixation								
II.b.2	Material used during a consultation								
0201	Cost of material in treatment: This item provides for a charge for material used in treatment. Charge for material at cost price PLUS 26% (up to a maximum of R26,00). (Where applicable, VAT should be added to the above). The appropriate Surgical and Material Nappi code(s), selected from those codes commencing with 4, 5, 6, where applicable, for the material used, must be provided. Please note: Refer to item 0198 for once off administration of medicine.								
0194	Procurement cost for human donor material, no mark-up allowed.		-	R0,00					
II.c	Setting of sterile tray								
0202	Setting of sterile tray: A fee of 10,00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201, as appropriate	20	10,000	R139,40					
II.d	Own equipment used in treatment								
5930	Surgical laser apparatus: Hire fee for own equipment	20	109,000	R1 522,40					
5932	Candella laser apparatus: Hire fee for own equipment (Rates by arrangement with the scheme concerned)								
III.	PROCEDURES								
6999	Unlisted procedure/service: A procedure/service may be provided that is not listed in this edition of the coding structure. Refer to General Rule C for the criteria to use item 6999								
GENERAL MODIFIERS GOVERNING THIS SECTION									

NON-NETWORK SPECIALISTS

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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0011	Emergency procedures: Any bona fide, justifiable emergency procedure (all hours) undertaken in an operating theatre and/or in another setting in lieu of an operating theatre, will attract an additional 12,00 clinical procedure units per half-hour or part thereof of the operating time for all members of the surgical team. Modifier 0011 does not apply in respect of patients on scheduled lists. (A medical emergency is any condition where death or irreparable harm to the patient will result if there are undue delays in receiving appropriate medical treatment)								
0013	Endoscopic examinations done at operations: Where a related endoscopic examination is done at an operation by the operating surgeon or the attending anaesthesiologist, only 50% of the fee for the endoscopic examination may be charged								
0014	Operations previously performed by other surgeons: Where an operation is performed which has been previously performed by another surgeon, e.g. a revision or repeat operation, the fee shall be calculated according to the tariff for the full operation plus an additional fee to be negotiated under general Rule J: In exceptional cases where the fee is disproportionately low in relation to actual service rendered, except where already specified in the tariff								
MODIFIERS GOVERNING SECTION 1									
0015	Intravenous infusions: Where intravenous infusions (including blood and blood cellular products) are administered as part of the after-treatment after the operation or confinement, no extra fees shall be charged as this is included in the global operative or maternity fees. Should the practitioner doing the operation or attending to the maternity case prefer to ask another practitioner to perform post-operative or post-confinement intravenous infusions, then the practitioner himself (and not the patient) shall be responsible for remunerating such practitioner for the infusions								
0017	Injections administered by practitioners: When desensitisation, intravenous, intramuscular or subcutaneous injections are administered by the practitioner him-/herself to patients who attend the consulting rooms, a first injection forms part of the consultation/visit and only all subsequent injections for the same condition should be charged at 7.50 consultative services units using modifier 0017 to reflect the amount (not chargeable together with a consultation item)	10	7,500	R169,40					

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1	General								
1.1	Injections, Infusions and Inhalation Sedation Treatment								
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof	20	6,000	R83,90					
0204	Inhalation sedation: Per additional quarter-hour or part thereof	20	3,000	R41,80					
0205	Intravenous treatment: Intravenous infusions (cut-down or push-in) (patients under three years): Cut-down and/or insertion of cannula - chargeable once per 24 hours	20	12,000	R167,60					
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	20	6,000	R83,90					
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24 hours	20	8,000	R111,60					
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	20	6,000	R83,90					
0209	Umbilical artery cannulation at birth	20	18,000	R251,40					
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	20	3,250	R45,40					
0211	Exchange transfusion: First and subsequent (including aftercare)	20	80,000	R1 117,30					
	Note: HOW TO CHARGE FOR INTRAVENOUS INFUSIONS: Practitioners are entitled to charge according to the appropriate item whenever they personally insert the cannula (but may only charge for this service once every 24 hours). For managing the infusion as such, e.g. checking it when visiting the patient or prescribing the substance, no fee may be charged since this service is regarded as part of the services the doctor renders during consultations (not applicable to item 0205)								

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1.2	Chemotherapy treatment (not in chemotherapy facilities)								
0213	Treatment with cytostatic agents: Administering of Chemotherapy: Intramuscular or subcutaneous: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20	5,000	R69,90					
0214	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous bolus technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20	9,000	R125,70					
0215	Intravenous treatment with cytostatic agents: Administering of Chemotherapy: Intravenous infusion technique: Per injection. For use by providers who do not make use of recognised chemotherapy facilities and/or who are not primarily responsible for managing the chemotherapy treatment	20	14,000	R195,40					
1.3	Oncology related services in non-oncology facilities								
5780	Interstitial implants: Placing of guide tubes for interstitial implants under local or general anaesthetic. The cost of materials is not included	20	394,860	R5 514,40	Z				
5781	Intracavitary applications: Placing of guide tubes under local or general anaesthetic for manual or remote afterloading brachytherapy. The cost of materials is not included	20	262,410	R3 664,70	Z				
5782	Isotope Therapy: Administration of low dose surface applicators, up to five applications. Typically an outpatient procedure. The cost of materials is not included	20	77,810	R1 086,90	Z				
5783	Infusional pharmacotherapy: Fee for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be charged separately)	20	42,650	R595,60	Z				

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
MODIFIERS GOVERNING THE ADMINISTRATION OF ANAESTHETICS FOR ALL PROCEDURES AND OPERATIONS									
0020	Conscious sedation: Any case that is conducted outside of a hospital theatre shall be coded with the relevant procedure code. To identify these cases, the above modifier should be used to indicate to the medical scheme that there will be no hospital/theatre account.								
0021	Determination of anaesthetic fees: Anaesthetic fees are determined by obtaining the sum of the basic anaesthetic units (allocated to each procedure that might be performed under anaesthetic as indicated in the "Anaesthetic Performed" column) plus the time units (calculated according to the formula in Modifier 0023) and the appropriate modifiers (see Modifiers 0037-0044). In cases of operative procedures on the musculoskeletal system, open fractures and open reduction of fractures or dislocations add units as laid down by Modifiers 5441 to 5448								
0023	The basic anaesthetic units are laid down in the tariff and are reflected in the anaesthetic column. These basic anaesthetic units reflect the additional anaesthetic risk, the technical skill required of the anaesthesiologist/anaesthetist and the scope of the surgical procedure, but exclude the value of the actual time spent administering the anaesthetic. The time units (indicated by "T") will be added to the listed basic anaesthetic units in all cases on the following basis: Anaesthetic time: The remuneration for anaesthetic time shall be per 15 minute period or part thereof, calculated from the commencement of the anaesthetic, i.e. 2,00 anaesthetic units per 15 minute period or part thereof, provided that should the duration of the anaesthetic be longer than one (1) hour the number of units shall, after one (1) hour, be 3,00 anaesthetic units per 15 minute period or part thereof.								
0024	Pre-operative assessments not followed by procedures: If a pre-operative assessment of a patient by the anaesthesiologist/anaesthetist is not followed by an operation, it will be regarded as a visit at hospital or nursing home and the appropriate hospital visit item should be charged.								

NON-NETWORK SPECIALISTS

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Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0025	Calculation of anaesthetic time: Anaesthetic time is calculated from the time the anaesthesiologist/anaesthetist begins to prepare the patient for the induction of anaesthesia in the operating theatre or in a similar equivalent area and ends when the anaesthesiologist/anaesthetist is no longer required to give his/her personal professional attention to the patient, i.e. when the patient may, with reasonable safety, be placed under the customary post-operative supervision. Where prolonged personal professional attention is necessary for the well-being and safety of such patient, the necessary time will be valued on the same basis as indicated above for the anaesthetic time. The anaesthesiologist/anaesthetist must show on his/her account the exact anaesthetic time, including the supervision time spent with the patient.								
0027	More than one procedure under the same anaesthetic: Where more than one operation is performed under the same anaesthetic, the basic anaesthetic units will be that of the major operation with the highest number of units								
0028	Indicator for use of low flow anaesthetic technique less than 1litre/minute: Fresh gas flow of less than 1 litre/minute								
0029	Assistant anaesthesiologists: When rendered necessary by the scope of the anaesthetic, an assistant anaesthesiologist may be employed. The remuneration of the assistant anaesthesiologist shall be calculated on the same basis as in the case where a General Practitioner administers the anaesthetic								
0030	Indicator for use of low flow anaesthetic technique 1-2 litre/minute: Fresh gas flow of 1 to 2 litre/minute								
0031	Intravenous drips and transfusions: Treatment with intravenous drips and transfusions is considered part of the normal treatment in administering an anaesthetic. No additional fees may be charged for such services when rendered either prior to, or during actual theatre or operating time								
0032	Patients in prone position: Anaesthesia administered to patients in the prone position shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0033	Participating in general care of patients: When an anaesthesiologist/anaesthetist is required to participate in the general care of a patient during a surgical procedure, but does not administer the anaesthetic, such services may be remunerated at full anaesthetic rate, subject to the provisos of modifier 0035: Anaesthetic administered by an anaesthesiologist/anaesthetist. and modifier 0036: Anaesthetic administered by general practitioners.								
0034	Head and neck procedures: All anaesthetics administered for diagnostic, surgical or X-ray procedures on the head and neck shall have a minimum of 4,00 basic anaesthetic units. When the basic anaesthetic units for the procedure is 3,00, one extra anaesthetic unit should be added. If the basic anaesthetic units for the procedure is 4,00 or more, no extra units should be added								
0035	Anaesthetic administered by an anaesthesiologist/anaesthetist: No anaesthetic administered shall have a total value of less than 7,00 anaesthetic units (basic units, time units plus appropriate modifiers).								
0036	Anaesthetic administered by general practitioners: The units (basic units plus time plus the appropriate modifiers) used to calculate the fee for an anaesthetic administered by a General Practitioner lasting one hour or less, shall be the same as that for an anaesthesiologist. For anaesthetic lasting more than one hour, the units used to calculate the fee for an anaesthetic administered by a General Practitioner will be 4/5 (80%) of the total number of units (basic units plus time [refer to modifier 0023] plus the appropriate modifiers) applicable to an anaesthesiologist. Please note that the 4/5 (80%) principle will be applied to all anaesthetics administered by general practitioners with the proviso that no anaesthetic with a total number of units higher than 11.00 will be reduced to less than 11,00 units in total. The monetary value of the unit is the same for both an anaesthesiologist/anaesthetist.								
0037	Body hypothermia: Utilisation of total body hypothermia: Add 3,00 anaesthetic units					30,00	3,000	R 263,00	
0038	Peri-operative blood salvage: Add 4,00 anaesthetic units for intra-operative blood salvage and 4,00 anaesthetic units for post-operative blood salvage								
0039	Control of blood pressure: Deliberate control of the blood pressure: All cases up to one hour: Add 3,00 anaesthetic units, thereafter add 1,00 (one) additional anaesthetic unit per quarter hour or part thereof								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0040	Phaeochromocytoma: The basic anaesthetic units for procedures performed for phaeochromocytoma shall be 15,00 anaesthetic units								
0041	Hyperbaric pressurisation: Utilisation of hyperbaric pressurisation: Add 3,00 anaesthetic units					30,00	3,000	R 263,00	
0042	Extracorporeal circulation: Utilisation of extracorporeal circulation: Add 3,00 anaesthetic units					30,00	3,000	R 263,00	
0043	Patients under one year of age: For all cases where the patient is under one year of age – 3,00 anaesthetic units to be added					30,00	3,000	R 263,00	
0044	Neonates (i.e up to and including 28 days after birth): 3,00 anaesthetic units to be added to the basic anaesthetic units for the particular procedure. This modifier is charged in addition to Modifier 0043: Cases under one year of age					30,00	3,000	R 263,00	
0100	Intra-aortic balloon pump: Where an anaesthesiologist would be responsible for operating an intra-aortic balloon pump, a fee of 75,00 clinical procedure units is applicable.								
	Modifiers 5441 to 5448 Modification of the anaesthetic fee in cases of operative procedures on the musculo-skeletal system, open fractures and open reduction of fractures and dislocations is governed by adding units indicated by modifiers 5441 to 5448. (The letter "M" is annotated next to the number of units of the appropriate items, for facilitating identification of the relevant items)								
5441	Add one (1,00) anaesthetic unit, except where the procedure refers to the bones named in Modifiers 5442 to 5448					30,00	1,000	R 87,50	
5442	Shoulder, scapula, clavicle, humerus, elbow joint, upper 1/3 tibia, knee joint, patella, mandible and temporo-mandibular joint: Add two (2,00) anaesthetic units					30,00	2,000	R 175,40	
5443	Maxillary and orbital bones: Add three (3,00) anaesthetic units					30,00	3,000	R 263,00	
5444	Shaft of femur: Add four (4,00) anaesthetic units					30,00	4,000	R 350,80	
5445	Spine (except coccyx), pelvis, hip, neck of femur: Add five (5,00) anaesthetic units					30,00	5,000	R 438,30	

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Discipline 10

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5448	Sternum and/or ribs and musculo-skeletal procedures which involve an intra-thoracic approach: Add eight (8,00) anaesthetic units					30,00	8,000	R 701,20	
	POST-OPERATIVE ALLEVIATION OF PAIN								
0045	Post-operative alleviation of pain: (a) When a regional or nerve block procedure is performed, the appropriate procedure item to patient in ward or nursing facility, can be charged, provided that it is not the primary anaesthetic technique (b) When a second medical practitioner has administered the regional or nerve block for post-operative alleviation of pain, it shall be charged according to the particular procedure for instituting therapy. Revisits shall be charged according to the appropriate hospital follow-up visit to patient in ward or nursing facility. (c) None of the above is applicable for routine post-operative pain management i.e. intramuscular, intravenous or subcutaneous administration of opiates or NSAID (non-steroidal anti-inflammatory drug)								
2	Integumentary System								
2.1	Allergy								
0217	Allergy: Patch tests: First patch	20	4,000	R56,10					
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	20	2,800	R39,20					
0219	Allergy: Patch tests: Each additional patch	20	2,000	R28,00					
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	20	1,900	R26,50					
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	20	2,800	R39,20					
2.2	Skin (general)								
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	20	4,000	R56,10					
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	20	8,000	R111,60					

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Discipline 10

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0225	Epilation: Per session	20	8,000	R111,60					
0227	Special treatment of severe acne cases, including draining of cysts, expressing of cleaning of Comedones and/or steaming, abrasive cleaning of skin and UVR per session	20	8,000	R111,60		30,00	4,000	R 350,80	T
0228	PUVA Treatment: Maximum of 21 treatments	20	20,000	R279,40					
0229	PUVA: Follow-up or maintenance therapy once a week	20	20,000	R279,40					
0230	UVR-Treatment	20	20,000	R279,40					
0231	UVR-Follow-up - for use of ultraviolet lamp (applied personally by the dermatologist). No charge to be levied if a nurse or physiotherapist applies the ultraviolet lamp	20	5,500	R76,80					
0232	Biopsy of superficial soft tissue: Back or flank		47,400	R661,80			5,000	R 438,30	
0233	Biopsy without suturing: First lesion	20	6,000	R83,90		30,00	3,000	R 263,00	T
0234	Biopsy without suturing: Subsequent lesions (each)	20	3,000	R41,80		30,00	3,000	R 263,00	T
0235	Biopsy without suturing: Maximum for multiple additional lesions	20	18,000	R251,40		30,00	3,000	R 263,00	T
0236	Biopsy of superficial soft tissue: Shoulder area		49,100	R685,40			3,000	R 263,00	
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	20	12,000	R167,60		30,00	3,000	R 263,00	T
0238	Biopsy of superficial soft tissue: Upper arm or elbow area		49,100	R685,40			3,000	R 263,00	
0239	Biopsy of superficial soft tissue: Forearm and/or wrist		48,500	R677,10			3,000	R 263,00	
0240	Biopsy of superficial soft tissue: Leg or ankle area		48,300	R674,50			3,000	R 263,00	
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	20	6,000	R83,90		30,00	3,000	R 263,00	T
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	20	3,000	R41,80		30,00	3,000	R 263,00	T
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	20	42,000	R586,60		30,00	3,000	R 263,00	T
0244	Repair of nail bed	20	30,000	R419,00		30,00	3,000	R 263,00	T

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Discipline 10

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0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	20	14,000	R195,40		30,00	3,000	R 263,00	T
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	20	7,000	R97,90		30,00	3,000	R 263,00	T
0247	Biopsy of superficial soft tissue: Pelvis and hip area		58,300	R813,90			3,000	R 263,00	
0248	Biopsy of superficial soft tissue: Thigh or knee area		52,300	R730,20			3,000	R 263,00	
0251	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: First lesion	20	30,000	R419,00		30,00	3,000	R 263,00	T
0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	20	15,000	R209,50		30,00	3,000	R 263,00	T
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	20	20,000	R279,40		30,00	3,000	R 263,00	T
0257	Drainage of major hand or foot infection: Drainage of major abscess with necrosis of tissue, involving deep fascia or requiring debridement; complete excision of pilonidal cyst or sinus	20	87,000	R1 214,90		30,00	3,000	R 263,00	T
0259	Removal of foreign body superficial to deep fascia (except hands)	20	20,000	R279,40		30,00	3,000	R 263,00	T
0261	Removal of foreign body deep to deep fascia (except hands)	20	31,000	R433,00		30,00	3,000	R 263,00	T
0262	Excision tumour of subcutaneous soft tissue: Neck or anterior thorax; less than 3 cm		90,100	R1 257,90			5,000	R 438,30	
0263	Excision tumour of subcutaneous soft tissue: Shoulder area; less than 3 cm		84,200	R1 175,70			3,000	R 263,00	
0264	Excision tumour of subcutaneous soft tissue: Upper arm or elbow area; less than 3 cm		94,500	R1 319,40			3,000	R 263,00	
0265	Excision tumour of subcutaneous soft tissue: Forearm and/or wrist area; less than 3 cm		94,700	R1 322,10			3,000	R 263,00	
0266	Excision tumour or vascular malformation of subcutaneous soft tissue: Hand or finger; less than 1,5 cm		99,300	R1 386,20			3,000	R 263,00	
0267	Excision tumour of subcutaneous soft tissue: Pelvis and hip area; less than 3 cm		111,600	R1 558,20			3,000	R 263,00	

NON-NETWORK SPECIALISTS

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Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0268	Excision tumour of subcutaneous soft tissue: Thigh or knee area; less than 3 cm		92,100	R1 285,80			3,000	R 263,00	
0269	Excision tumour of subcutaneous soft tissue: Leg or ankle area; less than 3 cm		92,600	R1 292,70			3,000	R 263,00	
0270	Excision tumour of subcutaneous soft tissue: Foot or toe; less than 1,5 cm		78,300	R1 093,20			3,000	R 263,00	
0271	Kurtin planing for acne scarring: Whole face	20	206,000	R2 876,80		30,00	4,000	R 350,80	T
0273	Kurtin planing for acne scarring: Extensive	20	70,000	R977,70		30,00	4,000	R 350,80	T
0274	Mohs micrographic surgery: Including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): First stage, up to 5 tissue blocks		113,900	R1 590,30			5,000	R 438,30	
0275	Kurtin planing for acne scarring: Limited	20	30,000	R419,00		30,00	4,000	R 350,80	T
0276	Mohs micrographic surgery: Including removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): Each additional stage after the first stage, up to 5 tissue blocks		60,500	R844,70			5,000	R 438,30	
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	20	103,000	R1 438,40		30,00	4,000	R 350,80	T
0278	Mohs micrographic surgery: Includes removal of all gross tumour, surgical excision of tissue specimens, mapping, colour coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g. haematoxylin and eosin, toluidine blue): Each additional block after the first 5 tissue blocks, any stage		15,900	R222,00			5,000	R 438,30	
0279	Surgical treatment for axillary hyperhidrosis	20	64,000	R894,00		30,00	4,000	R 350,80	T
0280	Laser treatment for small skin lesions: First lesion	20	14,000	R195,40		30,00	3,000	R 263,00	T
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	20	7,000	R97,90		30,00	3,000	R 263,00	T
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	20	56,000	R782,20		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0283	Laser treatment for large skin lesions: Limited area	20	30,000	R419,00		30,00	4,000	R 350,80	T
0284	Laser treatment for large skin lesions: Extensive area	20	70,000	R977,70		30,00	4,000	R 350,80	T
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	20	206,000	R2 876,80		30,00	4,000	R 350,80	T
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	20	56,630	R790,80	Z				
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	20	43,440	R606,70	Z				
2.3	Major plastic repair								
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	20	234,000	R3 267,90		30,00	4,000	R 350,80	T
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	20	410,000	R5 725,90		30,00	4,000	R 350,80	T
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	20	800,000	R11 172,80		30,00	4,000	R 350,80	T
0292	Distant flaps: First stage	20	206,000	R2 876,80		30,00	4,000	R 350,80	T
0293	Contour grafts (excluding cost of material)	20	206,000	R2 876,80		30,00	4,000	R 350,80	T
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	20	1200,000	R16 758,80		30,00	6,000	R 525,90	T
0295	Local skin flaps (large, complicated)	20	206,000	R2 876,80		30,00	4,000	R 350,80	T
0296	Other procedures of major technical nature	20	206,000	R2 876,80		30,00	4,000	R 350,80	T
0297	Subsequent major procedures for repair of same lesion	20	104,000	R1 452,40		30,00	4,000	R 350,80	T
0298	Lower abdominal dermo-lipectomy	20	170,000	R2 374,30		30,00	5,000	R 438,30	T
0299	Major abdominal lipectomy with repositioning of umbilicus	20	275,000	R3 840,70		30,00	5,000	R 438,30	T
2.4	Lacerations, scars, tumours, cysts and other skin lesions								
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal aftercare)	20	14,000	R195,40		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	20	7,000	R97,90		30,00	3,000	R 263,00	T
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	20	64,000	R894,00		30,00	4,000	R 350,80	T
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	20	128,000	R1 787,60		30,00	4,000	R 350,80	T
0304	Major debridement of wound, sloughectomy or secondary suture	20	50,000	R698,50		30,00	3,000	R 263,00	T
0305	Needle biopsy - soft tissue	20	25,000	R349,10		30,00	3,000	R 263,00	T
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	20	27,000	R377,20		30,00	3,000	R 263,00	T
0308	Each additional small procedure done at the same time	20	14,000	R195,40		30,00	3,000	R 263,00	T
0310	Radical excision of nailbed	20	38,000	R530,80		30,00	3,000	R 263,00	T
0311	Excision of large benign tumour (more than 5 cm)	20	55,000	R768,00		30,00	3,000	R 263,00	T
0313	Extensive resection for malignant soft tissue tumour including muscle	20	283,900	R3 965,10		30,00	4,000	R 350,80	T
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	20	104,000	R1 452,40		30,00	4,000	R 350,80	T
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	20	55,000	R768,00		30,00	3,000	R 263,00	T
4830	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; <= 20 square cm		13,900	R194,30			3,000	R 263,00	
4831	Debridement of subcutaneous tissue: INCLUDES epidermis and dermis; ADD for every additional 20 square cm or part thereof		5,300	R74,00			3,000	R 263,00	
4832	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; <= 20 square cm		36,000	R502,50			5,000	R 438,30	
4833	Debridement of muscle and/or fascia: INCLUDES epidermis, dermis and subcutaneous tissue; ADD for every additional 20 square cm or part thereof		11,200	R156,30			5,000	R 438,30	

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4834	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; <= 20 square cm		62,500	R872,60			6,000	R 525,90	
4835	Debridement, bone: INCLUDES epidermis, dermis, subcutaneous tissue, muscle and/or fascia; ADD for every additional 20 square cm or part thereof		19,500	R272,20			6,000	R 525,90	
4880	Biopsy soft tissue: Neck or thorax		46,400	R647,70			5,000	R 438,30	
4881	Biopsy of soft tissue: Deep: Back or flank		100,400	R1 401,70			5,000	R 438,30	
4882	Biopsy of soft tissue: Deep: Shoulder area		117,600	R1 641,70			5,000	R 438,30	
4883	Biopsy of soft tissue: Deep (subfascial or intramuscular): Upper arm or elbow area		117,600	R1 641,70			3,000	R 263,00	
4884	Biopsy of soft tissue: Deep (subfascial or intramuscular): Forearm and/or wrist		106,600	R1 488,20			3,000	R 263,00	
4885	Biopsy of soft tissue: Deep (subfascial or intramuscular): Thigh or knee area		112,900	R1 576,30			4,000	R 350,80	
4886	Biopsy of soft tissue: Deep (subfascial or intramuscular): Leg or ankle area		119,500	R1 668,40			3,000	R 263,00	
4887	Biopsy of soft tissue: Deep (subfascial or intramuscular): Pelvis and hip area		197,700	R2 760,20			4,000	R 350,80	
2.5	Breasts								
0316	Fine needle aspiration for soft tissue (all areas)	20	15,000	R209,50					
0317	Aspiration of cyst or tumour	20	9,000	R125,70		30,00	3,000	R 263,00	T
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	20	42,000	R586,60		30,00	3,000	R 263,00	T
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	20	94,200	R1 315,60		30,00	3,000	R 263,00	T
0323	Subareolar cone excision of ducts of wedge excision of breast	20	90,000	R1 257,00		30,00	3,000	R 263,00	T
0324	Wedge excision of breast and axillary dissection	20	225,000	R3 142,30		30,00	5,000	R 438,30	T
0325	Total mastectomy	20	155,000	R2 164,90		30,00	5,000	R 438,30	T
0327	Total mastectomy with axillary gland biopsy	20	185,000	R2 583,80		30,00	5,000	R 438,30	T
0329	Total mastectomy with axillary gland dissection	20	275,000	R3 840,70		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0330	Nipple and areola reconstruction	20	95,000	R1 326,70		30,00	4,000	R 350,80	T
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	20	234,000	R3 267,90		30,00	4,000	R 350,80	T
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	20	410,000	R5 725,90		30,00	4,000	R 350,80	T
0334	Removal of breast implant by means of capsulectomy: Per breast	20	234,000	R3 267,90		30,00	4,000	R 350,80	T
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	20	150,000	R2 094,90		30,00	4,000	R 350,80	T
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	20	234,000	R3 267,90		30,00	5,000	R 438,30	T
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	20	410,000	R5 725,90		30,00	5,000	R 438,30	T
0341	Gynaecomastia: Unilateral	20	92,000	R1 284,90		30,00	3,000	R 263,00	T
0343	Gynaecomastia: Bilateral	20	161,000	R2 248,30		30,00	3,000	R 263,00	T
2.6	Burns								
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	20	276,000	R3 854,50		30,00	5,000	R 438,30	T
0353	Tangential excision and grafting: Small	20	100,000	R1 396,60		30,00	5,000	R 438,30	T
0354	Tangential excision and grafting: Large	20	200,000	R2 793,10		30,00	5,000	R 438,30	T
2.7	Hands (skin)								
0355	Skin flap in acute hand injuries where a flap is taken from a site remote from the injured finger or in cases of advancement flap e.g. Cutler	20	147,400	R2 058,60		30,00	4,000	R 350,80	T
0357	Small skin graft in acute hand injury	20	45,000	R628,60		30,00	3,000	R 263,00	T
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	20	192,000	R2 681,50		30,00	3,000	R 263,00	T
0361	Z-plasty	20	220,100	R3 073,90		30,00	3,000	R 263,00	T
0363	Local flap and skin graft	20	150,000	R2 094,90		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0365	Cross finger flap (all stages)	20	192,000	R2 681,50		30,00	3,000	R 263,00	T
0367	Palmar flap (all stages)	20	192,000	R2 681,50		30,00	3,000	R 263,00	T
0369	Distant flap: First stage	20	158,000	R2 206,70		30,00	3,000	R 263,00	T
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	20	77,000	R1 075,50		30,00	3,000	R 263,00	T
0373	Transfer neurovascular island flap	20	230,500	R3 219,10		30,00	3,000	R 263,00	T
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	20	242,400	R3 385,10		30,00	3,000	R 263,00	T
0375	Dupuytren's contracture: Fasciotomy	20	51,000	R712,20		30,00	3,000	R 263,00	T
0376	Dupuytren's contracture: Fasciectomy	20	218,000	R3 044,50		30,00	3,000	R 263,00	T
2.8	Acupuncture								
	Please note: General Rule M not applicable to section 2.8 of this price list								
0377	Standard acupuncture	20	10,000	R139,40					
0378	Laser acupuncture using more than 6 points	20	14,000	R195,40					
0379	Electro-acupuncture	20	14,000	R195,40					
0380	Scalp acupuncture	20	10,000	R139,40					
0381	Micro-acupuncture (ear, hand)	20	10,000	R139,40					

RULES GOVERNING THE SECTION ACUPUNCTURE

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
CC.	Acupuncture: (a) When two separate acupuncture techniques are used, each treatment shall be regarded as a separate treatment for which fees may be charged for separately. (b) Not more than two separate techniques may be charged for at each session. (c) The maximum number of acupuncture treatments per course to be charged for is limited to 20. If further treatment is required at the end of this period of treatment, it should be negotiated with the patient. (d) Item 0380 refers to scalp acupuncture as a treatment in its own right and not to the use of acupuncture points on the scalp								
3	MUSCULO-SKELETAL SYSTEM								
MODIFIERS GOVERNING ORTHOPAEDIC OPERATIONS AND ANAESTHETIC FEES FOR ORTHOPAEDIC OPERATIONS									
0047	A fracture NOT requiring reduction shall be charged on a fee per service basis								
0048	Where in the treatment of a fracture or dislocation, an initial closed reduction is followed within one month by further closed reductions under general anaesthesia, the fee for such subsequent reductions will be 27,00 clinical procedure units (not including aftercare)	20	27,000	R377,20					
0049	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement	20	77,000	R1 075,50					
0050	In cases of a compound fracture where a debridement is followed by internal fixation (excluding fixation with Kirschner wires, as well as fractures of hands and feet), the full amount according to either Modifier 0049: Cases of compound fractures, or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, may be added to the fee for the procedure involved, plus half of the amount according to the second modifier (either Modifier 0049: Cases of compound fractures or Modifier 0051: Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting, as applicable)	20	115,500	R1 613,00					

NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0051	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units	20	77,000	R1 075,50					
0052	Except where otherwise specified, fracture (traumatic or surgical, ie. osteotomy) requiring open reduction and/or internal fixation, external skeletal fixation/and or bone grafting (excluding fixation with Kirschner wires (refer to modifier 0053), as well as long bone or pelvis fracture/osteotomy (refer to modifier 0051) for specialist and general practitioners for HAND or FOOT fracture/osteotomy: Add		81,100	R1 132,20					
0053	Fracture requiring percutaneous internal fixation [insertion and removal of fixatives (wires) in respect of fingers and toes included]: Specialists and general practitioners add 32,00 clinical procedure units	20	32,000	R446,90					
0055	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units	20	77,000	R1 075,50					
0057	Multiple procedures on feet: In multiple procedures on feet, fees for the first foot are calculated according to Modifier 0005: Multiple procedures/operations under the same anaesthetic. Calculate fees for the second foot in the same way, reduce the total to 75% and add to the total for the first foot								
0058	Revision operation for total joint replacement and immediate re-substitution (infected or non-infected): per fee for total joint replacement + 100%								
3.1	Bones								
3.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047)								
0383	Fracture (reduction under general anaesthetic): Scapula	20	3,000	R1 567,90	v	30,00	3,000	R 263,00	TM
0384	Fracture: Scapula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		284,200	R3 967,80			3,000	R 263,00	
0386	Fracture: Clavicle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		209,400	R2 923,40			3,000	R 263,00	
0387	Fracture (reduction under general anaesthetic): Clavicle	20	77,000	R1 075,50		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0388	Percutaneous pinning of supracondylar fracture: Elbow - Stand-alone procedure	20	175,700	R2 453,70		30,00	3,000	R 263,00	TM
0389	Fracture (reduction under general anaesthetic): Humerus	20	111,600	R1 558,70		30,00	3,000	R 263,00	TM
0390	Fracture: Humerus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		255,300	R3 564,20			3,000	R 263,00	
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	20	77,000	R1 075,50		30,00	3,000	R 263,00	TM
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	20	210,000	R2 932,90		30,00	3,000	R 263,00	TM
0401	Fracture: Carpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		208,700	R2 913,60			3,000	R 263,00	
0402	Fracture (reduction under general anaesthetic): Carpal bone	20	64,000	R894,00		30,00	3,000	R 263,00	TM
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	20	51,000	R712,20		30,00	3,000	R 263,00	TM
0404	Fracture: Bennett fracture/dislocation: Open reduction and internal fixation (modifiers 0051, 0052, 0055 not applicable)		179,800	R2 510,30			3,000	R 263,00	
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	20	118,300	R1 652,00		30,00	3,000	R 263,00	TM
0406	Fracture: Metacarpal bone: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		163,600	R2 284,00			3,000	R 263,00	
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple	20	3,000	R1 075,10	B	30,00	3,000	R 263,00	TM
0410	Fracture: Finger phalanx, distal, simple: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		141,100	R1 969,80			3,000	R 263,00	
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	20	52,000	R726,30		30,00	3,000	R 263,00	TM
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	20	48,000	R670,30		30,00	3,000	R 263,00	T
0414	Fracture: Finger phalanx, proximal or middle: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		169,900	R2 372,00			3,000	R 263,00	
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	20	102,000	R1 424,60		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed	20	3,000	R1 915,50	B	30,00	3,000	R 263,00	T
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	20	320,000	R4 469,10		30,00	3,000	R 263,00	TM
0420	Fracture: Acetabulum: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		560,000	R7 818,20			3,000	R 263,00	
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	20	237,000	R3 309,80		30,00	3,000	R 263,00	TM
0422	Fracture: Femur neck or shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		392,300	R5 476,80			3,000	R 263,00	
0425	Fracture (reduction under general anaesthetic): Patella	20	51,000	R712,20		30,00	3,000	R 263,00	TM
0426	Fracture: Patella: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		219,500	R3 064,50			3,000	R 263,00	
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	20	128,000	R1 787,60		30,00	3,000	R 263,00	TM
0430	Fracture: Tibia, with or without fibula: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		293,200	R4 093,30			3,000	R 263,00	
0433	Fracture (reduction under general anaesthetic): Fibula shaft	20	3,000	R1 569,20	B	30,00	3,000	R 263,00	TM
0434	Fracture: Fibula shaft: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		207,000	R2 890,00			3,000	R 263,00	
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	20	58,000	R810,00		30,00	3,000	R 263,00	TM
0436	Fracture: Ankle malleolus: Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		207,100	R2 891,40			3,000	R 263,00	
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	20	128,000	R1 787,60		30,00	3,000	R 263,00	TM
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	20	198,700	R2 774,90		30,00	3,000	R 263,00	TM
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	20	64,000	R894,00		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	20	403,500	R5 635,30		30,00	3,000	R 263,00	TM
0441	Fracture (reduction under general anaesthetic): Metatarsal	20	41,800	R583,60		30,00	3,000	R 263,00	TM
0442	Fracture: Metatarsal bones: Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		154,700	R2 159,80			3,000	R 263,00	
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple	20	-		B	30,00	3,000	R 263,00	T
0444	Fracture: Toe phalanx, distal: Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		144,500	R2 017,30			3,000	R 263,00	
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	20	32,000	R446,90		30,00	3,000	R 263,00	TM
0446	Fracture: Tarsal bones (excluding talus and calcaneus): Open reduction with internal fixation (modifiers 0051, 0052 not applicable)		178,200	R2 487,90			3,000	R 263,00	
0447	Fracture (reduction under general anaesthetic): Other: Simple	20	26,000	R363,10		30,00	3,000	R 263,00	T
0448	Fracture: Calcaneus (reduction under general anaesthetic)		103,300	R1 442,30			3,000	R 263,00	
0449	Fracture (reduction under general anaesthetic): Other: Compound	20	52,000	R726,30		30,00	3,000	R 263,00	TM
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed	20	-		B	30,00	3,000	R 263,00	T
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	20	230,000	R3 212,20		30,00	3,000	R 263,00	TM
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical	20	-		B	30,00	3,000	R 263,00	TM
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical	20	-		v	30,00	3,000	R 263,00	TM
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical	20	-		v	30,00	3,000	R 263,00	TM
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest	20	-		v	30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3.1.1.1	Bones: Fractures (reduction under general anaesthetic - refer to modifier 0047): Operations for fractures								
0465	Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	20	288,000	R4 022,10		30,00	3,000	R 263,00	TM
0466	Fractures involving digital joints: Includes the metaphysis of the relative bone. Open reduction and internal fixation (modifiers 0051, 0052 not applicable)		210,900	R2 944,50			3,000	R 263,00	
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no aftercare) (modifier 0005 not applicable)	20	43,000	R600,70		30,00	3,000	R 263,00	T
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	20	282,000	R3 938,50		30,00	3,000	R 263,00	TM
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	20	154,000	R2 150,70		30,00	3,000	R 263,00	TM
0480	Radical resection of bone tumour/infection: Ilium including acetabulum, both pubic rami, or ischium and acetabulum		415,000	R5 793,80			10,000	R 876,40	
0481	Radical resection of bone tumour: Fibula		240,100	R3 352,10			4,000	R 350,80	
0482	Radical resection of bone tumour: Femur or knee		371,800	R5 190,70			5,000	R 438,30	
0483	Radical resection of malignant bone tumour: Scapula		237,700	R3 318,50			6,000	R 525,90	
0484	Radical resection of bone tumour: Clavicle		413,800	R5 777,20			6,000	R 525,90	
0485	Radical resection of bone tumour: Metatarsal		185,000	R2 582,60			4,000	R 350,80	
3.1.2	Bony operations								
3.1.2.1	Bony operations: Bone grafting								
0497	Resection of bone or tumour with or without grafting (benign)	20	282,000	R3 938,50		30,00	3,000	R 263,00	TM
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	20	340,000	R4 748,40		30,00	3,000	R 263,00	TM
0499	Grafts to cysts: Large bones	20	192,000	R2 681,50		30,00	3,000	R 263,00	TM
0501	Grafts to cysts: Small bones	20	128,000	R1 787,60		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0503	Grafts to cysts: Cartilage graft	20	206,000	R2 876,80		30,00	3,000	R 263,00	TM
0505	Grafts to cysts: Inter-metacarpal bone graft	20	147,000	R2 052,90		30,00	3,000	R 263,00	TM
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	20	50,000	R698,50		30,00	3,000	R 263,00	TM
3.1.2.2	Bony operations: Acute or chronic osteomyelitis								
0509	Acute or chronic osteomyelitis: Conservative treatment	20	-		v				
0511	Acute or chronic osteomyelitis: Operation: Tariff which would be applicable for compound fracture of the bone involved, including six weeks post-operative care								
0512	Acute or chronic osteomyelitis: Sternum sequestrectomy and drainage: Including six weeks aftercare	20	128,000	R1 787,60		30,00	3,000	R 263,00	TM
3.1.2.3	Bony operations: Osteotomy								
0514	Osteotomy: Sternum: Repair of pectus excavatum	20	330,000	R4 608,60		30,00	3,000	R 263,00	TM
0515	Osteotomy: Sternum: Repair of pectus carinatum	20	330,000	R4 608,60		30,00	3,000	R 263,00	TM
0516	Osteotomy: Pelvic	20	320,000	R4 469,10		30,00	3,000	R 263,00	TM
0521	Osteotomy: Femoral: Proximal	20	320,000	R4 469,10		30,00	3,000	R 263,00	TM
0527	Osteotomy: Knee region	20	320,000	R4 469,10		30,00	3,000	R 263,00	TM
0528	Osteotomy: Os Calcis (Dwyer operation)	20	115,000	R1 606,10		30,00	3,000	R 263,00	TM
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	20	120,000	R1 675,60		30,00	3,000	R 263,00	TM
0531	Rotational osteotomy of tibia and fibula - Stand-alone procedure	20	278,900	R3 894,80		30,00	3,000	R 263,00	TM
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	20	160,000	R2 234,60		30,00	3,000	R 263,00	TM
0533	Osteotomy: Single metatarsal	20	60,000	R838,00		30,00	3,000	R 263,00	TM
0534	Osteotomy: Multiple metatarsal osteotomies	20	150,000	R2 094,90		30,00	3,000	R 263,00	TM
3.1.2.4	Bony operations: Exostosis								
0535	Exostosis: Excision: Readily accessible sites	20	60,000	R838,00		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0537	Exostosis: Excision: Less accessible sites	20	96,000	R1 340,70		30,00	3,000	R 263,00	TM
3.1.2.5	Bony operations: Biopsy								
0539	Needle Biopsy: Spine (no aftercare) (modifier 0005 not applicable)	20	50,000	R698,50		30,00	4,000	R 350,80	T
0541	Needle Biopsy: Other sites (no aftercare) (modifier 0005 not applicable)	20	32,000	R446,90		30,00	4,000	R 350,80	T
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	20	64,000	R894,00					
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	20	96,000	R1 340,70					
3.2	Joints								
3.2.1	Joints: Dislocations								
0547	Joint: Dislocation: Clavicle either end	20	38,000	R530,80		30,00	3,000	R 263,00	TM
0549	Joint: Dislocation: Shoulder	20	51,000	R712,20		30,00	3,000	R 263,00	TM
0551	Joint: Dislocation: Elbow	20	51,000	R712,20		30,00	3,000	R 263,00	TM
0552	Joint: Dislocation: Wrist	20	77,000	R1 075,50		30,00	3,000	R 263,00	TM
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	20	130,000	R1 815,70		30,00	3,000	R 263,00	TM
0555	Joint: Dislocation: Lunate	20	77,000	R1 075,50		30,00	3,000	R 263,00	TM
0556	Joint: Dislocation: Carpo-metacarpo dislocation	20	51,000	R712,20		30,00	3,000	R 263,00	TM
0557	Joint: Dislocation: Metacarpo-phalangeal or interphalangeal (hand)	20	26,000	R363,10		30,00	3,000	R 263,00	TM
0559	Joint: Dislocation: Hip	20	109,000	R1 522,40		30,00	3,000	R 263,00	TM
0561	Joint: Dislocation: Knee	20	96,000	R1 340,70		30,00	3,000	R 263,00	TM
0563	Joint: Dislocation: Patella	20	32,000	R446,90		30,00	3,000	R 263,00	TM
0565	Joint: Dislocation: Ankle	20	90,000	R1 257,00		30,00	3,000	R 263,00	TM
0567	Joint: Dislocation: Sub-Talar dislocation	20	90,000	R1 257,00		30,00	3,000	R 263,00	TM
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	20	77,000	R1 075,50		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	20	14,000	R195,40		30,00	3,000	R 263,00	TM
0573	Joint: Dislocation: Spine with or without paralysis	20	-		v				
3.2.2	Joints: Operations for dislocations								
0578	Operations for dislocations: Recurrent dislocation of shoulder	20	200,000	R2 793,10		30,00	3,000	R 263,00	TM
0579	Operations for dislocations: Recurrent dislocation of all other joints	20	161,000	R2 248,30		30,00	3,000	R 263,00	TM
3.2.3	Joints: Capsular operations								
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks aftercare)	20	51,000	R712,20		30,00	3,000	R 263,00	TM
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks aftercare)	20	96,000	R1 340,70		30,00	3,000	R 263,00	TM
0585	Capsulectomy digital joint	20	64,000	R894,00		30,00	3,000	R 263,00	TM
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	20	90,000	R1 257,00		30,00	3,000	R 263,00	TM
0587	Release of digital joint contracture	20	128,000	R1 787,60		30,00	3,000	R 263,00	TM
3.2.4	Joints: Synovectomy								
0589	Synovectomy: Digital joint	20	77,000	R1 075,50		30,00	3,000	R 263,00	TM
0592	Synovectomy: Large joint	20	160,000	R2 234,60		30,00	3,000	R 263,00	TM
0593	Tendon synovectomy	20	203,700	R2 844,90		30,00	3,000	R 263,00	TM
3.2.5	Joints: Arthrodesis								
0597	Arthrodesis: Shoulder	20	224,000	R3 128,30		30,00	3,000	R 263,00	TM
0598	Arthrodesis: Elbow	20	180,000	R2 513,70		30,00	3,000	R 263,00	TM
0599	Arthrodesis: Wrist	20	180,000	R2 513,70		30,00	3,000	R 263,00	TM
0600	Arthrodesis: Digital joint	20	128,000	R1 787,60		30,00	3,000	R 263,00	TM
0601	Arthrodesis: Hip	20	320,000	R4 469,10		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0602	Arthrodesis: Knee	20	180,000	R2 513,70		30,00	3,000	R 263,00	TM
0603	Arthrodesis: Ankle	20	180,000	R2 513,70		30,00	3,000	R 263,00	TM
0604	Arthrodesis: Sub-talar	20	130,000	R1 815,70		30,00	3,000	R 263,00	TM
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	20	180,000	R2 513,70		30,00	3,000	R 263,00	TM
0607	Arthrodesis: Mid-tarsal wedge resection	20	180,000	R2 513,70		30,00	3,000	R 263,00	TM
3.2.6	Joints: Arthroplasty								
0614	Arthroplasty: Debridement large joints	20	160,000	R2 234,60		30,00	3,000	R 263,00	TM
0615	Arthroplasty: Excision medial or lateral end of clavicle	20	116,000	R1 620,10		30,00	3,000	R 263,00	TM
0617	Shoulder: Acromioplasty	20	192,000	R2 681,50		30,00	3,000	R 263,00	TM
0619	Shoulder: Partial replacement	20	277,000	R3 868,60		30,00	5,000	R 438,30	TM
0620	Shoulder: Total replacement	20	416,000	R5 809,90		30,00	5,000	R 438,30	TM
0621	Elbow: Excision head of radius	20	96,000	R1 340,70		30,00	3,000	R 263,00	TM
0622	Elbow: Excision	20	192,000	R2 681,50		30,00	3,000	R 263,00	TM
0623	Elbow: Partial replacement	20	188,000	R2 625,70		30,00	3,000	R 263,00	TM
0624	Elbow: Total replacement	20	282,000	R3 938,50		30,00	3,000	R 263,00	TM
0625	Wrist: Excision distal end of ulna	20	96,000	R1 340,70		30,00	3,000	R 263,00	TM
0626	Wrist: Excision single bone	20	110,000	R1 536,30		30,00	3,000	R 263,00	TM
0627	Wrist: Excision proximal row	20	166,000	R2 318,30		30,00	3,000	R 263,00	TM
0631	Wrist: Total replacement	20	249,000	R3 477,50		30,00	3,000	R 263,00	TM
0635	Digital Joint: Total replacement	20	192,000	R2 681,50		30,00	3,000	R 263,00	TM
0637	Hip: Total replacement	20	416,000	R5 809,90		30,00	3,000	R 263,00	TM
0641	Hip: Prosthetic replacement of femoral head	20	288,000	R4 022,10		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0643	Hip: Girdlestone	20	320,000	R4 469,10		30,00	3,000	R 263,00	TM
0645	Knee: Partial replacement	20	277,000	R3 868,60		30,00	3,000	R 263,00	TM
0646	Knee: Total replacement	20	416,000	R5 809,90		30,00	3,000	R 263,00	TM
0649	Ankle: Total replacement	20	290,400	R4 055,70		30,00	3,000	R 263,00	TM
0650	Ankle: Astragalectomy	20	154,000	R2 150,70		30,00	3,000	R 263,00	TM
3.2.7	Joints: Miscellaneous (joints)								
0661	Aspiration of joint or intra-articular injection (not including aftercare) (modifier 0005 not applicable)	20	9,000	R125,70		30,00	3,000	R 263,00	T
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding aftercare) (modifier 0005 not applicable): First joint	20	7,500	R104,80		30,00	3,000	R 263,00	T
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding aftercare) (modifier 0005 not applicable): Additional (each)	20	4,000	R56,10		30,00	3,000	R 263,00	T
0667	Arthroscopy (excluding aftercare) (modifiers 0005 and 0013 not applicable)	20	60,000	R838,00		30,00	3,000	R 263,00	T
0669	Manipulation knee or shoulder joint under general anaesthetic (not including aftercare) (modifier 0005 not applicable)	20	14,000	R195,40		30,00	3,000	R 263,00	T
0669A	Manipulation hip joint under general anaesthetic (not including aftercare) (modifier 0005 not applicable)	20	14,000	R195,40		30,00	4,000	R 350,80	T
	Only the consultation fee should be charged when manipulation of a large joint is performed without general anaesthetic								
0673	Meniscectomy or operation for other internal derangement of knee	20	109,000	R1 522,40		30,00	3,000	R 263,00	TM
3.2.8	Joints: Joint ligament reconstruction or suture								
0675	Joint ligament reconstruction or suture: Ankle: Collateral	20	160,000	R2 234,60		30,00	3,000	R 263,00	TM
0677	Joint ligament reconstruction or suture: Knee: Collateral	20	160,000	R2 234,60		30,00	3,000	R 263,00	TM
0678	Joint ligament reconstruction or suture: Knee: Cruciate	20	160,000	R2 234,60		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	20	280,000	R3 910,70		30,00	3,000	R 263,00	TM
0680	Joint ligament reconstruction or suture: Digital joint ligament	20	165,000	R2 304,40		30,00	3,000	R 263,00	TM
3.3	Amputations								
3.3.1	Amputations: Specific Amputations								
0681	Amputation Humerus: Includes primary closure		211,600	R2 954,20			4,000	R 350,80	
0682	Amputation: Fore-quarter amputation	20	294,000	R4 106,20		30,00	9,000	R 788,70	TM
0683	Amputation: Through shoulder	20	148,000	R2 066,90		30,00	5,000	R 438,30	TM
0684	Amputation: Forearm		213,500	R2 980,70			3,000	R 263,00	
0685	Amputation: Upper arm or fore-arm	20	116,000	R1 620,10		30,00	3,000	R 263,00	TM
0686	Amputation: Ankle (e.g. Syme, Pirogoff type)		204,100	R2 849,40			4,000	R 350,80	
0687	Partial amputation of the hand: One ray	20	102,000	R1 424,60		30,00	3,000	R 263,00	TM
0688	Amputation: Foot, midtarsal (Chopart type)		165,700	R2 313,40			3,000	R 263,00	
0691	Amputation: Whole or part of finger	20	116,800	R1 631,20		30,00	3,000	R 263,00	TM
0692	Scar revision/secondary closure: amputated thigh, through femur, any level		150,700	R2 104,00			3,000	R 263,00	
0693	Hindquarter amputation	20	420,000	R5 865,50		30,00	6,000	R 525,90	TM
0694	Scar revision/secondary closure: amputated leg, through tibia and fibula, any level		173,900	R2 427,90			3,000	R 263,00	
0695	Amputation: Through hip joint region	20	192,000	R2 681,50		30,00	6,000	R 525,90	TM
0696	Re-amputation: Thigh, through femur, any level		217,300	R3 033,70			3,000	R 263,00	
0697	Amputation: Through thigh	20	205,000	R2 863,10		30,00	6,000	R 525,90	TM
0698	Re-amputation: Leg, through tibia and fibula		198,200	R2 767,10			3,000	R 263,00	
0699	Amputation: Below knee, through knee or Syme	20	194,000	R2 709,60		30,00	5,000	R 438,30	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0700	Scar revision/secondary closure: Amputated shoulder		128,100	R1 788,40			3,000	R 263,00	
0701	Amputation: Trans-metatarsal or trans-tarsal	20	142,000	R1 983,30		30,00	3,000	R 263,00	TM
0702	Scar revision/secondary closure: Amputated humerus		163,100	R2 277,00			3,000	R 263,00	
0703	Amputation: Foot: One ray	20	97,000	R1 354,90		30,00	3,000	R 263,00	TM
0704	Scar revision/secondary closure: Amputated forearm		184,100	R2 570,20			3,000	R 263,00	
0705	Amputation: Toe	20	66,000	R921,60		30,00	3,000	R 263,00	TM
3.3.2	Amputations: Post-amputation reconstruction								
0706	Post-amputation reconstruction: Skin flap taken from a site remote from the injured finger or in cases of an advanced flap e.g. Cutler	20	75,000	R1 047,50		30,00	3,000	R 263,00	TM
0707	Post-amputation reconstruction: Krukenberg reconstruction	20	206,000	R2 876,80		30,00	3,000	R 263,00	TM
0708	Re-amputation: Humerus		223,100	R3 114,60			6,000	R 525,90	
0710	Re-amputation: Through forearm		206,000	R2 876,00			3,000	R 263,00	
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	20	282,000	R3 938,50		30,00	3,000	R 263,00	TM
0712	Post-amputation reconstruction: Toe to thumb transfer	20	800,000	R11 172,80		30,00	3,000	R 263,00	TM
3.4	Muscles, tendons and fasciae								
3.4.1	Muscles, tendons and fasciae: Investigations								
0713	Electromyography	20	75,000	R1 047,50		30,00	3,000	R 263,00	T
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	20	57,000	R796,10		30,00	3,000	R 263,00	T
0715	Strength duration curve per session	20	10,500	R146,50		30,00	3,000	R 263,00	T
0717	Electrical examination of single nerve or muscle	20	9,000	R125,70		30,00	3,000	R 263,00	T
0718	Oxidative study for mitochondrial function	20	64,000	R894,00					
0721	Voltage integration during isometric contraction	20	12,000	R167,60		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0723	Tonometry with edrophonium	20	8,000	R111,60		30,00	3,000	R 263,00	T
0725	Isometric tension studies with edrophonium	20	10,000	R139,40		30,00	3,000	R 263,00	T
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	20	8,000	R111,60		30,00	3,000	R 263,00	T
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	20	14,000	R195,40		30,00	3,000	R 263,00	T
0729	Tendon reflex time	20	7,000	R97,90		30,00	3,000	R 263,00	T
0730	Limb brain somatosensory studies (per limb)	20	49,000	R684,40					
0731	Vision and audio-sensory studies	20	49,000	R684,40					
0733	Motor nerve conduction studies (single nerve)	20	26,000	R363,10					
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	20	31,000	R433,00		30,00	3,000	R 263,00	T
0737	Biopsy for motor nerve terminals and end plates	20	20,000	R279,40		30,00	3,000	R 263,00	T
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	20	34,000	R474,80		30,00	8,000	R 701,20	T
0740	Muscle fatigue studies	20	20,000	R279,40		30,00	3,000	R 263,00	T
0741	Muscle biopsy	20	20,000	R279,40		30,00	8,000	R 701,20	T
0742	Global fee for all muscle studies, including histochemical studies	20	262,000	R3 659,00					
4701	Biochemical estimations on muscle biopsy specimens: Creatine kinase	20	20,250	R282,70					
4703	Biochemical estimations on muscle biopsy specimens: Adenylate kinase	20	33,300	R465,00					
4705	Biochemical estimations on muscle biopsy specimens: Pyruvate kinase	20	5,700	R79,60					
4707	Biochemical estimations on muscle biopsy specimens: Lactate dehydrogenase	20	1,600	R22,50					
4709	Biochemical estimations on muscle biopsy specimens: Adenylate deaminase	20	9,900	R138,30					
4711	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate kinase	20	13,700	R191,30					
4713	Biochemical estimations on muscle biopsy specimens: Phosphoglycerate mutase	20	25,900	R361,70					

NON-NETWORK SPECIALISTS

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4715	Biochemical estimations on muscle biopsy specimens: Enolase	20	32,700	R456,60					
4717	Biochemical estimations on muscle biopsy specimens: Phosphofructokinase	20	37,700	R526,60					
4719	Biochemical estimations on muscle biopsy specimens: Aldolase	20	15,750	R220,10					
4721	Biochemical estimations on muscle biopsy specimens: Glyceraldehyde 3 phosphate dehydrogenase	20	11,060	R154,70					
4723	Biochemical estimations on muscle biopsy specimens: Phosphorylase	20	34,700	R484,50					
4725	Biochemical estimations on muscle biopsy specimens: Phosphoglucumutase	20	40,300	R562,70					
4727	Biochemical estimations on muscle biopsy specimens: Phosphohexose Isomerase	20	28,800	R402,20					
4729	Biochemical estimations on muscle biopsy specimens: Muscle biopsy for muscle tension study	20	43,000	R600,70					
4731	Biochemical estimations on muscle biopsy specimens: H-response study (per nerve)	20	14,000	R195,40					
4733	Biochemical estimations on muscle biopsy specimens: Late response study (per nerve)	20	20,000	R279,40					
4735	Biochemical estimations on muscle biopsy specimens: Single fibre studies	20	71,000	R991,50					
4737	Biochemical estimations on muscle biopsy specimens: Somatosensory study (limb-spine)	20	69,000	R963,40					
4739	Biochemical estimations on muscle biopsy specimens: Dystrophin estimation	20	82,000	R1 145,50					
4744	Biochemical estimations on muscle biopsy specimens: Tension/cafeine/ halothane procedure in malignant hyperthermia	20	143,000	R1 997,10					
4745	Biochemical estimations on muscle biopsy specimens: Electron microscopy	20	75,000	R1 047,50					
3.4.2	Muscles, tendons and fasciae: Decompression Operations								
0743	Major compartmental decompression	20	132,000	R1 843,40		30,00	3,000	R 263,00	T
0744	Decompression operation: Fasciotomy only	20	60,000	R838,00		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5550	Decompression Faciotomy: Buttock compartments:(unilateral)		243,000	R3 392,60			5,000	R 438,30	
5551	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). EXCLUDES debridement of nonviable muscle and/or nerve		151,900	R2 120,80			3,000	R 263,00	
5552	Decompression fasciotomy: Leg: Anterior and/or lateral and posterior compartment(s). INCLUDES debridement of nonviable muscle and/or nerve		253,100	R3 533,50			3,000	R 263,00	
5553	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. EXCLUDES debridement of nonviable muscle and/or nerve		123,700	R1 726,90			3,000	R 263,00	
5554	Decompression fasciotomy: Leg: Anterior and/or lateral compartment(s) only. INCLUDES debridement of nonviable muscle and/or nerve		162,100	R2 263,30			3,000	R 263,00	
5555	Decompression fasciotomy: Leg: Posterior compartment only. EXCLUDES debridement of nonviable muscle and/or nerve		130,800	R1 826,20			3,000	R 263,00	
5556	Decompression fasciotomy: Leg: Posterior compartment only. INCLUDES debridement of nonviable muscle and/or nerve		171,500	R2 394,40			3,000	R 263,00	
5557	Decompression fasciotomy: Fasciotomy/tenotomy, iliotibial		137,300	R1 916,90			4,000	R 350,80	
5558	Decompression fasciotomy: Fasciotomy: Foot and/or toe		86,600	R1 209,10			3,000	R 263,00	
5559	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. EXCLUDES debridement of nonviable muscle or nerve		226,300	R3 159,50			3,000	R 263,00	
5560	Decompression fasciotomy: Forearm and/or wrist: Flexor and extensor compartment. INCLUDES debridement of nonviable muscle or nerve		354,500	R4 949,20			3,000	R 263,00	
5561	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. EXCLUDES debridement of nonviable muscle or nerve		166,800	R2 328,70			3,000	R 263,00	
5562	Decompression fasciotomy: Forearm and/or wrist: Flexor or extensor compartment. INCLUDES debridement of nonviable muscle or nerve		321,100	R4 482,90			3,000	R 263,00	
5563	Decompression Faciotomy: Fingers and/or hand		165,600	R2 311,90			3,000	R 263,00	
3.4.3	Muscles, tendons and fasciae: Muscle and tendon repair								
0745	Muscle and tendon repair: Biceps humeri	20	109,000	R1 522,40		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	20	96,000	R1 340,70		30,00	3,000	R 263,00	TM
0747	Muscle and tendon repair: Rotator cuff	20	134,000	R1 871,40		30,00	4,000	R 350,80	T
0748	Muscle and tendon repair: Debridement rotator cuff	20	139,700	R1 951,20		30,00	4,000	R 350,80	T
0749	Muscle and tendon repair: Scapulopexy - Stand-alone procedure	20	271,900	R3 797,50		30,00	4,000	R 350,80	T
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	20	128,000	R1 787,60		30,00	3,000	R 263,00	T
0757	Muscle and tendon repair: Achilles tendon repair	20	197,600	R2 759,70		30,00	4,000	R 350,80	T
0759	Muscle and tendon repair: Other single tendon	20	77,000	R1 075,50		30,00	3,000	R 263,00	T
0760	Hand: Flexor tendon suture: Primary, zone 1 (each) (modifier 0005 applicable)		220,300	R3 075,70			3,000	R 263,00	
0761	Hand: Flexor tendon repair: Primary, zone 2 (no mans land) (each) (modifier 0005 applicable)		249,600	R3 484,50			3,000	R 263,00	
0762	Hand: Flexor tendon suture: Primary, zone 3 and 4 (wrist and forearm) (each) (modifier 0005 applicable)		191,300	R2 670,80			3,000	R 263,00	
0763	Muscle and tendon repair: Tendon or ligament injection	20	9,000	R125,70		30,00	3,000	R 263,00	T
0764	Hand: Flexor tendon repair: Secondary, zone 1		243,900	R3 405,20			3,000	R 263,00	
0765	Hand: Flexor tendon repair: Secondary, zone 2 (no mans land)		249,600	R3 484,50			3,000	R 263,00	
0766	Hand: Flexor tendon repair: Secondary, zone 3 and 4 (wrist and forearm)		190,600	R2 661,00			3,000	R 263,00	
0767	Hand: Flexor tendon suture: Primary (per tendon)	20	128,000	R1 787,60		30,00	3,000	R 263,00	T
0768	Repair: Intrinsic muscles of hand (each) (modifier 0005 applicable)		125,300	R1 749,20			3,000	R 263,00	
0769	Hand: Flexor tendon suture: Secondary (per tendon)	20	160,000	R2 234,60		30,00	3,000	R 263,00	T
0771	Extensor tendon suture: Primary (per tendon)	20	129,700	R1 811,40		30,00	3,000	R 263,00	T
0773	Extensor tendon suture: Secondary (per tendon)	20	80,000	R1 117,30		30,00	3,000	R 263,00	T
0774	Repair of Boutonniere deformity or Mallet finger with graft	20	183,700	R2 565,40		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3.4.4	Muscles, tendons and fasciae: Tendon graft								
0775	Free tendon graft	20	160,000	R2 234,60		30,00	3,000	R 263,00	T
0776	Reconstruction of pulley for flexor tendon	20	50,000	R698,50		30,00	3,000	R 263,00	T
0777	Tendon graft: Finger: Flexor	20	192,000	R2 681,50		30,00	3,000	R 263,00	T
0779	Tendon graft: Finger: Extensor	20	122,000	R1 703,90		30,00	3,000	R 263,00	T
0780	Two stage flexor tendon graft using silastic rod	20	240,000	R3 351,80		30,00	3,000	R 263,00	T
3.4.5	Muscles, tendons and fasciae: Tendolysis								
0781	Tendon freeing operation, except where specified elsewhere	20	64,000	R894,00		30,00	3,000	R 263,00	T
0782	Carpal tunnel syndrome	20	98,700	R1 378,60		30,00	3,000	R 263,00	T
0783	Tenolysis: De Quervain	20	38,000	R530,80		30,00	3,000	R 263,00	T
0784	Trigger finger	20	38,000	R530,80		30,00	3,000	R 263,00	T
0785	Flexor tendon freeing operation following free tendon graft or suture	20	186,800	R2 609,00		30,00	3,000	R 263,00	T
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	20	180,900	R2 526,30		30,00	3,000	R 263,00	T
0788	Intrinsic tendon release per finger	20	64,000	R894,00		30,00	3,000	R 263,00	T
0789	Central tendon tenotomy for Boutonniere deformity	20	64,000	R894,00		30,00	3,000	R 263,00	T
3.4.6	Muscles, tendons and fasciae: Tenodesis								
0790	Tenodesis: Digital joint	20	90,000	R1 257,00		30,00	3,000	R 263,00	T
3.4.7	Muscles, tendons and fasciae: Muscle tendon and facia transfer								
0791	Single tendon transfer	20	96,000	R1 340,70		30,00	3,000	R 263,00	T
0792	Multiple tendon transfer	20	128,000	R1 787,60		30,00	3,000	R 263,00	T
0793	Hamstring to quadriceps transfer	20	141,000	R1 969,10		30,00	3,000	R 263,00	T
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	20	320,000	R4 469,10		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0795	Tendon transfer at elbow	20	116,000	R1 620,10		30,00	3,000	R 263,00	T
0802	Radial club hand repair - Stand-alone procedure	20	360,300	R5 031,80		30,00	3,000	R 263,00	T
0803	Hand tendons: Single tendon transfer (first)	20	96,000	R1 340,70		30,00	3,000	R 263,00	T
0809	Hand tendons: Substitution for intrinsic paralysis of hand	20	224,000	R3 128,30		30,00	3,000	R 263,00	T
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	20	220,600	R3 081,10		30,00	3,000	R 263,00	T
3.4.8	Muscles, tendons and fasciae: Muscle slide operations and tendon lengthening								
0812	Percutaneous Tenotomy: All sites	20	38,000	R530,80		30,00	3,000	R 263,00	T
0813	Torticollis	20	96,000	R1 340,70		30,00	5,000	R 438,30	T
0815	Scalenotomy	20	132,000	R1 843,40		30,00	5,000	R 438,30	T
0817	Scalenotomy with excision of first rib	20	190,000	R2 653,70		30,00	3,000	R 263,00	TM
0821	Tennis elbow	20	96,000	R1 340,70		30,00	3,000	R 263,00	T
0822	Open release elbow (Mitals) - Stand-alone procedure	20	278,200	R3 885,30		30,00	3,000	R 263,00	TM
0823	Excision or slide for Volkmann's Contracture	20	192,000	R2 681,50		30,00	3,000	R 263,00	T
0825	Hip: Open muscle release	20	116,000	R1 620,10		30,00	7,000	R 613,50	T
0829	Knee: Quadriceps plasty	20	160,000	R2 234,60		30,00	3,000	R 263,00	T
0831	Knee: Open tenotomy	20	141,000	R1 969,10		30,00	3,000	R 263,00	T
0835	Calf	20	96,000	R1 340,70		30,00	4,000	R 350,80	T
0837	Open elongation tendon Achilles	20	96,000	R1 340,70		30,00	4,000	R 350,80	T
0838	Percutaneous "Hoke" elongation tendo Achilles	20	79,300	R1 107,40		30,00	4,000	R 350,80	T
0845	Foot: Plantar fasciotomy	20	70,000	R977,70		30,00	3,000	R 263,00	T
0846	Foot: Postero-medial release for club-foot	20	192,000	R2 681,50		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3.5	Bursae and ganglia								
0847	Excision: Semimembranosus	20	90,000	R1 257,00		30,00	4,000	R 350,80	T
0849	Excision: Prepatellar	20	45,000	R628,60		30,00	3,000	R 263,00	T
0851	Excision: Olecranon	20	81,800	R1 142,20		30,00	3,000	R 263,00	T
0853	Excision: Small bursa or ganglion	20	80,900	R1 129,70		30,00	3,000	R 263,00	T
0855	Excision: Compound palmar ganglion or synovectomy	20	128,000	R1 787,60		30,00	3,000	R 263,00	T
0857	Bursae and ganglia: Aspiration or injection (no aftercare) (modifier 0005 not applicable)	20	9,000	R125,70		30,00	3,000	R 263,00	T
3.6	Musculo-skeletal system: Miscellaneous								
3.6.1	Musculo-skeletal system: Miscellaneous: Leg equalisation and congenital hips and feet								
0859	Leg equalisation and congenital hips and feet: Leg shortening	20	282,000	R3 938,50		30,00	3,000	R 263,00	TM
0861	Leg equalisation and congenital hips and feet: Leg lengthening	20	416,000	R5 809,90		30,00	3,000	R 263,00	TM
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	20	116,000	R1 620,10		30,00	3,000	R 263,00	TM
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	20	109,000	R1 522,40		30,00	3,000	R 263,00	TM
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	20	160,000	R2 234,60		30,00	3,000	R 263,00	TM
0868	Open reduction of congenital dislocation of the hip	20	186,000	R2 597,60		30,00	3,000	R 263,00	TM
0869	Subsequent plasters	20	32,000	R446,90					
0873	Congenital club foot: Manipulation and plaster: One foot	20	26,000	R363,10		30,00	3,000	R 263,00	T
0874	Ponseti technique assistant (medical practitioner)	20	13,000	R181,30	Z				

NON-NETWORK SPECIALISTS

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Discipline 10

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3.6.2	Musculo-skeletal system: Miscellaneous: Removal of internal fixatives of prosthesis								
0883	Removal of internal fixatives or prosthesis: Readily accessible	20	36,600	R511,10		30,00	3,000	R 263,00	
0884	Removal of internal fixatives: Less accessible	20	75,500	R1 054,50		30,00	3,000	R 263,00	
0885	Removal of prosthesis for infection soon after operation	20	128,000	R1 787,60		30,00	6,000	R 525,90	
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks aftercare): ADD to the item for total joint replacement of the specific joint	20	64,000	R894,00		30,00	6,000	R 525,90	TM
3.7	Plasters (exclusive of aftercare)								
0887	Limb cast (excluding aftercare) (modifier 0005 not applicable)	20	13,000	R181,30	ò	30,00	3,000	R 263,00	T
0888	Application of short limb cast (forearm, lower leg) (excluding aftercare) (first cast included in procedure)		18,400	R256,90			3,000	R 263,00	
0889	Spica, plaster jacket or hinged cast brace (excluding aftercare)	20	32,000	R446,90		30,00	4,000	R 350,80	T
0891	Turnbuckle cast for scoliosis (excluding aftercare)	20	51,000	R712,20		30,00	5,000	R 438,30	T
0892	Application of cast: Revision (walker, window, bivalve) (excluding aftercare)		18,900	R263,90			5,000	R 438,30	
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding aftercare)	20	19,000	R265,50		30,00	5,000	R 438,30	T
0894	Application of cast: Clubfoot (excluding aftercare) (first cast included in procedure)		34,000	R474,60			5,000	R 438,30	
3.8	Musculo-skeletal system: Special areas								
3.8.1	Special areas: Foot and Ankle								
0895	Club foot: Revision club foot release - Stand-alone procedure	20	302,700	R4 227,50		30,00	3,000	R 263,00	TM
0896	Club foot: Posterior release only - Stand-alone procedure	20	159,300	R2 224,70		30,00	3,000	R 263,00	TM
0900	Excision tarsal coalition - Stand-alone procedure	20	141,500	R1 976,10		30,00	3,000	R 263,00	TM
0901	Tenotomy: Single tendon	20	63,300	R884,10		30,00	3,000	R 263,00	TM
0903	Hammer toe: One toe	20	99,500	R1 389,80		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

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Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0905	Filleting of toe or Ruiz-Mora procedure	20	99,500	R1 389,80		30,00	3,000	R 263,00	TM
0906	Arthrodesis Hallux	20	148,000	R2 066,90		30,00	3,000	R 263,00	TM
0907	Silver bunionectomy or similar for Hallux Valgus	20	126,200	R1 762,40		30,00	3,000	R 263,00	TM
	Not to be charged with item 0911								
0909	Excision arthroplasty	20	145,200	R2 027,70		30,00	3,000	R 263,00	TM
0910	Cheilectomy or metatarsophangeal implant Hallux	20	183,000	R2 555,80		30,00	3,000	R 263,00	TM
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - Stand-alone procedure	20	189,200	R2 642,30		30,00	3,000	R 263,00	TM
	Not to be charged with item 0907								
5730	Hallux Valgus double osteotomy etc.	20	182,600	R2 550,20		30,00	3,000	R 263,00	TM
5731	Distal soft tissue procedure for Hallux Valgus	20	173,600	R2 424,40		30,00	3,000	R 263,00	TM
5732	Aitkin procedure or similar	20	166,800	R2 329,70		30,00	3,000	R 263,00	T
5734	Removal bony prominence foot e.g. bunionette (ò Bunionette not applicable to COID)	20	91,000	R1 270,70		30,00	3,000	R 263,00	TM
5735	Repair angular deformity toe (lesser toes)	20	97,200	R1 357,60		30,00	3,000	R 263,00	TM
5736	Sesamoidectomy	20	97,800	R1 365,80		30,00	3,000	R 263,00	TM
5737	Repair major foot tendons e.g. Tib Post	20	147,300	R2 057,20		30,00	3,000	R 263,00	TM
5738	Repair of dislocating peroneal tendons	20	173,200	R2 418,90		30,00	3,000	R 263,00	T
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	20	202,300	R2 825,20		30,00	3,000	R 263,00	TM
5740	Steindler strip - plantar fascia	20	97,200	R1 357,60		30,00	3,000	R 263,00	T
5741	Kelikian syndactilly (one web space)	20	97,200	R1 357,60		30,00	3,000	R 263,00	T
5742	Tendon transfer foot	20	172,000	R2 402,30		30,00	3,000	R 263,00	T
5743	Capsulotomy metatarsophalangeal joints: Foot	20	86,800	R1 212,20		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3.8.2	Big toe (refer to section 3.8.1 for procedures on big toe)								
3.8.3	Special areas: Reimplantations								
0912	Replantation of amputated upper limb proximal to wrist joint	20	730,000	R10 194,80		30,00	3,000	R 263,00	TM
0913	Replantation of thumb	20	670,000	R9 357,20		30,00	3,000	R 263,00	TM
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	20	580,000	R8 100,20		30,00	3,000	R 263,00	TM
0915	Replantation operation through the palm	20	1270,000	R17 736,70		30,00	3,000	R 263,00	TM
3.8.4	Special areas: Hands: (Note: Skin: See Integumentary System)								
0919	Tumours: Epidermoid cysts	20	35,000	R488,80		30,00	3,000	R 263,00	TM
0920	Tumours: Ganglion or fibroma	20	77,500	R1 082,40		30,00	3,000	R 263,00	TM
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	20	86,000	R1 200,90		30,00	3,000	R 263,00	TM
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	20	19,000	R265,50		30,00	3,000	R 263,00	TM
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	20	32,000	R446,90		30,00	3,000	R 263,00	TM
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	20	37,000	R516,80		30,00	3,000	R 263,00	TM
	Item 0924: The number of units chargeable under this item ranges from 37.00 to 110.00 for Specialists and General Practitioners.								
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	20	16,000	R223,40		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3.8.5	Special areas: Spine								
	Please note the following with regard to section 3.8.5: Spine a) Modifier 0005 (multiple procedures/operations under the same anaesthetic) is not applicable if the following procedures are performed together: 1. Bone graft procedures and instrumentation are to be charged in addition to arthrodesis. 2. When vertebral procedures are performed by arthrodesis, bone grafts and instrumentation may be charged for in addition. b) Modifier 0005 (multiple procedures/operations under the same anaesthetic) would be applicable when arthrodesis is performed in addition to another procedure, e.g. Osteotomy, laminectomy.								
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	20	207,000	R2 891,20		30,00	3,000	R 263,00	TM
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	20	42,000	R586,60		30,00	3,000	R 263,00	TM
0929	Manipulation of spine under general anaesthetic: (no aftercare) (modifier 0005 not applicable)	20	14,000	R195,40		30,00	5,000	R 438,30	TM
0930	Posterior osteotomy of spine: One vertebral segment	20	339,000	R4 734,50		30,00	3,000	R 263,00	TM
0931	Posterior spinal fusion: One level	20	385,000	R5 376,90		30,00	3,000	R 263,00	TM
0932	Posterior osteotomy of spine: Each additional vertebral segment	20	103,000	R1 438,40		30,00	3,000	R 263,00	TM
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	20	315,000	R4 399,10		30,00	3,000	R 263,00	TM
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	20	103,000	R1 438,40		30,00	3,000	R 263,00	TM
0938	Anterior fusion base of skull to C2	20	449,000	R6 270,80		30,00	4,000	R 350,80	TM
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	20	160,000	R2 234,60		30,00	3,000	R 263,00	TM
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	20	160,000	R2 234,60		30,00	3,000	R 263,00	TM
0941	Anterior interbody fusion: One level	20	360,000	R5 027,80		30,00	3,000	R 263,00	TM
0942	Anterior interbody fusion: Each additional level	20	102,000	R1 424,60		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0944	Posterior fusion: Occiput to C2	20	390,000	R5 446,40		30,00	4,000	R 350,80	TM
0946	Posterior spinal fusion: Each additional level	20	111,000	R1 550,20		30,00	3,000	R 263,00	TM
0948	Posterior interbody lumbar fusion: One level	20	364,000	R5 083,30		30,00	3,000	R 263,00	TM
0950	Posterior interbody lumbar fusion: Each additional interspace	20	95,000	R1 326,70		30,00	3,000	R 263,00	TM
0959	Excision of coccyx	20	96,000	R1 340,70		30,00	3,000	R 263,00	TM
0961	Costo-transversectomy	20	198,000	R2 765,10		30,00	3,000	R 263,00	TM
0963	Antero-lateral decompression of spinal cord or anterior debridement	20	326,000	R4 553,10		30,00	3,000	R 263,00	T
	MODIFIER								
0061	Combined procedures on the spine: In cases of combined procedures on the spine, both the orthopaedic surgeon and the neurosurgeon are entitled to the full fee for the relevant part of the operation performed								
3.8.6	Special areas: Spinal deformities								
	Please note : Posterior fusion for spinal deformity (to be used for scoliosis more than 30 degrees or thoracic kyphosis more than 45 degrees).								
0952	Posterior fusion for spinal deformity: Up to 6 levels	20	359,000	R5 013,80		30,00	3,000	R 263,00	TM
0954	Posterior fusion for spinal deformity: 7 to 12 levels	20	547,000	R7 639,30		30,00	3,000	R 263,00	TM
0955	Posterior fusion for spinal deformity: 13 or more levels	20	593,000	R8 281,60		30,00	3,000	R 263,00	TM
0956	Anterior fusion for spinal deformity: 2 or 3 levels	20	410,000	R5 725,90		30,00	3,000	R 263,00	TM
0957	Anterior fusion for spinal deformity: 4 to 7 levels	20	444,000	R6 200,90		30,00	3,000	R 263,00	TM
0958	Anterior fusion for spinal deformity: 8 or more levels	20	539,000	R7 527,60		30,00	3,000	R 263,00	TM
	MODIFIER								
0065	Additional operative procedures by same surgeon, under section 3.8.6: Spinal deformities, within a period of 12 months: 75% of scheduled fee for the lesser procedure, except where otherwise specified elsewhere								

NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

Other specialists with no networks

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Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3.8.7	Special areas: All spinal problems								
0943	Laminectomy with decompression of nerve roots and disc removal: One level	20	240,000	R3 351,80		30,00	3,000	R 263,00	TM
0960	Posterior non-segmental instrumentation	20	167,000	R2 332,40		30,00	5,000	R 438,30	TM
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	20	176,000	R2 457,80		30,00	5,000	R 438,30	TM
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	20	201,000	R2 807,10		30,00	5,000	R 438,30	TM
0966	Posterior segmental instrumentation:13 or more vertebrae	20	245,000	R3 421,80		30,00	5,000	R 438,30	TM
0968	Anterior instrumentation: 2 to 3 vertebrae	20	159,000	R2 220,60		30,00	5,000	R 438,30	TM
0969	Skull or skull-femoral traction including two weeks aftercare	20	64,000	R894,00					
0970	Anterior instrumentation: 4 to 7 vertebrae	20	185,000	R2 583,80		30,00	5,000	R 438,30	TM
0971	Halo-splint and POP jacket including two weeks aftercare	20	116,000	R1 620,10					
0972	Anterior instrumentation: 8 or more vertebrae	20	206,000	R2 876,80		30,00	5,000	R 438,30	TM
0974	Additional pelvic fixation of instrumentation other than sacrum	20	108,000	R1 508,20		30,00	5,000	R 438,30	TM
5750	Reinsertion of instrumentation	20	276,000	R3 854,50		30,00	6,000	R 525,90	TM
5751	Removal of posterior non-segmental instrumentation	20	173,000	R2 416,10		30,00	6,000	R 525,90	TM
5752	Removal of posterior segmental instrumentation	20	175,000	R2 444,20		30,00	6,000	R 525,90	TM
5753	Removal of anterior instrumentation	20	204,000	R2 849,10		30,00	6,000	R 525,90	TM
5755	Laminectomy for spinal stenosis (exclude discectomy, foraminotomy and spondylolisthesis): One or two levels	20	295,000	R4 119,90		30,00	3,000	R 263,00	TM
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	20	304,000	R4 245,60		30,00	3,000	R 263,00	TM
5757	Laminectomy for decompression without foraminotomy or discectomy more than two levels	20	321,000	R4 483,20		30,00	3,000	R 263,00	TM
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	20	63,000	R879,90		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5759	Laminectomy for decompression discectomy, etc. revision operation	20	352,000	R4 916,00		30,00	4,000	R 350,80	TM
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	20	301,000	R4 203,80		30,00	3,000	R 263,00	TM
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	20	68,000	R949,70		30,00	3,000	R 263,00	TM
5763	Anterior disc removal and spinal decompression cervical: One level	20	344,000	R4 804,00		30,00	3,000	R 263,00	TM
5764	Anterior disc removal and spinal decompression cervical: Each additional level	20	81,000	R1 131,30		30,00	3,000	R 263,00	TM
5765	Vertebral corpectomy for spinal decompression: One level	20	466,000	R6 508,10		30,00	3,000	R 263,00	TM
5766	Vertebral corpectomy for spinal decompression: Each additional level	20	88,000	R1 228,90		30,00	3,000	R 263,00	TM
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	20	71,000	R991,50					
3.9	Facial bone procedures								
	Please note: Modifiers 0046 to 0058 are not applicable to section 3.9								
0987	Repair of orbital floor (blowout fracture)	20	184,600	R2 578,00		30,00	4,000	R 350,80	TM
0988	Genioplasty	20	263,000	R3 673,00		30,00	4,000	R 350,80	TM
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	20	202,200	R2 823,90		30,00	4,000	R 350,80	TM
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	20	302,000	R4 217,70		30,00	4,000	R 350,80	TM
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	20	433,000	R6 047,40		30,00	4,000	R 350,80	TM
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	20	970,000	R13 546,70		30,00	4,000	R 350,80	TM
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	20	302,000	R4 217,70		30,00	4,000	R 350,80	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	20	1103,000	R15 404,30		30,00	4,000	R 350,80	TM
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	20	1654,000	R23 099,40		30,00	4,000	R 350,80	TM
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement	20	-		F				
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	20	302,000	R4 217,70		30,00	3,000	R 263,00	TM
0998	Excision mandible bone, e.g. osteomyelitis, abscess		219,300	R3 063,10			5,000	R 438,10	TM
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	20	184,000	R2 569,70		30,00	3,000	R 263,00	TM
1000	Excision facial bone e.g., osteomyelitis, abscess		144,300	R2 015,40			5,000	R 438,10	TM
1001	Temporo-mandibular joint: Reconstruction for dysfunction	20	206,000	R2 876,80		30,00	4,000	R 350,80	TM
1002	Harvesting: Bone for contouring of benign bony growths (e.g., fibrous dysplasia)		189,200	R2 642,60			5,000	R 438,10	
1003	Manipulation: Immobilisation and follow-up of fractured nose	20	35,000	R488,80		30,00	3,000	R 263,00	TM
1005	Nasal fracture without manipulation	20	-		F				
1007	Mandibulectomy	20	320,000	R4 469,10		30,00	5,000	R 438,30	TM
1008	Excision: Torus Mandibularis		84,100	R1 174,70			5,000	R 438,10	TM
1009	Maxillectomy	20	382,500	R5 341,90		30,00	4,000	R 350,80	TM
1010	Excision: Torus Palatinus		83,300	R1 163,50			5,000	R 438,10	
1011	Bone graft to mandible	20	206,000	R2 876,80		30,00	4,000	R 350,80	TM
1012	Adjustment of occlusion by ramisection	20	227,000	R3 170,30		30,00	4,000	R 350,80	TM
1013	Fracture of arch of zygoma without displacement	20	-		F				
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	20	131,000	R1 829,50		30,00	3,000	R 263,00	TM

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	20	262,000	R3 659,00		30,00	3,000	R 263,00	TM
4	Respiratory System								
4.1	Nose and sinuses								
1018	Flexible nasopharyngolaryngoscope examination	20	51,940	R725,50					
1019	ENT endoscopy in rooms with rigid endoscope	20	12,000	R167,60					
1020	Repair of perforated septum: Any method	20	141,900	R1 981,80		30,00	4,000	R 350,80	T
1022	Functional reconstruction of nasal septum	20	121,200	R1 692,90		30,00	4,000	R 350,80	T
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	20	30,000	R419,00		30,00	4,000	R 350,80	T
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	20	64,600	R902,10		30,00	4,000	R 350,80	T
1027	Dacrocystorhinostomy	20	210,000	R2 932,90		30,00	5,000	R 438,30	T
1029	Turbinectomy (modifier 0005 to apply to opposite side of nose)	20	62,600	R874,30		30,00	4,000	R 350,80	T
1030	Endoscopic turbinectomy: Laser or microdebrider	20	90,000	R1 257,00		30,00	5,000	R 438,30	T
1031	Removal of single nasal polyp at rooms (at initial consultation only)	20	25,400	R354,70					
1033	Removal of multiple polyps in hospital under general anaesthetic	20	81,800	R1 142,20		30,00	4,000	R 350,80	T
1034	Autogenous nasal bone transplant: Bone removal included	20	100,000	R1 396,60		30,00	4,000	R 350,80	T
1035	Functional endoscopic sinus surgery: Unilateral	20	140,000	R1 955,10		30,00	4,000	R 350,80	T
1036	Functional endoscopic sinus surgery: Bilateral	20	245,000	R3 421,80		30,00	4,000	R 350,80	T
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	20	8,000	R111,60					
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	20	35,000	R488,80		30,00	4,000	R 350,80	T
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	20	40,000	R558,50		30,00	6,000	R 525,90	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	20	60,000	R838,00		30,00	6,000	R 525,90	T
1045	Ligation anterior ethmoidal artery	20	135,400	R1 890,80		30,00	6,000	R 525,90	T
1047	Caldwell-Luc operation: Unilateral	20	137,300	R1 917,40		30,00	4,000	R 350,80	T
1048	Endonasal frontal sinus drainage, with or without removal of tissue (modifier 0069 applies)		152,200	R2 125,70			5,000	R 438,10	T
1049	Ligation internal maxillary artery	20	196,000	R2 737,20		30,00	6,000	R 525,90	T
1050	Vidian neurectomy (transantral or transnasal)	20	113,000	R1 578,20		30,00	4,000	R 350,80	T
1051	Removal nasopharyngeal fibroma	20	285,000	R3 980,30		30,00	6,000	R 525,90	T
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	20	50,000	R698,50		30,00	4,000	R 350,80	T
1053	Frontal sinus drainage, trephine operation	20	93,100	R1 300,30		30,00	4,000	R 350,80	T
1054	Antroscopy through the canine fossa (modifier 0005 to apply to opposite side of nose)	20	37,300	R521,00					
1055	External frontal ethmoidectomy	20	190,700	R2 663,40		30,00	4,000	R 350,80	T
1056	Anterior cranial fossa, craniofacial approach, extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	20	433,300	R6 051,10			3,000	R 263,00	
1057	External ethmoidectomy and/or sphenoidectomy	20	199,400	R2 784,90		30,00	4,000	R 350,80	T
1058	Sublabial transseptal sphenoidotomy	20	137,000	R1 913,40		30,00	4,000	R 350,80	T
1059	Frontal osteomyelitis	20	194,000	R2 709,60		30,00	4,000	R 350,80	T
1060	Obliteration of frontal sinus	20	291,100	R4 065,50		30,00	4,000	R 350,80	T
1061	Lateral rhinotomy	20	164,000	R2 290,30		30,00	4,000	R 350,80	T
1062	Excision nasolabial cyst	20	186,100	R2 598,80		30,00	4,000	R 350,80	T
1063	Removal of foreign bodies from nose: At rooms	20	10,000	R139,40					

NON-NETWORK SPECIALISTS

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Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1065	Removal of foreign body from nose: Under general anaesthetic	20	38,600	R538,90		30,00	4,000	R 350,80	T
1067	Proof puncture at rooms: Unilateral	20	10,000	R139,40		30,00	4,000	R 350,80	T
1069	Proof puncture, uni- or bilateral under general anaesthetic	20	35,000	R488,80		30,00	4,000	R 350,80	T
1071	Proetz treatment (consultation fee only to be charged for first treatment)	20	4,000	R56,10					
1077	Septum abscess: At rooms, including aftercare	20	8,000	R111,60					
1079	Septum abscess: Under general anaesthetic	20	35,000	R488,80		30,00	4,000	R 350,80	T
1081	Oro-antral fistula (without Caldwell-Luc)	20	111,800	R1 561,30		30,00	4,000	R 350,80	T
1083	Choanal atresia: Intranasal approach	20	113,000	R1 578,20		30,00	5,000	R 438,30	T
1084	Choanal atresia: Transpalatal approach	20	194,000	R2 709,60		30,00	7,000	R 613,50	T
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	20	350,000	R4 888,00		30,00	5,000	R 438,30	T
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	20	210,000	R2 932,90		30,00	5,000	R 438,30	T
1089	Forehead rhinoplasty (all stages): Total	20	552,000	R7 709,20		30,00	5,000	R 438,30	T
1091	Forehead rhinoplasty (all stages): Partial	20	414,000	R5 781,90		30,00	5,000	R 438,30	T
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	20	138,000	R1 927,40		30,00	5,000	R 438,30	T
1095	Full nasal reconstruction for secondary cleft lip deformity	20	357,900	R4 998,40		30,00	5,000	R 438,30	T
1097	Partial nasal reconstruction for cleft lip deformity	20	199,700	R2 788,90		30,00	5,000	R 438,30	T
1099	Columella reconstruction or lengthening	20	138,000	R1 927,40		30,00	5,000	R 438,30	T
4896	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, brow incision	20	220,100	R3 073,60			3,000	R 263,00	
4897	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, coronal incision	20	232,900	R3 252,30			3,000	R 263,00	
4898	Sinusotomy: Obliterative frontal, with osteoplastic flap, brow incision	20	181,600	R2 536,10			3,000	R 263,00	

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4899	Sinusotomy: Obliterative frontal, with osteoplastic flap, coronal incision	20	120,000	R1 675,90			3,000	R 263,00	
4900	Sinusotomy: Non-oblitterative frontal, with osteoplastic flap, brow incision	20	196,600	R2 745,00			3,000	R 263,00	
4901	Sinusotomy: Non-oblitterative frontal, with osteoplastic flap, coronal incision	20	195,400	R2 729,60			3,000	R 263,00	
MODIFIERS GOVERNING NASAL OPERATIONS									
0069	When endoscopic instruments are used during intranasal surgery: Add 10% of the fee of the procedure performed. Only applicable to items 1025, 1027, 1030, 1033, 1035, 1036, 1039, 1047, 1054 and 1083								
4.2	Throat								
1101	Tonsillectomy (dissection of the tonsils)	20	75,000	R1 047,50		30,00	4,000	R 350,80	T
1102	Laser tonsillectomy	20	75,000	R1 047,50		30,00	6,000	R 525,90	T
1105	Removal of adenoids	20	40,000	R558,50		30,00	4,000	R 350,80	T
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	20	168,300	R2 350,60		30,00	5,000	R 438,30	T
1107	Opening of quinsy: At rooms	20	12,000	R167,60		30,00	6,000	R 525,90	T
1108	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser): Follow-up operation performed by the same surgeon	20	85,000	R1 187,00		30,00	5,000	R 438,30	T
1109	Opening of quinsy: Under general anaesthetic	20	35,000	R488,80		30,00	6,000	R 525,90	T
1110	Ludwig's Angina: Drainage	20	42,000	R586,60		30,00	9,000	R 788,70	T
1111	Post tonsillectomy or adenoidectomy haemorrhage	20	46,000	R642,50		30,00	6,000	R 525,90	T
1112	Pharyngeal pouch operation	20	231,800	R3 237,30		30,00	5,000	R 438,30	T
1113	Retropharyngeal abscess: Internal approach	20	35,000	R488,80		30,00	6,000	R 525,90	T
1115	Retropharyngeal abscess: External approach	20	85,000	R1 187,00		30,00	6,000	R 525,90	T
1116	Functional reconstruction of palate and uvula	20	168,300	R2 350,60		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4.3	Larynx								
1117	Laryngeal intubation	20	10,000	R139,40					
1118	Laryngeal stroboscopy with video capture	20	39,000	R544,60		30,00	6,000	R 525,90	T
1119	Laryngectomy without block dissection of the neck	20	430,000	R6 005,20		30,00	7,000	R 613,50	T
1122	Laryngeal function studies	20	11,600	R162,00			3,000	R 263,00	
1123	Botulinus toxin injection for adductor disphonia (+ item 0198 + item 0201 + item 0202)	20	35,000	R488,80					
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding aftercare)	20	81,100	R1 132,40		30,00	6,000	R 525,90	T
1126	Post laryngectomy for voice restoration	20	139,500	R1 948,30		30,00	9,000	R 788,70	T
1127	Tracheotomy	20	90,000	R1 257,00		30,00	9,000	R 788,70	T
1128	Endolaryngeal operations	20	75,000	R1 047,50		30,00	8,000	R 701,20	T
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	20	294,400	R4 111,40		30,00	8,000	R 701,20	T
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	20	41,400	R578,30		30,00	6,000	R 525,90	T
1131	Direct laryngoscopy plus foreign body removal	20	64,600	R902,10		30,00	6,000	R 525,90	T
4916	Laryngoplasty: Laryngeal web, two stage, with keel insertion and removal	20	220,500	R3 079,30			3,000	R 263,00	
4917	Laryngoplasty: Laryngeal stenosis, with graft or core mold, including tracheotomy	20	342,100	R4 777,50			3,000	R 263,00	
4918	Laryngoplasty: Open reduction of fracture	20	293,800	R4 102,60			3,000	R 263,00	
4919	Laryngoplasty: Cricoid split	20	184,200	R2 573,00			3,000	R 263,00	
4922	Tracheostoma: Revision, without flap rotation, simple	20	102,400	R1 430,20			3,000	R 263,00	
4923	Tracheostoma: Revision, with flap rotation, complex	20	133,800	R1 869,20			3,000	R 263,00	
4926	Tracheostomy: Fenestration with skin flaps	20	144,300	R2 015,50			3,000	R 263,00	

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4927	Tracheostomy: Revision of scar	20	105,500	R1 473,50			3,000	R 263,00	
4928	Tracheostomy/fistula: Closure, without plastic repair	20	104,000	R1 452,50			3,000	R 263,00	
4929	Tracheostomy/fistula: Closure, with plastic repair	20	120,000	R1 675,90			3,000	R 263,00	
4932	Tracheobronchoscopy: Through established tracheostomy incision	20	37,700	R526,60			3,000	R 263,00	
4933	Tracheoplasty: Cervical	20	208,100	R2 906,00			3,000	R 263,00	
4934	Tracheoplasty: Tracheopharyngeal fistulisation, per stage	20	263,200	R3 675,80			3,000	R 263,00	
	MODIFIERS								
0067	Microsurgery of the larynx: Add 25% to the fee of the operation performed for other operations requiring the use of an operation microscope, the fee include the use of the microscope, except where otherwise specified elsewhere in the Tariff								
4.4	Bronchial procedures								
	Note: Please specify on account if a biopsy was performed together with the bronchoscopy								
1132	Bronchoscopy: Diagnostic bronchoscopy	20	65,000	R907,70		30,00	6,000	R 525,90	T
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	20	80,000	R1 117,30		30,00	8,000	R 701,20	T
1134	Bronchoscopy: Bronchoscopy with laser	20	75,000	R1 047,50		30,00	8,000	R 701,20	T
1136	Nebulisation (in rooms)	20	12,000	R167,60		20,00	12,000	R 167,60	ç
1137	Bronchial lavage					30,00	8,000	R 701,20	T
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	20	350,000	R4 888,00		30,00	12,000	R 1 052,00	T
4.5	Pleura								
1139	Pleural needle biopsy (no aftercare) (modifier 0005 not applicable)	20	50,000	R698,50		30,00	3,000	R 263,00	T
1141	Insertion of intercostal catheter (under water drainage)	20	50,000	R698,50		30,00	6,000	R 525,90	T
1142	Intra-pleural block	20	36,000	R502,70		20,00	36,000	R 502,70	ç

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1143	Paracentesis chest: Diagnostic	20	8,000	R111,60		30,00	3,000	R 263,00	T
1145	Paracentesis chest: Therapeutic	20	13,000	R181,30		30,00	3,000	R 263,00	T
1147	Pneumothorax: Induction (diagnostic)	20	25,000	R349,10					
1149	Pleurectomy	20	250,000	R3 491,50		30,00	11,000	R 964,20	T
1151	Decortication of lung	20	350,000	R4 888,00		30,00	11,000	R 964,20	T
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	20	55,000	R768,00		30,00	3,000	R 263,00	T
4.6	Pulmonary procedures								
4.6.1	Pulmonary procedures: Surgical								
1155	Needle biopsy lung: (no aftercare) (modifier 0005 not applicable)	20	32,000	R446,90		30,00	5,000	R 438,30	T
1157	Pneumonectomy	20	350,000	R4 888,00		30,00	11,000	R 964,20	T
1159	Pulmonary lobectomy	20	389,500	R5 439,60		30,00	11,000	R 964,20	T
1161	Segmental lobectomy	20	365,000	R5 097,50		30,00	11,000	R 964,20	T
1163	Excision tracheal stenosis: Cervical	20	375,000	R5 237,20		30,00	8,000	R 701,20	T
1164	Excision tracheal stenosis: Intra thoracic	20	350,000	R4 888,00		30,00	12,000	R 1 052,00	T
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	20	215,000	R3 002,70		30,00	12,000	R 1 052,00	T
1168	Thoracoplasty: Complete	20	250,000	R3 491,50		30,00	11,000	R 964,20	T
1169	Thoracoplasty: Limited (osteoplastic)	20	200,000	R2 793,10		30,00	11,000	R 964,20	T
1171	Drainage empyema (including six weeks after treatment)	20	170,000	R2 374,30		30,00	11,000	R 964,20	T
1173	Drainage of lung abscess (including six weeks after treatment)	20	170,000	R2 374,30		30,00	11,000	R 964,20	T
1175	Thoracotomy (limited): For lung or pleural biopsy	20	115,000	R1 606,10		30,00	11,000	R 964,20	T
1177	Major: Diagnostic, as for inoperable carcinoma	20	215,000	R3 002,70		30,00	11,000	R 964,20	T
1179	Thoracoscopy	20	89,000	R1 243,00		30,00	11,000	R 964,20	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1181	Lung transplant: Unilateral	20	600,000	R8 379,50		30,00	15,000	R 1 314,80	T
1182	Harvesting donor lung: Unilateral	20	120,000	R1 675,60		30,00	5,000	R 438,30	T
1183	Excision or plication of emphysematous cyst: Unilateral	20	250,000	R3 491,50		30,00	11,000	R 964,20	T
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	20	438,000	R6 116,90		30,00	11,000	R 964,20	T
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	20	100,000	R1 396,60		30,00	11,000	R 964,20	T
4.6.2	Pulmonary function tests								
	When these procedures are performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
1186	Flow volume test: Inspiration/expiration	20	30,000	R419,00		20,00	30,000	R 419,00	ç
1187	Exhaled nitric oxide determination	20	4,900	R68,50			-		
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	20	50,000	R698,50		20,00	50,000	R 698,50	ç
1189	Forced expirogram only	20	10,000	R139,40		20,00	10,000	R 139,40	ç
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry	20	45,310	R632,70					
1191	N2 single breath distribution	20	10,000	R139,40		20,00	10,000	R 139,40	ç
1192	Peak expiratory flow only	20	5,000	R69,90		20,00	5,000	R 69,90	ç
1193	Functional residual capacity or residual volume: Helium method, nitrogen open circuit method, or other method	20	37,760	R527,40					
1195	Thoracic gas volume	20	37,930	R529,70					
1196	Determination of resistance to airflow, oscillary or plethysmographic methods	20	45,310	R632,70					
1197	Compliance and resistance, using oesophageal balloon	20	24,000	R335,50		20,00	24,000	R 335,50	ç

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1198	Prolonged post exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine, other chemical agent or after exercise, with subsequent spirometry	20	55,890	R780,50					
1199	Pulmonary stress testing: For determination of VO2 max	20	96,500	R1 347,50					
1200	Carbon monoxide diffusing capacity, any method	20	38,060	R531,60					
1201	Maximum inspiratory/expiratory pressure	20	5,000	R69,90		20,00	5,000	R 69,90	ç
4.7	Intensive care								
	RULES GOVERNING THIS SECTION								
Q.	Intensive care/High Care: Units in respect of items 1204 to 1210 (Categories 1 to 3) EXCLUDE the following: (a) Anaesthetic and/or surgical fees for any condition or procedure, as well as a first consultation/visit, which is, regarded as the assessment of the patient, while the daily intensive care/high care fee covers the daily care in the intensive/high care unit. (b) Cost of any drugs and/or materials. (c) Any other cost which may be incurred before, during or after the consultation/visit and/or the therapy. (d) Blood gases and chemistry tests, including the arterial puncture to obtain the specimen. (e) Procedural items 1202 and 1212 to 1221. but INCLUDE the following: (f) Performing and interpretation of a resting ECG. (g) Interpretation of chemistry tests and x-rays. (h) Intravenous treatment (items 0206 and 0207), except intravenous infusion in patients under the age of three years (item 0205) that does not form a part of the daily ICU/High Care fee and may be charged for separately on a daily basis (fee includes the introduction of the cannula as well as the daily management)								
R.	Multiple organ failure: Units for items 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) include resuscitation (i.e. item 1211: Cardio-respiratory resuscitation)								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
S.	Ventilation: Units for items 1212, 1213 and 1214 (ventilation) 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 for 24 hours.								
T.	Ventilation (items 1212 to 1214) does not form a part of normal post-operative care, but may not be added to item 1204: Category 1: Cases requiring intensive monitoring								
4.7.1	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Neonatal procedures								
1202	Insertion of central venous catheter via peripheral vein in neonates	20	40,000	R558,50		20,00	40,000	R 558,50	ç
4.7.2	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Tariff items for intensive care								
1204	Intensive care: Category 1 (High Care) : Cases requiring intensive monitoring (to include cases where physiological instability is anticipated e.g. diabetic pre-coma, asthma, gastro-intestinal haemorrhage, etc.): Per day	20	30,000	R419,00		20,00	30,000	R 419,00	ç
	(i) Only one practitioner may charge category 1: Intensive monitoring of patient in high care unit. (ii) Item 1204 may not be charged by the surgeon who performed a surgical procedure. Intensive monitoring is regarded as normal postoperative care, which is included in the global fee attached to that surgical procedure. (iii) Practitioners involved in treating a patient in a high care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1205	Intensive care: Category 2 (ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): First day	20	100,000	R1 396,60		20,00	100,000	R 1 396,60	ç
1206	Intensive care: Category 2 (ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): Subsequent days, per day	20	50,000	R698,50		20,00	50,000	R 698,50	ç
1207	Intensive care: Category 2 (ICU): Cases requiring active system support (where active specialised intervention is required in cases such as acute myocardial infarction, diabetic coma, head injury, severe asthma, acute pancreatitis, eclampsia, flail chest, etc. Ventilation may or may not be part of the active system support): After two weeks, per day	20	30,000	R419,00		20,00	30,000	R 419,00	ç
	Please Note: (i) The principal practitioner may charge items 1205 - 1207, other participating practitioners must charge the consultation item, e.g. item 0109 (ii) Only one practitioner may charge category 2: Intensive monitoring of patient in intensive care unit. (ii) Should a patient during the post-operative care period require active system support, the person who is responsible for the active systems support, may use items 1205-1207 (as appropriate). (iii) It would be acceptable for the surgeon who performed a surgical procedure of which the aftercare is included, to charge fees according to the appropriate hospital follow-up visit (item 0109) (iv) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								
1208	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (primary practitioner)	20	137,000	R1 913,40		20,00	137,000	R 1 913,40	ç

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1209	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: First day (per involved practitioner)	20	58,000	R810,00		20,00	58,000	R 810,00	ç
1210	Intensive care: Category 3 (ICU): Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention: Subsequent days (per involved practitioner)	20	50,000	R698,50		20,00	50,000	R 698,50	ç
	Please note: (i) Items 1208-1210 are used if more than one practitioner is involved in active system support on a category 2 patient in the intensive care unit. (ii) Items 1208-1210 are used for category 3 patients with multiple organ failure. (iv) Practitioners involved in treating a patient in the intensive care unit must come to an agreement on which practitioner should be regarded as the primary practitioner and to which category the patient is classified. This will ensure that each of the practitioners is remunerated correctly for the actual services they rendered.								
4.7.3	Intensive care: (in intensive care or high care unit): Respiratory, cardiac, general: Procedures								
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
1211	Cardio-respiratory resuscitation: Prolonged attendance in cases of emergency (not necessarily in ICU) - 50,00 clinical procedure units per half hour or part thereof for the first hour per practitioner, thereafter 25,00 clinical procedure units per half hour up to a maximum of 150,00 clinical procedure units per practitioner. Resuscitation fee includes all necessary additional procedures e.g. infusion, intubation, etc.								
1212	Ventilation: First day	20	75,000	R1 047,50		20,00	75,000	R 1 047,50	ç
1213	Ventilation: Subsequent days, per day	20	50,000	R698,50		20,00	50,000	R 698,50	ç
1214	Ventilation: After two weeks, per day	20	25,000	R349,10		20,00	25,000	R 349,10	ç
1215	Insertion of arterial pressure cannula	20	25,000	R349,10		20,00	25,000	R 349,10	ç

NON-NETWORK SPECIALISTS

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Other specialists with no networks

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Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	20	50,000	R698,50		20,00	50,000	R 698,50	ç
1217	Insertion of central venous line via peripheral vein	20	10,000	R139,40		20,00	10,000	R 139,40	ç
1218	Insertion of central venous line via subclavian or jugular veins	20	25,000	R349,10		20,00	25,000	R 349,10	ç
1219	Hyperalimentation (daily tariff)	20	15,000	R209,50		20,00	15,000	R 209,50	ç
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient)	20	30,000	R419,00		20,00	30,000	R 419,00	ç
1221	Professional fee for managing a patient-controlled analgesic pump: First 24 hours (for subsequent days charged the appropriate hospital follow-up consultation/visit code)	20	30,000	R419,00		20,00	30,000	R 419,00	ç
4.8	Hyperbaric Oxygen Therapy								
	Internationally recognized scientific indications for Hyperbaric Oxygen Therapy: a. Arterial gas embolism (traumatic or iatrogenic). b. Decompression sickness ("the bends") c. Carbon monoxide poisoning d. Gas gangrene e. Crush injuries, compartment syndromes or acute traumatic ischaemias. f. Problem wounds (selected diabetic wounds, complicated pressure sores, arterial and refractory venous stasis ulcers and non-union) g. Necrotising soft tissue infections (e.g. necrotising fasciitis) h. Refractory osteomyelitis. i. Bone and soft tissue radiation necrosis. j. Compromised skin grafts and flaps. k. Acute thermal burns. l. Acute bloodloss anaemia (transfusion is contraindicated - e.g. Jehovah's Witnesses or haemolytic anaemia). m. Cerebral abscesses								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4804	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Low pressure table (1,5-1,8 ATA x 45-60 min): PROFESSIONAL COMPONENT	20	30,000	R419,00					
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	20	101,130	R1 412,40	Z				
4805	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Routine HBO table (2-2,5 ATA x 90-120 min): PROFESSIONAL COMPONENT	20	60,000	R838,00					
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	20	131,260	R1 833,00	Z				
4806	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): Emergency HBO table (2,5-3 ATA x 90-120 min): PROFESSIONAL COMPONENT	20	80,000	R1 117,30					
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	20	131,260	R1 833,00	Z				
4809	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT5 (2,8 ATA x 135 min): PROFESSIONAL COMPONENT	20	90,000	R1 257,00					
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	20	214,180	R2 991,00	Z				
4810	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6 (2,8 ATA x 285 min): PROFESSIONAL COMPONENT	20	190,000	R2 653,70					
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	20	386,420	R5 396,70	Z				
4811	Monitoring of a patient at the hyperbaric chamber during hyperbaric treatment (includes pre-hyperbaric assessment, monitoring during treatment, and post treatment evaluation): USN TT6ext/6A or Cx 30 (2,8-6 ATA x 305-490 min): PROFESSIONAL COMPONENT	20	327,000	R4 566,90					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20	680,850	R9 508,60	Z				
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20	678,280	R9 472,60	Z				
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	20	671,850	R9 382,90	Z				
4815	Prolonged attendance inside a hyperbaric chamber: 40,00 clinical procedure units per half hour or part thereof for the first hour, thereafter 20,00 clinical procedure units per half hour: Minimum 40,00 clinical procedure units; maximum 320,00 clinical procedure units								
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
5	MEDIASTINAL PROCEDURES								
1222	Mediastinal tumours	20	285,000	R3 980,30		30,00	11,000	R 964,20	T
1223	Mediastinoscopy	20	95,000	R1 326,70		30,00	5,000	R 438,30	T
1224	Mediastinotomy	20	115,000	R1 606,10		30,00	11,000	R 964,20	T
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	20	350,000	R4 888,00		30,00	11,000	R 964,20	T
1226	Removal of single rib with a lesion	20	282,000	R3 938,50		30,00	11,000	R 964,20	T
6	CARDIOVASCULAR SYSTEM								
MODIFIER GOVERNING FEES FOR AN ANAESTHESIOLOGIST OPERATING INTRA-AORTIC BALLOON PUMP									
6.1	Cardiovascular system: General								
1227	Prolonged neonatal resuscitation	20	20,000	R279,40		20,00	20,000	R 279,40	ç
	Where ECG is done by a General Practitioner but interpreted by a physician, the General Practitioner is entitled to a consultation fee, plus half of fee determined for ECG								
1228	General Practitioner's fee for the taking of an ECG only: Without effort: ½ (item 1232)								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: ½ (item 1233)								
	Note: Items 1228 and 1229 deal only with the fees for taking of the ECG, the consultation fee must still be added								
1230	Physician's fee for interpreting an ECG: Without effort	20	6,000	R83,90					
1231	Physician's fee for interpreting an ECG: With and without effort	20	10,000	R139,40					
	A specialist physician is entitled to the fees specified in item 1230 and 1231 for interpretation of an ECG tracing referred for interpretation. This applies also to a paediatrician when an ECG of a child is referred to him for interpretation								
1232	Electrocardiogram: Without effort	20	9,000	R125,70					
1233	Electrocardiogram: With and without effort	20	13,000	R181,30					
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	20	40,000	R558,50					
1235	Multi-stage treadmill test	20	60,000	R838,00					
1236	Electrocardiogram without effort: Under 4 years old	20	18,000	R251,40					
1237	24 Hour ambulatory blood pressure: Hire fee	20	30,000	R419,00					
1238	24 Hour ambulatory ECG monitoring (holter): Hire fee	20	55,000	R768,00					
1239	24 Hour ambulatory ECG monitoring (holter): Interpretation	20	27,000	R377,20					
1240	Signal averaged electrocardiogram	20	80,000	R1 117,30					
1241	X-ray Screening: Chest	20	4,000	R56,10					
1242	X-ray screening: Prosthetic valves	20	10,000	R139,40					
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	20	55,000	R768,00					
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	20	25,000	R349,10					
1245	Angiography cerebral: First two series	20	34,300	R479,10		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1246	Angiography peripheral: Per limb	20	25,000	R349,10		30,00	4,000	R 350,80	T
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	20	65,000	R907,70		30,00	6,000	R 525,90	T
1248	Paracentesis of pericardium	20	50,000	R698,50		30,00	9,000	R 788,70	T
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	20	51,000	R712,20					
MODIFIER GOVERNING PAEDIATRIC CARDIAC CATHETERISATION BY PAEDIATRIC CARDIOLOGISTS WITH A "33" PRACTICE NUMBER									
0073	When item 1288 (Cardiac catheterisation for congenital heart disease: All ages above 1 year old) or item 1289 (Paediatric cardiac catheterisation: Infants below the age of one year) is performed by paediatric cardiologists ('33'): fee for procedure + 100%								
6.2	Invasive Cardiology								
6.2.1	Invasive cardiology: Cardiac catheterisation								
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)	20	140,000	R1 955,10		30,00	9,000	R 788,70	T
1250	Endomyocardial biopsy	20	70,000	R977,70		30,00	9,000	R 788,70	T
1251	Transeptal puncture	20	70,000	R977,70		30,00	9,000	R 788,70	T
1252	Left heart catheterisation with coronary angiography (with or without biopsy)	20	140,000	R1 955,10		30,00	9,000	R 788,70	T
1253	Right heart catheterisation (with or without biopsy)	20	70,000	R977,70		30,00	9,000	R 788,70	T
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	20	40,000	R558,50		30,00	9,000	R 788,70	T
1255	Tilt test	20	31,300	R437,20					
6.2.2	Invasive cardiology: Electrophysiological study								
1256	Ventricular stimulation study	20	160,000	R2 234,60		30,00	9,000	R 788,70	T
1257	Full electrophysiological study	20	300,000	R4 189,80		30,00	9,000	R 788,70	T
6.2.3	Invasive cardiology: Pacemakers								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1258	Pacemaker: Permanent - single chamber	20	155,000	R2 164,90		30,00	9,000	R 788,70	T
1259	Pacemaker: Permanent - dual chamber	20	230,000	R3 212,20		30,00	9,000	R 788,70	T
1260	AV nodal ablation	20	300,000	R4 189,80		30,00	9,000	R 788,70	T
1261	Accessory pathway ablation	20	600,000	R8 379,50		30,00	9,000	R 788,70	T
1262	Electrophysiological mapping	20	500,000	R6 982,90					
1263	Insertion transvenous implantable defibrillator	20	212,000	R2 960,80		30,00	15,000	R 1 314,80	T
1264	Test for implantable transvenous defibrillator	20	120,000	R1 675,60		30,00	15,000	R 1 314,80	T
1265	Renewal of pacemaker unit only, team fee	20	125,000	R1 745,80		30,00	9,000	R 788,70	T
1266	Resiting pacemaker generator	20	80,000	R1 117,30					
1267	Repositioning of catheter electrode	20	50,000	R698,50		30,00	9,000	R 788,70	T
1268	Threshold testing: Own equipment	20	15,000	R209,50					
1269	Threshold testing: Hospital equipment	20	11,000	R153,60					
1270	Programming of atrio-ventricular sequential pacemaker	20	50,000	R698,50					
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	20	120,000	R1 675,60		30,00	9,000	R 788,70	T
1274	Percutaneous transluminal thrombectomy for clot extraction in native coronary arteries and venous and arterial bypass grafts	20	260,000	R3 631,30					
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	20	200,000	R2 793,10		30,00	9,000	R 788,70	T
6.2.4	Invasive cardiology: Percutaneous transluminal angioplasty								
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	20	260,000	R3 631,30		30,00	13,000	R 1 139,40	T
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	20	140,000	R1 955,10		30,00	13,000	R 1 139,40	T
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	20	60,000	R838,00		30,00	13,000	R 1 139,40	T
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	20	40,000	R558,50		30,00	13,000	R 1 139,40	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	20	60,000	R838,00		30,00	13,000	R 1 139,40	T
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	20	40,000	R558,50		30,00	13,000	R 1 139,40	T
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	20	260,000	R3 631,30		30,00	15,000	R 1 314,80	T
1283	Use of balloon procedure as in item 1282: Second cardiologist	20	140,000	R1 955,10		30,00	15,000	R 1 314,80	T
1284	Atherectomy: Single lesion: First cardiologist	20	300,000	R4 189,80					
1285	Atherectomy: Single lesion: Second cardiologist	20	180,000	R2 513,70					
1286	Insertion of intravascular stent: First cardiologist	20	100,000	R1 396,60					
1287	Insertion of intravascular stent: Second cardiologist	20	50,000	R698,50					
	The insertion of a stent(s) (item 1286 & 1267) may only be charged once per vessel regardless of the number of stents inserted in this vessel.								
1290	Use of balloon procedures including: First paediatric cardiologist (33): Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty; Closure atrial septal defect; Closure of patient ductus arteriosus	20	300,000	R4 189,80		30,00	15,000	R 1 314,80	T
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)	20	160,000	R2 234,60		30,00	15,000	R 1 314,80	T
1292	Multi-slice computed tomography coronary angiography: Own equipment	20	655,260	R9 151,40					
5961	Balloon angioplasty pulmonary mitral valve or tricuspid valve		437,700	R6 110,90			10,000	R 876,40	
5962	Balloon angioplasty aortic valve (congenital aortic stenosis)		424,100	R5 920,80			10,000	R 876,40	
5963	Balloon angioplasty, pulmonary artery branches: First vessel		202,000	R2 820,10			10,000	R 876,40	
5964	Balloon angioplasty, pulmonary artery branches: Subsequent vessels (per vessel)		101,600	R1 418,60			10,000	R 876,40	
5965	Balloon angioplasty aorta for congenital lesion/coarctation		629,700	R8 791,30			10,000	R 876,40	

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5966	Balloon/cutting balloon angioplasty, collateral vessel (incl MAPCA) or venous system (IVC, SVC, systemic vein): First vessel		451,400	R6 302,00			5,000	R 438,30	
5967	Balloon angioplasty, collateral vessel (incl. MAPCA): Subsequent vessels (per vessel)		112,850	R1 575,60			5,000	R 438,30	
5968	Balloon angioplasty venous system (IVC, SVC, systemic vein)		451,400	R6 302,00			5,000	R 438,30	
5969	Cutting balloon angioplasty, cardiovascular structure: First vessel		451,400	R6 302,00			5,000	R 438,30	
5970	Cutting balloon angioplasty, cardiovascular structure: Subsequent vessels (per vessel)		112,850	R1 575,60			5,000	R 438,30	
6.2.5	Invasive cardiology: Paediatric cardiac catheterisation								
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	20	210,000	R2 932,90		30,00	12,000	R 1 052,00	T
1289	Paediatric cardiac catheterisation: Infants below the age of one year	20	263,000	R3 673,00		30,00	12,000	R 1 052,00	T
6.3	Cardiac surgery								
1294	Patent ductus arteriosus	20	320,000	R4 469,10		30,00	13,000	R 1 139,40	T
1295	Pericardiectomy for constrictive pericarditis	20	400,000	R5 586,30		30,00	15,000	R 1 314,80	T
1296	Fractional flow reserve (FFR): First vessel (add-on code)		28,000	R390,80					
1297	Coarctation of aorta	20	425,000	R5 935,40		30,00	15,000	R 1 314,80	T
1298	Fractional flow reserve (FFR): Each additional vessel (add-on code)		22,400	R312,80					
1299	Systemo-pulmonary anastomosis	20	425,000	R5 935,40		30,00	15,000	R 1 314,80	T
1300	Renal denervation (RDN), per artery (modifier 0005 applicable)		223,000	R3 113,30					
1301	Mitral valvotomy: Closed heart technique	20	350,000	R4 888,00		30,00	15,000	R 1 314,80	T
1302	Heart transplant	20	875,000	R12 220,10		30,00	15,000	R 1 314,80	T
1303	Harvesting donor heart	20	75,000	R1 047,50		30,00	5,000	R 438,30	T
1305	Operative implantation of cardiac pacemaker by thoracotomy	20	220,000	R3 072,50		30,00	15,000	R 1 314,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1307	Re-exploration after cardiac surgery	20	215,000	R3 002,70		30,00	15,000	R 1 314,80	T
1308	Heart and lung transplant	20	1000,000	R13 965,80		30,00	15,000	R 1 314,80	T
1309	Harvesting donor heart and lungs	20	120,000	R1 675,60		30,00	5,000	R 438,30	T
1311	Pericardial drainage	20	140,000	R1 955,10		30,00	13,000	R 1 139,40	T
6.3.1	Cardiac surgery: Open heart surgery								
1312	Evaluation of coronary angiogram by cardiothoracic surgeon	20	25,000	R349,10					
1320	Repeat open heart surgery (additional fee above procedure fee)	20	250,000	R3 491,50		30,00	15,000	R 1 314,80	T
1321	Stand-by fee for coronary angioplasty	20	30,000	R419,00		20,00	30,000	R 419,00	ç
1322	Attendance at other operations or monitoring at bedside, by physician e.g. heart block etc.: Per hour	20	20,000	R279,40					
6.3.1.1	Cardiac surgery: Open heart surgery: Congenital conditions								
1323	Atrial septal defect: Osteum secundum	20	500,000	R6 982,90		30,00	15,000	R 1 314,80	T
1325	Atrial septal defect: Sinus venosus or osteum primum	20	563,000	R7 862,70		30,00	15,000	R 1 314,80	T
1327	Atrial septal defect: Ventricular septal defect	20	603,800	R8 432,60		30,00	15,000	R 1 314,80	T
1329	Atrial septal defect: Fallot's tetralogy	20	563,000	R7 862,70		30,00	15,000	R 1 314,80	T
1330	Atrial septal defect: Pulmonary stenosis	20	500,000	R6 982,90		30,00	15,000	R 1 314,80	T
1331	Transposition of large vessels (venous repair)	20	563,000	R7 862,70		30,00	15,000	R 1 314,80	T
1332	Transposition of great arteries (arterial repair)	20	750,000	R10 474,30		30,00	15,000	R 1 314,80	T
1333	Ebstein's Anomaly	20	563,000	R7 862,70		30,00	15,000	R 1 314,80	T
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	20	548,800	R7 664,40		30,00	20,000	R 1 753,00	T
1335	Total anomalous venous drainage	20	563,000	R7 862,70		30,00	15,000	R 1 314,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	20	658,900	R9 202,10		30,00	20,000	R 1 753,00	T
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	20	500,000	R6 982,90		30,00	15,000	R 1 314,80	T
1338	Fontan type repair	20	750,000	R10 474,30		30,00	15,000	R 1 314,80	T
6.3.1.2	Cardiac surgery: Open heart surgery: Acquired conditions								
1339	Mitral valve replacement	20	657,000	R9 175,50		30,00	15,000	R 1 314,80	T
1340	Mitral valvuloplasty	20	688,000	R9 608,50		30,00	15,000	R 1 314,80	T
1341	Aortic valve replacement	20	623,800	R8 711,90		30,00	15,000	R 1 314,80	T
1342	Tricuspid annulo plasty	20	188,000	R2 625,70		30,00	15,000	R 1 314,80	T
1343	Double valve replacement	20	968,900	R13 531,30		30,00	15,000	R 1 314,80	T
1344	Acute dissecting aneurysm repair	20	750,000	R10 474,30		30,00	15,000	R 1 314,80	T
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	20	1000,000	R13 965,80		30,00	15,000	R 1 314,80	T
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	20	100,000	R1 396,60					
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	20	175,000	R2 444,20					
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	20	750,000	R10 474,30		30,00	15,000	R 1 314,80	T
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	20	781,000	R10 907,30		30,00	15,000	R 1 314,80	T
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	20	813,000	R11 354,20		30,00	15,000	R 1 314,80	T
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	20	875,000	R12 220,10		30,00	15,000	R 1 314,80	T
1352	Cardiac aneurysm	20	563,000	R7 862,70		30,00	15,000	R 1 314,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1353	Ascending/descending thoracic aortic aneurysm repair	20	625,000	R8 728,60		30,00	15,000	R 1 314,80	T
1354	Arrhythmia surgery	20	688,000	R9 608,50		30,00	15,000	R 1 314,80	T
1355	Cardiac tumour	20	625,000	R8 728,60		30,00	15,000	R 1 314,80	T
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	20	188,000	R2 625,70		30,00	15,000	R 1 314,80	T
1358	Harvesting of radial artery	20	175,000	R2 444,20					
6.4	Peripheral vascular system								
MODIFIER GOVERNING THIS SECTION									
0072	Non invasive peripheral vascular tests: The number of tests in a single case is restricted to two (2) per diagnosis. Tests are not justified in cases of uncomplicated varicose veins								
6.4.1	Peripheral vascular system: Investigations								
1357	Skin temperature test: Response to reflex heating	20	15,000	R209,50					
1359	Skin temperature test: Response to reflex cooling	20	15,000	R209,50					
1360	Closure: Left atrial appendage (LAA)		828,000	R11 559,70			15,000	R 1 314,80	
1361	Cold sensitivity test	20	17,000	R237,50					
1362	Trans-aortic valve implantation (TAVI)/Transcatheter aortic valve replacement (TAVR)		397,500	R5 549,50			15,000	R 1 314,80	
1363	Oscillometry test	20	5,000	R69,90					
1365	Sweating test	20	17,000	R237,50					
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	20	26,300	R367,30					
1367	Doppler blood tests	20	6,000	R83,90					
5369	Doppler arterial pressures	20	6,000	R83,90					
5371	Doppler arterial pressures with exercise	20	10,000	R139,40					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

Other specialists with no networks

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5373	Doppler segmental pressures and wave forms	20	12,000	R167,60					
5375	Venous Doppler examination (both limbs)	20	9,000	R125,70					
5377	Venous plethysmography	20	16,000	R223,40					
5379	Supra-orbital Doppler test	20	5,000	R69,90					
5381	Carotid non-invasive complex tests	20	39,000	R544,60					
6.4.2	Peripheral vascular system: Arterio-venous abnormalities								
1369	Fistula or aneurysm (as for grafting of various arteries)								
6.4.3	Arteries								
6.4.3.1	Peripheral vascular system: Arteries: Aorta-iliac and major branches								
1372	Abdominal aorta and iliac artery: Unruptured	20	540,000	R7 541,50		30,00	15,000	R 1 314,80	T
1373	Abdominal aorta and iliac artery: Ruptured	20	600,000	R8 379,50		30,00	15,000	R 1 314,80	T
1375	Grafting and/or thrombo-endarterectomy for thrombosis	20	444,000	R6 200,90		30,00	15,000	R 1 314,80	T
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	20	594,000	R8 295,60		30,00	15,000	R 1 314,80	T
6.4.3.2	Peripheral vascular system: Arteries: Iliac artery								
1379	Prosthetic grafting and/or thrombo-endarterectomy	20	300,000	R4 189,80		30,00	13,000	R 1 139,40	T
6.4.3.3	Peripheral vascular system: Arteries: Peripheral								
1385	Prosthetic grafting	20	255,000	R3 561,30		30,00	5,000	R 438,30	T
1387	Grafting vein: Vein grafting proximal to knee joint	20	300,000	R4 189,80		30,00	5,000	R 438,30	T
1388	Grafting vein: Distal to knee joint	20	444,000	R6 200,90		30,00	5,000	R 438,30	T
1389	Grafting vein: Endarterectomy when not part of another specified procedure	20	264,000	R3 687,10		30,00	5,000	R 438,30	T
1390	Grafting vein: Carotid endarterectomy	20	321,000	R4 483,20		30,00	15,000	R 1 314,80	T
1393	Embolectomy: Peripheral embolectomy transfemoral	20	168,000	R2 346,40		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	20	125,000	R1 745,80		30,00	5,000	R 438,30	T
1396	Suture major blood vessel (artery or vein) - trauma (major blood vessels are defined as aorta, innominate artery, carotid artery and vertebral artery, subclavian artery, axillary artery, iliac artery, common femoral and popliteal arteries are included because of popliteal artery. The vertebral and popliteal arteries are included because of the relevant inaccessibility of the arteries and difficult surgical exposure	20	264,000	R3 687,10		30,00	15,000	R 1 314,80	T
1397	Profundoplasty	20	210,000	R2 932,90		30,00	5,000	R 438,30	T
1399	Distal tibial (ankle region)	20	456,000	R6 368,40		30,00	5,000	R 438,30	T
1401	Femoro-femoral	20	254,000	R3 547,20		30,00	5,000	R 438,30	T
1402	Carotid-subclavian	20	288,000	R4 022,10		30,00	8,000	R 701,20	T
1403	Axillo-femoral: (Bifemoral + 50%)	20	288,000	R4 022,10		30,00	8,000	R 701,20	T
6.4.4	Peripheral vascular system: Veins								
1407	Ligation of saphenous vein	20	50,000	R698,50		30,00	3,000	R 263,00	T
1408	Placement of Hickman catheter or similar	20	91,000	R1 270,70		30,00	4,000	R 350,80	T
1410	Ligation of inferior vena cava: Abdominal	20	180,000	R2 513,70		30,00	8,000	R 701,20	T
1412	Umbrella operation on inferior vena cava: Abdominal	20	100,000	R1 396,60		30,00	8,000	R 701,20	T
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	20	141,000	R1 969,10		30,00	3,000	R 263,00	T
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	20	247,000	R3 449,50		30,00	3,000	R 263,00	T
1417	Extensive sub-fascial ligation of perforating veins	20	125,000	R1 745,80		30,00	3,000	R 263,00	T
1419	Lesser varicose vein procedures	20	31,000	R433,00		30,00	3,000	R 263,00	T
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	20	9,000	R125,70					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	20	240,000	R3 351,80		30,00	11,000	R 964,20	T
1427	Thrombectomy: Illio-femoral	20	175,000	R2 444,20		30,00	6,000	R 525,90	T
6.4.5	Peripheral vascular system: Portal hypertension								
1429	Porto-caval shunt	20	500,000	R6 982,90		30,00	11,000	R 964,20	T
6.5	Cardiac rehabilitation								
1431	Cardiac rehabilitation: Phase II: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 5 patients per group	20	12,000	R167,60					
1432	Cardiac rehabilitation: Phase III: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 10 patients per group	20	6,000	R83,90					
	Please note: a. A practitioner is only allowed to instruct one group at a time. b. Benefits are limited to 3 times per week for a period of 60 minutes with a maximum of 3 months.								
7	LYMPHO RETICULAR SYSTEM								
7.1	Spleen								
1435	Splenectomy (in all cases)	20	221,300	R3 090,60		30,00	9,000	R 788,70	T
1436	Splenorrhaphy	20	231,800	R3 237,30		30,00	9,000	R 788,70	T
1437	Bone marrow or blood-derived peripheral stem cell transplantation: allogeneic donor lymphocyte infusions - PROFESSIONAL COMPONENT		28,100	R392,30					
1438	Bone marrow or blood-derived peripheral stem cell transplantation: allogeneic - PROFESSIONAL COMPONENT		36,900	R515,30					
7.2	Lymph nodes and lymphatic channels								
1439	Excision of lymph node for biopsy: Neck or axilla	20	65,000	R907,70		30,00	4,000	R 350,80	T
1440	Bone marrow or blood-derived peripheral stem cell transplantation: autologous - PROFESSIONAL COMPONENT		36,800	R513,70					

NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1441	Excision of lymph node for biopsy: Groin	20	65,000	R907,70		30,00	3,000	R 263,00	T
1442	Lymphadenectomy: Modified radical neck dissection, cervical	20	293,100	R4 093,80			3,000	R 263,00	
1443	Simple excision of lymph nodes for tuberculosis	20	91,000	R1 270,70		30,00	3,000	R 263,00	T
1444	Blood-derived haematopoietic progenitor cell harvesting for transplantation, per collection: allogeneic - PROFESSIONAL COMPONENT		23,500	R328,00					
1445	Radical excision of lymph nodes of neck: Total: Unilateral	20	315,000	R4 399,10		30,00	5,000	R 438,30	T
1446	Blood-derived haematopoietic progenitor cell harvesting for transplantation, per collection: autologous - PROFESSIONAL COMPONENT		23,800	R332,10					
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	20	235,000	R3 281,60		30,00	5,000	R 438,30	T
1448	Bone marrow harvesting for transplant - PROFESSIONAL COMPONENT		101,000	R1 410,00					
1449	Radical excision of lymph nodes of axilla	20	160,000	R2 234,60		30,00	4,000	R 350,80	T
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	20	58,000	R810,00		30,00	5,000	R 438,30	T
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	20	175,000	R2 444,20		30,00	4,000	R 350,80	T
1453	Radical excision of lymph nodes of groin: Inguinal	20	150,000	R2 094,90		30,00	4,000	R 350,80	T
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	20	39,000	R544,60		30,00	5,000	R 438,30	T
1455	Retroperitoneal lymph adenectomy including pelvic, aortic and renal nodes	20	275,000	R3 840,70		30,00	6,000	R 525,90	T
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis	20	42,000	R586,60		30,00	5,000	R 438,30	T
1457	Bone marrow biopsy: By trephine	20	13,000	R181,30		30,00	3,000	R 263,00	T
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	20	8,000	R111,60					
1459	Staging laparotomy for lymphoma (including splenectomy)	20	245,000	R3 421,80		30,00	7,000	R 613,50	T
1460	Sentinel lymph node(s): Intra-operative identification; INCLUDES injection of non-radioactive dye, when performed		40,400	R564,10					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
8	DIGESTIVE SYSTEM								
MODIFIERS GOVERNING THIS SECTION									
0074	Endoscopic procedures performed with own equipment: The basic procedure fee plus 33.33% (1/3) of that fee ("+" codes excluded) will apply where endoscopic procedures are performed with own equipment.								
0075	Endoscopic procedures performed in own procedure room: The fee plus 21,00 clinical procedure units will apply where endoscopic procedures are performed in rooms with own equipment. This fee is chargeable by medical practitioners who own or rent the facility. Please note: Modifier 0075 is not applicable to any of the items for diagnostic procedures in the otorhinolaryngology sections of the tariff.	20	21,000	R293,30					
8.1	Oral cavity								
1461	All dental procedures					30,00	4,000	R 350,80	T
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	20	35,000	R488,80		30,00	4,000	R 350,80	T
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	20	15,000	R209,50		30,00	4,000	R 350,80	T
1467	Drainage of intra-oral abscess	20	31,000	R433,00		30,00	4,000	R 350,80	T
1469	Local excision of mucosal lesion of oral cavity	20	23,000	R321,40		30,00	4,000	R 350,80	T
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	20	549,000	R7 667,30		30,00	7,000	R 613,50	T
1473	Complicated reconstruction following major ablative procedure for head and neck cancer	20	-			30,00	7,000	R 613,50	T
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	20	215,000	R3 002,70		30,00	6,000	R 525,90	T
1477	Cleft palate: Secondary repair	20	174,200	R2 433,10		30,00	6,000	R 525,90	T
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	20	240,000	R3 351,80		30,00	6,000	R 525,90	T
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	20	227,000	R3 170,30		30,00	6,000	R 525,90	T
1480	Repair of oronasal fistula (large) e.g. distant flap	20	227,000	R3 170,30		30,00	6,000	R 525,90	T

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	20	138,000	R1 927,40		30,00	5,000	R 438,30	T
1482	Repair of oronasal fistula (large): Second stage	20	138,000	R1 927,40		30,00	5,000	R 438,30	T
1483	Alveolar periosteal or other flaps for arch closure	20	138,000	R1 927,40		30,00	4,000	R 350,80	T
1486	Closure of anterior nasal floor	20	138,000	R1 927,40		30,00	5,000	R 438,30	T
8.2	Lips								
1484	Cleft lip repair: Lip adhesion (cleft lip)	20	95,000	R1 326,70		30,00	5,000	R 438,30	T
1485	Local excision of benign lesion of lip	20	27,000	R377,20		30,00	4,000	R 350,80	T
1487	Resection for lip malignancy	20	91,000	R1 270,70		30,00	4,000	R 350,80	T
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	20	227,000	R3 170,30		30,00	5,000	R 438,30	T
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	20	251,600	R3 513,90		30,00	5,000	R 438,30	T
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	20	329,900	R4 607,10		30,00	5,000	R 438,30	T
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	20	227,000	R3 170,30		30,00	5,000	R 438,30	T
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	20	251,600	R3 513,90		30,00	5,000	R 438,30	T
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	20	91,000	R1 270,70		30,00	5,000	R 438,30	T
1495	Abbé or Estlander type flap (all stages included)	20	273,100	R3 814,00		30,00	5,000	R 438,30	T
1497	Vermilionectomy	20	94,900	R1 325,30		30,00	4,000	R 350,80	T
1499	Lip reconstruction following an injury: Direct repair	20	105,600	R1 475,00		30,00	4,000	R 350,80	T
1501	Lip reconstruction following an injury or tumour removal: Flap repair	20	206,000	R2 876,80		30,00	4,000	R 350,80	T
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	20	206,000	R2 876,80		30,00	4,000	R 350,80	T
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	20	104,000	R1 452,40		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
8.3	Tongue								
1505	Partial glossectomy	20	225,000	R3 142,30		30,00	6,000	R 525,90	T
1507	Local excision of lesion of tongue	20	27,000	R377,20		30,00	4,000	R 350,80	T
8.4	Palate, uvula and salivary glands								
1509	Wide excision of lesion of palate	20	100,000	R1 396,60		30,00	5,000	R 438,30	T
1511	Radical resection of palate (including skin graft)	20	250,000	R3 491,50		30,00	7,000	R 613,50	T
1513	Excision of ranula	20	85,600	R1 195,70		30,00	5,000	R 438,30	T
1515	Excision of sublingual salivary gland	20	120,000	R1 675,60		30,00	4,000	R 350,80	T
1517	Excision of submandibular salivary gland	20	146,000	R2 038,90		30,00	4,000	R 350,80	T
1519	Excision of submandibular salivary gland with suprahyoid dissection	20	150,000	R2 094,90		30,00	5,000	R 438,30	T
1521	Excision of submandibular salivary gland: With radical neck dissection	20	352,000	R4 916,00		30,00	6,000	R 525,90	T
1523	Local resection of parotid tumour	20	169,600	R2 368,40		30,00	5,000	R 438,30	T
1525	Partial parotidectomy	20	310,000	R4 329,30		30,00	5,000	R 438,30	T
1526	Total parotidectomy with preservation of facial nerve	20	358,500	R5 006,90		30,00	5,000	R 438,30	T
1527	Total parotidectomy	20	358,500	R5 006,90		30,00	5,000	R 438,30	T
1529	Parotidectomy: Extracapsular	20	300,000	R4 189,80		30,00	5,000	R 438,30	T
1531	Drainage of parotid abscess	20	25,000	R349,10		30,00	4,000	R 350,80	T
1533	Closure of salivary fistula	20	91,000	R1 270,70		30,00	4,000	R 350,80	T
1535	Dilatation of salivary duct	20	10,000	R139,40		30,00	4,000	R 350,80	T
1537	Operative removal of salivary calculus	20	55,000	R768,00		30,00	4,000	R 350,80	T
1538	Sialolithotomy: Submandibular/submaxillary, intraoral approach, complicated	20	58,500	R817,00			3,000	R 263,00	
1539	Salivary duct: Meatotomy	20	20,000	R279,40		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1541	Branchial cyst and/or fistula: Excision	20	140,000	R1 955,10		30,00	5,000	R 438,30	T
1543	Excision of cystic hygroma	20	140,000	R1 955,10		30,00	5,000	R 438,30	T
1544	Ludwig's Angina: Drainage	20	42,000	R586,60		30,00	9,000	R 788,70	T
8.5	Oesophagus								
1545	Oesophagoscopy with rigid instrument: First and subsequent	20	47,000	R656,30		30,00	4,000	R 350,80	T
1549	Oesophagoscopy with dilatation of stricture	20	70,000	R977,70		30,00	4,000	R 350,80	T
1550	Oesophagoscopy with removal of foreign body	20	70,000	R977,70		30,00	4,000	R 350,80	T
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	20	80,000	R1 117,30		30,00	4,000	R 350,80	T
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	20	80,000	R1 117,30		30,00	4,000	R 350,80	T
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	20	65,000	R907,70		30,00	4,000	R 350,80	T
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	20	400,000	R5 586,30		30,00	15,000	R 1 314,80	T
1556	Oesophagogastric fundoplication (e.g. Nissen, Toupet, Watson): Laparoscopic		314,700	R4 393,50			7,000	R 613,50	
1557	Oesophageal dilatation	20	40,000	R558,50		30,00	4,000	R 350,80	T
1558	Oesophagogastric fundoplasty: Thal-Nissen procedure		389,800	R5 441,90			7,000	R 613,50	
1559	Oesophagectomy: Two stage	20	500,000	R6 982,90		30,00	11,000	R 964,20	T
1560	Oesophagectomy: Three stage	20	550,000	R7 681,30		30,00	11,000	R 964,20	T
1561	Thoraco-abdominal oesophagogastrrectomy	20	500,000	R6 982,90		30,00	11,000	R 964,20	T
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	20	300,000	R4 189,80		30,00	11,000	R 964,20	T
1564	Oesophagogastric fundoplication (e.g. Nissen, Belsey): Thoracotomy		357,100	R4 985,40			7,000	R 613,50	
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	20	350,000	R4 888,00		30,00	11,000	R 964,20	T
1566	Private fee: Gastroplasty	20	325,000	R4 538,70		30,00	8,000	R 701,20	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1567	Bochdalek hernia repair in newborn	20	250,000	R3 491,50		30,00	14,000	R 1 227,00	T
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	20	375,000	R5 237,20		30,00	11,000	R 964,20	T
1569	Heller's operation	20	250,000	R3 491,50		30,00	14,000	R 1 227,00	T
1570	Oesophagomyotomy: Laparoscopic, with fundoplication if performed (Heller type procedure)		377,700	R5 273,20			7,000	R 613,50	
1571	Oesophagomyotomy: Thoracic approach (Heller type procedure)		313,100	R4 371,10			15,000	R 1 314,80	
1575	Insertion of indwelling oesophageal tube by laparotomy	20	142,000	R1 983,30		30,00	6,000	R 525,90	T
1576	Oesophagogastric lengthening procedure (e.g. Collis or wedge gastropasty): ADD to major procedure (modifier 0005 does not apply)		48,300	R674,50			7,000	R 613,50	
1578	Oesophageal motility (4 channel + pneumograph)	20	100,000	R1 396,60		30,00	4,000	R 350,80	T
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	20	400,000	R5 586,30		30,00	11,000	R 964,20	T
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	20	110,000	R1 536,30		30,00	4,000	R 350,80	T
1581	Removal of benign oesophageal tumours	20	285,000	R3 980,30		30,00	11,000	R 964,20	T
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	20	150,000	R2 094,90		30,00	4,000	R 350,80	T
1583	Excision of intrathoracic oesophageal diverticulum	20	250,000	R3 491,50		30,00	11,000	R 964,20	T
1584	24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimony pH probe)	20	55,000	R768,00					
1585	24 Hour oesophageal pH studies: Interpretation	20	27,000	R377,20					
5710	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Laparotomy (not applicable to neonatal surgery)		348,200	R4 861,20			7,000	R 613,50	
5711	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Laparotomy (not applicable to neonatal surgery)		378,100	R5 278,50			7,000	R 613,50	

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5712	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Thoracotomy (not applicable to neonatal surgery)		382,200	R5 335,90			15,000	R 1 314,80	
5713	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Thoracotomy (not applicable to neonatal surgery)		411,800	R5 749,10			15,000	R 1 314,80	
5714	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Thoraco-abdominal approach (not applicable to neonatal surgery)		451,200	R6 299,20			15,000	R 1 314,80	
5715	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Thoraco-abdominal approach (not applicable to neonatal surgery)		492,500	R6 875,90			15,000	R 1 314,80	
5716	Para-oesophageal hiatal hernia repair, including fundoplication, without mesh or other prosthesis: Laparoscopic (not applicable to neonatal surgery)		463,600	R6 472,30			7,000	R 613,50	
5717	Para-oesophageal hiatal hernia repair, including fundoplication, with mesh or other prosthesis: Laparoscopic (not applicable to neonatal surgery)		520,900	R7 272,30			7,000	R 613,50	
8.6	Stomach								
1587	Upper gastro-intestinal endoscopy: Hospital equipment	20	48,750	R680,90	Z	30,00	4,000	R 350,80	T
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	20	25,000	R349,10	Z	30,00	4,000	R 350,80	T
1589	Endoscopic control of gastrointestinal haemorrhage from upper gastrointestinal tract, intestines or large bowel by injection, ligation or application of energy device (endoscopic haemostasis) to be added to gastroscopy (item 1587) or colonoscopy (item 1653)	20	34,000	R474,80		30,00	6,000	R 525,90	T
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	20	25,000	R349,10	Z	30,00	4,000	R 350,80	T
1593	Augmented histamine test: Gastric intubation with x-ray screening	20	5,000	R69,90					
1597	Gastrostomy or Gastrotomy	20	147,500	R2 060,00		30,00	6,000	R 525,90	T
1598	Gastrotomy with suture repair of bleeding ulcer	20	251,200	R3 508,10	Z	30,00	6,000	R 525,90	T
1599	Pyloromyotomy (Rammstedt)	20	116,000	R1 620,10		30,00	6,000	R 525,90	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1601	Local excision of ulcer or benign neoplasm	20	195,600	R2 731,90		30,00	6,000	R 525,90	T
1603	Vagotomy: Abdominal	20	150,000	R2 094,90		30,00	6,000	R 525,90	T
1604	Vagotomy: Thoracic	20	150,000	R2 094,90		30,00	11,000	R 964,20	T
1605	Truncal or selective with drainage procedures	20	250,000	R3 491,50		30,00	6,000	R 525,90	T
1607	Vagotomy and antrectomy	20	320,000	R4 469,10		30,00	6,000	R 525,90	T
1609	Highly selective vagotomy	20	250,000	R3 491,50		30,00	6,000	R 525,90	T
1611	Pyloroplasty	20	180,200	R2 516,60		30,00	6,000	R 525,90	T
1613	Gastroenterostomy	20	203,600	R2 843,60		30,00	6,000	R 525,90	T
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	20	200,000	R2 793,10		30,00	7,000	R 613,50	T
1617	Partial gastrectomy	20	328,300	R4 585,00		30,00	7,000	R 613,50	T
1619	Total gastrectomy	20	384,430	R5 368,90		30,00	7,000	R 613,50	T
1621	Revision of gastrectomy or gastro-enterostomy	20	375,000	R5 237,20		30,00	7,000	R 613,50	T
1625	Gastro-esophageal operation for portal hypertension (Tanner)	20	375,000	R5 237,20		30,00	11,000	R 964,20	T
8.7	Duodenum								
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	20	120,000	R1 675,60		30,00	6,000	R 525,90	T
1627	Duodenal intubation (under X-ray screening)	20	8,000	R111,60					
1629	Duodenal intubation with biliary drainage after gall bladder stimulation	20	21,000	R293,30					
1631	Duodenal intubation: Under 3 years of age	20	15,000	R209,50					
8.8	Intestines								
1632	H2 breath test (intestines)	20	9,000	R125,70					
1633	Complete test using lactose or lactulose	20	27,000	R377,20					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1634	Enterotomy or Enterostomy	20	202,600	R2 829,50		30,00	6,000	R 525,90	T
1635	Intestinal obstruction of the newborn	20	240,000	R3 351,80		30,00	7,000	R 613,50	T
1636	Oral food challenge test		14,100	R196,90					
1637	Operation for relief of intestinal obstruction	20	240,000	R3 351,80		30,00	7,000	R 613,50	T
1638	Resection of small bowel for congenital atresia, proximal segment, without tapering	20	195,900	R2 736,40			3,000	R 263,00	
1639	Resection of small bowel with enterostomy or anastomosis	20	244,900	R3 420,10		30,00	6,000	R 525,90	T
1640	Resection of small bowel for congenital atresia, proximal segment, with tapering	20	431,100	R6 020,90			3,000	R 263,00	
1641	Entero-enterostomy or entero-colostomy for bypass	20	213,100	R2 976,10		30,00	6,000	R 525,90	T
1642	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy): Hire fee (item 0201 applicable for video capsule - disposable single patient use) (Please note: All patients should have had a normal gastroscopy and colonoscopy)	20	150,000	R2 094,90	Z				
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	20	90,000	R1 257,00	Z				
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	20	185,200	R2 586,40		30,00	6,000	R 525,90	T
1647	Closure of intestinal fistula	20	258,000	R3 603,10		30,00	6,000	R 525,90	T
1649	Excision of Meckel's diverticulum	20	179,800	R2 510,90		30,00	6,000	R 525,90	T
1651	Excision of lesion of mesentery	20	171,600	R2 396,60		30,00	4,000	R 350,80	T
1652	Laparotomy for mesenteric thrombosis	20	300,000	R4 189,80		30,00	8,000	R 701,20	T
1653	Total colonoscopy: With hospital equipment (including biopsy)	20	90,000	R1 257,00	Z	30,00	4,000	R 350,80	T
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	20	30,000	R419,00	Z	30,00	4,000	R 350,80	T
1656	Left-sided colonoscopy	20	60,000	R838,00	Z	30,00	4,000	R 350,80	T
1657	Right or left hemicolectomy or segmental colectomy	20	325,000	R4 538,70		30,00	6,000	R 525,90	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1658	Reconstruction of colon after Hartman's procedure	20	359,400	R5 019,40		30,00	6,000	R 525,90	T
1659	Surgeon present assisting with air enema for reduction of intussusception (Paediatric surgeons add modifier 0016)		60,600	R846,20					
1660	Mini-laparotomy and insertion of peritoneal drain for perforated necrotising enterocolitis in Neonatal Intensive Care Unit (NICU) (Paediatric surgeons add modifier 0016)		20,500	R286,30			4,000	R 350,80	
1661	Colotomy: Including removal of tumour or foreign body	20	205,700	R2 872,90		30,00	6,000	R 525,90	T
1663	Total colectomy	20	390,000	R5 446,40		30,00	6,000	R 525,90	T
1665	Colostomy or ileostomy isolated procedure	20	233,800	R3 265,00		30,00	6,000	R 525,90	T
1666	Continent ileostomy pouch (all types)	20	300,000	R4 189,80		30,00	6,000	R 525,90	T
1667	Colostomy: Closure	20	179,100	R2 501,10		30,00	5,000	R 438,30	T
1668	Revision of ileostomy pouch	20	375,000	R5 237,20		30,00	6,000	R 525,90	T
1669	Total proctocolectomy and ileostomy	20	480,000	R6 703,40		30,00	7,000	R 613,50	T
1670	Proctocolectomy, ileostomy and ileostomy pouch	20	540,000	R7 541,50		30,00	7,000	R 613,50	T
1671	Colomyotomy (Reilly operation)	20	185,000	R2 583,80		30,00	6,000	R 525,90	T
8.9	Appendix								
1673	Drainage of appendix abscess	20	150,000	R2 094,90		30,00	5,000	R 438,30	T
1675	Appendicectomy	20	160,000	R2 234,60		30,00	4,000	R 350,80	T
8.10	Rectum and anus								
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	20	48,750	R680,90	Z	30,00	3,000	R 263,00	T
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	20	13,000	R181,30		30,00	3,000	R 263,00	T
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	20	25,000	R349,10	Z	30,00	3,000	R 263,00	T
1679	Sigmoidoscopy with removal of polyps, first and subsequent	20	30,000	R419,00		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1681	Proctoscopy with removal of polyps: First time	20	21,000	R293,30		30,00	3,000	R 263,00	T
1683	Proctoscopy with removal of polyps: Subsequent times	20	15,000	R209,50		30,00	3,000	R 263,00	T
1685	Endoscopic fulguration of tumour	20	50,000	R698,50		30,00	4,000	R 350,80	T
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	20	381,300	R5 325,20		30,00	6,000	R 525,90	T
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	20	445,000	R6 214,90		30,00	8,000	R 701,20	T
1689	Perineal resection of rectum	20	141,000	R1 969,10		30,00	5,000	R 438,30	T
	Please note: Items 1691 and 1692: Abdominal and/or perineal assistant's fee to be charged additionally.								
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	20	409,300	R5 716,40		30,00	7,000	R 613,50	T
1692	Abdomino-perineal resection of rectum: Perineal surgeon	20	158,500	R2 213,70					
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	20	200,000	R2 793,10		30,00	4,000	R 350,80	T
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	20	400,000	R5 586,30		30,00	7,000	R 613,50	T
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	20	300,000	R4 189,80		30,00	6,000	R 525,90	T
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	20	200,000	R2 793,10		30,00	6,000	R 525,90	T
1701	Repair of prolapsed rectum: Abdominal: Perineal	20	150,000	R2 094,90		30,00	4,000	R 350,80	T
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	20	35,000	R488,80		30,00	4,000	R 350,80	T
1705	Incision and drainage of peri-anal abscess	20	40,000	R558,50		30,00	3,000	R 263,00	T
1707	Drainage of submucous abscess	20	40,000	R558,50		30,00	3,000	R 263,00	T
1709	Drainage of ischio-rectal abscess	20	87,000	R1 214,90		30,00	3,000	R 263,00	T
1711	Excision of pelvi-rectal fistula	20	200,000	R2 793,10		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1713	Excision of fistula-in-ano	20	105,000	R1 466,40		30,00	3,000	R 263,00	T
1715	Operation for fissure-in-ano	20	66,800	R932,80		30,00	3,000	R 263,00	T
1716	Rectal Tumour: Destruction (any method):Transanal Approach		167,900	R2 344,10			5,000	R 438,30	
1717	Rectal tumour: Excision, transanal approach, EXCLUDING muscularis propria (partial thickness)		96,400	R1 346,00			5,000	R 438,30	
1718	Rectal Tumour: Excision, Transanal Approach,INCLUDING muscularis propria(full thickness)		143,600	R2 004,70			5,000	R 438,30	
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	20	10,000	R139,40		30,00	3,000	R 263,00	T
1721	Sclerosing injection for haemorrhoids: Per injection	20	5,000	R69,90					
1723	Haemorrhoidectomy	20	120,000	R1 675,60		30,00	3,000	R 263,00	T
1725	Drainage of external thrombosed pile	20	12,500	R174,50		30,00	3,000	R 263,00	T
1727	Multiple procedures (haemorrhoids, fissure, etc.)	20	90,000	R1 257,00		30,00	3,000	R 263,00	T
1728	Biopsy of ano-rectal wall, for congenital megacolon	20	60,600	R846,50	Z	30,00	5,000	R 438,30	T
1729	Excision of anal skin tags	20	25,000	R349,10		30,00	3,000	R 263,00	T
1731	Operation for low imperforate anus	20	105,000	R1 466,40		30,00	6,000	R 525,90	T
1733	Anoplasty: Y-V-plasty	20	41,000	R572,60		30,00	3,000	R 263,00	T
1734	Radio frequency energy delivery or implantation of biopolymers to the anal canal muscle for the treatment of faecal incontinence (endoscopy inclusive)	20	90,000	R1 257,00			3,000	R 263,00	
1735	Anal sphincteroplasty for incontinence	20	120,000	R1 675,60		30,00	3,000	R 263,00	T
1737	Dilation of ano-rectal stricture	20	12,500	R174,50		30,00	3,000	R 263,00	T
1739	Closure of recto-vesical fistula	20	241,000	R3 365,80		30,00	5,000	R 438,30	T
1741	Closure of recto-urethral fistula	20	241,000	R3 365,80		30,00	5,000	R 438,30	T
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	20	27,000	R377,20					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
8.11	Liver								
1743	Needle biopsy of liver	20	30,300	R423,20		30,00	3,000	R 263,00	T
1745	Biopsy of liver by laparotomy	20	125,000	R1 745,80		30,00	4,000	R 350,80	T
1747	Drainage of liver abscess or cyst	20	179,100	R2 501,10		30,00	7,000	R 613,50	T
1748	Body composition measured by bio-electrical impedance	20	3,000	R41,80					
1749	Hemi-hepatectomy: Right	20	564,000	R7 876,60		30,00	9,000	R 788,70	T
1751	Hemi-hepatectomy: Left	20	521,100	R7 277,40		30,00	9,000	R 788,70	T
1752	Extended right or left hepatectomy	20	570,900	R7 973,10		30,00	9,000	R 788,70	T
1753	Partial or segmental hepatectomy	20	378,000	R5 279,20		30,00	9,000	R 788,70	T
1754	Hepatico-jejunostomy	20	369,200	R5 156,00		30,00	9,000	R 788,70	T
1755	Liver transplant	20	1400,800	R19 563,40		30,00	15,000	R 1 314,80	T
1756	Harvesting donor hepatectomy	20	616,200	R8 605,80		30,00	5,000	R 438,30	T
1757	Suture of liver wound or injury	20	214,200	R2 991,70		30,00	9,000	R 788,70	T
8.12	Biliary tract								
1759	Cholecystostomy	20	171,600	R2 396,60		30,00	6,000	R 525,90	T
1761	Cholecystectomy	20	225,000	R3 142,30		30,00	6,000	R 525,90	T
1762	Cholecystectomy and operative cholangiogram	20	255,000	R3 561,30		30,00	6,000	R 525,90	T
1763	With exploration of common bile duct	20	264,500	R3 694,10		30,00	6,000	R 525,90	T
1765	Exploration of common bile duct: Secondary operation	20	327,700	R4 576,70		30,00	6,000	R 525,90	T
1767	Reconstruction of common bile duct	20	371,700	R5 191,10		30,00	6,000	R 525,90	T
1768	Resection bile duct tumour with reconstruction	20	327,700	R4 576,70		30,00	6,000	R 525,90	T
1769	Cholecysto-enterostomy or gastrostomy	20	236,300	R3 300,10		30,00	6,000	R 525,90	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	20	25,600	R357,60		30,00	6,000	R 525,90	T
1773	Transduodenal sphincteroplasty	20	225,000	R3 142,30		30,00	6,000	R 525,90	T
1774	Balloon dilatation of common bile duct strictures	20	125,000	R1 745,80		30,00	6,000	R 525,90	T
1775	Excision choledochal cyst with reconstruction	20	327,700	R4 576,70		30,00	6,000	R 525,90	T
1777	Porto-enterostomy for biliary atresia	20	400,000	R5 586,30		30,00	11,000	R 964,20	T
8.13	Pancreas								
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	20	105,900	R1 479,20		30,00	4,000	R 350,80	T
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	20	15,820	R220,90		30,00	4,000	R 350,80	T
1780	Gastric and duodenal intubation	20	8,000	R111,60					
1781	Procedure (excluding laboratory tests)	20	21,000	R293,30					
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	20	30,000	R419,00		30,00	4,000	R 350,80	T
1783	Drainage of pancreatic abscess	20	239,300	R3 341,90		30,00	6,000	R 525,90	T
1784	Debridement pancreatic necrosis	20	348,400	R4 865,40		30,00	6,000	R 525,90	T
1785	Internal drainage of pancreatic cyst	20	250,600	R3 499,70		30,00	6,000	R 525,90	T
1770	Endoscopic placement of biliduodenal endoprosthesis: ADD to ERCP (item 1778)	20	30,000	R419,00		30,00	6,000	R 525,90	T
1786	Internal drainage of pancreatic cyst with Roux-Y	20	306,800	R4 284,80		30,00	6,000	R 525,90	T
1787	Operative pancreatogram: ADD	20	10,000	R139,40					
1788	Biopsy of pancreas	20	177,700	R2 481,90		30,00	6,000	R 525,90	T
1789	Pancreatico-duodenectomy	20	704,800	R9 842,90		30,00	8,000	R 701,20	T
1791	Local, partial or subtotal pancreatectomy	20	351,300	R4 906,20		30,00	8,000	R 701,20	T
1793	Distal pancreatectomy with internal drainage	20	377,400	R5 270,70		30,00	8,000	R 701,20	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
8.14	Peritoneal cavity								
1797	Pneumo-peritoneum: First	20	13,000	R181,30		30,00	4,000	R 350,80	T
1799	Pneumo-peritoneum: Repeat	20	6,000	R83,90		30,00	4,000	R 350,80	T
1800	Peritoneal lavage	20	20,000	R279,40					
1801	Diagnostic paracentesis: Abdomen	20	8,000	R111,60					
1803	Therapeutic paracentesis: Abdomen	20	13,000	R181,30					
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	20	45,000	R628,60		30,00	5,000	R 438,30	T
1808	Omentectomy (separate procedures)		189,200	R2 641,40			6,000	R 525,90	
1809	Laparotomy	20	196,000	R2 737,20		30,00	4,000	R 350,80	T
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	20	350,000	R4 888,00		30,00	7,000	R 613,50	T
1811	Suture of burst abdomen	20	188,300	R2 629,90		30,00	7,000	R 613,50	T
1812	Laparotomy for control of surgical haemorrhage	20	105,000	R1 466,40		30,00	9,000	R 788,70	T
1813	Drainage of sub-phrenic abscess	20	180,000	R2 513,70		30,00	7,000	R 613,50	T
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	20	248,400	R3 469,00		30,00	5,000	R 438,30	T
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	20	75,000	R1 047,50		30,00	4,000	R 350,80	T
9	HERNIAE								
1819	Inguinal or femoral hernia: Adult	20	125,000	R1 745,80		30,00	4,000	R 350,80	T
1821	Inguinal or femoral hernia: Child under 14 years	20	90,000	R1 257,00		30,00	4,000	R 350,80	T
1823	Inguinal hernia: Infant under one year	20	100,000	R1 396,60		30,00	4,000	R 350,80	T
1825	Recurrent inguinal or femoral hernia	20	155,000	R2 164,90		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

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Discipline 10

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1827	Strangulated hernia or femoral hernia	20	238,000	R3 323,90		30,00	7,000	R 613,50	T
1829	Epigastric hernia	20	93,300	R1 303,10		30,00	4,000	R 350,80	T
1831	Umbilical hernia: Adult	20	140,000	R1 955,10		30,00	4,000	R 350,80	T
1833	Umbilical hernia: Child under 14 years	20	60,000	R838,00		30,00	4,000	R 350,80	T
1835	Incisional hernia	20	166,800	R2 329,70		30,00	4,000	R 350,80	T
1836	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to item for the incisional or ventral hernia repair)	20	77,000	R1 075,50		30,00	4,000	R 350,80	T
1837	Repair of omphalocele in newborn (one or more procedures)	20	275,000	R3 840,70		30,00	7,000	R 613,50	T
10	URINARY SYSTEM								
RULES GOVERNING THE SECTION URINARY SYSTEM									
FF.	(a) When a cystoscopy precedes a related operation, Modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transurethral (TUR) prostatectomy. (b) When a cystoscopy precedes an unrelated operation, Modifier 0005: Multiple procedures/operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair. (c) No modifier applies to item 1949: Cystoscopy, when performed together with any of items 1951 to 1973.								
10.1	Kidney								
1839	Renal biopsy: Per kidney: Open	20	71,000	R991,50		30,00	5,000	R 438,30	T
1841	Renal biopsy: Needle	20	30,000	R419,00		30,00	3,000	R 263,00	T
1843	Peritoneal dialysis: First day	20	33,000	R460,90					
1845	Peritoneal dialysis: Every subsequent day	20	33,000	R460,90					
1847	Haemodialysis: Per hour or part thereof	20	21,000	R293,30					
1849	Haemodialysis: Maximum: Eight hours	20	168,000	R2 346,40					

NON-NETWORK SPECIALISTS

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Discipline 10

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1851	Haemodialysis: Thereafter per week	20	55,000	R768,00					
1852	Continuous haemodiafiltration per day in intensive or high care unit	20	33,000	R460,90					
1853	Nephrectomy: Primary nephrectomy	20	225,000	R3 142,30		30,00	5,000	R 438,30	T
1855	Nephrectomy: Secondary nephrectomy	20	267,000	R3 729,10		30,00	5,000	R 438,30	T
1857	Radical with regional lymph adenectomy for tumour	20	280,000	R3 910,70		30,00	6,000	R 525,90	T
1859	Nephrectomy: Partial	20	267,000	R3 729,10		30,00	5,000	R 438,30	T
1861	Symphysiotomy for horse-shoe kidney	20	287,000	R4 008,00		30,00	6,000	R 525,90	T
1863	Nephro-ureterectomy	20	305,000	R4 259,40		30,00	5,000	R 438,30	T
1865	Nephrotomy with drainage nephrostomy	20	189,000	R2 639,60		30,00	6,000	R 525,90	T
1868	Nephrolithotomy, for congenital kidney abnormality, complicated	20	268,400	R3 748,30			3,000	R 263,00	
1869	Nephrolithotomy	20	227,000	R3 170,30		30,00	5,000	R 438,30	T
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	20	284,000	R3 966,10		30,00	5,000	R 438,30	T
1871	Staghorn stone: Surgical	20	341,000	R4 762,40		30,00	6,000	R 525,90	T
1873	Suture renal laceration (renorrhaphy)	20	193,000	R2 695,40		30,00	6,000	R 525,90	T
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	20	34,000	R474,80		30,00	3,000	R 263,00	T
1877	Operation for renal cyst: Marsupialisation or excision	20	189,000	R2 639,60		30,00	5,000	R 438,30	T
1878	Ablation of 1 or more renal tumour(s): Cryotherapy, percutaneous, unilateral	20	106,000	R1 480,30			3,000	R 263,00	
1879	Closure renal fistula	20	189,000	R2 639,60		30,00	5,000	R 438,30	T
1881	Pyeloplasty	20	252,000	R3 519,20		30,00	5,000	R 438,30	T
1882	Pyeloplasty, complicated; with or without plastic procedure on ureter; nephropexy; nephrostomy; pyelostomy; ureteral splinting. (Secondary procedure for congenital kidney abnormality or solitary kidney)	20	327,700	R4 576,50			3,000	R 263,00	
1883	Pyelostomy	20	189,000	R2 639,60		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1885	Pyelolithotomy	20	189,000	R2 639,60		30,00	5,000	R 438,30	T
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	20	223,000	R3 114,40		30,00	5,000	R 438,30	T
1889	Nephrectomy for Allograft: Living or dead	20	255,000	R3 561,30		30,00	5,000	R 438,30	T
1891	Perinephric abscess or renal abscess: Drainage	20	200,000	R2 793,10		30,00	7,000	R 613,50	T
1893	Aberrant renal vessels: Repositioning with pyeloplasty	20	210,000	R2 932,90		30,00	5,000	R 438,30	T
1894	Auto transplantation of kidney	20	420,000	R5 865,50		30,00	10,000	R 876,40	T
1895	Allo transplantation of kidney	20	420,000	R5 865,50		30,00	10,000	R 876,40	T
10.2	Ureter								
1897	Ureterorrhaphy: Suture of ureter	20	147,000	R2 052,90		30,00	5,000	R 438,30	T
1898	Ureterorrhaphy: Lumbar approach	20	189,000	R2 639,60		30,00	5,000	R 438,30	T
1899	Ureteroplasty	20	181,000	R2 527,70		30,00	5,000	R 438,30	T
1901	Ureterolysis	20	118,000	R1 647,90		30,00	5,000	R 438,30	T
1902	Ureterolysis: Lumbar approach	20	189,000	R2 639,60		30,00	5,000	R 438,30	T
1903	Ureterectomy only	20	137,000	R1 913,40		30,00	5,000	R 438,30	T
1905	Ureterolithotomy	20	265,800	R3 712,00		30,00	5,000	R 438,30	T
1907	Cutaneous ureterostomy: Unilateral	20	108,000	R1 508,20		30,00	5,000	R 438,30	T
1909	Cutaneous ureterostomy: Bilateral	20	189,000	R2 639,60		30,00	5,000	R 438,30	T
1911	Uretero-enterostomy: Unilateral	20	137,000	R1 913,40		30,00	5,000	R 438,30	T
1913	Uretero-enterostomy: Bilateral	20	240,000	R3 351,80		30,00	5,000	R 438,30	T
1915	Uretero-ureterostomy	20	137,000	R1 913,40		30,00	5,000	R 438,30	T
1917	Transuretero-ureterostomy	20	155,000	R2 164,90		30,00	5,000	R 438,30	T
1919	Closure of ureteric fistula	20	147,000	R2 052,90		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1921	Immediate deligation of ureter	20	147,000	R2 052,90		30,00	5,000	R 438,30	T
1923	Ureterolysis for retrocaval ureter with anastomosis	20	168,000	R2 346,40		30,00	5,000	R 438,30	T
1924	Ureterocalicostomy	20	20,000	R3 699,30			3,000	R 263,00	
1925	Uretero-pyelostomy	20	252,000	R3 519,20		30,00	5,000	R 438,30	T
1927	Uretero-neo-cystostomy: Unilateral	20	316,100	R4 414,60		30,00	5,000	R 438,30	T
1929	Uretero-neo-cystostomy: Bilateral	20	474,150	R6 622,00		30,00	5,000	R 438,30	T
1931	Uretero-neo-cystostomy: With Boariplasty	20	351,800	R4 913,00		30,00	5,000	R 438,30	T
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	20	252,000	R3 519,20		30,00	5,000	R 438,30	T
1935	Uretero-ileal conduit	20	388,000	R5 418,80		30,00	5,000	R 438,30	T
1937	Replacement of ureter by bowel segment: Unilateral	20	277,000	R3 868,60		30,00	5,000	R 438,30	T
1939	Replacement of ureter by bowel segment: Bilateral	20	485,000	R6 773,50		30,00	5,000	R 438,30	T
1941	Ureterostomy-in-situ: Unilateral	20	100,000	R1 396,60		30,00	5,000	R 438,30	T
1943	Ureterostomy-in-situ: Bilateral	20	175,000	R2 444,20		30,00	5,000	R 438,30	T
10.3	Bladder								
1952	J J Stent catheter	20	44,000	R614,70		30,00	3,000	R 263,00	T
1953	With hydrodilatation of the bladder for interstitial cystitis	20	5,000	R69,90		30,00	3,000	R 263,00	T
1954	Uretroscopy	20	35,000	R488,80		30,00	3,000	R 263,00	T
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	20	35,000	R488,80		30,00	3,000	R 263,00	T
1957	With dilatation of the ureter or ureters	20	25,000	R349,10		30,00	3,000	R 263,00	T
1959	With manipulation of ureteral calculus	20	20,000	R279,40		30,00	3,000	R 263,00	T
1961	With removal of foreign body or calculus from urethra or bladder	20	20,000	R279,40		30,00	3,000	R 263,00	T
1963	With fulguration or treatment of minor lesions, with or without biopsy	20	15,000	R209,50		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
1964	And control of haemorrhage and blood clot evacuation	20	15,000	R209,50		30,00	3,000	R 263,00	T
1965	And catheterisation of the ejaculatory duct	20	10,000	R139,40		30,00	3,000	R 263,00	T
1967	With ureteric meatotomy: Unilateral or bilateral	20	15,000	R209,50		30,00	3,000	R 263,00	T
1969	And cold biopsy	20	15,000	R209,50		30,00	3,000	R 263,00	T
1971	With cryosurgery for bladder or prostatic disease	20	55,000	R768,00		30,00	3,000	R 263,00	T
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	20	35,000	R488,80		30,00	3,000	R 263,00	T
1975	Ultraviolet cystoscopy for bladder tumour	20	60,000	R838,00		30,00	3,000	R 263,00	T
1976	Optic urethrotomy	20	80,000	R1 117,30		30,00	3,000	R 263,00	T
1977	Transurethral resection of ejaculatory duct	20	60,700	R847,50		30,00	3,000	R 263,00	T
1979	Internal urethrotomy: Female	20	50,000	R698,50		30,00	3,000	R 263,00	T
1981	Internal urethrotomy: Male	20	76,200	R1 064,30		30,00	3,000	R 263,00	T
1983	Transurethral resection of bladder tumour	20	100,000	R1 396,60		30,00	5,000	R 438,30	T
1984	Transurethral resection of bladder tumours: Large multiple tumours	20	115,000	R1 606,10		30,00	5,000	R 438,30	T
1985	Transurethral resection of bladder neck: Female or child	20	105,000	R1 466,40		30,00	5,000	R 438,30	T
1986	Transurethral resection of bladder neck: Male	20	125,000	R1 745,80		30,00	5,000	R 438,30	T
1987	Litholapaxy	20	80,000	R1 117,30		30,00	5,000	R 438,30	T
1989	Cystometrogram	20	25,000	R349,10		30,00	3,000	R 263,00	T
1991	Flometric bladder, studies with videocystograph	20	40,000	R558,50		30,00	3,000	R 263,00	T
1992	Without videocystograph	20	25,000	R349,10		30,00	3,000	R 263,00	T
1993	Voiding cysto-urethrogram	20	21,000	R293,30		30,00	3,000	R 263,00	T
1994	Rigiscan examination	20	66,000	R921,60					
1995	Percutaneous aspiration of bladder	20	10,000	R139,40		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

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1996	Bladder catheterisation: Male (not at operation)	20	6,000	R83,90		30,00	3,000	R 263,00	T
1997	Bladder catheterisation: Female (not at operation)	20	3,000	R41,80					
1999	Percutaneous cystostomy	20	24,000	R335,50		30,00	3,000	R 263,00	T
1945	Instillation of radio-opaque material for cystography or urethrocystography	20	5,000	R69,90		30,00	3,000	R 263,00	T
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	20	10,000	R139,40		30,00	3,000	R 263,00	T
1949	Cystoscopy: Hospital equipment	20	44,000	R614,70		30,00	3,000	R 263,00	T
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	20	10,000	R139,40		30,00	3,000	R 263,00	T
2001	Total cystectomy: After previous urinary diversion	20	294,000	R4 106,20		30,00	8,000	R 701,20	T
2003	Total cystectomy: With conduit construction and ureteric anastomosis	20	554,700	R7 746,80		30,00	8,000	R 701,20	T
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	20	650,000	R9 077,80		30,00	8,000	R 701,20	T
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	20	700,000	R9 776,10		30,00	8,000	R 701,20	T
2007	Partial cystectomy	20	147,000	R2 052,90		30,00	6,000	R 525,90	T
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	20	600,000	R8 379,50		30,00	8,000	R 701,20	T
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	20	462,000	R6 452,20		30,00	8,000	R 701,20	T
2010	Reversion of temporary conduit	20	360,000	R5 027,80		30,00	8,000	R 701,20	T
2011	Partial cystectomy with uretero-neo-cystostomy	20	202,000	R2 821,00		30,00	6,000	R 525,90	T
2012	Reversion of conduit with major urinary tract reconstruction	20	600,000	R8 379,50		30,00	8,000	R 701,20	T
2013	Diverticulectomy (independent procedure): Multiple or single	20	137,000	R1 913,40		30,00	5,000	R 438,30	T
2014	Closure of cystostomy (Stand-alone procedure)	20	120,000	R1 675,90			3,000	R 263,00	
2015	Suprapubic cystostomy	20	67,000	R935,70		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

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2016	Abdomino-neo-urethrostomy	20	252,000	R3 519,20		30,00	5,000	R 438,30	T
2017	Open loop fulguration or excision of bladder tumour	20	101,000	R1 410,50		30,00	5,000	R 438,30	T
2019	Operation for vesico-vaginal or urethra-vaginal fistula	20	155,000	R2 164,90		30,00	5,000	R 438,30	T
2020	Repair of vesico vaginal fistula: Abdominal approach	20	255,000	R3 561,30		30,00	5,000	R 438,30	T
2021	Vesico-plication (Hamilton Stewart)	20	118,000	R1 647,90		30,00	5,000	R 438,30	T
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	20	195,000	R2 723,30		30,00	5,000	R 438,30	T
2025	Vesico-urethropexy with rectus sling	20	229,400	R3 203,80		30,00	5,000	R 438,30	T
2027	Open operation for ureterocele: Unilateral	20	118,000	R1 647,90		30,00	5,000	R 438,30	T
2029	Open operation for ureterocele: Bilateral	20	207,000	R2 891,20		30,00	5,000	R 438,30	T
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	20	264,000	R3 687,10		30,00	8,000	R 701,20	T
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	20	53,000	R740,30		30,00	8,000	R 701,20	T
2035	Cutaneous vesicostomy	20	118,000	R1 647,90		30,00	5,000	R 438,30	T
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	20	126,000	R1 759,80		30,00	5,000	R 438,30	T
2039	Operation for ruptured bladder	20	137,000	R1 913,40		30,00	6,000	R 525,90	T
2042	Enterocystoplasty plus bowel anastomosis	20	419,900	R5 864,40		30,00	5,000	R 438,30	T
2043	Cysto-lithotomy	20	132,000	R1 843,40		30,00	5,000	R 438,30	T
2045	Excision of patent-urachus or urachal cyst	20	112,000	R1 564,20		30,00	5,000	R 438,30	T
2047	Drainage of perivesical or prevesical abscess	20	105,000	R1 466,40		30,00	5,000	R 438,30	T
2049	Evacuation of clots from bladder: Other than post-operative	20	132,100	R1 844,80		30,00	3,000	R 263,00	T
2050	Evacuation of clots from bladder: Post-operative					30,00	4,000	R 350,80	T
2051	Simple bladder lavage: Including catheterisation	20	12,000	R167,60		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2053	Bladder neck plasty: Male	20	137,000	R1 913,40		30,00	5,000	R 438,30	T
2057	Bladder neck plasty: Female	20	137,000	R1 913,40		30,00	5,000	R 438,30	T
10.4	Urethra								
2059	Open biopsy of urethra: Male	20	45,000	R628,60		30,00	3,000	R 263,00	T
2061	Open biopsy of urethra: Female	20	45,000	R628,60		30,00	3,000	R 263,00	T
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	20	20,000	R279,40		30,00	3,000	R 263,00	T
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	20	10,000	R139,40		30,00	3,000	R 263,00	T
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	20	20,000	R279,40		30,00	3,000	R 263,00	T
2069	Dilatation of female urethra	20	5,000	R69,90		30,00	3,000	R 263,00	T
2071	Urethrorraphy: Suture of urethral wound or injury	20	139,000	R1 941,20		30,00	4,000	R 350,80	T
2073	External urethrotomy: Pendulous urethra (anterior)	20	67,000	R935,70		30,00	3,000	R 263,00	T
2075	Urethraplasty: Pendulous urethra: First stage	20	71,000	R991,50		30,00	4,000	R 350,80	T
2077	Urethraplasty: Pendulous urethra: Second stage	20	145,000	R2 025,20		30,00	4,000	R 350,80	T
2079	Reconstruction of female urethra	20	147,000	R2 052,90		30,00	4,000	R 350,80	T
2081	Reconstruction or repair of male anterior urethra (one stage)	20	261,600	R3 653,40		30,00	4,000	R 350,80	T
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	20	168,000	R2 346,40		30,00	6,000	R 525,90	T
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	20	168,000	R2 346,40		30,00	6,000	R 525,90	T
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	20	294,000	R4 106,20		30,00	6,000	R 525,90	T
2087	Urethral diverticulectomy: Male or female	20	147,000	R2 052,90		30,00	4,000	R 350,80	T
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	20	86,000	R1 200,90					
2089	Marsupialisation of urethral diverticula: Male or female	20	115,100	R1 607,60		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2091	Total urethrectomy: Female	20	147,000	R2 052,90		30,00	5,000	R 438,30	T
2093	Total urethrectomy: Male	20	189,000	R2 639,60		30,00	5,000	R 438,30	T
2095	Drainage of simple localised perineal urinary extravasation	20	128,800	R1 798,80		30,00	5,000	R 438,30	T
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	20	137,000	R1 913,40		30,00	5,000	R 438,30	T
2099	Fulguration for urethral caruncle or polyp	20	53,600	R748,70		30,00	3,000	R 263,00	T
2101	Excision of urethral caruncle	20	53,600	R748,70		30,00	3,000	R 263,00	T
2103	Simple urethral meatotomy	20	26,300	R367,30		30,00	3,000	R 263,00	T
2105	Incision of deep peri-urethral abscess: Female	20	123,100	R1 719,30		30,00	3,000	R 263,00	T
2107	Incision of deep peri-urethral abscess: Male	20	123,100	R1 719,30		30,00	3,000	R 263,00	T
2108	Sling operation for male urinary incontinence (fascia or synthetic)	20	169,000	R2 359,80			3,000	R 263,00	
2109	Badenoch pull-through for intractable stricture or incontinence	20	181,000	R2 527,70		30,00	5,000	R 438,30	T
2110	Removal/revision: Sling for male urinary incontinence (fascia or synthetic)	20	120,000	R1 675,90			3,000	R 263,00	
2111	External sphincterotomy	20	108,000	R1 508,20		30,00	5,000	R 438,30	T
2112	Insertion of inflatable sphincter, includes pump, reservoir and cuff	20	217,600	R3 038,90			3,000	R 263,00	
2113	Drainage of Skene gland abscess or cyst	20	42,300	R590,90		30,00	3,000	R 263,00	T
2114	Repair: Inflatable sphincter, includes pump, reservoir and cuff	20	142,500	R1 990,00			3,000	R 263,00	
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	20	168,000	R2 346,40		30,00	5,000	R 438,30	T
2116	Urethral meatoplasty	20	101,500	R1 417,40		30,00	3,000	R 263,00	T
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	20	150,300	R2 098,90		30,00	3,000	R 263,00	T
2118	Removal: Inflatable sphincter, includes pump, reservoir and cuff	20	154,400	R2 156,40			3,000	R 263,00	
2119	Removal and replacement: Inflatable sphincter, includes pump, reservoir and cuff	20	123,500	R1 725,00			3,000	R 263,00	

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2120	Removal and replacement: Inflatable sphincter, includes pump, reservoir and cuff, plus debridement of infected tissue	20	278,200	R3 884,80			3,000	R 263,00	
2121	Closure of urethrovaginal fistula: Including diversionary procedures	20	189,000	R2 639,60		30,00	5,000	R 438,30	T
11	MALE GENITAL SYSTEM								
11.1	Penis								
2123	Biopsy of penis (independent procedure)	20	52,100	R727,50		30,00	3,000	R 263,00	T
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	20	16,600	R231,90		30,00	3,000	R 263,00	T
2127	Destruction of condylomata/chemo-or cryotherapy: Multiple extensive	20	41,600	R581,00		30,00	3,000	R 263,00	T
2129	Electrodesiccation: Limited number	20	20,800	R290,70		30,00	3,000	R 263,00	T
2131	Electrodesiccation: Multiple extensive	20	41,600	R581,00		30,00	3,000	R 263,00	T
2132	Ligation of abnormal venous drainage	20	106,100	R1 481,70		30,00	3,000	R 263,00	T
2133	Circumcision: Clamp procedure	20	42,300	R590,90		30,00	3,000	R 263,00	T
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	20	60,000	R838,00		30,00	3,000	R 263,00	T
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	20	36,800	R513,80		30,00	3,000	R 263,00	T
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	20	101,000	R1 410,50		30,00	3,000	R 263,00	T
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	20	188,600	R2 633,80		30,00	3,000	R 263,00	T
2145	Reconstructive operation of penis: For straightening of chordee with transplantation of prepuce	20	224,600	R3 136,70		30,00	3,000	R 263,00	T
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	20	168,000	R2 346,40		30,00	3,000	R 263,00	T
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	20	168,000	R2 346,40		30,00	3,000	R 263,00	T
2153	Reconstructive operation for epispadias with incontinence	20	168,000	R2 346,40		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2154	Induction of artificial erection	20	16,000	R223,40		30,00	3,000	R 263,00	T
2155	Hypospadias: Urethral reconstruction	20	187,000	R2 611,80		30,00	3,000	R 263,00	T
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	20	84,000	R1 172,90		30,00	3,000	R 263,00	T
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	20	300,000	R4 189,80		30,00	3,000	R 263,00	T
2161	Total amputation of penis: Without gland dissection	20	210,000	R2 932,90		30,00	4,000	R 350,80	T
2163	Total amputation of penis: With gland-dissection	20	336,000	R4 692,50		30,00	6,000	R 525,90	T
2165	Partial amputation of penis: With gland-dissection	20	210,000	R2 932,90		30,00	6,000	R 525,90	T
2167	Partial amputation of penis: Without gland-dissection	20	84,000	R1 172,90		30,00	4,000	R 350,80	T
2169	Injection procedure for Peyronie's disease	20	14,000	R195,40		30,00	3,000	R 263,00	T
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	20	42,000	R586,60		30,00	3,000	R 263,00	T
2173	Priapism operation: Shunt procedure: Any type	20	252,000	R3 519,20		30,00	4,000	R 350,80	T
2174	Priapism operation: Stab shunt	20	114,400	R1 597,90		30,00	4,000	R 350,80	T
11.2	Testis and epididymis								
0078	When a testis biopsy is done combined with vasogram or seminal vesiculogram or epididymogram, add 50% of the units for the appropriate procedure								
2175	Testis biopsy: Needle (independent procedure)	20	18,500	R258,40		30,00	3,000	R 263,00	T
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	20	58,900	R822,60		30,00	3,000	R 263,00	T
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	20	58,900	R822,60		30,00	3,000	R 263,00	T
2181	Epididymis biopsy: Needle	20	86,100	R1 202,50		30,00	3,000	R 263,00	T
2183	Puncture aspiration hydrocele with or without injection of medication	20	10,000	R139,40		30,00	3,000	R 263,00	T
2185	Operation for maldescended testicle: Including herniotomy	20	135,000	R1 885,40		30,00	4,000	R 350,80	T
2187	Operation for torsion appendix testis	20	119,200	R1 664,80		30,00	4,000	R 350,80	T
2189	Operation for torsion testis with fixation of contralateral testis	20	119,200	R1 664,80		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2191	Orchidectomy (total or subcapsular): Unilateral	20	98,000	R1 368,80		30,00	3,000	R 263,00	T
2193	Orchidectomy (total or subcapsular): Bilateral	20	147,000	R2 052,90		30,00	3,000	R 263,00	T
2195	Radical operation for malignant testis: Excluding gland dissection	20	155,300	R2 168,80		30,00	6,000	R 525,90	T
2197	Operation for hydrocele or spermatocele	20	99,800	R1 393,50		30,00	4,000	R 350,80	T
2199	Varicocelectomy	20	106,100	R1 481,70		30,00	4,000	R 350,80	T
2201	Abdominal ligation of spermatic vein for varicocele	20	112,800	R1 575,40		30,00	4,000	R 350,80	T
2203	Epididymectomy: Unilateral	20	114,400	R1 597,90		30,00	3,000	R 263,00	T
2205	Epididymectomy: Bilateral	20	158,200	R2 209,50		30,00	3,000	R 263,00	T
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	20	55,900	R780,60		30,00	3,000	R 263,00	T
2209	Vasotomy: Unilateral or bilateral	20	70,400	R983,30		30,00	3,000	R 263,00	T
2210	Vasogram, seminal vesiculogram: Unilateral	20	58,100	R811,50		30,00	3,000	R 263,00	T
2211	Vasogram, seminal vesiculogram: Bilateral	20	58,100	R811,50		30,00	3,000	R 263,00	T
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	20	91,200	R1 273,40		30,00	4,000	R 350,80	T
2213	Suture or repair of testicular injury	20	110,300	R1 540,40		30,00	4,000	R 350,80	T
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	20	90,000	R1 257,00		30,00	4,000	R 350,80	T
2217	Excision of local lesion of testis or epididymis	20	90,800	R1 268,10		30,00	4,000	R 350,80	T
2219	Vaso-vasostomy: Unilateral	20	67,000	R935,70		30,00	3,000	R 263,00	T
2221	Vaso-vasostomy: Bilateral	20	117,000	R1 634,00		30,00	3,000	R 263,00	T
2223	Epididymo-vasostomy: Unilateral	20	67,000	R935,70		30,00	3,000	R 263,00	T
2225	Epididymo-vasostomy: Bilateral	20	117,000	R1 634,00		30,00	3,000	R 263,00	T
2227	Incision and drainage of scrotal wall abscess	20	42,700	R596,20		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2229	Excision of Mullerian duct cyst	20	189,000	R2 639,60		30,00	4,000	R 350,80	T
2231	Excision of lesion of spermatic cord	20	84,000	R1 172,90		30,00	3,000	R 263,00	T
2233	Seminal Vesiculectomy	20	220,000	R3 072,50		30,00	5,000	R 438,30	T
11.3	Prostate								
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	20	23,300	R325,50		30,00	3,000	R 263,00	T
2237	Biopsy prostate: Incisional, any approach	20	105,000	R1 466,40		30,00	4,000	R 350,80	T
2239	Transurethral drainage of prostatic abscess	20	117,400	R1 639,70		30,00	4,000	R 350,80	T
2241	Perineal drainage of prostatic abscess	20	77,000	R1 075,50		30,00	4,000	R 350,80	T
2243	Trans-urethral cryo-surgical removal of prostate	20	126,000	R1 759,80		30,00	6,000	R 525,90	T
2245	Trans-urethral resection of prostate	20	252,000	R3 519,20		30,00	6,000	R 525,90	T
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	20	126,000	R1 759,80		30,00	6,000	R 525,90	T
2249	Trans-urethral resection of post-operative bladder neck contracture	20	126,000	R1 759,80		30,00	5,000	R 438,30	T
2250	Laparoscopic prostatectomy: Retropubic, radical, including nerve sparing		501,800	R7 005,70			8,000	R 701,20	
2251	Prostatectomy: Perineal: Sub-total	20	252,000	R3 519,20		30,00	6,000	R 525,90	T
2253	Prostatectomy: Perineal: Radical	20	336,000	R4 692,50		30,00	8,000	R 701,20	T
2254	Pelvic lymph adenectomy	20	175,000	R2 444,20		30,00	8,000	R 701,20	T
2255	Supra-pelvic, transversical	20	252,000	R3 519,20		30,00	6,000	R 525,90	T
2257	Retropubic: Sub-total	20	252,000	R3 519,20		30,00	6,000	R 525,90	T
2259	Retropubic: Radical	20	336,000	R4 692,50		30,00	8,000	R 701,20	T
2260	Prostate brachytherapy	20	230,000	R3 212,20		30,00	8,000	R 701,20	T
12	FEMALE GENITAL SYSTEM								
12.1	Vulva and introitus								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2271	Removal of tag or polyp	20	6,000	R83,90		30,00	3,000	R 263,00	T
2272	Removal of small superficial benign lesions	20	23,000	R321,40		30,00	3,000	R 263,00	T
2273	Biopsy with suture in theatre (excluding aftercare)	20	27,000	R377,20		30,00	3,000	R 263,00	T
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	20	71,000	R991,50		30,00	3,000	R 263,00	T
2275	Reduction labial hypertrophy	20	67,000	R935,70		30,00	4,000	R 350,80	T
2277	Removal of extensive benign vulva tumour	20	67,000	R935,70		30,00	4,000	R 350,80	T
2279	Secondary perineal repair: Repair second degree tear	20	45,000	R628,60		30,00	6,000	R 525,90	T
2280	Secondary perineal repair: Repair third degree tear	20	96,000	R1 340,70		30,00	6,000	R 525,90	T
2281	Excision of inclusion cyst	20	43,000	R600,70		30,00	4,000	R 350,80	T
2283	Hymenectomy	20	43,000	R600,70		30,00	4,000	R 350,80	T
2285	Drainage haematocolpos	20	54,000	R753,90		30,00	4,000	R 350,80	T
2287	Clitoris repair for injury: Including skin graft, if required	20	67,000	R935,70		30,00	4,000	R 350,80	T
2288	Clitoral reduction	20	160,000	R2 234,60		30,00	4,000	R 350,80	T
2289	Denervation or alcohol infiltration vulva (Woodruff)	20	54,000	R753,90		30,00	4,000	R 350,80	T
2291	Vulva: Undercutting skin (ball)	20	58,000	R810,00		30,00	4,000	R 350,80	T
2293	Vulva and introitus: Drainage of abscess	20	27,000	R377,20		30,00	3,000	R 263,00	T
2295	Bartholin gland: Bartholin abscess marsupialisation	20	36,000	R502,70		30,00	3,000	R 263,00	T
2297	Bartholin gland: Bartholin gland excision	20	45,000	R628,60		30,00	3,000	R 263,00	T
2299	Bartholin gland: Bartholin radical excision for malignant lesion	20	357,000	R4 985,70		30,00	6,000	R 525,90	T
2301	Operation for enlarging introitus: Fenton plasty	20	50,000	R698,50		30,00	4,000	R 350,80	T
2303	Operation for enlarging introitus: Bilateral Z-plastic	20	88,000	R1 228,90		30,00	4,000	R 350,80	T
2305	Vulvectomy: Partial	20	161,000	R2 248,30		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2307	Vulvectomy	20	225,000	R3 142,30		30,00	6,000	R 525,90	T
2309	Radical vulvectomy with bilateral lymphadenectomy	20	357,000	R4 985,70		30,00	6,000	R 525,90	T
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	20	402,000	R5 614,10		30,00	6,000	R 525,90	T
12.2	Vaginal procedures and operations								
2312	Artificial insemination	20	13,000	R181,30					
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand alone procedure	20	25,500	R356,10		30,00	3,000	R 263,00	T
2314	Intra uterine insemination	20	18,000	R251,40					
2315	Simms Hühner test plus wet smear	20	5,000	R69,90					
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	20	14,000	R195,40		30,00	3,000	R 263,00	T
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	20	7,000	R97,90		30,00	3,000	R 263,00	T
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	20	56,000	R782,20		30,00	3,000	R 263,00	T
2319	Excision of cysts or tumours	20	54,000	R753,90		30,00	3,000	R 263,00	T
2321	Drainage of vaginal abscess	20	54,000	R753,90		30,00	3,000	R 263,00	T
2322	Pudendal nerve block	20	15,000	R209,50					
2323	Reconstruction of vagina after atresia	20	107,000	R1 494,40		30,00	5,000	R 438,30	T
2324	Revision of prosthetic vaginal graft: Vaginal approach (removal included)	20	129,800	R1 813,00			5,000	R 438,10	T
2325	Construction of artificial vagina: Labial fusion	20	179,000	R2 499,80		30,00	4,000	R 350,80	T
2326	Revision of prosthetic vaginal graft: Abdominal approach (removal included)	20	199,100	R2 780,90			3,000	R 263,00	
2327	Construction of artificial vagina: Macindoe type	20	196,000	R2 737,20		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	20	241,000	R3 365,80		30,00	6,000	R 525,90	T
2330	Fitting/insertion of pessary or other intravaginal support device	20	11,998	R167,60			3,000	R 263,00	
2331	Vaginal septum removal	20	107,000	R1 494,40		30,00	4,000	R 350,80	T
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	20	243,300	R3 398,00		30,00	6,000	R 525,90	T
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	20	243,300	R3 398,00		30,00	6,000	R 525,90	T
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	20	166,900	R2 330,70		30,00	6,000	R 525,90	T
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	20	166,900	R2 330,70		30,00	6,000	R 525,90	T
2339	Colpotomy: Diagnostic (excluding aftercare)	20	20,000	R279,40		30,00	4,000	R 350,80	T
2341	Colpotomy: Therapeutic, with or without sterilisation	20	103,000	R1 438,40		30,00	4,000	R 350,80	T
2343	Vaginal hysterectomy: Without repair	20	210,500	R2 940,00		30,00	6,000	R 525,90	T
2345	Vaginal hysterectomy: With repair	20	231,700	R3 235,90		30,00	6,000	R 525,90	T
2355	Posterior colporrhaphy, Repair of rectocele with or without perineorrhaphy		110,300	R1 540,60			5,000	R 438,10	T
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	20	320,000	R4 469,10		30,00	6,000	R 525,90	T
2359	Colporrhaphy: Anteroposterior, with enterocele repair	20	163,900	R2 289,30			3,000	R 263,00	
2361	Vaginal hysterectomy and repair for total prolapse	20	320,000	R4 469,10		30,00	6,000	R 525,90	T
2363	Fothergill or Manchester repair operation	20	196,000	R2 737,20		30,00	5,000	R 438,30	T
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	20	232,000	R3 239,90		30,00	5,000	R 438,30	T
2366	Posterior repair alone	20	107,000	R1 494,40		30,00	5,000	R 438,30	T
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	20	161,000	R2 248,30		30,00	5,000	R 438,30	T
2368	Uterovesical fistula	20	210,000	R2 932,90		30,00	5,000	R 438,30	T
2369	Repair of Vesico- or urethro-vaginal fistula	20	179,000	R2 499,80		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2370	Repair of VVF - Obstetric or radiation	20	232,000	R3 239,90		30,00	5,000	R 438,30	T
2371	Closure of uretero-vaginal fistula	20	250,000	R3 491,50		30,00	5,000	R 438,30	T
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	20	250,000	R3 491,50		30,00	5,000	R 438,30	T
2373	Closure of recto-vaginal fistula	20	134,000	R1 871,40		30,00	5,000	R 438,30	T
2374	Closure of recto-vaginal fistula: Obstetric or radiation	20	151,000	R2 108,70		30,00	5,000	R 438,30	T
2375	Colpocleisis	20	129,000	R1 801,70		30,00	4,000	R 350,80	T
2377	Le Fort operation	20	129,000	R1 801,70		30,00	4,000	R 350,80	T
2379	Schauta operation	20	357,000	R4 985,70		30,00	8,000	R 701,20	T
2381	Vaginectomy	20	268,000	R3 743,00		30,00	8,000	R 701,20	T
2383	Synchronous combined hysterocolpectomy: One or two surgeons - total fee	20	429,000	R5 991,40		30,00	8,000	R 701,20	T
2385	Vaginal laceration or trauma: Repair	20	50,000	R698,50		30,00	4,000	R 350,80	T
2386	Repair: Paravaginal defect repair (including repair of cystocele, if performed), abdominal approach	20	172,800	R2 413,40			3,000	R 263,00	
2387	Repair: Paravaginal defect repair (including repair of cystocele, if performed), vaginal approach	20	140,100	R1 956,30			3,000	R 263,00	
12.3	Cervix								
2389	Paracervical (pelvis) nerve block (for neck refer to item 3294)	20	20,000	R279,40					
2391	Cervix: Canal reconstruction	20	147,000	R2 052,90		30,00	3,000	R 263,00	T
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	20	14,000	R195,40					
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	20	22,000	R307,20		30,00	3,000	R 263,00	T
2396	Laser or harmonic scalpel treatment of the cervix	20	80,000	R1 117,30		30,00	3,000	R 263,00	T
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	20	31,000	R433,00		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2399	Punch biopsy (excluding aftercare)	20	9,000	R125,70		30,00	3,000	R 263,00	T
2400	Biopsy during pregnancy (excluding aftercare)	20	13,000	R181,30		30,00	3,000	R 263,00	T
2403	Wedge biopsy: Cervix (excluding aftercare)	20	18,000	R251,40		30,00	3,000	R 263,00	T
2404	Biopsy: Wedge during pregnancy: Cervix (excluding aftercare)	20	24,000	R335,50		30,00	3,000	R 263,00	T
2405	Cone biopsy: Cervix (excluding aftercare)	20	54,000	R753,90		30,00	3,000	R 263,00	T
2407	Amputation: Cervix	20	67,000	R935,70		30,00	3,000	R 263,00	T
2409	Cervix encirclage: McDonald stitch	20	35,000	R488,80		30,00	3,000	R 263,00	T
2411	Cervix encirclage: Shirodkar suture	20	60,000	R838,00		30,00	3,000	R 263,00	T
2413	Cervix encirclage: Lash	20	49,000	R684,40		30,00	3,000	R 263,00	T
2415	Cervix encirclage: Removal items 2409 and 2411: Without anaesthetic	20	5,000	R69,90					
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	20	30,000	R419,00		30,00	3,000	R 263,00	T
2417	Repair of tears: Emmet repair of tears	20	45,000	R628,60		30,00	3,000	R 263,00	T
2418	Repair of tears: Sturmdorff repair of tears	20	54,000	R753,90		30,00	3,000	R 263,00	T
2421	Extirpation of cervical stump: Vaginal	20	134,000	R1 871,40		30,00	5,000	R 438,30	T
2423	Extirpation of cervical stump: Abdominal	20	134,000	R1 871,40		30,00	5,000	R 438,30	T
2425	Removal of cervical polyps (excluding aftercare)	20	13,000	R181,30		30,00	3,000	R 263,00	T
2427	Removal of cervical myomata	20	54,000	R753,90		30,00	3,000	R 263,00	T
2429	Colposcopy (excluding aftercare)	20	27,000	R377,20		30,00	3,000	R 263,00	T
12.4	Uterus								
2432	Hysteroscopic bilateral tubal occlusion with permanent implants (includes hysteroscopy)	20	120,000	R1 675,90			3,000	R 263,00	
2433	Embryo transfer	20	45,000	R628,60		30,00	4,000	R 350,80	T
2434	Endometrial biopsy (excluding aftercare)	20	18,000	R251,40		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2435	Hysterosalpingogram (excluding aftercare)	20	22,000	R307,20		30,00	3,000	R 263,00	T
2436	Hysteroscopy (excluding aftercare)	20	40,000	R558,50		30,00	3,000	R 263,00	T
2437	Hysteroscopy and D&C (excluding aftercare)	20	58,000	R810,00		30,00	3,000	R 263,00	T
2438	Hysteroscopy and removal of uterine septum (excluding aftercare)	20	80,000	R1 117,30		30,00	3,000	R 263,00	T
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding aftercare)	20	63,000	R879,90		30,00	3,000	R 263,00	T
2440	Hysteroscopy and polypectomy (excluding aftercare)	20	75,000	R1 047,50		30,00	3,000	R 263,00	T
2441	Hysteroscopy and myomectomy (excluding aftercare)	20	130,000	R1 815,70		30,00	3,000	R 263,00	T
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding aftercare)	20	18,000	R251,40		30,00	3,000	R 263,00	T
2443	Dilatation and curettage (D&C) (excluding aftercare)	20	35,000	R488,80		30,00	3,000	R 263,00	T
2444	Fractional dilatation and curettage (D&C) (excluding aftercare)	20	45,000	R628,60		30,00	3,000	R 263,00	T
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	20	50,000	R698,50		30,00	4,000	R 350,80	T
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	20	71,000	R991,50		30,00	4,000	R 350,80	T
2448	Termination of pregnancy before 12 weeks	20	50,000	R698,50		30,00	4,000	R 350,80	T
2449	Evacuation: Missed abortion: Before 12 weeks gestation	20	50,000	R698,50		30,00	4,000	R 350,80	T
2451	Evacuation: Missed abortion: After 12 weeks gestation	20	80,000	R1 117,30		30,00	4,000	R 350,80	T
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	20	54,000	R753,90		30,00	4,000	R 350,80	T
2453	Evacuation hydatidiform mole	20	80,000	R1 117,30		30,00	5,000	R 438,30	T
2455	Evacuation uterus post-partum	20	54,000	R753,90		30,00	6,000	R 525,90	T
2461	Ventrosuspension	20	80,000	R1 117,30		30,00	4,000	R 350,80	T
2463	Uteroplasty: Strassman	20	143,000	R1 997,10		30,00	6,000	R 525,90	T
2465	Uteroplasty: Tompkins	20	143,000	R1 997,10		30,00	6,000	R 525,90	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2467	Myomectomy	20	143,000	R1 997,10		30,00	6,000	R 525,90	T
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	20	254,100	R3 548,80		30,00	6,000	R 525,90	T
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	20	252,200	R3 522,30		30,00	6,000	R 525,90	T
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	20	355,000	R4 957,90		30,00	6,000	R 525,90	T
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	20	472,800	R6 603,10		30,00	8,000	R 701,20	T
2477	Abdominal hysterotomy with or without sterilisation	20	188,000	R2 625,70		30,00	6,000	R 525,90	T
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	20	200,000	R2 793,10		30,00	6,000	R 525,90	T
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	20	225,000	R3 142,30		30,00	6,000	R 525,90	T
2480	Laparoscopy by second gynaecologist during endometrial ablation (item 2479)	20	120,000	R1 675,60					
12.5	Fallopian tubes								
0066	Microsurgery of the fallopian-tubes and ovaries: Where micro-surgical techniques are used, with the aid of a microscope, 25% may be added to the fee								
2481	Insufflation Fallopian tubes (excluding aftercare)	20	16,000	R223,40		30,00	3,000	R 263,00	T
2483	Salpingolysis	20	125,000	R1 745,80		30,00	4,000	R 350,80	T
2485	Salpingostomy	20	161,000	R2 248,30		30,00	4,000	R 350,80	T
2487	Tuboplasty tubal anastomosis or re-implantation	20	196,000	R2 737,20		30,00	4,000	R 350,80	T
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	20	125,000	R1 745,80		30,00	6,000	R 525,90	T
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	20	161,000	R2 248,30		30,00	6,000	R 525,90	T
2491	Ectopic pregnancy - after 12 weeks	20	225,000	R3 142,30		30,00	6,000	R 525,90	T
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	20	94,000	R1 312,80		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
	Note: Use item 1807 for open procedures performed with a laparoscope instead of item 2493. Item 1807 may only be added once, and may not be charged together with item 2493 for more than one procedure performed laparoscopically								
2493	Diagnostic laparoscopy (excluding aftercare)	20	94,400	R1 318,30		30,00	5,000	R 438,30	T
2496	Laparoscopy: Plus aspiration of a cyst (excluding aftercare)	20	18,000	R251,40		30,00	5,000	R 438,30	T
2497	Laparoscopy: Plus sterilisation	20	40,000	R558,50		30,00	5,000	R 438,30	T
2499	Laparoscopy: Plus biopsy (excluding aftercare)	20	18,000	R251,40		30,00	5,000	R 438,30	T
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	20	51,000	R712,20		30,00	5,000	R 438,30	T
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	20	18,000	R251,40		30,00	5,000	R 438,30	T
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding aftercare)	20	52,000	R726,30		30,00	5,000	R 438,30	T
2503	Laparoscopy: Plus ovarian drilling	20	40,000	R558,50		30,00	5,000	R 438,30	T
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	20	107,000	R1 494,40		30,00	5,000	R 438,30	T
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	20	52,000	R726,30		30,00	5,000	R 438,30	T
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	20	58,000	R810,00					
12.6	Ovaries								
2525	Wedge resection of ovaries, unilateral or bilateral	20	105,000	R1 466,40		30,00	4,000	R 350,80	T
2527	Removal of ovarian tumour or cyst	20	187,000	R2 611,80		30,00	4,000	R 350,80	T
2529	Oophorectomy: Uni- or bilateral	20	134,500	R1 878,40		30,00	4,000	R 350,80	T
2531	Ovarian carcinoma debulking and omentectomy	20	357,000	R4 985,70		30,00	6,000	R 525,90	T
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	20	469,000	R6 550,00		30,00	6,000	R 525,90	T
12.7	Miscellaneous procedures								
2535	Exenteration: Anterior Exenteration	20	402,000	R5 614,10		30,00	8,000	R 701,20	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2537	Exenteration: Posterior Exenteration	20	402,000	R5 614,10		30,00	8,000	R 701,20	T
2539	Exenteration: Total	20	625,000	R8 728,60		30,00	8,000	R 701,20	T
2541	Presacral neurectomy	20	98,000	R1 368,80		30,00	5,000	R 438,30	T
2542	Removal/revision: Sling for stress incontinence (e.g. fascia or synthetic)	20	151,400	R2 113,80			3,000	R 263,00	
2543	Moschowitz operation	20	120,000	R1 675,60		30,00	5,000	R 438,30	T
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	20	193,100	R2 697,00		30,00	5,000	R 438,30	T
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	20	195,000	R2 723,30		30,00	5,000	R 438,30	T
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	20	149,000	R2 080,80		30,00	6,000	R 525,90	T
2547	Operations for stress incontinence: Burch colposuspension	20	161,000	R2 248,30		30,00	5,000	R 438,30	T
2548	Operation for stress incontinence: Use of tape	20	229,400	R3 203,80		30,00	5,000	R 438,30	T
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	20	196,000	R2 737,20		30,00	5,000	R 438,30	T
2551	Laparotomy	20	196,000	R2 737,20		30,00	4,000	R 350,80	T
2552	Removal benign retroperitoneal tumour	20	223,000	R3 114,40		30,00	6,000	R 525,90	T
2553	Radical removal of malignant retroperitoneal tumour	20	350,000	R4 888,00		30,00	8,000	R 701,20	T
2554	Drainage of pelvic abscess per abdomen	20	180,000	R2 513,70		30,00	6,000	R 525,90	T
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	20	75,000	R1 047,50		30,00	5,000	R 438,30	T
2558	Drainage intra-abdominal abscess: Delayed closure	20	268,000	R3 743,00		30,00	6,000	R 525,90	T
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	20	150,000	R2 094,90		30,00	6,000	R 525,90	T
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	20	210,000	R2 932,90		30,00	6,000	R 525,90	T
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	20	51,000	R712,20		30,00	6,000	R 525,90	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2565	Implantation hormone pellets (excluding aftercare)	20	3,000	R41,80					
2570	Ligation of internal iliac vessels (when not part of another procedure)	20	225,000	R3 142,30		30,00	8,000	R 701,20	T
13	OBSTETRIC PROCEDURES								
RULES GOVERNING THIS SECTION									
U.	Obstetric procedures: (a) When a General Practitioner treats a patient in the ante-natal period and, after starting the confinement, requests an obstetrician to take over the case, the General Practitioner shall be entitled to charge for all the ante-natal consultations he/she has performed. (i) If the patient has been in labour for less than 6 hours, the General Practitioner shall charge 50,00 clinical procedure units according to item 2614: Global obstetric care. (ii) If the patient has been in labour for more than 6 hours, the General Practitioner shall charge 80,00 clinical procedure units according to item 2614: Global obstetric care. (b) When a General Practitioner calls an obstetrician to help with a confinement, take over the management of a confinement, and treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2614: Global obstetric care. (c) When a General Practitioner calls an obstetrician (specialist or General Practitioner) to help with a confinement, or take over the management of a confinement, but the General Practitioner treats the patient until after the post-partum visit, the obstetrician shall charge according to item 2616: Intrapartum obstetric care by obstetrician in consultation, and the General Practitioner according to item 2614: Global obstetric care.								
13.1	Pre-natal care and procedures								
2603	External cephalic version (excluding aftercare)	20	22,000	R307,20					
2605	Amniocentesis (excluding aftercare)	20	36,000	R502,70					
2607	Amnioscopy (excluding aftercare)	20	18,000	R251,40					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2609	Intra-uterine transfusion of foetus or cordocentesis	20	134,000	R1 871,40					
2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding aftercare)	20	16,000	R223,40					
2611	Chorion villus sampling (excluding aftercare)	20	54,000	R753,90					
13.2	Confinements								
2614	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding Caesarean section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)	20	282,000	R4 583,80		30,00	6,000	R 525,90	T
2615	Global obstetric care: All inclusive fee for caesarean section and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit).	20	267,000	R4 583,80		30,00	6,000	R 525,90	T
2616	Intrapartum obstetric care by obstetrician in consultation (excluding aftercare)	20	190,000	R2 653,70					
	Global obstetric care includes - o All modes of delivery (including Caesarean) - o All inductions of labour (medical or surgical) - o Intrapartum paracervical and pudential blocks - o Intrapartum amnioscopy - o Foetal blood sampling - o Application of scalp leads - o Symphysiotomy - o Manual removal of placenta - o Repair cervical tears - o Correction of uterine inversion - o Drainage of vulval haematoma - o Repair third degree tear - o Repair second degree tear - o Repair episiotomy - o Resuscitation of newborn by obstetrician - o Tracheal intubation - o Missed confinement								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
	Global obstetric care excludes - o Prenatal consultations - o Prenatal procedures (Items 2603 - 2611) - o Emergency hysterectomy for obstetrical reasons - o Abdominal operation for repair of ruptured gravid uterus - o Intensive care for obstetrical emergencies - o Tubal ligation performed as a post-partum procedure - o Post-partum complications occurring after discharge from the hospital								
13.3	Operative procedures (excluding antenatal care)								
2653	Caesarean-hysterectomy	20	335,000	R4 678,40		30,00	9,000	R 788,70	T
2657	Post-partum hysterectomy	20	300,000	R4 189,80		30,00	8,000	R 701,20	T
2669	Abdominal operation for ruptured gravid uterus: Repair	20	250,000	R3 491,50		30,00	9,000	R 788,70	T
14	NERVOUS SYSTEM								
14.1	Diagnostic procedures								
2680	Haemodynamic and autonomic nervous system testing with task Force system-PROFFESIONEL COMPONENTS		29,00	R404,70					
2681	Visual evoked potentials (VEP): Unilateral	20	50,000	R698,50					
2682	Visual evoked potentials (VEP): Bilateral	20	88,000	R1 228,90					
2683	Electro-retinography (Ganzfeld method): Unilateral	20	60,000	R838,00					
2684	Electro-retinography (Ganzfeld method): Bilateral	20	105,000	R1 466,40					
2685	Electro-oculography: Unilateral	20	30,000	R419,00					
2686	Electro-oculography: Bilateral	20	53,000	R740,30					
2687	VEP stable condition (photic drive): Unilateral	20	50,000	R698,50					
2689	VEP stable condition (photic drive): Bilateral	20	88,000	R1 228,90					
2690	Total fee for full evaluation of visual tracts including bilateral electroretinography and VEP	20	150,000	R2 094,90					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
	Note: See items 2691 to 2702 under section 17.5.1: Audiometry								
2703	Somatosensory evoked potentials (SEP) single nerve examination to brachial or lumbosacral plexus, spinal cord and cortex	20	48,000	R670,30					
2704	Neurostimulation, percutaneous: Sacral nerve		120,800	R1 686,60					
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	20	6,000	R83,90					
2706	Neurostimulation, percutaneous: Posterior tibial nerve, single treatment. Includes programming		8,800	R122,80					
2707	Full fee for complete neurological evoked potential evaluation including neurological AEP, bilateral VEP, and bilateral median and/or posterior tibial stimulation	20	220,000	R3 072,50					
2708	Evaluation of cognitive evoked potential with visual or audiology stimulus	20	80,000	R1 117,30					
2709	Full spinogram including bilateral median and posterior-tibial studies	20	140,000	R1 955,10					
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)								
2711	Electro-encephalography: Taking of record	20	36,100	R504,20					
2712	Electro-encephalography: Interpretation	20	24,000	R335,50					
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	20	18,400	R256,90					
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
2714	Cisternal puncture and/or intrathecal injections	20	15,000	R209,50					
2715	8 Hour ambulatory EEG monitoring (Holter): Hire	20	136,000	R1 899,40					
2716	8 Hour ambulatory EEG monitoring (Holter): Interpretation	20	30,000	R419,00					
2717	Electromyography: First	20	75,000	R1 047,50					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2718	Electromyography: Subsequent	20	75,000	R1 047,50					
2719	Overnight polysomnogram and sleep staging: Hire	20	125,000	R1 745,80					
2720	Overnight polysomnogram and sleep staging: Interpretation	20	23,000	R321,40					
2721	Daytime polysomnogram: Hire	20	125,000	R1 745,80					
2722	Daytime polysomnogram: Interpretation	20	17,000	R237,50					
2723	Multiple sleep latency test: Interpretation	20	125,000	R1 745,80					
2724	Overnight continuous positive airways pressure (CPAP) titration	20	155,000	R2 164,90					
2725	Angiography carotis: Unilateral	20	25,000	R349,10		30,00	4,000	R 350,80	T
2726	Angiography carotis: Bilateral	20	44,000	R614,70		30,00	4,000	R 350,80	T
2727	Vertebral artery: Direct needling	20	50,000	R698,50		30,00	4,000	R 350,80	T
2728	Unattended overnight home-based polysomnogram: Interpretation		24,500	R342,00					
2729	Vertebral catheterisation	20	50,000	R698,50		30,00	4,000	R 350,80	T
2730	Neostigmine Test, the diagnostic test for Myasthenia Gravis under the supervision of a neurologist ('20') (not to be used with item 0714)	20	60,000	R838,00	Z				
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)	20	14,500	R202,50		30,00	4,000	R 350,80	T
2732	Overnight home-based polysomnogram: Interpretation		24,500	R342,00					
2733	Cortical Stimulation	20	58,900	R822,60					
2734	Sodium Amytal Testing (WADA test)	20	88,700	R1 238,60		30,00	13,000	R 1 139,40	T
2735	Air encephalography and posterior fossa tomography: Posterior fossa tomography attendance by clinician	20	31,500	R439,70					
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	20	7,000	R97,90					
2739	Ventricular needling without burring: Tapping only	20	16,000	R223,40		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	20	43,000	R600,70		30,00	4,000	R 350,80	T
2743	Subdural tapping: First sitting	20	15,000	R209,50		30,00	4,000	R 350,80	T
2745	Subdural tapping: Subsequent	20	10,000	R139,40		30,00	4,000	R 350,80	T
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	20	36,100	R504,20					
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	20	24,500	R342,40					
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	20	36,100	R504,20					
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	20	24,500	R342,40					
6010	Electroencephalogram monitoring: Monitoring for localisation of cerebral seizure focus using computerised sixteen or more channel EEG, which may include video recording (e.g. for pre-operative localisation): Each full 24-hour period	20	294,600	R4 114,30					
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24-hour period of monitoring	20	128,600	R1 795,90					
14.2	Introduction of burr holes for								
2746	Biopsy: Temporal artery		91,000	R1 270,50					
2747	Ventriculography	20	150,000	R2 094,90		30,00	8,000	R 701,20	T
2749	Catheterisation for ventriculography and/or drainage	20	150,000	R2 094,90		30,00	8,000	R 701,20	T
2751	Biopsy of brain tumour	20	150,000	R2 094,90		30,00	8,000	R 701,20	T
2753	Subdural haematoma or hygroma	20	150,000	R2 094,90		30,00	8,000	R 701,20	T
2755	Subdural empyema	20	150,000	R2 094,90		30,00	8,000	R 701,20	T
2757	Brain abscess	20	150,000	R2 094,90		30,00	8,000	R 701,20	T
14.3	Nerve procedures								
2759	Nerve biopsy: Peripheral	20	37,000	R516,80		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2763	Nerve biopsy: Cranial nerves: Extra-cranial	20	20,000	R279,40		30,00	4,000	R 350,80	T
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	20	26,000	R363,10		30,00	4,000	R 350,80	T
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	20	25,000	R349,10					
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	20	30,000	R419,00					
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	20	35,000	R488,80					
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	20	35,000	R488,80					
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	20	50,000	R698,50					
14.3.1	Nerve procedures: Nerve repair or suture								
2767	Suture brachial plexus (see also items 2837 and 2839)	20	300,000	R4 189,80		30,00	6,000	R 525,90	T
2769	Suture: Large nerve: Primary	20	134,000	R1 871,40		30,00	5,000	R 438,30	T
2771	Suture: Large nerve: Secondary	20	202,000	R2 821,00		30,00	5,000	R 438,30	T
2773	Digital nerve: Primary	20	65,000	R907,70		30,00	3,000	R 263,00	T
2775	Digital nerve: Secondary	20	96,000	R1 340,70		30,00	3,000	R 263,00	T
2777	Nerve graft: Simple	20	202,000	R2 821,00		30,00	4,000	R 350,80	T
2779	Fascicular: First fasciculus	20	202,000	R2 821,00		30,00	4,000	R 350,80	T
2781	Fascicular: Each additional fasciculus	20	50,000	R698,50		30,00	4,000	R 350,80	T
2782	Nerve pedicle transfer: First stage (not to be used together with item 2783)		309,100	R4 317,30			4,000	R 350,60	T
2783	Fascicular: Nerve flap: To include all stages	20	224,000	R3 128,30		30,00	4,000	R 350,80	T
2784	Nerve pedicle transfer: Second stage (not to be used together with item 2783)		338,300	R4 725,20			4,000	R 350,60	T
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	20	124,000	R1 731,60		30,00	6,000	R 525,90	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2787	Fascicular: Grafting of facial nerve	20	215,000	R3 002,70		30,00	5,000	R 438,30	T
14.3.2	Nerve procedures: Neurectomy								
2789	Trigeminal ganglion: Injection of alcohol	20	150,000	R2 094,90		30,00	4,000	R 350,80	T
2791	Trigeminal ganglion: Injection of cortisone	20	65,000	R907,70		30,00	3,000	R 263,00	T
2793	Trigeminal ganglion: Coagulation through high frequency	20	170,000	R2 374,30		30,00	3,000	R 263,00	T
2799	Procedures for pain relief: Intrathecal injections for pain	20	36,000	R502,70		30,00	4,000	R 350,80	T
2800	Procedures for pain relief: Plexus nerve block	20	36,000	R502,70		20,00	36,000	R 502,70	ç
2801	Procedures for pain relief: Epidural injection for pain (refer to modifier 0045 for post-operative pain relief) (refer to modifier 0021 for epidural anaesthetic)	20	36,000	R502,70					
	When this procedure is performed by an anaesthetist he/she acts as the clinician and not an anaesthetist and the indicated clinical procedure units should be charged and not the anaesthetic tariff or units.								
2802	Procedures for pain relief: Peripheral nerve block	20	25,000	R349,10		20,00	25,000	R 349,10	ç
2803	Alcohol injection in peripheral nerves for pain: Unilateral	20	20,000	R279,40		30,00	3,000	R 263,00	T
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	20	10,000	R139,40		20,00	10,000	R 139,40	ç
2805	Alcohol injection in peripheral nerves for pain: Bilateral	20	35,000	R488,80		30,00	3,000	R 263,00	T
2809	Peripheral nerve section for pain	20	45,000	R628,60		30,00	3,000	R 263,00	T
2811	Pudendal neurectomy: Bilateral	20	116,000	R1 620,10		30,00	3,000	R 263,00	T
2813	Obturator or Stoffels	20	96,000	R1 340,70		30,00	3,000	R 263,00	T
2815	Interdigital	20	82,300	R1 149,40		30,00	3,000	R 263,00	T
2825	Excision: Neuroma: Peripheral	20	109,500	R1 529,20		30,00	3,000	R 263,00	T
14.3.3	Nerve procedures: Other nerve procedures								
2827	Transposition of ulnar nerve	20	100,000	R1 396,60		30,00	3,000	R 263,00	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2829	Neurolysis: Minor	20	51,000	R712,20		30,00	3,000	R 263,00	T
2831	Neurolysis: Major	20	132,000	R1 843,40		30,00	3,000	R 263,00	T
2833	Neurolysis: Digital	20	96,000	R1 340,70		30,00	3,000	R 263,00	T
2834	Neuroplasty: Sciatic nerve		168,800	R2 357,80			3,000	R 263,00	T
2835	Scalenotomy	20	132,000	R1 843,40		30,00	6,000	R 525,90	T
2837	Neuroplasty:Brachial Plexus	20	223,000	R3 114,40		30,00	5,000	R 438,10	T
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	20	895,200	R12 502,00		30,00	6,000	R 525,90	T
2841	Carpal Tunnel	20	64,000	R894,00		30,00	3,000	R 263,00	T
2843	Lumbar sympathectomy: Unilateral	20	153,000	R2 136,90		30,00	4,000	R 350,80	T
2845	Lumbar sympathectomy: Bilateral	20	268,000	R3 743,00		30,00	6,000	R 525,90	T
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)					30,00	11,000	R 964,20	T
2847	Cervical sympathectomy: Unilateral	20	153,000	R2 136,90		30,00	4,000	R 350,80	T
2848	Cervical sympathectomy: Bilateral	20	268,000	R3 743,00		30,00	6,000	R 525,90	T
2849	Sympathetic block: Other levels: Unilateral	20	20,000	R279,40		30,00	3,000	R 263,00	T
2851	Sympathetic block: Other levels: Bilateral	20	35,000	R488,80		30,00	3,000	R 263,00	T
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	20	20,000	R279,40		30,00	4,000	R 350,80	T
14.4	Skull procedures								
2855	Removal of skull tumour: With or without plastic repair: Small	20	170,000	R2 374,30		30,00	5,000	R 438,30	T
2857	Removal of skull tumour: With or without plastic repair: Major	20	200,000	R2 793,10		30,00	8,000	R 701,20	T
2859	Repair of depressed fracture of skull: Without brain laceration: Major	20	200,000	R2 793,10		30,00	8,000	R 701,20	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2860	Repair of depressed fracture of skull: Without brain laceration: Small	20	170,000	R2 374,30		30,00	8,000	R 701,20	T
2861	Repair of depressed fracture of skull: With brain lacerations: Small	20	200,000	R2 793,10		30,00	8,000	R 701,20	T
2862	Repair of depressed fracture of skull: With brain lacerations: Major	20	375,000	R5 237,20		30,00	8,000	R 701,20	T
2863	Cranioplasty	20	280,000	R3 910,70		30,00	8,000	R 701,20	T
2864	Encephalocele (excluding frontal)	20	200,000	R2 793,10		30,00	8,000	R 701,20	T
2865	Craniosynostosis: Few suturae	20	213,000	R2 974,60		30,00	9,000	R 788,70	T
2867	Craniosynostosis: Multiple suturae	20	280,000	R3 910,70		30,00	9,000	R 788,70	T
14.5	Shunt procedures								
2869	Ventriculo-cisternostomy	20	280,000	R3 910,70		30,00	8,000	R 701,20	T
2871	Ventriculo-caval shunt	20	280,000	R3 910,70		30,00	11,000	R 964,20	T
2873	Ventriculo-peritoneal shunt	20	280,000	R3 910,70		30,00	8,000	R 701,20	T
2875	Theco-peritoneal C.S.F. shunt	20	280,000	R3 910,70		30,00	8,000	R 701,20	T
14.6	Aneurysm repair								
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	20	700,000	R9 776,10		30,00	15,000	R 1 314,80	T
2877	Extracranial to intracranial vascular	20	700,000	R9 776,10		30,00	15,000	R 1 314,80	T
2878	Posterior fossa arteriovenous anomalies	20	700,000	R9 776,10		30,00	15,000	R 1 314,80	T
14.7	Craniectomy or Craniotomy								
2879	Glosso pharyngeal nerve	20	480,000	R6 703,40		30,00	6,000	R 525,90	T
2881	Eighth nerve: Intracranial	20	480,000	R6 703,40		30,00	8,000	R 701,20	T
2883	Eighth nerve: Extracranial	20	480,000	R6 703,40		30,00	4,000	R 350,80	T
2884	Sub-temporal section of the trigeminal nerve	20	375,000	R5 237,20		30,00	9,000	R 788,70	T
2885	Trigeminal tractotomy	20	480,000	R6 703,40		30,00	9,000	R 788,70	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2886	Posterior fossa decompression with or without laminectomy with or without dural insertion for Arnold Chiarri malformation or obstructive cysts e.g. Dandy Walker or parasites	20	450,000	R6 284,50		30,00	9,000	R 788,70	T
2887	Vestibular nerve	20	480,000	R6 703,40		30,00	9,000	R 788,70	T
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	20	700,000	R9 776,10		30,00	11,000	R 964,20	T
2891	Posterior fossa tumour removal: Glioma, secondary deposits	20	450,000	R6 284,50		30,00	11,000	R 964,20	T
2893	Posterior fossa tumour removal: Abscess	20	450,000	R6 284,50		30,00	11,000	R 964,20	T
2895	Excision of tumour of glomus jugulare: Intracranial	20	420,000	R5 865,50		30,00	11,000	R 964,20	T
2897	Excision of tumour of glomus jugulare: Extracranial	20	420,000	R5 865,50		30,00	9,000	R 788,70	T
2898	Excision of tumour of glomus jugulare: Hemispherectomy	20	500,000	R6 982,90		30,00	15,000	R 1 314,80	T
14.7.1	Posterior fossa surgery: Supratentorial procedures								
2899	Craniectomy for extra-dural haematoma or empyema	20	375,000	R5 237,20		30,00	11,000	R 964,20	T
14.8	Craniotomy for								
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	20	700,000	R9 776,10		30,00	11,000	R 964,20	T
2901	Craniotomy for Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, pineal tumours, pituitary adenoma, total excision cranio-pharyngioma/pharyngioma	20	700,000	R9 776,10		30,00	11,000	R 964,20	T
2903	Craniotomy for Abscess, Glioma	20	450,000	R6 284,50		30,00	11,000	R 964,20	T
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	20	450,000	R6 284,50		30,00	11,000	R 964,20	T
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	20	450,000	R6 284,50		30,00	11,000	R 964,20	T
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	20	375,000	R5 237,20		30,00	11,000	R 964,20	T
2907	Craniotomy for Temporal lobectomy	20	450,000	R6 284,50		30,00	11,000	R 964,20	T
2908	Craniotomy for Torkildsen anastomosis	20	375,000	R5 237,20		30,00	11,000	R 964,20	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2909	Craniotomy for CSF-leaks	20	450,000	R6 284,50		30,00	11,000	R 964,20	T
2910	Craniotomy for removal of arteriovenous malformation	20	700,000	R9 776,10		30,00	11,000	R 964,20	T
14.8.1	Stereotaxis; Stereotactic Radiosurgery (Cranial); Neurostimulators (Intracranial)								
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	20	280,000	R3 910,70		30,00	4,00	R 350,80	T
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	20	196,000	R2 737,20		30,00	4,00	R 350,80	T
2915	Transnasal hypophysectomy	20	300,000	R4 189,80		30,00	11,00	R 964,20	T
2916	Transfrontal hypophysectomy	20	480,000	R6 703,40		30,00	11,00	R 964,20	T
2917	Transnasal hypophyseal implants	20	172,000	R2 402,30		30,00	11,00	R 964,20	T
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)	20	-						
14.9	Spinal operations								
	See section 3.8.7 for laminectomy procedures								
2923	Chordotomy: Unilateral	20	178,000	R2 485,90		30,00	3,000	R 263,00	TM
2925	Chordotomy: Open	20	350,000	R4 888,00		30,00	3,000	R 263,00	TM
2927	Rhizotomy: Extradural, but intraspinal	20	320,000	R4 469,10		30,00	3,000	R 263,00	TM
2928	Rhizotomy: Intradural	20	350,000	R4 888,00		30,00	3,000	R 263,00	TM
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	20	700,000	R9 776,10		30,00	8,000	R 701,20	T
2930	Removal of spinal cord tumour: Intramedullar: Anterio-lateral approach	20	700,000	R9 776,10		30,00	8,000	R 701,20	T
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	20	350,000	R4 888,00		30,00	3,000	R 263,00	TM
2932	Removal of spinal cord tumour: Extramedullary, but intradural: Anterio-lateral approach	20	350,000	R4 888,00		30,00	8,000	R 701,20	T
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	20	320,000	R4 469,10		30,00	7,000	R 613,50	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	20	225,000	R3 142,30		30,00	3,000	R 263,00	T
2937	Repair of meningocele, involving nerve tissue	20	250,000	R3 491,50		30,00	9,000	R 788,70	T
2938	Simple	20	150,000	R2 094,90		30,00	9,000	R 788,70	T
2939	Excision of arterial vascular malformations and cysts of the spinal cord	20	700,000	R9 776,10		30,00	9,000	R 788,70	T
2940	Lumbar osteophyte removal	20	187,000	R2 611,80		30,00	3,000	R 263,00	TM
2941	Cervical or thoracic osteophyte removal	20	285,000	R3 980,30		30,00	3,000	R 263,00	TM
14.10	Arterial ligations								
2951	Carotis: Trauma	20	120,000	R1 675,60		30,00	8,000	R 701,20	T
2953	Carotis: For aneurysm (AV anomaly)	20	150,000	R2 094,90		30,00	8,000	R 701,20	T
2955	Removal of carotid body tumour (without vascular reconstruction)	20	335,600	R4 686,90		30,00	8,000	R 701,20	T
14.11	Medical psychotherapy								
2957	Individual psychotherapy (specify type): Including play therapy for children: Per short session (20 minutes)								
2962	Directive therapy to family, parent(s), spouse: Per 20-minute session								
2963	Pairs, marriage or sex therapy: Per 20-minute session								
2968	Group therapy: Adults (specify number): Tariff per person per 80-minute session; Children (specify number): Tariff per person per 80-minute session								
2974	Individual psychotherapy (specify type): Including play therapy for children: Per intermediate session (40 minutes)								
2975	Individual psychotherapy (specify type): Including play therapy for children: Per extended session (60 minutes or longer)								
2976	Intermediate treatment where either items 2962 or 2963 are used: Per 40-minute session								

NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2977	Extended treatment where either items 2962 or 2963 are used: Per 60-minute session								
RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY									
V.	(a) Electro-convulsive treatment: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure. (b) Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof, provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods								
0079	When a first consultation/visit proceeds into, or is immediately followed by a medical psychotherapeutic procedure, fees for the procedure are calculated according to the appropriate individual psychotherapy code (items 2957, 2974 or 2975)								
0099	Stat basis tests: For tests performed on a stat basis, an additional premium of 50% of the fee for the particular pathology service shall apply, with the following provisos: o Stat test requesting may only be done by the referring practitioner and not by the pathologist. o Specimens must be collected on a stat basis where applicable. o Test must be performed on a stat basis. o Documentation (or a copy thereof) relating to the request of the referring practitioner must be retained. o This modifier will only apply during normal working hours and will never be used in combination with item 4547: After-hours service.								
14.12	Physical treatment methods								
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)					30,00	3,000	R 263,00	T
14.13	Psychiatric examination methods								
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per 60 min session								
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)								

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
15	ENDOCRINE SYSTEM								
15.1	Thyroid								
2983	Lobectomy: Partial	20	198,100	R2 766,80		30,00	5,000	R 438,30	T
2985	Lobectomy: Total	20	200,000	R2 793,10		30,00	5,000	R 438,30	T
2987	Thyroidectomy: Subtotal	20	266,000	R3 714,90		30,00	5,000	R 438,30	T
2989	Thyroidectomy: Total	20	279,000	R3 896,40		30,00	5,000	R 438,30	T
2990	Parathyroid: Re-exploration for hyperparathyroidism, INCLUDES removal of parathyroid glands or lesions: Cervical approach		335,300	R4 681,10			6,000	R 525,90	
2991	Thyroglossal cyst or fistula excision	20	126,200	R1 762,40		30,00	5,000	R 438,30	T
15.2	Parathyroid								
2992	Parathyroid: Re-exploration for hyperparathyroidism, INCLUDES removal of parathyroid glands or lesions: With mediastinal exploration, sternal slit or transthoracic approach		370,700	R5 175,40			12,000	R 1 052,00	
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	20	275,000	R3 840,70		30,00	5,000	R 438,30	T
15.3	Adrenals								
2994	Parathyroid: Autotransplantation of parathyroid: ADD to major procedure (modifier 0005 does not apply)		70,500	R984,10			6,000	R 525,90	
2995	Adrenalectomy: Unilateral	20	225,000	R3 142,30		30,00	9,000	R 788,70	T
2997	Bilateral exploration of adrenal glands: Including removal	20	394,000	R5 502,50		30,00	11,000	R 964,20	T
15.4	Hypophysis								
2999	Transethmoidal hypophysectomy	20	300,000	R4 189,80		30,00	11,000	R 964,20	T
3000	Transnasal hypophysectomy (see also item 2915)	20	300,000	R4 189,80		30,00	11,000	R 964,20	T
15.5	Endocrine system: General								
3001	Implantation of pellets (excluding cost of material) (excluding aftercare)	20	3,000	R41,80					

NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

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Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
16	EYE								
16.1	Eye: Procedures performed in rooms								
	(a) Eye investigations and photography refer to both eyes except where otherwise indicated. No extra fee may be charged where each eye is examined separately on two different occasions (b) Material used is excluded (c) The fee for photography is not related to the number of photographs taken								
16.1.1	Eye investigations								
3002	Gonioscopy	20	7,000	R97,90					
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	20	7,000	R97,90					
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	20	7,000	R97,90					
3006	Keratometry	20	7,000	R97,90					
3009	Basic capital equipment used in own rooms by ophthalmologists. Only to be charged at first and follow-up consultations. Not to be charged for post-operative follow-up consultations	20	11,680	R162,90					
3012	Pre-surgical retinal examination before retinal surgery	20	32,000	R446,90					
3013	Ocular motility assessment: Comprehensive examination	20	12,000	R167,60					
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	20	7,000	R97,90					
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	20	9,000	R125,70					
16.1.2	Special eye investigations								
3005	Endothelial cell count	20	7,000	R97,90					
3007	Potential acuity measurement	20	7,000	R97,90					

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3008	Contrast sensitivity test	20	7,000	R97,90					
3010	Orthoptics consultation	20	10,000	R139,40					
3011	Orthoptic subsequent sessions	20	5,000	R69,90					
3015	Charting of visual field with manual perimeter	20	28,000	R391,00					
3016	Retinal threshold test without storage facilities	20	30,000	R419,00					
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	20	74,000	R1 033,30					
3018	Retinal threshold trend evaluation (additional to item 3017)	20	16,000	R223,40					
3019	Ocular muscle function with Hess screen or perimeter	20	16,000	R223,40					
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	20	46,000	R642,50					
3022	Digital fluorescein video angiography	20	68,000	R949,70		30,00	9,000	R 788,70	T
3023	Digital indocyanine video angiography	20	110,000	R1 536,30		30,00	9,000	R 788,70	T
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	20	12,000	R167,60					
3025	Electronic tonography	20	19,000	R265,50					
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	20	19,300	R269,70					
3027	Fundus photography	20	21,000	R293,30					
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	20	40,000	R558,50					
3029	Anterior segment microphotography	20	21,000	R293,30					
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	20	45,000	R628,60					
3032	Eyelid and orbit photography	20	9,000	R125,70					
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	20	16,000	R223,40					

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3034	Determination of lens implant power per eye	20	15,000	R209,50					
3035	Where a minor procedure usually done in the consulting rooms requires a general anaesthetic or use of an operating theatre, an additional fee may be charged	20	22,000	R307,20					
3036	Corneal topography: For pathological corneas only on special motivation. For refractive surgery - may be charged once pre-operative and once post-operative per sitting (for one or both eyes)	20	36,000	R502,70					
16.2	Retina								
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	20	306,900	R4 286,30		30,00	6,000	R 525,90	T
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	20	105,000	R1 466,40		30,00	6,000	R 525,90	T
3041	Pan retinal photocoagulation (per eye): Done in one sitting	20	150,000	R2 094,90		30,00	6,000	R 525,90	T
3044	Removal of encircling band and/or buckling material	20	105,000	R1 466,40		30,00	6,000	R 525,90	T
16.3	Cataract								
3045	Cataract: Intra-capsular	20	210,000	R2 932,90		30,00	7,000	R 613,50	T
3047	Cataract: Extra-capsular (including capsulotomy)	20	210,000	R2 932,90		30,00	7,000	R 613,50	T
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	20	57,000	R796,10		30,00	7,000	R 613,50	T
3050	Repositioning of intra ocular lens	20	171,100	R2 389,40		30,00	7,000	R 613,50	T
3051	Needling or capsulotomy	20	130,000	R1 815,70		30,00	4,000	R 350,80	T
3052	Laser capsulotomy	20	105,000	R1 466,40		30,00	4,000	R 350,80	T
3057	Removal of lenticulus	20	210,000	R2 932,90		30,00	7,000	R 613,50	T
3058	Exchange of intra ocular lens	20	236,000	R3 296,10		30,00	7,000	R 613,50	T
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	20	210,000	R2 932,90		30,00	7,000	R 613,50	T

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3060	Use of own surgical microscope for surgery or examination (not for slit lamp microscope) (for use by ophthalmologists only)	20	4,000	R56,10					
16.4	Glaucoma								
3061	Drainage operation	20	247,600	R3 457,90		30,00	6,000	R 525,90	T
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	20	60,000	R838,00		30,00	6,000	R 525,90	T
3063	Cyclocryotherapy or cyclodiathermy	20	105,000	R1 466,40		30,00	6,000	R 525,90	T
3064	Laser trabeculoplasty	20	105,000	R1 466,40		30,00	6,000	R 525,90	T
3065	Removal of blood from anterior chamber	20	105,000	R1 466,40		30,00	4,000	R 350,80	T
3067	Goniotomy	20	210,000	R2 932,90		30,00	7,000	R 613,50	T
16.5	Intra-ocular foreign body								
3071	Intra-ocular foreign body: Anterior to Iris	20	127,000	R1 773,80		30,00	4,000	R 350,80	T
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	20	210,000	R2 932,90		30,00	6,000	R 525,90	T
16.6	Strabismus								
3074	Strabismus (whether operation performed on one eye or both): Adjustment of sutures if not done at the time of the operation. Additional fee for sterile tray (refer to item 0202)	20	20,000	R279,40					
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	20	175,600	R2 452,30		30,00	5,000	R 438,30	T
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	20	200,000	R2 793,10		30,00	5,000	R 438,30	T
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	20	120,000	R1 675,60		30,00	5,000	R 438,30	T
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	20	150,000	R2 094,90		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
16.7	Globe								
3079	Transcleral biopsy	20	132,000	R1 843,40		30,00	4,000	R 350,80	T
3080	Examination of eyes under general anaesthetic where no surgery is done	20	80,000	R1 117,30		30,00	4,000	R 350,80	T
3081	Treatment of minor perforating injury	20	161,600	R2 256,90		30,00	6,000	R 525,90	T
3083	Treatment of major perforating injury	20	267,500	R3 735,80		30,00	6,000	R 525,90	T
3085	Enucleation or Evisceration	20	105,000	R1 466,40		30,00	5,000	R 438,30	T
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	20	160,000	R2 234,60		30,00	5,000	R 438,30	T
3088	Hydroxyapatite insertion (additional to item 3087)	20	40,000	R558,50		30,00	5,000	R 438,30	T
3089	Subconjunctival injection if not done at time of operation	20	10,000	R139,40		30,00	5,000	R 438,30	T
3090	Intra vitreal injection drug	20	47,600	R664,90		30,00	4,000	R 350,80	T
3091	Retrobulbar injection (if not done at time of operation)	20	16,000	R223,40		30,00	4,000	R 350,80	T
3092	External laser treatment for superficial lesions	20	53,000	R740,30					
3093	Treatment of tumours of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	20	209,000	R2 918,80		30,00	6,000	R 525,90	T
3094	Implantation of intra vitreal drug delivery system	20	247,600	R3 457,90		30,00	4,000	R 350,80	T
3095	Biopsy of vitreous body or anterior chamber contents	20	105,000	R1 466,40		30,00	6,000	R 525,90	T
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	20	130,000	R1 815,70		30,00	7,000	R 613,50	T
3097	Anterior vitrectomy	20	280,000	R3 910,70		30,00	6,000	R 525,90	T
3098	Removal of silicon from globe	20	280,000	R3 910,70		30,00	6,000	R 525,90	T
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	20	419,000	R5 851,60		30,00	6,000	R 525,90	T
3100	Lensectomy done at time of posterior vitrectomy	20	30,000	R419,00		30,00	7,000	R 613,50	T

NON-NETWORK SPECIALISTS

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Practice type: Specialists

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
16.8	Orbit								
3101	Drainage of orbital abscess	20	105,000	R1 466,40		30,00	5,000	R 438,30	T
3103	Orbit: Removal of tumour	20	240,000	R3 351,80		30,00	5,000	R 438,30	T
3104	Removal orbital prosthesis	20	212,700	R2 970,60		30,00	5,000	R 438,30	T
3105	Orbit: Exenteration	20	275,000	R3 840,70		30,00	5,000	R 438,30	T
3107	Orbitotomy requiring bone flap	20	393,000	R5 488,50		30,00	5,000	R 438,30	T
3108	Eye socket reconstruction	20	206,000	R2 876,80		30,00	5,000	R 438,30	T
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously	20	300,000	R4 189,80		30,00	5,000	R 438,30	T
3110	Second stage hydroxyapatite implantation	20	110,000	R1 536,30		30,00	5,000	R 438,30	T
16.9	Cornea								
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)	20	-		F				
3112	Fitting of contact lens for treatment of disease including supply of lens. Bandage contact lens as for corneal erosion, ulcer, abrasion or corneal wound.	20	12,200	R170,40					
3113	Fitting of contact lenses and instructions to patient: Includes eye examination, first fitting of the contact lenses and further post-fitting visits for one (1) year	20	200,000	R2 793,10					
3114	Wavefront analysis (Aberometry) for customized ablation of pathological corneas prior to LASIK surgery - EQUIPMENT component only	20	78,850	R1 101,40					
3115	Fitting of only one contact lens and instructions to the patient: Eye examination, first fitting of the contact lens and further post-fitting visits for one year included	20	166,000	R2 318,30					
3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	20	135,200	R1 888,10		30,00	6,000	R 525,90	T
3117	Removal of foreign body: On the basis of fee per consultation	20	-		F	30,00	4,000	R 350,80	T
3118	Curettage of cornea after removal of foreign body (aftercare excluded)	20	10,000	R139,40					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3119	Tattooing	20	26,000	R363,10		30,00	4,000	R 350,80	T
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	20	150,000	R2 094,90		30,00	6,000	R 525,90	T
3121	Corneal graft (Lamellar or full thickness)	20	289,000	R4 036,10		30,00	6,000	R 525,90	T
3122	Epikeratophakia	20	289,000	R4 036,10					
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	20	254,000	R3 547,20		30,00	6,000	R 525,90	T
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	20	9,000	R125,70					
3125	Keratectomy	20	127,000	R1 773,80		30,00	6,000	R 525,90	T
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	20	52,180	R728,70					
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	20	10,000	R139,40		30,00	4,000	R 350,80	T
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	20	150,000	R2 094,90		30,00	6,000	R 525,90	T
3129	Additional to item 3128 for the use of own diamond knives	20	40,000	R558,50					
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	20	96,900	R1 353,30		30,00	4,000	R 350,80	T
3131	Cornea: Paracentesis	20	53,000	R740,30		30,00	4,000	R 350,80	T
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	20	150,000	R2 094,90		30,00	6,000	R 525,90	T
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - Stand-alone procedure	20	116,300	R1 624,10		30,00	4,000	R 350,80	T
3136	Conjunctival flap or graft (not for use with pterigium surgery)	20	95,700	R1 336,60		30,00	6,000	R 525,90	T
3138	Removal corneal epithelium and chelating agent for band keratopathy	20	69,500	R970,50		30,00	4,000	R 350,80	T
4980	Corneal transplant: Endothelial	20	219,800	R3 070,30			3,000	R 263,00	
4981	Preparation of corneal endothelial allograft prior to transplantation (backbench)	20	-				-		

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

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Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4985	Corneal cross linking	20	150,000	R2 094,80			3,000	R 263,00	
4986	Cross linking equipment hire	20	54,000	R754,20			-		
16.10	Ducts								
3133	Probing and/or syringing, per duct	20	10,000	R139,40		30,00	4,000	R 350,80	T
3135	Insert polythene tubes	20	51,800	R723,50		30,00	4,000	R 350,80	T
3137	Excision of lacrimal sac: Unilateral	20	132,000	R1 843,40		30,00	4,000	R 350,80	T
3139	Dacrocystorhinostomy (Single) with or without polythene tube	20	210,000	R2 932,90		30,00	5,000	R 438,30	T
3141	Sealing Punctum surgical or by cautery: Per eye	20	24,900	R347,80		30,00	4,000	R 350,80	T
3142	Sealing Punctum with plugs: Per eye	20	20,000	R279,40		30,00	4,000	R 350,80	T
3143	Three-snip operation	20	10,000	R139,40		30,00	4,000	R 350,80	T
3145	Repair of caniculus: Primary procedure	20	132,000	R1 843,40		30,00	4,000	R 350,80	T
3147	Repair of caniculus: Secondary procedure	20	175,000	R2 444,20		30,00	4,000	R 350,80	T
16.11	Iris								
3149	Iridectomy or iridotomy by open operation as isolated procedure	20	132,000	R1 843,40		30,00	4,000	R 350,80	T
3151	Excision of iris tumour	20	185,000	R2 583,80		30,00	6,000	R 525,90	T
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	20	105,000	R1 466,40		30,00	4,000	R 350,80	T
3155	Iridocyclectomy for tumour	20	266,000	R3 714,90		30,00	6,000	R 525,90	T
3157	Division of anterior synechiae as isolated procedure	20	132,000	R1 843,40		30,00	4,000	R 350,80	T
3158	Repair iris as in dialysis: Anterior chamber reconstruction	20	142,400	R1 988,80		30,00	4,000	R 350,80	T
16.12	Lids								
3161	Tarsorrhaphy	20	47,000	R656,30		30,00	4,000	R 350,80	T
3163	Excision of superficial lid tumour	20	47,000	R656,30		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3165	Repair of skin laceration lid: Simple	20	27,300	R381,20		30,00	4,000	R 350,80	T
3167	Diathermy to wart on lid margin	20	12,000	R167,60		30,00	4,000	R 350,80	T
3169	Electrolysis of any number of eyelashes: Per eye	20	15,000	R209,50					
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	20	20,400	R284,90		30,00	4,000	R 350,80	T
3173	Epicanthal folds	20	128,700	R1 797,30		30,00	4,000	R 350,80	T
3174	Botulinus toxin injection for blepharospasm (+ item 0198 + item 0201 + item 0202)	20	25,000	R349,10					
3175	Botulinus toxin injection in extra-ocular muscles (+ item 0198 + item 0201+ item 0202)	20	35,000	R488,80					
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	20	187,000	R2 611,80		30,00	4,000	R 350,80	T
16.12.1	Lids: Entropion or ectropion by								
3177	Entropion or ectropion by Cautery	20	10,000	R139,40		30,00	4,000	R 350,80	T
3179	Entropion or ectropion by Suture	20	49,400	R689,80		30,00	4,000	R 350,80	T
3181	Entropion or ectropion by Open operation	20	111,500	R1 557,10		30,00	4,000	R 350,80	T
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	20	122,600	R1 712,20		30,00	4,000	R 350,80	T
16.12.2	Lids: Reconstruction of eyelid								
3185	Staged procedure for partial or total loss of eyelid: First stage	20	259,000	R3 617,00		30,00	4,000	R 350,80	T
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	20	206,000	R2 876,80		30,00	4,000	R 350,80	T
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	20	136,500	R1 906,50		30,00	4,000	R 350,80	T
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	20	150,200	R2 097,70		30,00	4,000	R 350,80	T
3172	Blepharoplasty lower eyelid plus fat pad	20	125,800	R1 757,00		30,00	4,000	R 350,80	T
16.12.3	Lids: Ptosis								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3193	Repair by superior rectus, levator or frontalis muscle operation	20	190,000	R2 653,70		30,00	4,000	R 350,80	T
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	20	137,600	R1 921,90		30,00	4,000	R 350,80	T
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	20	166,000	R2 318,30		30,00	4,000	R 350,80	T
16.13	Conjunctiva								
3199	Repair of conjunctiva by grafting	20	132,000	R1 843,40		30,00	4,000	R 350,80	T
3200	Repair of lacerated conjunctiva	20	47,000	R656,30		30,00	4,000	R 350,80	T
16.14	Eye: General								
	OWN EQUIPMENT USED IN TREATMENT: Only the owner of the equipment may charge hire fees for equipment used and not the person using the equipment.								
3190	Holmium laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting	20	109,000	R1 522,40					
3192	Applicable to Medical Scheme Benefits only: Item 3192: If a practitioner performs the procedure in his own facility an excimer laser theatre fee of the indicated amount per minute may be charged	20	2,250	R31,40					
3196	Diamond knife: Use of own diamond knife during intraocular surgery	20	12,000	R167,60					
3198	Excimer laser: Hire fee (per eye)	20	284,130	R3 968,00					
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master)	20	109,000	R1 522,40					
3202	Phako emulsification apparatus: Hire fee	20	109,000	R1 522,40					
3203	Vitrectomy apparatus: Hire fee	20	120,000	R1 675,60					
3208	Biopsy: External auditory canal	20	15,497	R216,50			3,000	R 263,00	

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
17	EAR								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								
	Repair / modification of hearing aid: report this service using item 0201 and supply invoice								
17.1	External ear (Pinna)								
	Fitting / orientation / checking of a hearing aid: report this service using the appropriate consultation code								
	Repair / modification of hearing aid: report this service using 0201 and supply invoice								
3267	Major congenital deformity reconstruction of external ear: Unilateral	20	138,000	R1 927,40		30,00	5,000	R 438,30	T
3269	Major congenital deformity reconstruction of external ear: Bilateral	20	242,000	R3 379,80		30,00	5,000	R 438,30	T
3270	Excision of superficial pre-auricular fistula	20	55,000	R768,00		30,00	4,000	R 350,80	T
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear	20	-		f				
3272	Excision of complicated pre-auricular fistula	20	140,000	R1 955,10		30,00	4,000	R 350,80	T
5170	Drainage: Haematoma or abscess of external ear	20	34,800	R486,10			3,000	R 263,00	
5173	Biopsy: External ear	20	12,400	R173,20			3,000	R 263,00	
5175	Excision: External ear, partial, simple repair	20	63,500	R886,70			3,000	R 263,00	
5176	Excision: External ear, complete	20	66,800	R932,80			3,000	R 263,00	
17.2	External ear canal								
3204	External ear canal: Removal of foreign body: At rooms	20	-		F				
3205	External ear canal: Removal of foreign body: Under general anaesthetic	20	21,000	R293,30		30,00	4,000	R 350,80	T
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	20	164,000	R2 290,30		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3217	Meatus atresia: Congenital	20	277,000	R3 868,60		30,00	4,000	R 350,80	T
3218	Remove impacted wax (one or both ears) with the use of a microscope (excludes loupe) - not to be used combined with item 3206	20	17,420	R243,20					
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	20	77,000	R1 075,50		30,00	4,000	R 350,80	T
3220	Debridement mastoidectomy cavity with the use of a microscope (excludes loupe) - not to be used combined with item 3206	20	23,100	R323,30			3,000	R 263,00	
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	20	215,000	R3 002,70		30,00	4,000	R 350,80	T
17.3	Middle ear								
3206	Microscopic examination of tympanic membrane including microsuction	20	8,000	R111,60					
3207	Myringotomy: Unilateral	20	28,000	R391,00		30,00	4,000	350,800	T
3209	Myringotomy: Bilateral	20	46,000	R642,50		30,00	4,000	350,800	T
3211	Unilateral myringotomy with insertion of ventilation tube	20	38,000	R530,80		30,00	4,000	350,800	T
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	20	57,000	R796,10		30,00	4,000	350,800	T
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	20	65,000	R907,70		30,00	4,000	350,800	T
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	20	255,000	R3 561,30		30,00	5,000	438,300	T
3237	Exploratory tympanotomy	20	158,900	R2 219,10		30,00	5,000	438,300	T
3242	Fenestration: Revision	20	20,000	R2 207,60			3,000	263,000	
3243	Myringoplasty	20	138,000	R1 927,40		30,00	5,000	438,300	T
3245	Functional reconstruction of tympanic membrane	20	277,000	R3 868,60		30,00	5,000	438,300	T
3249	Stapedotomy and stapedectomy	20	277,000	R3 868,60		30,00	5,000	438,300	T
3257	Cortical mastoidectomy	20	188,500	R2 632,70		30,00	5,000	438,300	T
3259	Radical mastoidectomy (excluding minor procedures)	20	277,400	R3 874,10		30,00	5,000	438,300	T

NON-NETWORK SPECIALISTS

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Practice type: Specialists

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Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3261	Muscle grafting to mastoid cavity without tympanoplasty	20	180,000	R2 513,70		30,00	5,000	438,300	T
3263	Autogenous bone graft to mastoid cavity	20	180,000	R2 513,70		30,00	5,000	438,300	T
3264	Tympanomastoidectomy	20	375,000	R5 237,20		30,00	5,000	438,300	T
3265	Reconstruction of posterior canal wall, following radical mastoid	20	320,000	R4 469,10		30,00	5,000	438,300	T
3266	Gentamycin steroids instillation into the middle ear for Ménière's disease (myringotomy and cost of material excluded)	20	30,000	R419,00		30,00	5,000	438,300	T
17.4	Facial nerve								
17.4.1	Facial nerve: Facial nerve tests								
3223	Percutaneous stimulation of the facial nerve	20	9,000	R125,70		30,00	4,000	350,800	T
3224	Electroneurography (ENOG)	20	75,000	R1 047,50		30,00	4,000	350,800	T
17.4.2	Facial nerve: Facial nerve surgery								
3227	Exploration of facial nerve: Exploration of tympanomastoid segment	20	297,000	R4 148,00		30,00	5,000	438,300	T
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	20	436,000	R6 089,10		30,00	5,000	438,300	T
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	20	436,000	R6 089,10		30,00	5,000	438,300	T
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	20	124,000	R1 731,60		30,00	6,000	525,900	T
17.5	Inner ear								
17.5.1	Inner ear: Audiometry								
2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral	20	50,000	R698,50					
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	20	88,000	R1 228,90					
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	20	60,000	R838,00					
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	20	105,000	R1 466,40					

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
2695	Audiology 40Hz response: Unilateral	20	30,000	R419,00					
2696	Audiology 40Hz response: Bilateral	20	53,000	R740,30					
2697	Mid- and long latency auditory evoked potentials: Unilateral	20	30,000	R419,00					
2698	Mid- and long latency auditory evoked potentials: Bilateral	20	53,000	R740,30					
2699	Electro-cochleography: Unilateral	20	50,000	R698,50					
2700	Electro-cochleography: Bilateral	20	88,000	R1 228,90					
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	20	140,000	R1 955,10		30,00	4,000	350,800	T
3248	Otoacoustic emission performed as a screening test	20	33,240	R464,30	Z				
3250	Otoacoustic emission (high risk patients only)	20	66,480	R928,50					
3273	Pure tone audiometry (air conduction)	20	6,500	R91,00					
3274	Pure tone audiometry (bone conduction with masking)	20	6,500	R91,00					
3275	Impedance audiometry (tympanometry)	20	6,500	R91,00					
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	20	6,500	R91,00					
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	20	10,000	R139,40					
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	20	6,500	R91,00					
17.5.2	Inner ear: Balance tests								
3251	Minimal caloric test (excluding consultation fee)	20	10,000	R139,40					
3252	Bithermal Halpike caloric test (excluding consultation fee)	20	20,000	R279,40					
3253	Electro-nystagmography for spontaneous and positional nystagmus	20	25,000	R349,10					
3254	Video nystagmoscopy (monocular)	20	25,000	R349,10					
3255	Caloric test done with electronystamography	20	70,000	R977,70					

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3256	Video nystagmoscopy (binocular)	20	50,000	R698,50					
3258	Otolith repositioning manoeuvre	20	14,000	R195,40		30,00	4,000	350,800	T
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	20	71,480	R998,10	Z				
17.5.3	Middle and Inner Ear Surgery								
3233	Labyrinthectomy via the middle ear or mastoid	20	277,000	R3 868,60		30,00	5,000	438,300	T
3240	Endolymphatic sac surgery	20	277,000	R3 868,60		30,00	4,000	350,800	T
3244	Fenestration and occlusion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	20	310,000	R4 329,30		30,00	5,000	438,300	T
3246	Cochlear implant surgery	20	340,500	R4 755,30		30,00	5,000	438,300	T
5196	Implantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, without mastoidectomy	20	212,300	R2 965,40			3,000	263,000	
5197	Implantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, with mastoidectomy	20	269,000	R3 756,20			3,000	263,000	
5199	Revision: Stapedectomy or stapedotomy	20	251,900	R3 518,40			3,000	263,000	
17.6	Microsurgery of the skull base								
17.6.1	Microsurgery of the skull base: Middel fossa approach (i.e transtemporal or supralabyrinthine)								
3229	Facial nerve: Exploration of the labyrinthine segment	20	420,000	R5 865,50		30,00	5,000	438,300	T
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	20	510,000	R7 122,40		30,00	11,000	964,200	T
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	20	620,000	R8 658,60		30,00	11,000	964,200	T
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	20	530,000	R7 401,80		30,00	11,000	964,200	T

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5224	Removal of acoustic neuroma via the middle fossa approach	20	660,000	R9 217,40		30,00	11,000	964,200	T
17.6.2	Microsurgery of the skull base: Translabyrinthine approach								
3239	Acoustic neuroma removal translabyrinthine	20	660,000	R9 217,40		30,00	5,000	438,300	T
5227	Cochleo-vestibular neurectomy	20	530,000	R7 401,80		30,00	11,000	964,200	T
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting is required, the grafting and harvesting of graft are included)	20	660,000	R9 217,40		30,00	11,000	964,200	T
17.6.3	Microsurgery of the skull base: Transotic approach to the cerebellopontine angle								
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	20	660,000	R9 217,40		30,00	11,000	964,200	T
17.6.4	Microsurgery of the skull base: Intratemporal fossa approach type A								
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours	20	710,000	R9 915,70		30,00	11,000	964,200	T
17.6.5	Microsurgery of the skull base: Intratemporal fossa approach type B								
5238	Removal of tumour of the petrous apex	20	620,000	R8 658,60		30,00	11,000	964,200	T
5239	Removal of tumour of the clivus	20	620,000	R8 658,60		30,00	11,000	964,200	T
17.6.6	Microsurgery of the skull base: Intrafemoral approach type C								
5242	Removal of nasopharyngeal angiofibroma or carcinoma	20	520,000	R7 262,20		30,00	8,000	701,200	T
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	20	520,000	R7 262,20		30,00	11,000	964,200	T
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy								
5246	Subtotal petrosectomy for removal of temporal bone tumour	20	600,000	R8 379,50		30,00	11,000	964,200	T
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	20	480,000	R6 703,40		30,00	11,000	964,200	T
17.6.8	Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	20	520,000	R7 262,20		30,00	11,000	964,200	T
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	20	600,000	R8 379,50		30,00	8,000	701,200	T
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	20	660,000	R9 217,40		30,00	8,000	701,200	T
18	Physical Treatment								
3279	Domiciliary or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	20	0,750	R10,50					
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	20	13,500	R188,50					
3281	Ultrasonic therapy	20	10,000	R139,40					
3282	Shortwave diathermy	20	10,000	R139,40					
3284	Sensory nerve conduction studies	20	31,000	R433,00					
3285	Motor nerve conduction studies	20	26,000	R363,10					
3287	Spinal joint and ligament injection	20	20,000	R279,40					
3288	Epidural injection	20	36,000	R502,70					
3289	Multiple injections: First joint	20	7,500	R104,80					
3290	Multiple injections: Each additional joint	20	4,500	R62,80					
3291	Tendon or ligament injection	20	9,000	R125,70					
3292	Aspiration of joint or inter-articular injection	20	9,000	R125,70					
3293	Aspiration or injection of bursa or ganglion	20	9,000	R125,70					
3294	Paracervical (neck) nerve block (for pelvis refer to item 2389)	20	20,000	R279,40					
3295	Paravertebral root block: Unilateral	20	20,000	R279,40					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Other specialists with no networks

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3296	Paravertebral root block: Bilateral	20	30,000	R419,00					
3297	Manipulation of spine performed by a specialist in Physical Medicine	20	14,000	R195,40					
3298	Spinal traction	20	6,000	R83,90					
3299	Manipulation of large joints: Under general anaesthesia	20	14,000	R195,40		30,00	3,000	R 263,00	T
3299a	Manipulation of large joints: Under general anaesthesia	20	14,000	R195,40		30,00	4,000	R 350,80	T
3300	Manipulation of large joints: Without anaesthetic	20	-		F				
3301	Muscle fatigue studies	20	20,000	R279,40					
3302	Strength duration curve per session	20	10,500	R146,50					
3303	Electromyography	20	75,000	R1 047,50					
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 general rules L and M)	20	10,000	R139,40					
SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT									
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								
5431	Physical status modifier: Normal health patient, ASA 1: Add 0.00 anaesthetic units								
5432	Physical status modifier: A patient with mild systemic disease, ASA 2: Add 0,00 anaesthetic units								
5436	Physical status modifier: A declared brain-dead patient whose organs are being removed for donor purposes ASA 6: Add 0,00 anaesthetic units								
19	Radiology								

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
	Please note: The calculated amounts in this section (except for sections 19.9 and 19.11) are calculated according to the radiology unit values								
	RULES GOVERNING THE SECTION RADIOLOGY								
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								
Z.	No fee is subject to more than one reduction								
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years								
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").								
MODIFIERS GOVERNING THE SECTION									
0002	Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere								
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	A reduction of 33,33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used								

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)								
19.1	Skeleton								
19.1.1	Skeleton: Limbs								
3305	Finger, toe		6,300	R124,60					
3309	Smith-Petersen or equivalent control, in theatre		38,700	R765,60					
3311	Stress studies, e.g., joint		7,700	R152,50					
3313	Full length study, both legs		15,500	R306,60					
3315	Skeletal survey under 5 years								
3317	Skeletal survey over 5 years		28,000	R554,00					
3319	Arthrography per joint		15,400	R304,60					
3320	Introduction of contrast medium or air: ADD		13,800	R273,20					
6500	Hand		7,700	R152,50					
6501	Wrist (specify region)		7,700	R152,50					
6503	Scaphoid		7,700	R152,50					
6504	Radius and ulna		7,700	R152,50					
6505	Elbow		7,700	R152,50					
6506	Humerus		7,700	R152,50					
6507	Shoulder		7,700	R152,50					
6508	Acromio-Clavicle joint		7,700	R152,50					
6509	Clavicle		7,700	R152,50					

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6510	Scapula		7,700	R152,50					
6511	Foot		7,700	R152,50					
6512	Ankle		7,700	R152,50					
6513	Calcaneus		7,700	R152,50					
6514	Tibia and fibula								
6515	Knee		7,700	R152,50					
6516	Patella		7,700	R152,50					
6517	Femur		7,700	R152,50					
6518	Hip		7,700	R152,50					
6519	Sesamoid Bone		7,700	R152,50					
19.1.2	Skeleton: Spinal column								
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic		11,000	R217,50					
3325	Stress studies		11,000	R217,50					
3329	Scoliosis studies		21,000	R415,60					
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)		11,000	R217,50					
3333	Myelography: Lumbar		28,900	R571,80		30,00	4,000	350,800	T
3334	Myelography: Thoracic		22,200	R439,30		30,00	4,000	350,800	T
3335	Myelography: Cervical		35,500	R702,20		30,00	4,000	350,800	T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)					30,00	4,000	350,800	T
3344	Introduction of contrast medium		18,700	R370,10					
3345	Discography		34,600	R684,60		30,00	4,000	350,800	T

NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3347	Introduction of contrast medium per disc level: ADD		28,200	R558,00					
19.1.3	Skeleton: Skull								
3349	Skull studies		15,700	R310,60					
3351	Paranasal sinuses		11,000	R217,50					
3353	Facial bones and/or orbits		12,600	R249,30					
3355	Mandible		9,400	R185,90					
3357	Nasal bone		7,800	R154,30					
3359	Mastoid: Bilateral								
3361	Teeth: One quadrant		3,700	R73,40					
3363	Teeth: Two quadrants		6,300	R124,60					
3365	Teeth: Full mouth		11,000	R217,50					
3366	Teeth: Rotation tomography of the teeth and jaws		13,300	R263,10					
3367	Teeth: Temporomandibular joints: Per side		11,000	R217,50					
3369	Teeth: Tomography: Per side		11,000	R217,50					
3371	Localisation of foreign body in the eye		15,700	R310,60					
3381	Ventriculography		27,300	R540,40		30,00	4,000	350,800	T
3385	Post-nasal studies: Lateral neck		6,300	R124,60					
3387	Maxillo-facial cephalometry		8,800	R174,30					
3389	Dacrocystography		11,000	R217,50		30,00	4,000	350,800	T
3391	For introduction of contrast medium: ADD		11,000	R217,50					
19.2	Alimentary tract								
3393	Bowel washout: ADD		4,800	R95,00					

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3395	Sialography (plus 80% for each additional gland)		12,700	R251,50		30,00	4,000	350,800	T
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)		11,000	R217,50					
3399	Pharynx and oesophagus		12,700	R251,50					
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow-through		20,000	R395,80					
3405	Double contrast: ADD								
3406	Small bowel meal (control film of abdomen included except when part of item 3408)		20,000	R395,80					
3408	Barium meal and dedicated gastro-intestinal tract follow-through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)		28,900	R571,80					
3409	Barium enema (control film of abdomen included)		18,300	R362,40					
3411	Air contrast study: ADD		19,300	R381,90					
3415	Biliary Tract: ERCP own equipment: Choledogram and/or pancreatography screening included		23,300	R460,90		30,00	4,000	R 350,80	T
3416	Pancreas: ERCP hospital equipment: Choledogram and/or pancreatography screening included		15,500	R306,60		30,00	4,000	R 350,80	T
	Note: For items 3415 and 3416: Endoscopy (see item 1778)								
3417	Gastric/oesophageal/duodenal intubation control		5,900	R116,80					
3419	Gastric/oesophageal intubation insertion of tube: ADD		5,600	R110,70					
3421	Duodenal intubation: Insertion of tube: ADD		11,000	R217,50					
3423	Hypotonic duodenography (item 3403 and item 3405 included)		29,300	R579,80					
19.3	Biliary tract								
3425	Oral cholecystography		15,700	R310,60					
3427	Cholangiography: Intravenous		22,000	R435,20					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre		21,000	R415,60					
3433	Post operative: T-tube		16,700	R330,30					
3435	Introduction of contrast medium: ADD		5,600	R110,70					
3437	Trans hepatic, percutaneous		18,300	R362,40					
3439	Introduction of contrast medium: ADD		33,100	R654,90					
3441	Tomography of biliary tract: ADD		9,400	R185,90					
19.4	Chest								
3443	Larynx (Tomography included)		12,500	R247,10					
3445	Chest (item 3601 included)		9,400	R185,90					
3447	Chest and cardiac studies (item 3601)		12,600	R249,30					
3449	Ribs								
3451	Sternum or sterno-clavicular joints								
3453	Bronchography: Unilateral		12,600	R249,30		30,00	8,000	R 701,20	T
3455	Bronchography: Bilateral		22,100	R437,40		30,00	8,000	R 701,20	T
3457	Introduction of contrast medium included		35,700	R706,30					
3461	Pleurography					30,00	3,000	R 263,00	T
3463	For introduction of contrast medium: ADD								
3465	Laryngography								
3467	For introduction of contrast medium: ADD								
3468	Thoracic inlet								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
19.5	Abdomen								
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)								
3479	Acute abdomen or equivalent studies		15,700	R310,60					
19.6	Urinary tract								
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)		25,100	R496,60					
3493	Waterload test: ADD		12,200	R241,50					
3497	Cystography only or urethrography only (retrograde)		19,300	R381,90					
3499	Cysto-urethrography: Retrograde		31,900	R630,90					
3503	Cysto-urethrography: Introduction of contrast medium		3,700	R73,40					
3505	Retrograde-prograde pyelography		18,300	R362,40		30,00	3,000	R 263,00	T
3511	Aspiration renal cyst		18,400	R363,90					
3513	Tomography of renal tract: ADD		9,400	R185,90					
19.7	Gynaecology and obstetrics								
3515	Pregnancy								
3517	Pelvimetry								
3519	Hystero-salpingography					30,00	3,000	R 263,00	T
3521	Introduction of contrast medium: ADD								
19.8	Vascular studies								

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). - iii All fluoroscopy (item 3601 does not apply). - iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								
MODIFIER GOVERNING VASCULAR STUDIES									
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations								
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)								
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure								
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20,00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value								
19.8.1	Vascular studies: Film Series								
	Note: In the case of selective catheterisation of a branch of the aorta, the fee for catheterisation of the aorta is not added.								
3536	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment								
3537	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment								
3538	Analogue monoplane table with DSA attachment								
3539	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment								
3545	Venography: Per limb		16,500	R326,50					
3548	Analogue monoplane screening table								
3550	Digital monoplane screening table								
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)		166,800	R3 128,20					
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram		48,600	R961,60		30,00	4,000	R 350,80	T
3558	Translumbar aortic puncture, with full study		69,600	R1 377,20		30,00	5,000	R 438,30	T
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram		57,000	R1 127,80		30,00	4,000	R 350,80	T

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3560	Selective second order catheterisation, arterial or venous, with angiogram/venogram		65,400	R1 294,10		30,00	4,000	R 350,80	T
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram		73,200	R1 448,30		30,00	4,000	R 350,80	T
3564	Direct femoral arterial or venous or jugular venous puncture		37,200	R736,20					
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM)		85,800	R1 697,60		30,00	5,000	R 438,30	T
3569	Intravascular pressure studies, arterial or venous, once off per case		19,800	R391,90					
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)		130,800	R2 588,10		30,00	5,000	R 438,30	T
3572	Transcatheter selective blood sampling, arterial or venous		32,400	R640,90					
3574	Spinal angiogram (global fee) including all selective catheterisations		480,000	R9 497,40		30,00	5,000	R 438,30	T
19.8.2	Vascular studies: Introduction of contrast medium								
3563	Direct intravenous for limb		7,400	R146,20					
3575	Cut-downs for venography: ADD		11,000	R217,50					
19.9	Tomography and cinematography								
	Please note: The calculated amounts in this section are calculated according to the computed tomography unit values								
3577	Tomography (conventional except where otherwise specified): ADD 100% provided that if it is more than one dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations								
3579	Tomography (multi-dimensional in motion): ADD 150%								
3581	Cinematography: For first series: ADD 100%								
3583	Cinematography: For each series after the first: ADD 80% of the primary fee								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
19.9.1	Tomography and cinematography: Computed Tomography								
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour								
3597	Contrast media: General Rule Y applies (Please note: Item 0201 is not applicable for contrast media)								
3598	Electron beam computed tomography (EBCT) for assessment of coronary artery calcification (complete fee - no additions)								
3599	Electron beam computed tomography (EBCT) of the heart. Total fee for contract examination excluding cost of contrast medium (not to be used for coronary artery calcium assessment or scoring - see item 3598)								
6400	Plus spiral CT								
6401	Plus 3D reconstruction								
6402	Plus high resolution study								
6403	CT limb uncontrasted					30,00	5,000	R 438,30	T
6404	CT limb with contrast only					30,00	5,000	R 438,30	T
6405	CT limb pre- AND post contrast					30,00	5,000	R 438,30	T
6406	CT joint uncontrasted					30,00	5,000	R 438,30	T
6407	CT joint with contrast only					30,00	5,000	R 438,30	T
6408	CT joint pre AND post contrast					30,00	5,000	R 438,30	T
6409	CT brain uncontrasted (including posterior fossa)					30,00	5,000	R 438,30	T
6410	CT brain with contrast only (including posterior fossa)					30,00	5,000	R 438,30	T
6411	CT brain pre AND post contrast (including posterior fossa)					30,00	5,000	R 438,30	T
6412	CT orbits complete study, axial OR coronal, uncontrasted					30,00	5,000	R 438,30	T
6413	CT orbits complete study, axial AND coronal, uncontrasted					30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6414	CT orbits complete study, axial OR coronal pre AND post contrast					30,00	5,000	R 438,30	T
6415	CT orbits complete study, axial AND coronal pre AND post contrast					30,00	5,000	R 438,30	T
6416	CT paranasal sinuses limited study axial OR coronal					30,00	5,000	R 438,30	T
6417	CT paranasal sinuses limited study axial AND coronal					30,00	5,000	R 438,30	T
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted					30,00	5,000	R 438,30	T
6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted					30,00	5,000	R 438,30	T
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast					30,00	5,000	R 438,30	T
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast					30,00	5,000	R 438,30	T
6422	CT pituitary fossa, uncontrasted					30,00	5,000	R 438,30	T
6423	CT pituitary fossa, pre AND post contrast					30,00	5,000	R 438,30	T
6424	CT internal auditory meati, uncontrasted					30,00	5,000	R 438,30	T
6425	CT internal auditory meati, pre AND post contrast					30,00	5,000	R 438,30	T
6426	CT mastoids					30,00	5,000	R 438,30	T
6427	CT ear structures, limited study					30,00	5,000	R 438,30	T
6428	CT middle AND inner ear, complete study including reconstructions					30,00	5,000	R 438,30	T
6429	CT facial bones					30,00	5,000	R 438,30	T
6430	CT neck soft tissue, uncontrasted					30,00	5,000	R 438,30	T
6431	CT neck soft tissue with contrast only					30,00	5,000	R 438,30	T
6432	CT neck pre AND post contrast					30,00	5,000	R 438,30	T
6433	CT cervical spine uncontrasted					30,00	5,000	R 438,30	T
6434	CT cervical spine pre AND post contrast					30,00	5,000	R 438,30	T
6435	CT cervical spine post myelogram					30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6436	CT dorsal spine uncontrasted					30,00	5,000	R 438,30	T
6437	CT dorsal spine pre AND post contrast					30,00	5,000	R 438,30	T
6438	CT dorsal spine post myelogram					30,00	5,000	R 438,30	T
6439	CT lumbar spine uncontrasted					30,00	5,000	R 438,30	T
6440	CT lumbar spine pre AND post contrast					30,00	5,000	R 438,30	T
6441	CT lumbar spine post myelogram					30,00	5,000	R 438,30	T
6442	CT pelvimetry (topogram only)					30,00	5,000	R 438,30	T
6443	CT chest uncontrasted					30,00	5,000	R 438,30	T
6444	CT chest with contrast					30,00	5,000	R 438,30	T
6445	CT chest pre AND post contrast					30,00	5,000	R 438,30	T
6446	CT chest high resolution lungs, limited study					30,00	5,000	R 438,30	T
6447	CT high resolution lungs, complete study					30,00	5,000	R 438,30	T
6448	CT abdomen uncontrasted					30,00	5,000	R 438,30	T
6449	CT abdomen with contrast					30,00	5,000	R 438,30	T
6450	CT abdomen pre AND post contrast					30,00	5,000	R 438,30	T
6451	CT abdomen triphasic study					30,00	5,000	R 438,30	T
6452	CT pelvis uncontrasted					30,00	5,000	R 438,30	T
6453	CT pelvis with contrast					30,00	5,000	R 438,30	T
6454	CT pelvis pre AND post contrast					30,00	5,000	R 438,30	T
6455	CT abdomen AND pelvis uncontrasted					30,00	5,000	R 438,30	T
6456	CT abdomen AND pelvis with contrast					30,00	5,000	R 438,30	T
6457	CT abdomen AND pelvis pre AND post contrast					30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6458	CT chest, abdomen AND pelvis with contrast					30,00	5,000	R 438,30	T
6459	CT base of skull to symphysis pubis with contrast					30,00	5,000	R 438,30	T
6460	CT for dental implants maxilla OR mandible						5,000	R 438,30	
6461	CT for dental implants maxilla AND mandible						5,000	R 438,30	
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)					30,00	5,000	R 438,30	T
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)					30,00	5,000	R 438,30	T
6464	CT limited study, any region. Region to be identified on the account					30,00	5,000	R 438,30	T
6465	CT guidance for aspiration, biopsy or drainage					30,00	11,000	R 964,20	T
6466	CT guidance for aspiration at time of CT diagnostic study								
6467	CT stereotactic localisation for biopsy					30,00	11,000	R 964,20	T
6468	CT for radiotherapy planning (not to be used as an add-on)								
6469	Quantitative CT for bone mineral density								
6470	Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast					30,00	5,000	R 438,30	T
6471	CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast					30,00	5,000	R 438,30	T
6472	Computer Aided Diagnosis for Mammography								
19.10	Radiology: Miscellaneous								
3594	Mammogram of surgically removed breast biopsy specimen								
3600	Peripheral bone densitometry utilizing ionizing radiation	40	13,000	R257,30					
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)		7,700	R152,50					
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD		10,700	R211,60					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3603	Sinography		18,400	R363,90					
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	40	77,000	R1 523,20					
3605	Mammography: Unilateral or bilateral, including ultrasound and Doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used		33,000	R653,20					
3606	Repeat mammography, unilateral or bilateral, for localisation of tumour		21,000	R415,60					
3607	Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in X-ray department (except item 3309): Per half hour: Plus fee or examination performed (Only to be used by radiological technical staff)								
3608	Repeat mammography procedure with minimally invasive breast biopsy, core biopsy or fine needle aspiration biopsy utilising dedicated stereotactic equipment with patient in erect or prone position		40,000	R791,30		30,00	3,000	R 263,00	T
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								
3613	Setting of sterile trays		3,300	R65,20					
5029	Mammotome - stereotaxis: Hand held		59,000	R1 167,40					
5034	Fine needle aspiration or biopsy or core biopsy of mamma		25,000	R494,60		30,00	6,000	R 525,90	T
19.10.2	Radiology: Miscellaneous: Mammography								
19.11	Ultrasound investigations								
	Please note: The calculated amounts in this section are calculated according to the ultrasound unit values								
	Note: See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.								
3596	Intravascular ultrasound per case, arterial or venous, for intervention	60	30,000	R399,60					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	60	110,000	R1 464,30		30,00	5,000	R 438,30	T
3612	Ultrasonic bone densitometry	60	19,000	R252,90					
3614	Transvaginal aspiration of ova	60	110,000	R1 464,30					
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	60	50,000	R665,60					
3616	Contrast media: General Rule Y applies								
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	60	50,000	R665,60					
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	60	40,000	R532,60					
3619	Intravascular ultrasound imaging assesses the atherosclerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed	60	30,000	R399,60		30,00	9,000	R 788,70	T
3620	Cardiac examination plus Doppler colour mapping	60	50,000	R665,60					
3621	Cardiac examination (MMode)	60	25,000	R333,00					
3622	Cardiac examination: 2 Dimensional	60	50,000	R665,60					
3623	Cardiac examination + effort	60	10,000	R133,20					
3624	Cardiac examinations + contrast	60	10,000	R133,20					
3625	Cardiac examinations + Doppler	60	50,000	R665,60					
3626	Cardiac examination + phonocardiography	60	10,000	R133,20					
3627	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)	60	60,000	R798,60					
3628	Renal tract	60	50,000	R665,60					

NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

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Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	60	50,000	R665,60					
3631	Ophthalmic examination	60	50,000	R665,60					
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	60	50,000	R665,60					
3633	Neonatal head scan	60	50,000	R665,60					
3634	Peripheral vascular study, B mode only	60	39,000	R519,20					
3635	+ Doppler	60	39,000	R519,20					
3636	Trans-oesophageal echocardiography including passing the device	60	100,000	R1 331,20					
3637	+ Colour Doppler (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)	60	78,000	R1 038,30					
5026	Ultrasound guided amniocentesis	60	39,000	R519,20		30,00	6,000	R 525,90	T
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	60	50,000	R665,60					
5101	Pleural space ultrasound	60	50,000	R665,60					
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	60	50,000	R665,60					
5103	Ultrasound soft tissue, any region	60	50,000	R665,60			7,590	R 665,60	
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Not to be used for routine diagnosis of pregnancy	60	25,000	R333,00					
5107	Ultrasound after 24 weeks - motivation required	60	25,000	R333,00					
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	60	50,000	R665,60					
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	60	128,000	R1 703,90					

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5111	Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree: Carotids, vertebral and subclavian vessels (not to be used together with items 5110, 5112, 5113 or 5114)	60	206,000	R2 742,00					
5112	Peripheral arterial ultrasound vascular study: B mode, pulsed and colour Doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results	60	117,000	R1 557,40					
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	60	117,000	R1 557,40					
5114	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; in erect and supine position including compression manoeuvres and reflux in superficial and deep systems, bilaterally	60	178,000	R2 369,50					
5115	Intra-operative ultrasound study	60	50,000	R665,60		30,00	3,000	R 263,00	T
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	60	88,000	R1 171,40					
5118	Diagnostic intravascular ultrasound imaging or wave wire imaging (with accompanying angioplasty or accompanying intravascular ultrasound imaging or wave wire mapping in a different coronary artery [LAD (left anterior descending), Circumflex or Right coronary artery]). May be used a maximum of twice per angiographic procedure	60	44,000	R585,60					
MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS									
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units								
0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	60	6,000	R80,00					
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY									
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								
19.12	Portable unit examinations								
3639	Where portable X-ray unit is used in the hospital or theatre: ADD		7,000	R138,50					
3640	Theatre investigations with fixed installation								
19.13	Diagnostic procedures requiring the use of radio-isotopes								
AA.	Procedures to exclude cost of isotope								
3641	Tracer test	40	33,200	R657,00					

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3642	Repeat of further tracer tests for same investigation: Half of above fee	40	16,600	R328,30					
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee								
3644	Tracer test of complete body or brain tumour location	40	82,200	R1 626,20					
3645	Other organ scanning with use of relevant radio isotopes	40	82,200	R1 626,20					
3646	Thyroid scanning	40	28,800	R569,90					
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera								
6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera								
19.14	Interventional radiological procedures								

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures): a. The machine fee (items 3536 to 3550 includes the cost of the following: i. All runs (runs may not be billed for separately). ii. All film costs (modifier 0084 is not applicable). - iii All fluoroscopy (item 3601 does not apply). - iv All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media). b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices. c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items. d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies. Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								
	Note: In regard to multiple examinations see modifier 0080								
5002	Percutaneous transluminal angioplasty: Aortic/IVC		102,600	R2 030,10		30,00	13,000	R 1 139,40	T
5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel		102,600	R2 030,10		30,00	13,000	R 1 139,40	T
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial		102,600	R2 030,10		30,00	13,000	R 1 139,40	T
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial		139,200	R2 754,20		30,00	13,000	R 1 139,40	T
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic		139,200	R2 754,20		30,00	13,000	R 1 139,40	T
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - Stand-alone procedure		172,200	R3 407,30		30,00	13,000	R 1 139,40	T

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5014	Atherectomy (per vessel)		204,600	R4 048,40					
5016	Aspiration thrombectomy (per vessel)								
5017	Endoscopic ultrasound: Colon		79,900	R1 115,30					
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite		106,800	R2 113,10		30,00	5,000	R 438,30	T
5019	Endoscopic ultrasound: Colon, with aspiration or biopsy		100,700	R1 405,80					
5021	Proctosigmoidoscopy with endoscopic ultrasound examination		41,900	R585,10					
5022	Embolisation non-intracranial, per vessel		106,800	R2 113,10		30,00	9,000	R 788,70	T
5023	Proctosigmoidoscopy with endoscopic ultrasound examination, with ultrasound-guided aspiration and/or biopsy		64,100	R894,80					
5024	Endoscopic ultrasound: Oesophagus		50,900	R710,70					
5025	Endoscopic ultrasound: Oesophagus with aspiration or biopsy		70,200	R980,00					
5030	Percutaneous nephrostomy for further procedure or drainage		73,800	R1 460,10		30,00	6,000	R 525,90	T
5031	Antegrade ureteric stent insertion		69,600	R1 377,20		30,00	6,000	R 525,90	T
5033	Percutaneous cystostomy in radiology suite		30,000	R593,50					
5035	Urethral balloon dilatation in radiology suite		22,800	R451,20					
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality		34,200	R676,80					
5037	Urethral stenting in radiology suite		102,600	R2 030,10					
5038	Intracranial/spinal AVM embolisation (per session)		335,400	R6 636,40		30,00	13,000	R 1 139,40	T
5039	Intracranial thrombolysis (on-table) per session		139,200	R2 754,20		30,00	13,000	R 1 139,40	T
5040	Intracranial aneurysm occlusion		286,800	R5 674,50		30,00	13,000	R 1 139,40	T
5041	Balloon occlusion/Wada test		106,800	R2 113,10		30,00	9,000	R 788,70	T
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation		286,800	R5 674,50		30,00	13,000	R 1 139,40	T
5043	Intracranial angioplasty		204,600	R4 048,40		30,00	13,000	R 1 139,40	T

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5044	Transhepatic portogram		139,200	R2 754,20		30,00	9,000	R 788,70	T
5045	Hepatic arterial infusion catheter insertion		156,000	R3 086,60		30,00	6,000	R 525,90	T
5046	Percutaneous biliary drainage (external)		102,600	R2 030,10		30,00	9,000	R 788,70	T
5047	Combined internal/external biliary drainage		102,600	R2 030,10		30,00	9,000	R 788,70	T
5048	Biliary stent insertion		139,200	R2 754,20		30,00	9,000	R 788,70	T
5049	Percutaneous gall bladder drainage		69,600	R1 377,20		30,00	9,000	R 788,70	T
5050	Percutaneous or renal gall bladder stone removal		172,200	R3 407,30		30,00	5,000	R 438,30	T
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)		139,200	R2 754,20		30,00	13,000	R 1 139,40	T
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)		139,200	R2 754,20		30,00	13,000	R 1 139,40	T
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)		139,200	R2 754,20		30,00	13,000	R 1 139,40	T
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)		172,200	R3 407,30		30,00	13,000	R 1 139,40	T
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)		204,600	R4 048,40		30,00	13,000	R 1 139,40	T
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - Stand-alone procedure		204,600	R4 048,40		30,00	13,000	R 1 139,40	
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)		311,400	R6 161,70		30,00	13,000	R 1 139,40	T
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite		82,200	R1 626,40		30,00	5,000	R 438,30	T
5074	IVC filter insertion jugular or femoral route		156,000	R3 086,60		30,00	9,000	R 788,70	T
5076	Intravascular foreign body removal, arterial or venous, any route		204,600	R4 048,40		30,00	9,000	R 788,70	T
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)		70,200	R1 389,10		30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5080	Transjugular intrahepatic porto-systemic shunt		335,400	R6 636,40		30,00	13,000	R 1 139,40	T
5082	Transjugular liver biopsy		69,600	R1 377,20		30,00	9,000	R 788,70	T
5084	Endoluminal fallopian tube recanalisation					30,00	6,000	R 525,90	T
5086	Renal cyst aspiration/ablation		22,800	R451,20					
5088	Oesophageal stent insertion in radiology suite		102,600	R2 030,10		30,00	6,000	R 525,90	T
5090	Tracheal stent insertion		102,600	R2 030,10		30,00	6,000	R 525,90	T
5091	GIT balloon dilatation under fluoroscopy		66,600	R1 317,80		30,00	6,000	R 525,90	T
5092	Other GIT stent insertion		102,600	R2 030,10		30,00	6,000	R 525,90	T
5093	Percutaneous gastrostomy in radiology suite		85,800	R1 697,60					
5094	Cutting needle biopsy with image guidance		22,800	R451,20					
5095	Chest drain insertion in radiology suite		32,400	R640,90					
5096	Percutaneous cyst or tumour ablation (non aspiration)		54,600	R1 080,40					
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level					30,00	13,000	R 1 139,40	T
5098	Endoscopic ultrasound: Upper gastro-intestinal tract. Includes oesophagus, stomach, duodenum and/or jejunum, as appropriate		81,400	R1 136,50					
5099	Endoscopic ultrasound: Upper gastro-intestinal tract. Includes oesophagus, stomach, duodenum and/or jejunum, as appropriate, with ultrasound-guided aspiration and/or biopsy		113,800	R1 588,80					
5955	3D Echocardiography for congenital cardiac abnormality: Transthoracic, Volumetric and functional evaluation - PROFESSIONAL COMPONENT		61,900	R864,20					
5956	3D Echocardiography for congenital abnormality: Trans-oesophageal - PROFESSIONAL COMPONENT		84,000	R1 172,70					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5972	Stent placement right ventricular outflow tract, branch pulmonary artery, coarctation of the aorta, collateral vessel (incl. MAPCA), venous system (IVC, SVC, systemic vein or patent ductus arteriosus): First vessel		132,520	R1 850,30			6,000	R 525,90	
5973	Stent placement right ventricular outflow tract, branch pulmonary artery, coarctation of the aorta, collateral vessel (incl. MAPCA) or venous system (IVC, SVC, systemic vein or patent ductus arteriosus): Subsequent vessels (per vessel)		81,490	R1 137,60			6,000	R 525,90	
5974	Stent placement,branch pulmonary artery: First vessel		132,520	R1 850,30			6,000	R 525,90	
5975	Stent placement, branch pulmonary artery: Subsequent vessels (per vessel)		76,980	R1 074,80			6,000	R 525,90	
5976	Stent placement coarctation of the aorta		132,520	R1 850,30			6,000	R 525,90	
5980	Stent patent ductus arteriosus and interatrial communication		132,520	R1 850,30			6,000	R 525,90	
5981	Percutaneous stent placement in systemic to pulmonary shunt (e.g. Blalock-Taussig/Sano)		132,520	R1 850,30			6,000	R 525,90	
5985	ASD/PFO/Interatrial communication closure percutaneous, device placement		310,800	R4 339,10			10,000	R 876,40	
5986	VSD closure, percutaneous, device placement		412,400	R5 757,60			10,000	R 876,40	
5987	PFO closure with device		310,800	R4 339,10			10,000	R 876,40	
5989	PDA closure-coil or ductal device		276,500	R3 860,20			6,000	R 525,90	
5990	Closure, arterio-venous shunt (incl. Blalock, Sano) any method		276,500	R3 860,20			6,000	R 525,90	
5991	Transcatheter occlusion or embolisation any method, non-central nervous system, non-head or neck		276,500	R3 860,20			6,000	R 525,90	
5992	Closure interatrial communication (Fontan fenestration etc)		310,800	R4 339,10			10,000	R 876,40	
5995	Rapid right ventricular pacing for percutaneous procedure		51,000	R712,10			10,000	R 876,40	
5996	Removal of embolised device/materials		80,600	R1 125,30			6,000	R 525,90	
5998	Biopsy: Endomyocardial		236,100	R3 296,20			7,000	R 613,50	
6000	Actigraphy: Patient monitored for a minimum of 72 hours (includes equipment fee and interpretation)		47,300	R660,30					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES									
0090	Radiologist's fee for participation in a team: 30,00 radiology units per ½ hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)								
19.15	Magnetic Resonance Imaging (MRI)								
6100	In order to charge the full fee (600,00 magnetic resonance units) 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 tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region								
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee								
6103	Post-contrast study: Bone tumour: 100% of the fee								
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable								
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items								
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"								
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain								
6110	MRI spectroscopy: 50% of fee								
	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.								
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.								
6200	Magnetic Resonance Imaging: Per anatomical region: Brain					30,00	5,000	R 438,30	T
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae					30,00	5,000	R 438,30	T
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses					30,00	5,000	R 438,30	T
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull					30,00	5,000	R 438,30	T
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint					30,00	5,000	R 438,30	T
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears					30,00	5,000	R 438,30	T
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck					30,00	5,000	R 438,30	T
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid					30,00	5,000	R 438,30	T
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)					30,00	5,000	R 438,30	T
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)					30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae					30,00	5,000	R 438,30	T
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae					30,00	5,000	R 438,30	T
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae					30,00	5,000	R 438,30	T
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum					30,00	5,000	R 438,30	T
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis					30,00	5,000	R 438,30	T
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs					30,00	5,000	R 438,30	T
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen					30,00	5,000	R 438,30	T
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall					30,00	5,000	R 438,30	T
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum					30,00	5,000	R 438,30	T
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back					30,00	5,000	R 438,30	T
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder					30,00	5,000	R 438,30	T
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder					30,00	5,000	R 438,30	T
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips					30,00	5,000	R 438,30	T
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip					30,00	5,000	R 438,30	T
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip					30,00	5,000	R 438,30	T
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm					30,00	5,000	R 438,30	T
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm					30,00	5,000	R 438,30	T
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow					30,00	5,000	R 438,30	T
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow					30,00	5,000	R 438,30	T
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm					30,00	5,000	R 438,30	T
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm					30,00	5,000	R 438,30	T
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand					30,00	5,000	R 438,30	T

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand					30,00	5,000	R 438,30	T
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg					30,00	5,000	R 438,30	T
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg					30,00	5,000	R 438,30	T
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee					30,00	5,000	R 438,30	T
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee					30,00	5,000	R 438,30	T
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg					30,00	5,000	R 438,30	T
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg					30,00	5,000	R 438,30	T
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle					30,00	5,000	R 438,30	T
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle					30,00	5,000	R 438,30	T
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot					30,00	5,000	R 438,30	T
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot					30,00	5,000	R 438,30	T
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain					30,00	5,000	R 438,30	T
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck					30,00	5,000	R 438,30	T
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest					30,00	5,000	R 438,30	T
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen					30,00	5,000	R 438,30	T
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs					30,00	5,000	R 438,30	T
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart					30,00	5,000	R 438,30	T
6260	Contrast medium: Current price according the regular price list published by the Radiology Society of SA								

NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

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Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
6270	Low field strength peripheral joint magnetic resonance imaging: Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine or head examinations					30,00	5,000	R 438,30	T
20	RADIATION ONCOLOGY								
	GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST (a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services. (b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment.								
BB.	The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes								
	Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values								
20.1	Kilovolt therapy								
20.2	Radium therapy								
20.3	Isotope therapy								
0096	Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope								
20.4	Megavolt therapy								
20.5	Beta-ray therapy with strontium-90-applicator								
20.6	Planning of therapy								
20.7	Technical aids								
5141	Radiation materials (see modifier 0095)								

NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

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Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
20.8	Oncological surgical procedures								
20.9	Special procedures								
20.10	Chemotherapy								
	Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient.								
	Codes 5790 to 5795 are for exclusive use by oncology trained doctors working within chemotherapy facilities								
5790	Non Infusional Chemotherapy: Global Fee for the management of and for related services delivered in the treatment of cancer with oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day - for exclusive use by doctors with appropriate oncology training (consultations to be charged separately) - (not applicable to oral hormonal therapy)	20	42,950	R599,70	Z				
5791	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured or scripted for oral chemotherapy, intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	20	24,490	R342,00	Z				

NON-NETWORK SPECIALISTS

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5792	Non Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored and dispensed during oral chemotherapy (per cycle), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5790) - (not applicable to oral hormonal therapy) - only one of the parties are to charge this fee	20	30,610	R427,60	Z				
	Non-infusional chemotherapy: Consultations are charged separately.								
	Non-infusional chemotherapy: In the case of intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration the management fee can only be charged once per treatment day. Consultations are charged separately.								
5793	Infusional Chemotherapy: Global fee for the management of and for services delivered during infusional chemotherapy per treatment day - for exclusive use by doctors with appropriate oncology training using recognised chemotherapy facilities(consultations to be charged separately)	20	159,470	R2 227,00	Z				
5794	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are procured, stored, admixed and administered, and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	20	90,030	R1 257,30	Z				
5795	Infusional Chemotherapy Facility Fee: A facility where oncology medicines are purchased, stored, dispensed, admixed and administered and in which appropriately-trained medical, nursing and support staff are in attendance. This fee is chargeable by doctors with appropriate oncology training who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (to be used in conjunction with item 5793) - only one of the parties are to charge this fee	20	112,540	R1 571,60	Z				

NON-NETWORK SPECIALISTS

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Other specialists with no networks

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
	Item 5795 is chargeable in addition to item 5793 by the Oncologist who owns or rents the chemotherapy facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (only to be added to item 5793 if own or rented facility is used).								
20.11	Radiation Therapy Planning								
20.11.1	Manual Radiotherapy Planning Procedures								
5801	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	50	42,560	R722,40	Z				
5601	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	50	99,320	R1 685,70	Z				
5802	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	56,180	R953,60	Z				
5602	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	131,100	R2 225,00	Z				
5803	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	50	76,620	R1 300,50	Z				
5603	Manual Radiotherapy Planning Procedures: No Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	50	178,770	R3 034,00	Z				
20.11.2	Conventional Radiotherapy Planning Procedures								
5808	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT	50	170,260	R2 889,60	Z				
5608	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT	50	397,270	R6 742,60	Z				
5809	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	238,360	R4 045,40	Z				
5609	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	556,180	R9 439,90	Z				

NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5810	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - PROFESSIONAL COMPONENT	50	297,950	R5 057,10	Z				
5610	Conventional Radiotherapy Planning: Simulation, Limited Graphic Planning, Special Technique - TECHNICAL COMPONENT	50	695,220	R11 799,80	Z				
20.11.3	Three Dimensional Radiotherapy Planning Procedures								
5820	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	240,230	R4 077,30	Z				
5620	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Single Volume of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	977,200	R16 585,50	Z				
5821	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	407,750	R6 920,70	Z				
5621	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Multiple Volumes of Interest - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	1368,070	R23 220,00	Z				
5822	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	554,330	R9 408,40	Z				
5622	Three Dimensional Radiotherapy Planning Procedures: 3-Dimensional Simulation and Graphic Planning, Special Technique - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	1710,090	R29 024,70	Z				
20.11.4	Intensity Modulated Radiotherapy Planning Procedures								
5823	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	642,920	R10 912,10	Z				

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5623	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Radical Course - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	1916,810	R32 533,30	Z				
5825	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	232,180	R3 940,80	Z				
5625	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, Booster Volumes (not for use with other IMRT planning codes) - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	958,400	R16 266,50	Z				
5826	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - PROFESSIONAL COMPONENT (excludes imaging costs for CT and MRI)	50	753,350	R12 786,30	Z				
5626	Intensity Modulated Radiotherapy Planning Procedures: Intensity Modulated Radiotherapy Simulation, Inverse Planning, CT Scan with Magnetic Resonance Imaging or other Similar Imaging Fusion Techniques - TECHNICAL COMPONENT (excludes imaging costs for CT and MRI)	50	2174,480	R36 906,70	Z				
20.11.5	Kilovolt Radiation Treatment								
5834	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - PROFESSIONAL COMPONENT	50	49,080	R833,10	Z				
5634	Kilovolt Radiation Treatment: Weekly Treatment, Kilovolt or Similar, per week or part thereof - TECHNICAL COMPONENT	50	114,520	R1 943,90	Z				
20.11.6	Short Course Radiation Treatment								
5835	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	50	105,740	R1 794,80	Z				
5635	Short Course Radiation Treatment: Short course treatment, Single Volume of Interest - TECHNICAL COMPONENT	50	246,730	R4 188,00	Z				

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5836	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	148,040	R2 512,70	Z				
5636	Short Course Radiation Treatment: Short course treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	345,410	R5 862,70	Z				
5837	Short Course Radiation Treatment: Short course Treatment, Special Technique - PROFESSIONAL COMPONENT	50	190,330	R3 230,40	Z				
5637	Short Course Radiation Treatment: Short course Treatment, Special Technique - TECHNICAL COMPONENT	50	444,110	R7 537,70	Z				
20.11.7	Weekly Radiation Treatment Sessions								
20.11.7.1	Weekly Radiation Treatment Sessions - Conventional Techniques								
5839	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - PROFESSIONAL COMPONENT	50	193,860	R3 290,30	Z				
5639	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Single Volume of Interest - TECHNICAL COMPONENT	50	452,330	R7 677,00	Z				
5840	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	246,730	R4 188,00	Z				
5640	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	575,690	R9 770,90	Z				
5841	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - PROFESSIONAL COMPONENT	50	317,220	R5 384,00	Z				
5641	Weekly Radiation Treatment Sessions - Conventional Techniques: Weekly Treatment, Special Technique - TECHNICAL COMPONENT	50	740,180	R12 562,60	Z				
20.11.7.2	Weekly Radiation Treatment Sessions - Advanced Techniques								
5849	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - PROFESSIONAL COMPONENT	50	236,240	R4 009,70	Z				

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5649	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Single Volume of Interest - TECHNICAL COMPONENT	50	551,210	R9 355,40	Z				
5850	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - PROFESSIONAL COMPONENT	50	330,730	R5 613,40	Z				
5650	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Multiple Volumes of Interest - TECHNICAL COMPONENT	50	771,710	R13 098,10	Z				
5851	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - PROFESSIONAL COMPONENT	50	425,230	R7 217,30	Z				
5651	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Multi Leaf Collimators, Special Technique - TECHNICAL COMPONENT	50	992,190	R16 839,90	Z				
5854	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - PROFESSIONAL COMPONENT	50	348,870	R5 921,30	Z				
5654	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Intensity Modulated Radiotherapy - TECHNICAL COMPONENT	50	814,030	R13 816,10	Z				
5855	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - PROFESSIONAL COMPONENT	50	826,830	R14 033,40	Z				
5655	Weekly Radiation Treatment Sessions - Advanced Techniques: Weekly Treatment, Total Body Radiotherapy or Similar - TECHNICAL COMPONENT	50	1929,260	R32 744,40	Z				
20.11.8	Stereotactic Radiation								
5860	Stereotactic Radiation: Stereotactic Radiation, Single or up to 4 (four) Fractions, Global Fee - PROFESSIONAL COMPONENT	50	3719,340	R63 127,00	Z				
5660	Stereotactic Radiation: Stereotactic Radiation, Single Fraction, Global Fee - TECHNICAL COMPONENT	50	8678,460	R147 295,90	Z				

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5861	Stereotactic Radiation: Stereotactic Radiation, 5 (five) or more Fractions, Full course, Global Fee - PROFESSIONAL COMPONENT	50	4277,240	R72 595,70	Z				
5661	Stereotactic Radiation: Stereotactic Radiation, Fractionated, Full course, Global Fee - TECHNICAL COMPONENT	50	9980,230	R169 390,10	Z				
20.12	Brachytherapy								
20.12.1	Isotope/Applicator Therapy								
5870	Isotope/Applicator Therapy: Isotopes - Low Complexity, administration of low dose oral isotopes or use of surface applicators, up to five applications. Typically an outpatient procedure. The cost of any isotopes and materials are not included	50	108,400	R1 840,00	Z				
5872	Isotope/Applicator Therapy: Isotopes - Intermediate Complexity, administration of isotopes requiring invasive techniques such as intravenous, intracavitary or intra-articular radioactive isotopes. Typical outpatient procedure or admission and monitoring less than 48 hours. The cost of any isotopes and materials are not included	50	216,800	R3 679,80	Z				
5873	Isotope/Applicator Therapy: Isotopes - High Complexity, surface application of seed arrays requiring dosimetric assessment and/or high dose radio-active isotopes requiring admission and monitoring. Typically requires inpatient admission and monitoring for more than 48 hours. The cost of any isotopes and materials are not included	50	601,160	R10 203,40	Z				
20.12.2	Brachytherapy Implants								
5882	Brachytherapy Implants: Implants - Low Complexity, placement of a single guide tube for the administration of brachytherapy requiring <8 dwell points. The cost of materials are not included	50	216,800	R3 679,80	Z				
5883	Brachytherapy Implants: Implants - Intermediate Complexity, planar implants requiring >1 guide tube for the administration of brachytherapy, or the use of >8 dwell points in a single guide tube, or any procedure requiring <8 dwell points but which requires general anaesthesia for insertion. The cost of materials are not included	50	786,800	R13 354,10	Z				

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
5885	Brachytherapy Implants: Implants - High Complexity requiring complex volumetric studies. Inclusive fee for implant under local or general anaesthetic. The cost of materials are not included	50	1049,070	R17 805,30	Z				
20.12.3	Brachytherapy Treatment								
5890	Brachytherapy Treatment: Global fee for manual afterloading - includes storage, handling, calibration, planning (manual or computerized), manual loading, daily treatment, monitoring, removal and disposal of the isotopes. The cost of any isotopes and materials are not included	50	613,040	R10 404,90	Z				
5892	Brachytherapy Treatment: Global fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - PROFESSIONAL COMPONENT	50	415,960	R7 059,80	Z				
5893	Global Fee for remote afterloading - includes input in calibration, graphic planning, daily treatment, monitoring, removal and disposal of implant materials on completion. The cost of materials are not included - TECHNICAL COMPONENT	50	970,560	R16 473,00	Z				
20.12.4	Brachytherapy Imaging								
5895	Brachytherapy Imaging: Brachytherapy: Special imaging where needed and if used, unusual to be added to any code other than items 5883 or 5885	50	156,770	R2 660,90	Z				
21	CLINICAL PATHOLOGY								
0097	Pathology tests performed by non-pathologists: Where items under Clinical Pathology (section 21) and Anatomical Pathology (section 22) fall within the province of other specialists or general practitioners, the fee is to be charged at two-thirds of the pathologists fee								
	Please note: The calculated amounts in this section are calculated according to the clinical pathology unit values. Note: For fees for Histology and Cytology refer to items 4561-4593 under Section 22: Anatomical Pathology.								
21.1	Haematology								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3705	Alkali resistant haemoglobin	80	4,500	R72,50					
3709	Antiglobulin test (Coombs' or trypsinized red cells)	80	3,650	R58,80					
3710	Antibody titration	80	7,200	R116,20					
3712	Antibody identification	80	8,450	R136,30					
3713	Bleeding time (does not include the cost of the simplate device)	80	6,940	R111,90					
3714	Blood volume, dye method	80	7,200	R116,20					
3715	Buffy layer examination	80	19,900	R321,50					
3716	Mean Cell Volume	80	2,250	R36,60					
3717	Bone marrow cytological examination only	80	19,900	R321,50					
3719	Bone marrow: Aspiration	80	8,400	R135,60					
3720	Bone marrow trephine biopsy	80	32,600	R526,50					
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	80	36,800	R594,00					
3722	Capillary fragility: Hess	80	2,020	R32,70					
3723	Circulating anticoagulants	80	5,850	R94,30					
3724	Coagulation factor inhibitor assay	80	57,560	R929,40					
3726	Activated protein C resistance	80	26,000	R419,70					
3727	Coagulation time	80	3,160	R51,10					
3728	Anti-factor Xa Activity	80	53,600	R865,20					
3729	Cold agglutinins	80	3,600	R58,30					
3730	Protein S: Functional	80	37,500	R605,40					
3731	Compatibility for blood transfusion	80	3,600	R58,30					
3732	Cryoglobulin	80	3,600	R58,30					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3734	Protein C (chromogenic)	80	30,290	R489,10					
3735	Anti-thrombin III (chromogenic)	80	22,000	R355,10					
3736	Plasminogen (chromogenic)	80	61,650	R995,40					
3737	Lupus Russel Viper method	80	17,000	R274,60					
3738	Lupus Kaolin Exner method	80	25,000	R403,70					
3739	Erythrocyte count	80	2,250	R36,60					
3740	Factors V and VII: Qualitative	80	7,200	R116,20					
3741	Coagulation factor assay: Functional	80	9,450	R152,70					
3743	Erythrocyte sedimentation rate	80	3,000	R48,50					
3744	Fibrin stabilizing factor (urea test)	80	4,500	R72,50					
3746	Fibrin monomers	80	2,700	R43,70					
3748	Plasminogen activator inhibitor (PAI-I)	80	65,950	R1 064,80					
3750	Tissue plasminogen Activator (tPA)	80	67,790	R1 094,40					
3753	Osmotic fragility (before and after incubation)	80	18,000	R290,80					
3754	ABO Reverse Group	80	3,600	R58,30					
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	80	10,500	R169,60					
3756	Full cross match	80	7,200	R116,20					
3757	Coagulation factors: Quantitative	80	32,200	R519,70					
3758	Factor VIII related antigen	80	60,460	R976,20					
3759	Coagulation factor correction study	80	11,720	R189,30					
3761	Factor XIII related antigen	80	61,110	R986,30					
3762	Haemoglobin estimation	80	1,800	R29,00					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3763	Contact activated product assay	80	16,200	R261,50					
3764	Grouping: A B and O antigens	80	3,600	R58,30					
3765	Grouping: Rh antigen	80	3,600	R58,30					
3766	PIVKA	80	43,490	R702,10					
3767	Euglobulin Lysis time	80	25,580	R413,10					
3768	Haemoglobin A2 (column chromatography)	80	15,000	R242,20					
3769	Haemoglobin electrophoresis	80	26,820	R433,00					
3770	Haemoglobin-S (solubility test)	80	3,600	R58,30					
3772	Haptoglobin: Quantitative	80	9,450	R152,70					
3773	Ham's acidified serum test	80	8,000	R129,20					
3775	Heinz bodies	80	2,250	R36,60					
3776	Haemosiderin in urinary sediment	80	2,250	R36,60					
3783	Leucocyte differential count	80	6,200	R100,20					
3785	Leucocytes: Total count	80	1,800	R29,00					
3786	QBC malaria concentration and fluorescent staining	80	25,000	R403,70					
3787	LE-cells	80	8,300	R134,00					
3789	Neutrophil alkaline phosphatase	80	28,000	R452,00					
3791	Packed cell volume: Haematocrit	80	1,800	R29,00					
3792	Plasmodium falciparum: Monoclonal immunological identification	80	9,000	R145,50					
3793	Plasma haemoglobin	80	6,750	R108,90					
3794	Platelet sensitivities	80	18,640	R301,00					
3795	Platelet aggregation per aggregant	80	12,140	R195,90					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3797	Platelet count	80	2,250	R36,60					
3799	Platelet adhesiveness	80	4,500	R72,50					
3801	Prothrombin consumption	80	5,850	R94,30					
3803	Prothrombin determination (two stages)	80	5,850	R94,30					
3805	Prothrombin index	80	6,000	R96,80					
3806	Therapeutic drug level: Dosage	80	4,500	R72,50					
3809	Reticulocyte count	80	3,000	R48,50					
3810	Schumm's test	80	3,600	R58,30					
3811	Sickling test	80	2,250	R36,60					
3814	Sucrose lysis test for PNH	80	3,600	R58,30					
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	80	21,100	R340,70					
3820	Thrombo - Elastogram	80	26,000	R419,70					
3825	Fibrinogen titre	80	3,600	R58,30					
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	80	8,000	R129,20					
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	80	16,000	R258,40					
3832	Red cell pyruvate kinase: Quantitative	80	16,000	R258,40					
3834	Red cell Rhesus phenotype	80	9,900	R159,80					
3835	Haemoglobin F in blood smear	80	5,850	R94,30					
3837	Partial thromboplastin time	80	5,850	R94,30					
3841	Thrombin time (screen)	80	7,160	R115,60					
3843	Thrombin time (serial)	80	7,650	R123,60					
3847	Haemoglobin H	80	2,250	R36,60					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3851	Fibrin degeneration products (diffusion plate)	80	10,350	R167,30					
3853	Fibrin degeneration products (latex slide)	80	4,500	R72,50					
3854	XDP (Dimer test or equivalent latex slide test)	80	8,500	R137,20					
3855	Haemagglutination inhibition	80	9,900	R159,80					
3856	D-Dimer (quantitative)	80	27,520	R444,50					
3857	Ristocetin Cofactor	80	35,530	R573,50					
3858	Heparin removal	80	28,880	R466,40					
21.2	Microscopic and miscellaneous tests								
3863	Autogenous vaccine	80	12,600	R203,30					
3864	Entomological examination	80	20,700	R334,20					
3865	Parasites in blood smear	80	5,600	R90,40					
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	80	4,900	R79,30					
3868	Fungus identification	80	8,300	R134,00					
3869	Faeces (including parasites)	80	4,900	R79,30					
3873	Transmission electron microscopy	80	85,000	R1 372,20					
3874	Scanning electron microscopy	80	100,000	R1 614,40					
3875	Inclusion bodies	80	4,500	R72,50					
3878	Crystal identification polarized light microscopy	80	4,500	R72,50					
3879	Campylobacter in stool: Fastidious culture	80	9,900	R159,80					
3880	Antigen detection with polyclonal antibodies	80	4,500	R72,50					
3881	Mycobacteria	80	3,000	R48,50					
3882	Antigen detection with monoclonal antibodies	80	10,800	R174,20					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

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Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3883	Concentration techniques for parasites	80	3,000	R48,50					
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	80	6,300	R101,60					
3885	Cytochemical stain	80	5,450	R87,80					
21.3	Bacteriology								
3887	Antibiotic susceptibility test: Per organism	80	8,000	R129,20					
3888	Adhesive tape preparation	80	2,700	R43,70					
3889	Clostridium difficile toxin: Monoclonal immunological	80	12,400	R200,30					
3890	Antibiotic assay of tissues and fluids	80	13,900	R224,50					
3891	Blood culture: Aerobic	80	5,850	R94,30					
3892	Blood culture: Anaerobic	80	5,850	R94,30					
3893	Bacteriological culture: Miscellaneous	80	6,300	R101,60					
3894	Radiometric blood culture	80	10,800	R174,20					
3895	Bacteriological culture: Fastidious organisms	80	9,900	R159,80					
3896	In vivo culture: Bacteria	80	16,000	R258,40					
3897	In vivo culture: Virus	80	16,000	R258,40					
3899	Bacterial exotoxin production (in vivo assay)	80	20,700	R334,20					
3901	Fungal culture	80	4,500	R72,50					
3902	Clostridium difficile (cytotoxicity neutralisation)	80	30,000	R484,30					
3903	Antibiotic level: Biological fluids	80	11,700	R188,90					
3904	Rotavirus latex slide test	80	5,620	R91,00					
3905	Identification of virus or rickettsia	80	20,700	R334,20					
3906	Identification: Chlamydia	80	16,000	R258,40					

NON-NETWORK SPECIALISTS

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Practice type: Anaesthesiology

Other specialists with no networks

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Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3908	Anaerobe culture: Comprehensive	80	9,900	R159,80					
3909	Anaerobe culture: Limited procedure	80	4,500	R72,50					
3911	Beta-lactamase assay	80	4,500	R72,50					
3914	Sterility control test: Biological method	80	4,500	R72,50					
3915	Mycobacterium culture	80	4,500	R72,50					
3916	Radiometric tuberculosis culture	80	10,800	R174,20					
3918	Mycoplasma culture: Comprehensive	80	9,900	R159,80					
3919	Identification of mycobacterium	80	9,900	R159,80					
3920	Mycobacterium: Antibiotic sensitivity	80	9,900	R159,80					
3921	Antibiotic synergistic study	80	20,700	R334,20					
3922	Viable cell count	80	1,350	R21,70					
3923	Biochemical identification of bacterium: Abridged	80	3,150	R51,00					
3924	Biochemical identification of bacterium: Extended	80	12,500	R201,80					
3925	Serological identification of bacterium: Abridged	80	3,150	R51,00					
3926	Serological identification of bacterium: Extended	80	10,200	R164,60					
3927	Grouping for streptococci	80	7,300	R117,90					
3928	Antimicrobial substances	80	3,800	R61,40					
3929	Radiometric mycobacterium identification	80	14,000	R226,20					
3930	Radiometric mycobacterium antibiotic sensitivity	80	25,000	R403,70					
3931	Helicobacter: Monoclonal immunological	80	12,400	R200,30					
4650	Antibiotic MIC per organism per antibiotic	80	8,000	R129,20					
4651	Non-radiometric automated blood cultures	80	13,900	R224,50					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4652	Rapid automated bacterial identification per organism	80	15,000	R242,20					
4653	Rapid automated antibiotic susceptibility per organism	80	17,000	R274,60					
4654	Rapid automated MIC per organism per antibiotic	80	17,000	R274,60					
4655	Mycobacteria: MIC determination - E Test	80	16,500	R266,20	Z				
4656	Mycobacteria: Identification HPLC	80	35,000	R565,20	Z				
4657	Mycobacteria: Liquefied, concentrated, fluorochrome stain	80	9,900	R159,80	Z				
21.4	Serology								
3958	Anti Gad/Ia2 Ab	80	67,950	R1 097,10					
3959	Rose Waaler agglutination test	80	4,500	R72,50					
3960	Gonococcal, listeria or echinococcus agglutination	80	9,500	R153,40					
3961	Slide agglutination test	80	2,630	R42,30					
3963	Serum complement level: Each component	80	3,150	R51,00					
3965	Anti Ia2 Antibodies	80	36,000	R581,10					
3966	Anti Gad Antibodies	80	36,000	R581,10					
3967	Auto-antibody: Sensitized erythrocytes	80	4,500	R72,50					
3968	Herpes virus typing: Monoclonal immunological	80	20,690	R334,00					
3969	Western blot technique	80	74,000	R1 194,90					
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	80	14,100	R227,60					
3933	IgE: Total: EMIT or ELISA	80	11,700	R188,90					
3934	Auto antibodies by labelled antibodies	80	16,000	R258,40					
3935	Sperm antibodies	80	16,000	R258,40					
3936	Virus neutralisation test: First antibody	80	75,000	R1 211,00					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3937	Virus neutralisation test: Each additional antibody	80	15,000	R242,20					
3938	Precipitation test per antigen	80	4,500	R72,50					
3939	Agglutination test per antigen	80	5,500	R88,90					
3940	Haemagglutination test: Per antigen	80	9,900	R159,80					
3941	Modified Coombs' test for brucellosis	80	4,500	R72,50					
3942	Hepatitis Rapid Viral Ab	80	12,240	R197,40					
3943	Antibody titer to bacterial exotoxin	80	3,600	R58,30					
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	80	12,400	R200,30					
3945	Complement fixation test	80	5,850	R94,30					
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	80	14,050	R226,80					
3947	C-reactive protein	80	10,840	R174,90					
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	80	12,950	R209,20					
3949	Qualitative Kahn, VDRL or other flocculation	80	2,250	R36,60					
3950	Neutrophil phagocytosis	80	25,200	R406,90					
3951	Quantitative Kahn, VDRL or other flocculation	80	3,600	R58,30					
3952	Neutrophil chemotaxis	80	67,950	R1 097,10					
3953	Tube agglutination test	80	4,150	R67,10					
3955	Paul Bunnell: Presumptive	80	2,250	R36,60					
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	80	8,500	R137,20					
3971	Immuno-diffusion test: Per antigen	80	3,150	R51,00					
3972	Respiratory syncytial virus (ELISA technique)	80	35,000	R565,20					
3973	Immuno electrophoresis: Per immune serum	80	9,450	R152,70					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
3974	Polymerase chain reaction	80	75,000	R1 211,00					
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	80	12,000	R193,60					
3978	Lymphocyte transformation	80	51,700	R834,70					
3980	Bilharzia Ag Serum/Urine	80	14,500	R234,20					
3982	Histone Ab	80	16,000	R258,40					
4600	Anti-CCP	80	17,460	R281,90	Z				
4601	Panel typing: Antibody detection: Class I	80	36,000	R581,10					
4602	Panel typing: Antibody detection: Class II	80	44,000	R710,30					
4603	HLA test for specific locus/antigen - serology	80	27,000	R435,90					
4604	HLA typing: Class I - serology	80	52,000	R839,60					
4605	HLA typing: Class II - serology	80	52,000	R839,60					
4606	HLA typing: Class I & II - serology	80	90,000	R1 453,00					
4607	Cross matching T-cells (per tray)	80	18,000	R290,80					
4608	Cross matching B-cells	80	38,000	R613,50					
4609	Cross matching T- & B-cells	80	48,000	R774,90					
4610	Helicobacter: Pylori antigen test	80	34,600	R558,50					
4611	Erythropoietin	80	20,000	R322,90					
4612	HTLV I/II	80	20,000	R322,90					
4613	Anti-Gm1 Antibody Assay	80	75,000	R1 211,00					
4614	HIV Ab - Rapid Test	80	12,000	R193,60					
21.5	Skin tests								
	For skin-prick allergy tests, please refer to items 0218, 0220 and 0221 in Section 2: Integumentary Section								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
21.6	Biochemical tests: Blood								
3991	Abnormal pigments: Qualitative	80	4,500	R72,50					
3993	Abnormal pigments: Quantitative	80	9,000	R145,50					
3995	Acid phosphate	80	5,180	R83,60					
3998	Amino acids Quantitative (Post derivatisation HPLC)	80	78,120	R1 261,30					
3999	Albumin	80	4,800	R77,30					
4000	Alcohol	80	12,400	R200,30					
4001	Alkaline phosphatase	80	5,180	R83,60					
4002	Alkaline phosphatase-iso-enzymes	80	11,700	R188,90					
4003	Ammonia: Enzymatic	80	7,710	R124,50					
4004	Ammonia: Monitor	80	4,500	R72,50					
4005	Alpha-1-antitrypsin: Total	80	7,200	R116,20					
4006	Amylase	80	5,180	R83,60					
4007	Arsenic in blood, hair or nails	80	36,250	R585,30					
4008	Bilirubin - Reflectance	80	4,770	R76,90					
4009	Bilirubin: Total	80	4,770	R76,90					
4010	Bilirubin: Conjugated	80	3,620	R58,50					
4011	Breath Hydrogen Test	80	21,560	R348,00					
4012	CSF Nicotinic Acid	80	12,420	R200,60					
4013	CSF Glutamine	80	11,250	R181,40					
4014	Cadmium: Atomic absorption	80	18,120	R292,50					
4016	Calcium: Ionized	80	6,750	R108,90					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4017	Calcium: Spectrophotometric	80	3,620	R58,50					
4018	Calcium: Atomic absorption	80	7,250	R117,10					
4019	Carotene	80	2,250	R36,60					
4020	Carnitine (Total or free) in biological fluid: Each	80	11,690	R188,70					
4021	Carnitine (Total or free) in muscle: Each	80	23,380	R377,50					
4022	Acyl Carnitine	80	23,380	R377,50					
4023	Chloride	80	2,590	R41,80					
4025	Chol/HDL/LDL/Trig	80	27,070	R437,10					
4026	LDL cholesterol (chemical determination)	80	6,900	R111,30					
4027	Cholesterol total	80	5,340	R86,20					
4028	HDL cholesterol	80	6,900	R111,30					
4029	Cholinesterase: Serum or erythrocyte: Each	80	7,480	R120,60					
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	80	9,000	R145,50					
4031	Total CO2	80	5,180	R83,60					
4032	Creatinine	80	3,620	R58,50					
4033	CSF-Immunoglobulin G	80	9,450	R152,70					
4034	C1-Esterase Inhibitor	80	9,450	R152,70					
4035	CSF-Albumin	80	9,450	R152,70					
4036	CSF-IgG Index	80	22,050	R356,00					
4038	Glutamic acid	80	29,060	R469,20					
4040	Homocysteine (random)	80	15,300	R247,00					
4041	Homocysteine (after Methionine load)	80	18,100	R292,20					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4042	D-Xylose absorption test: Two hours	80	13,150	R212,30					
4045	Fibrinogen: Quantitative	80	3,600	R58,30					
4049	Glucose tolerance test (2 specimens)	80	8,970	R144,90					
4050	Glucose strip-test with photometric reading	80	1,800	R29,00					
4051	Galactose	80	11,250	R181,40					
4052	Glucose tolerance test (3 specimens)	80	13,170	R212,60					
4053	Glucose tolerance test (4 specimens)	80	17,370	R280,20					
4057	Glucose: Quantitative	80	3,620	R58,50					
4061	Glucose tolerance test (5 specimens)	80	21,560	R348,00					
4062	Galactose-1-phosphate uridyl transferase	80	16,000	R258,40					
4063	Fructosamine	80	7,200	R116,20					
4064	HbA1C	80	14,250	R230,00					
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	80	46,880	R756,90					
4067	Lithium: Flame ionisation	80	5,180	R83,60					
4068	Lithium: Atomic absorption	80	7,480	R120,60					
4071	Iron	80	6,750	R108,90					
4073	Iron-binding capacity	80	7,650	R123,60					
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day	80	19,100	R308,30					
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb	80	6,750	R108,90					
4079	Ketones in plasma: Qualitative	80	2,250	R36,60					
4081	Drug level-biological fluid: Quantitative	80	10,800	R174,20					
4082	Tacrolimus assay	80	20,100	R324,50					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4083	Lysosomal enzyme assay	80	36,560	R590,20					
4084	Thymidine kinase	80	20,000	R322,90					
4085	Lipase	80	5,180	R83,60					
4086	Lactate	80	16,000	R258,40					
4091	Lipoprotein electrophoresis	80	9,000	R145,50					
4092	Orosmucoid	80	9,450	R152,70					
4093	Osmolality: Serum or urine	80	6,750	R108,90					
4094	Magnesium: Spectrophotometric	80	3,620	R58,50					
4095	Magnesium: Atomic absorption	80	7,250	R117,10					
4096	Mercury: Atomic absorption	80	18,120	R292,50					
4098	Copper: Atomic absorption	80	18,120	R292,50					
4105	Protein electrophoresis	80	9,000	R145,50					
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	80	20,000	R322,90					
4109	Phosphate	80	3,620	R58,50					
4113	Potassium	80	3,620	R58,50					
4114	Sodium	80	3,620	R58,50					
4117	Protein: Total	80	3,110	R50,10					
4121	pH, pCO2 or pO2: Each	80	6,750	R108,90					
4123	Pyruvic acid	80	4,500	R72,50					
4125	Salicylates	80	4,500	R72,50					
4127	Caeruloplasmin	80	4,500	R72,50					
4128	Phenylalanine: Quantitative	80	11,250	R181,40					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4130	Aspartate aminotransferase (AST)	80	5,400	R87,20					
4131	Alanine aminotransferase (ALT)	80	5,400	R87,20					
4132	Creatine kinase (CK)	80	5,400	R87,20					
4133	Lactate dehydrogenase (LD)	80	5,400	R87,20					
4134	Gamma glutamyl transferase (GGT)	80	5,400	R87,20					
4135	Aldolase	80	5,400	R87,20					
4136	Angiotensin converting enzyme (ACE)	80	9,000	R145,50					
4137	Lactate dehydrogenase isoenzyme	80	10,800	R174,20					
4138	CK-MB: Immunoinhibition/precipitation	80	10,800	R174,20					
4139	Adenosine deaminase	80	5,400	R87,20					
4143	Serum/plasma enzymes	80	5,400	R87,20					
4144	Transferrin	80	11,700	R188,90					
4146	Lead: Atomic absorption	80	15,000	R242,20					
4147	Triglyceride	80	7,930	R128,20					
4148	Tay - Sachs Study	80	36,560	R590,20					
4149	Red cell magnesium	80	11,700	R188,90					
4151	Urea	80	3,620	R58,50					
4152	CK-MB: Mass determination: Quantitative (Automated)	80	12,400	R200,30					
4153	CK-MB: Mass determination: Quantitative (Not automated)	80	17,470	R282,10					
4154	Myoglobin quantitative: Monoclonal immunological	80	12,400	R200,30					
4155	Uric acid	80	3,780	R61,00					
4156	Vitamin D3	80	12,420	R200,60					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4157	Vitamin A-saturation test	80	15,300	R247,00					
4158	Vitamin E (tocopherol)	80	3,600	R58,30					
4159	Vitamin A	80	6,300	R101,60					
4161	Troponin isoforms: Each	80	20,000	R322,90					
4163	Apoprotein AI: Turbidometric method	80	8,280	R133,60					
4165	Apoprotein AI: Turbidometric method	80	8,280	R133,60					
4167	Apoprotein B: Turbidometric method	80	8,280	R133,60					
4170	Lipoprotein (a)(Lp(a)) assay	80	12,420	R200,60					
4171	Sodium + potassium + chloride + CO2 + urea	80	15,840	R255,80					
4172	ELISA/EMIT technique	80	12,420	R200,60					
4173	Sirolimus Assay	80	78,000	R1 259,30					
4181	Quantitative protein estimation: Mancini method	80	7,760	R125,10					
4182	Quantitative protein estimation: Nephelometer or Turbidometric method	80	8,280	R133,60					
4183	Quantitative protein estimation: Labelled antibody	80	12,420	R200,60					
4184	C-reactive protein (Ultra sensitive)	80	11,680	R188,50					
4185	Lactose	80	10,800	R174,20					
4186	Vitamin B6	80	15,300	R247,00					
4187	Zinc: Atomic absorption	80	18,120	R292,50					
21.7	Biochemical tests: Urine								
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	80	1,500	R24,10					
4189	Abnormal pigments	80	4,500	R72,50					
4193	Alkapton test: Homogentisic acid	80	4,500	R72,50					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4194	Amino acids: Quantitative (Post derivatisation HPLC)	80	78,120	R1 261,30					
4195	Amino laevulinic acid	80	18,000	R290,80					
4197	Amylase	80	5,180	R83,60					
4198	Arsenic	80	18,120	R292,50					
4199	Ascorbic acid	80	2,250	R36,60					
4201	Bence-Jones protein	80	2,700	R43,70					
4204	Calcium: Atomic absorption	80	7,250	R117,10					
4205	Calcium: Spectrophotometric	80	3,620	R58,50					
4209	Lead: Atomic absorption	80	15,000	R242,20					
4210	Urine collagen telopeptides	80	36,500	R589,40					
4211	Bile pigments: Qualitative	80	2,250	R36,60					
4213	Protein: Quantitative	80	2,250	R36,60					
4216	Mucopolysaccharides: Qualitative	80	3,600	R58,30					
4217	Oxalate	80	9,380	R151,60					
4218	Glucose: Quantitative	80	2,250	R36,60					
4219	Steroids: Chromatography (each)	80	7,200	R116,20					
4221	Creatinine	80	3,620	R58,50					
4223	Creatinine clearance	80	7,650	R123,60					
4227	Electrophoresis: Qualitative	80	4,500	R72,50					
4228	Fetal Lung Maturity	80	36,560	R590,20					
4230	Urine/Fluid - Specific Gravity	80	0,900	R14,40					
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	80	37,500	R605,40	Z				

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	80	46,800	R755,60	Z				
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	80	37,500	R605,40	Z				
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	80	46,800	R755,60	Z				
4237	5-Hydroxy-indole-acetic acid: Screen test	80	2,700	R43,70					
4238	5HIAA (Hplc)	80	78,120	R1 261,30					
4247	Ketones: Excluding dip-stick method	80	2,250	R36,60					
4248	Reducing substances	80	1,800	R29,00					
4251	Metanephrines: Column chromatography	80	22,050	R356,00					
4252	Metanephrine (Hplc)	80	78,120	R1 261,30					
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	80	27,000	R435,90					
4254	Nitrosonaphtol test for tyrosine	80	2,250	R36,60					
4255	Orotic Acid - Urine	80	9,450	R152,70					
4256	Very long Chain Fatty Acids	80	129,380	R2 088,80					
4261	Micro Albumin: Quantitative	80	12,420	R200,60					
4262	Micro Albumin: Qualitative	80	4,500	R72,50					
4263	pH: Excluding dip-stick method	80	0,900	R14,40					
4265	Thin layer chromatography: One way	80	6,750	R108,90					
4266	Thin layer chromatography: Two way	80	11,250	R181,40					
4268	Organic acids: Quantitative: GCMS	80	109,380	R1 766,00					
4269	Phenylpyruvic acid: Ferric chloride	80	2,250	R36,60					
4270	Chromium Total Urine	80	18,120	R292,50					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4271	Phosphate excretion index	80	22,050	R356,00					
4272	Porphobilinogen qualitative screen: Urine	80	5,000	R80,70					
4273	Porphobilinogen/ALA: Quantitative each	80	15,000	R242,20					
4283	Magnesium: Spectrophotometric	80	3,620	R58,50					
4284	Magnesium: Atomic absorption	80	7,250	R117,10					
4285	Identification of carbohydrate	80	7,650	R123,60					
4287	Identification of drug: Qualitative	80	4,500	R72,50					
4288	Identification of drug: Quantitative	80	10,800	R174,20					
4293	Urea clearance	80	5,400	R87,20					
4297	Copper: Spectrophotometric	80	3,620	R58,50					
4298	Copper: Atomic absorption	80	18,120	R292,50					
4301	Chloride	80	2,590	R41,80					
4309	Urobilinogen: Quantitative	80	6,750	R108,90					
4313	Phosphates	80	3,620	R58,50					
4315	Potassium	80	3,620	R58,50					
4316	Sodium	80	3,620	R58,50					
4319	Urea	80	3,620	R58,50					
4321	Uric acid	80	3,620	R58,50					
4323	Total protein and protein electrophoresis	80	11,250	R181,40					
4325	VMA: Quantitative	80	11,250	R181,40					
4326	Catecholamines (HPLC)	80	78,120	R1 261,30					
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	80	46,880	R756,90					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4328	Immunoglobulin D	80	9,450	R152,70					
4335	Cystine: Quantitative	80	12,600	R203,30					
4336	Dinitrophenol hydrazine test: Ketoacids	80	2,250	R36,60					
21.8	Biochemical tests: Faeces								
4339	Chloride	80	2,590	R41,80					
4343	Fat: Qualitative	80	3,150	R51,00					
4345	Fat: Quantitative	80	22,050	R356,00					
4347	Ph	80	0,900	R14,40					
4351	Occult blood: Chemical test	80	2,250	R36,60					
4352	Occult blood: Monoclonal antibodies	80	10,000	R161,60					
4357	Potassium	80	3,620	R58,50					
4358	Sodium	80	3,620	R58,50					
4359	Secretory IgA	80	9,450	R152,70					
4362	Elastase quantitative ELISA	80	47,000	R758,90					
4363	Stercobilinogen: Quantitative	80	6,750	R108,90					
21.9	Biochemical tests: Miscellaneous								
4366	Porphyryn screen qualitative: Urine, stool, red blood cells: Each	80	5,000	R80,70					
4367	Porphyryn qualitative analysis by TLC: Urine, stool, red blood cells: Each	80	20,000	R322,90					
4368	Porphyryn: Total quantisation: Urine, stool, red blood cells: Each	80	20,000	R322,90					
4369	Porphyryn quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	80	30,000	R484,30					
4370	Drug level in biological fluid: Monoclonal immunological	80	12,400	R200,30					
4371	Amylase in exudate	80	5,180	R83,60					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4372	Fluoride in biological fluids and water	80	15,620	R252,30					
4374	Trace metals in biological fluid: Atomic absorption	80	18,130	R292,80					
4375	Calcium in fluid: Spectrophotometric	80	3,620	R58,50					
4376	Calcium in fluid: Atomic absorption	80	7,250	R117,10					
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	80	21,880	R353,30					
4378	Urea breath test	80	58,000	R936,50					
4380	Lecithin in amniotic fluid: L/S ratio	80	27,000	R435,90					
4381	Lamellar body count in amniotic fluid	80	10,000	R161,60					
4390	Foam test: Amniotic fluid	80	3,150	R51,00					
4391	Renal calculus: Chemistry	80	5,400	R87,20					
4392	Renal calculus: Crystallography	80	16,250	R262,40					
4395	Sweat: Sodium	80	3,620	R58,50					
4396	Sweat: Potassium	80	3,620	R58,50					
4397	Sweat: Chloride	80	2,590	R41,80					
4399	Sweat collection by iontophoresis (excluding collection material)	80	4,500	R72,50					
4400	Tryptophane loading test	80	22,050	R356,00					
21.10	Cerebrospinal fluid								
4401	Cell count	80	3,450	R56,00					
4407	Cell count, protein, glucose and chloride	80	7,650	R123,60					
4409	Chloride	80	2,590	R41,80					
4416	Sodium	80	3,620	R58,50					
4417	Protein: Qualitative	80	0,900	R14,40					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4419	Protein: Quantitative	80	3,110	R50,10					
4421	Glucose	80	3,620	R58,50					
4423	Urea	80	3,620	R58,50					
4425	Protein electrophoresis	80	12,600	R203,30					
21.11	RNA/DNA based tests and andrology								
21.11.1	RNA/DNA based tests and andrology: RNA/DNA based tests								
4424	HLA test for specific allele DNA-PCR	80	36,000	R581,10					
4426	HLA typing low resolution Class I DNA-PCR per locus	80	100,000	R1 614,40					
4427	HLA typing low resolution Class II DNA-PCR per locus	80	74,000	R1 194,90					
4428	HLA typing high resolution Class I or II DNA-PCR per locus	80	66,000	R1 065,60					
4429	Quantitative PCR (DNA/RNA)	80	84,300	R1 360,80					
4430	Recombinant DNA technique	80	25,000	R403,70					
4431	Ribosomal RNA targeting for bacteriological identification	80	35,000	R565,20					
4432	Ribosomal RNA amplification for bacteriological identification	80	75,000	R1 211,00					
4433	Bacteriological DNA identification (LCR)	80	25,000	R403,70					
4434	Bacteriological DNA identification (PCR)	80	75,000	R1 211,00					
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	80	150,000	R2 421,70	Z				
21.11.2	RNA/DNA based tests and andrology: Andrology								
4435	Mixed antiglobulin reaction: Semen	80	6,600	R106,50					
4436	Friberg test: Semen	80	14,500	R234,20					
4437	Kremer test: Semen	80	3,600	R58,30					
4440	Semen analysis: Cell count	80	7,650	R123,60					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4441	Semen analysis: Cytology	80	7,200	R116,20					
4442	Semen analysis: Viability + motility - 6 hours	80	6,000	R96,80					
4443	Semen analysis: Supravital stain	80	5,440	R87,70					
4445	Seminal fluid: Alpha glucosidase	80	20,000	R322,90					
4446	Seminal fluid fructose	80	3,150	R51,00					
4447	Seminal fluid: Acid phosphatase	80	5,180	R83,60					
21.12	Immunology								
4448	HCG: Latex agglutination: Qualitative (Side-room)	80	4,000	R64,40					
4449	HCG: Latex agglutination: Semi-quantitative (Side-room)	80	9,310	R150,20					
4450	HCG: Monoclonal immunological: Qualitative	80	10,000	R161,60					
4451	HCG: Monoclonal immunological: Quantitative	80	12,400	R200,30					
4452	Bone Specific Alk Phosphatase	80	20,000	R322,90					
4455	Anti IgE receptor antibody test (10 samples and dilution)	80	161,560	R2 608,20					
4456	Eosinophil cationic protein	80	27,810	R449,00					
4457	Mast cell tryptase	80	96,870	R1 564,10					
4458	Micro-albuminuria: Radio-isotope method	80	12,420	R200,60					
4459	Acetyl choline receptor antibody	80	158,120	R2 552,90					
4460	CA-199 tumour marker	80	20,000	R322,90					
4461	Nuclear Matrix Protein 22	80	35,000	R565,20					
4462	CA-125 tumour marker	80	20,000	R322,90					
4463	C6 complement functional essay	80	45,000	R726,50					
4466	Beta-2-microglobulin	80	12,420	R200,60					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4467	Chromograqnin A	80	47,000	R758,90					
4468	CA-549	80	20,000	R322,90					
4469	Tumour markers: Monoclonal immunological (each)	80	20,000	R322,90					
4470	CA-195 tumour marker	80	20,000	R322,90					
4471	Carcino-embryonic antigen	80	20,000	R322,90					
4473	TSH Receptor Ab	80	17,480	R282,20					
4474	Cast Per Allergen	80	27,810	R449,00					
4475	CA-724	80	20,000	R322,90					
4477	Neuron specific enolase	80	20,000	R322,90					
4478	Osteocalcin	80	31,400	R506,90					
4479	Vitamin B12-absorption: Shilling test	80	11,700	R188,90					
4480	Serotonin	80	18,750	R302,90					
4482	Free thyroxine (FT4)	80	17,480	R282,20					
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	80	37,080	R598,60					
4485	Insulin	80	12,420	R200,60					
4486	C-Peptide	80	12,420	R200,60					
4487	Calcitonin	80	18,900	R305,30					
4488	B-Type Natriuretic Peptide	80	47,040	R759,40					
4490	Releasing hormone response	80	50,000	R807,40					
4491	Vitamin B12	80	12,420	R200,60					
4492	Vitamin D3: Calcitriol (RIA)	80	75,000	R1 211,00					
4493	Drug concentration: Quantitative	80	12,420	R200,60					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4494	Free hormone assay	80	17,480	R282,20					
4495	Growth hormone	80	12,420	R200,60					
4496	Hormone concentration: Quantitative	80	12,420	R200,60					
4497	Carbohydrate deficient transferrin	80	29,060	R469,20					
4499	Cortisol	80	12,420	R200,60					
4500	DHEA sulphate	80	12,420	R200,60					
4501	Testosterone	80	12,420	R200,60					
4502	Free testosterone	80	17,480	R282,20					
4503	Oestradiol	80	12,420	R200,60					
4505	Oestriol	80	10,800	R174,20					
4506	Multiple antigen specific IgE screening test for Atopy	80	37,260	R601,60					
4507	Thyrotropin (TSH)	80	19,600	R316,60					
4508	Combined antigen specific IgE	80	24,480	R395,10					
4509	Free tri-iodothyronine (FT3)	80	17,480	R282,20					
4511	Renin activity	80	18,900	R305,30					
4512	Parathormone	80	17,080	R275,70					
4513	IgE: Total	80	12,420	R200,60					
4514	Antigen specific IgE	80	12,420	R200,60					
4515	Aldosterone	80	12,420	R200,60					
4516	Follitropin (FSH)	80	12,420	R200,60					
4517	Lutropin (LH)	80	12,420	R200,60					
4518	Soluble transferrin receptor	80	11,250	R181,40					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4519	Prostate specific antigen	80	14,490	R234,00					
4520	17 Hydroxy progesterone	80	12,420	R200,60					
4521	Progesterone	80	12,420	R200,60					
4522	Alpha-feto protein	80	12,420	R200,60					
4523	ACTH	80	21,740	R351,00					
4524	Free PSA	80	20,000	R322,90					
4526	Sex hormone binding globulin	80	12,420	R200,60					
4527	Gastrin	80	12,420	R200,60					
4528	Ferritin	80	12,420	R200,60					
4529	Anti-DNA antibodies	80	12,420	R200,60					
4530	Antiplatelet antibodies	80	15,300	R247,00					
4531	Hepatitis: Per antigen or antibody	80	14,490	R234,00					
4532	Transcobalamine	80	12,420	R200,60					
4533	Folic acid	80	12,420	R200,60					
4534	Prostatic acid phosphatase	80	12,420	R200,60					
4536	Erythrocyte folate	80	17,480	R282,20					
4537	Prolactin	80	12,420	R200,60					
4538	Procalcitonin: Semi-quantitative	80	32,000	R516,80					
4539	Procalcitonin: Quantitative	80	46,000	R742,80					
4540	HCG: Quantitative as used for Down's screen	80	15,000	R242,20					
4546	First trimester Downs screen	80	53,500	R863,80					
4552	Second Trimester Down's screen	80	33,620	R543,00					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4553	Thyroglobulin	80	20,000	R322,90					
4554	SCC marker	80	20,000	R322,90					
21.13	Clinical pathology: Miscellaneous								
4544	Attendance in theatre	80	27,000	R435,90					
4547	After-hours service: (Monday to Friday) 17:00 to 08:00, Saturday 13:00 to Monday 08:00 and public holidays - Refer to General Rule B.								
4551	Unlisted pathology service: Fees for items not listed in the current Pathology schedule (sections 21, 22 and 23) will be based on the fee for a comparable service in the coding structure. Please contact the SA Medical Association (SAMA) Private Practice Unit via e-mail on coding@samedical.org to obtain a comparable code for the unlisted pathology service which will be based on the fee for a comparable service in the coding structure. New items for these unlisted services should be added to the coding structure within six months or that specific unlisted pathology service should no longer be performed. Please note General Rule C and item 6999 are not applicable to pathology services (sections 21, 22 and 23)								
4555	Where pharmacological preparations (hormones, etc.) are administered as part of metabolic function tests, the cost of such preparation shall be charged separately								
22	Anatomical Pathology								
	Please note: The calculated amounts in this section are calculated according to the anatomical pathology unit values								
22.1	Exfoliative cytology								
4561	Sputum, all body fluids and tumour aspirates: First unit	90	13,400	R249,50					
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	90	7,800	R145,50					
4564	Performance of fine-needle aspiration for cytology	90	15,000	R279,40					
4565	Examination of fine needle aspiration in theatre	90	90,000	R1 675,40					
4566	Vaginal or cervical smears, each	90	11,000	R204,90					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
22.2	Histology								
4567	Histology per sample	95	20,000	R352,50					
4571	Histology per additional block, each	95	11,600	R204,60					
4575	Histology and frozen section in laboratory	95	22,700	R400,10					
4577	Histology and frozen section in theatre	95	90,000	R1 586,40					
4578	Second and subsequent frozen sections, each	95	20,000	R352,50					
4579	Attendance in theatre - no frozen section performed	95	45,000	R793,10					
4582	Serial step sections (including item 4567)	95	23,300	R410,50					
4584	Serial step sections per additional block, each	95	13,500	R237,90					
4587	Histology consultation	95	10,100	R178,20					
4589	Special stains	95	6,700	R118,00					
4591	Immunofluorescence studies	95	20,700	R364,90					
4592	Immunoperoxidase studies	95	40,000	R705,10					
4593	Electron microscopy	95	94,000	R1 656,70					
4595	Foetal autopsy excluding histology	95	73,000	R1 286,60					
23	Human Genetics								
	Please note: The calculated amounts in this section are calculated according to the human genetics unit values								
23.1	Cytogenetic								
4750	Cell culture: Lymphocytes, cord blood	100	15,000	R248,00					
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	100	45,000	R744,10					
4752	Cell culture: Chorionic villi	100	60,000	R992,30					

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	100	135,000	R2 232,30					
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukemia bloods: Idiograms, karyotyping, one staining technique	100	270,000	R4 464,50					
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	100	70,000	R1 157,40					
4760	FISH procedure, including cell culture	100	115,000	R1 901,60					
4761	FISH analysis per probe system	100	35,000	R578,60					
23.2	DNA-testing								
4763	Blood: DNA extraction	100	45,000	R744,10					
4764	Blood: Genotype per person: Southern blotting	100	89,000	R1 471,70					
4765	Blood: Genotype per person: PCR	100	60,000	R992,30					
4766	HIV Drug Resistance Testing	100	513,000	R8 482,40					
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	100	90,000	R1 488,10					
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	100	188,000	R3 108,60					
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	100	120,000	R1 984,30					
IV.	Travelling Expenses								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
P.	Travelling fees: (a) Where, in cases of emergency, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if he had to travel more than 16 kilometres in total. (b) If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients. (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 kilometres away from a hospital, no travelling fees may be charged for services rendered at such hospitals, except in cases of emergency (services not voluntarily scheduled). (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). (f) For voluntarily scheduled services, fees for travelling expenses may only be charged where the patient and the practitioner have entered into an agreement to this effect. Medical scheme benefits will not be applicable in such instances.								
5003	The indicated amount for each kilometre in excess of 16 kilometres travelled in own car e.g. where a practitioner has to travel 19 kilometres in total to visit a patient, the fees shall be calculated as follows: $19-16=3 \times$ Indicated amount	20	1,000	R13,90			1,000	R 13,90	
5005	Normal hours: Specialist: 18,00 clinical procedure units per hour or part thereof	20	18,000	R251,40					
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof								
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them								

NON-NETWORK SPECIALISTS

GEMS TARIFF FOR SERVICES BY NON-NETWORK SPECIALISTS

WITH EFFECT FROM 1 January 2019

This file is referenced to 2018 Medical Practitioner tariff file

Practice type: Specialists

Practice type: Anaesthesiology

Other specialists with no networks

Anaesthesiologists (SB only)

Code: 10000

Discipline 10

Tariff Code	Description of tariff code	CF	Units	2019 values	Flag	CF	Units	2019 values	Flag
V.	LIST OF PROCEDURES WHICH ARE OFTEN DONE IN THE DOCTORS' ROOMS TO WHICH MODIFIER 0004 SHOULD NOT BE APPLIED								
	Modifier 0004 is not applicable to the following sections: All anaesthetic services Section 19: Radiology Section 20: Radiation Oncology Section 21: Clinical Pathology (except for items 3719, 3720 and 3721 where modifier 0004 may be applied) Section 22: Anatomical Pathology Section 23: Human Genetic Please note : This is not a conclusive list and practitioners should not be penalised when patients need to be admitted to hospital for these procedures.								

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
	In calculating the GEMS Tariff, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10 cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. ALL GEMS TARIFFS ARE VAT INCLUSIVE.										
A	General information										
	The “RegN” column (Practice Type 48800) of this schedule is a reference price list for registered nurses and midwives only (not enrolled nurses) in private practice, and may only be charged by the registered nurse performing the procedure, and whose practice number is reflected on the account. The “NAgen” column (Practice Type 48000) of this schedule is a reference price list for registered accredited nursing agencies and accredited home healthcare organisations only (not nurses in private practice), i.e. if employed at a nursing agency or home healthcare organisation the private nurse practitioner may not submit claims on his/her practice number. A registered nurse or midwife is a nurse or midwife registered with the South African Nursing Council in terms of the Nursing Act 50 of 1978 (as amended). 1. Agency refers to: - An accredited business registered/licensed with the SA Nursing Council carrying out the business of providing Registered and supervised Enrolled Nursing services, as well as surgicals and equipment. - The agency should also be registered with a representative professional governing body.										

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
	2. Home healthcare organisations refers to: a. An accredited business that provides registered and supervised Enrolled Nursing services, as well as surgicals and equipment for home care. b. The accredited home care organisation should also be registered with a representative professional governing body. All accounts must be presented with the following information clearly stated: i. name of nurse practitioner, agency or home healthcare organisation (whichever is applicable) ii. pre-authorisation code, when applicable iii. qualifications of the nurse practitioner iv. BHF practice number v. Section 22A permit number (if applicable) vi. postal address and telephone number vii. dates on which services were provided viii. the relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered ix. surname and initials of the member x. first name of the patient xi. name of the scheme xii. membership number of the member xiii. where the account is a photocopy of the original, certification by way or rubber-stamp and signature of the nurse, or in the case of "80" practice numbers, the appropriate representative agent xiv. a statement of whether the account is in accordance with the National Health Reference Price List xv. where the aftercare is taken over by the nurse practitioner, a letter of referral from the doctor with the diagnosis and treatment should be attached.										

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
B	GENERAL RULES										
01	Consultation, counselling, planning and/or assessment Consultation, counselling and/or assessment (codes 001 and 002 below) encompasses consultation, history-taking, patient examination and assessment, observation, treatment planning, aftercare treatment planning, discharge planning and/or counselling. If a consultation and one or more procedures are performed in the visit, both a consultation code and the relevant procedure code(s) may be charged but the time spent on the procedure shall not be included in the consultation period for purposes of determining the consultation fee. A consultation may not be charged where the sole purpose of the visit was to perform a procedure.										
02	Emergency visits Bona-fide, justifiable emergency nursing services rendered to a patient, at any time, may attract an additional fee as specified in Item 014. These specifically relate to home visits for procedures which become necessary outside those which have been pre-arranged, such as but not exclusively, blocked urinary catheters, IV therapy which tissues or wound(s) which are draining excessively and require additional dressing. These should be accompanied by a written motivation. Note: This fee is only applicable to registered nurses in private practice, and not to nursing agencies.										

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
021	Sundays and public holidays When codes 036, 037 or 038 are charged for services rendered on a Sunday, the fee in respect of these codes shall be inflated by 50%. Modifier 0007 must be quoted after the appropriate code number(s) to indicate that this rule is applicable. When codes 036, 037 or 038 are charged for services rendered on a public holiday, the fee in respect of these codes shall be inflated by 100%. Modifier 0001 must be quoted after the appropriate code number(s) to indicate that this rule is applicable. Note: This fee is only applicable to nursing agencies and not to registered nurses in private practice.										
03	Procedures If a composite fee or general hourly rate is charged, no additional fee for procedures may be charged. The fee in respect of more than one procedure performed at the same time shall be the fee in respect of the major procedure plus 50% of the fee of each subsidiary or additional procedure. Modifier 0002 to be quoted.										
04	Fees The rate that may be charged in respect of rendering a service not listed in this benefit schedule shall be based on the rate in respect of a comparable service. Modifier 0003 to be quoted with the description of service rendered and the applicable item number used.										

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
05	Cost of medicines and materials The amount charged in respect of medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965). In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus – • 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and • a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. Item 301 is to be quoted except for stomal products where Item 205 is to be quoted.										
051	Medicines Scheduled medicines may not be supplied by an institution. Intramuscular/ Intravenous injection and OPAT may only be administered by a registered nurse.										
06	Equipment (hire and sales) Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied. To be billed in terms of Item 302. Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme. For equipment that is sold to a member, the net acquisition cost of the equipment may be charged (Item 303). This should be on a separate invoice attached to the account as the cost of these items are refunded to the member and not paid to the supplier.										

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
07	Midwifery The global fee is to be charged where the midwife and any assistants attend to the entire four stages of delivery. Item 399 or 403 to be quoted. No additional service fee may be levied, but pharmaceuticals may be charged under Item 301. Where intravenous infusions (including blood or blood cellular products) are administered as part of the after treatment after confinement, no extra fees will be charged as this is included in the global maternity fees. Should the attending midwife prefer to ask a medical practitioner to perform intravenous infusion, then the midwife (and not the patient) is responsible for remunerating such practitioner for the infusions. When a registered midwife treats a patient in the antenatal period and after starting the confinement requests a doctor to take over the case, the registered midwife shall calculate the fee for work done up to the handover of the case. Should a midwife be required to hand over the case to a medical practitioner due to complications during a home delivery and she is required to assist, Item 410 may be used. Where the confinement has not started and the midwife requests a doctor to take over the case, the fee for the visits during early labour shall be charged as Item 406. This may not be combined with Item 400. Antenatal/postnatal exercise or education classes are generally not covered by the schemes and payment is the responsibility of the member.										
08	Travel fee Please note that generally schemes do not accept the responsibility for transport expenses, as they are deemed to be included in the fee.										

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
09	Well baby clinics Where vaccines are issued free by the state, no charge may be levied for the product. Vaccines may only be purchased, stored and dispensed by nurses with a Section 22A (15) permit. Emergency equipment must be available in the clinic.										
10	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.										
MODIFIERS											
0001	Public holidays, add 100%. Nursing agencies only.										
0002	Only 50% of the fee in respect of subsidiary/additional procedures may be charged.										
0003	The fee that may be charged in respect of the rendering of a service not listed in this recommended benefit schedule, shall be based on the fee in respect of a fee for a comparable service. Motivation must be attached.										
0007	Sundays add 50%. Nursing agencies only.										
ITEMS											
	Consultations (the pathology/diagnosis must be stated)										
005	Individual consultation, counselling, planning and/or assessment. 5-15 minutes.	360	2,747	1,0		R40,80	241	10,000	1,0		R92,30
006	Individual consultation, counselling, planning and/or assessment. 16-30 minutes.	360	6,180	1,0		R91,70	241	22,500	1,0		R207,60
001	Individual consultation, counselling, planning and/or assessment. 31-45 minutes.	360	10,300	1,0		R153,10	241	37,500	1,0		R345,90

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
002	Individual consultation, counselling, planning and/or assessment. 46+ minutes.	360	14,200	1,0		R210,80	241	52,500	1,0		R484,10
014	For emergency consultation/visit, all hours – See General Rule 2.						240	7,700	1,0		R114,40
	Specimens										
020	This must form part of a consultation when a consultation is charged. Where a consultation was not performed and the nurse visited or attended to the patient with the sole purpose of obtaining a specimen, and dispatching to a laboratory or using own machine to test – please state specimen type and, where applicable, machine and test performed.	360	4,600	1,0		R68,50	240	4,600	1,0		R68,50
	Observations (temperature, pulse respiration and B.P.)										
025	Where a consultation was not performed and the nurse attended to the patient with the sole purpose of doing an observation.	360	4,600	1,0		R68,50	240	4,600	1,0		R68,50
	Administration of medication										
030	Where a consultation was not performed and the nurse attended to or visited the patient with the sole purpose of administering intramuscular or intravenous medication. The route of administration of medication to be stated, as well as the name of the medication. Oral, rectal, vaginal medication excluded as well as the application of topical medicine.	360	4,600	1,0		R68,50	240	4,600	1,0		R68,50
452	Immunisation						240	3,000	1,0		R44,50
	OPAT (antibiotics, chemotherapy, blood products and dehydration)										
035	All inclusive global fee for the setting up of an IV line and administration of intravenous therapy by a registered nurse.	360	24,300	1,0		R361,00	240	24,300	1,0		R361,00
036	When a SRN returns to add medication to an existing IV infusion.	360	12,200	1,0		R181,30	240	12,200	1,0		R181,30

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
	Composite fees										
	Note: These fees may only be charged by members of an accredited home healthcare organisation for services rendered at patient's home. (Care-givers are not included in the fee.) This includes all post-hospitalisation/nursing care during a 24-hour period or part thereof. Motivation by a medical practitioner required. Single procedures/visits are not to be charged as a composite fee.										
032	Low intensity care (Presenting problem(s) that are of low severity. The patient is stable, recovering or improving.)	360	42,700	1,0		R634,10					
033	Medium intensity care (Presenting problem(s) that are of moderate severity. The patient is responding inadequately to therapy or has developed a minor complication.)	360	61,700	1,0		R916,30					
034	High intensity care (this item presenting problem(s) that are of high complexity. The patient is unstable or has developed a significant new problem). By arrangement with scheme.	360	-	0,0		R3 236,90					R0,00
	The above fees includes: - all nursing intervention in a 24-hour period - all visits of a supervisory nature - non-recoverable items e.g. disinfectants, soaps, towelettes, hibitane, aprons, fractions of strapping etc. - all travelling costs - all administrative costs - delivery/courier costs where these are necessary but excludes: - any drugs and surgicals required - equipment sale or hire - auxiliary services by paraprofessionals, e.g. OT's and physiotherapists										

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
	Note: Item 035 should not represent more than 4% of all claims received										
	Recommended hourly rates for registered nursing agencies										
039	Enrolled nursing assistant, per hour	360	3,700	1,0		R54,90					
037	Enrolled nurse, per hour	360	5,100	1,0		R75,90					
038	Registered nurse, per hour	360	6,460	1,0		R95,80					
	1. The fee for 24-hour daily care may not exceed R420.00 per day (or R630.00 on a Sunday or R840.00 on a public holiday) and no other procedure may be charged. 2. In the case of litigation, the registered nurse will be co-responsible for the practice of the enrolled nurse. 3. All services to be re-negotiated with the scheme every 7 days or such lesser period as stipulated in pre-authorisation.										
	Care of wounds (the pathology must be stated)										
040	Treatment of simple wounds/burns requiring dressing only.	360	8,800	1,0		R130,60	240	8,800	1,0		R130,60
041	Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc.	360	12,400	1,0		R184,10	240	12,400	1,0		R184,10
042	Treatment of moderate wounds/Burns eg drains or fistulas and inserting of sutures.	360	11,000	1,0		R163,40	240	11,000	1,0		R163,40
045	Laser treatment for wound healing where prescribed by medical practitioner.	360	7,670	1,0		R114,00	240	7,670	1,0		R114,00
	Respiratory system										
050	Nebulisation/Inhalation	360	3,800	1,0		R56,40	240	3,800	1,0		R56,40
051	Tracheostomy care	360	7,900	1,0		R117,20	240	7,900	1,0		R117,20
052	Peak flow measurement	360	3,100	1,0		R46,10	240	3,100	1,0		R46,10

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
	For ICU-trained nurses registered with SANC as such and nurses working in the occupational health setting but not for a company. (Item 053)										
053	Flow volume test: inspiration/expirations using ELF/similar machine						240	13,100	1,0		R194,60
	Cardio-vascular system										
	Only for ICU-trained nurses registered as such with SANC. A medical practitioner must be available in the event of a resuscitation being required. (Items 062 and 063).										
060	Cardiopulmonary resuscitation						240	23,000	1,0		R341,50
061	Performing ECG only						240	4,600	1,0		R68,50
062	Effort test – bicycle						240	16,900	1,0		R251,00
063	Effort test – multistage treadmill						240	38,400	1,0		R570,20
	Musculoskeletal system										
070	Application or removal splints and prosthesis	360	3,900	1,0		R58,10	240	3,900	1,0		R58,10
071	Application or removal of traction	360	7,700	1,0		R114,40	240	7,700	1,0		R114,40
072	Application of skin traction	360	7,700	1,0		R114,40	240	7,700	1,0		R114,40
	Gastro intestinal system										
080	Nasogastric tube insertion, feeding and removal	360	9,200	1,0		R136,70	240	9,200	1,0		R136,70
082	Enema administration	360	4,800	1,0		R71,40	240	4,800	1,0		R71,40
083	Aspiration of stomach/gastric lavage						240	6,900	1,0		R102,40
084	Faecal impaction/manual removal	360	8,700	1,0		R129,10	240	8,700	1,0		R129,10
	Urinary system										
090	Any urinary tract procedure including catheterisation, bladder stimulation and emptying.	360	9,500	1,0		R141,10	240	9,500	1,0		R141,10

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
091	Condom catheter application, penile dressing, catheter care including bag change or catheter removal	360	5,800	1,0		R86,30	240	5,800	1,0		R86,30
093	Incontinence management (30 minutes). This fee includes intermittent catheterisation, external sheath drainage, taking of history, providing literature and teaching.	360	9,500	1,0		R141,10	240	9,500	1,0		R141,10
	General care										
100	This includes all aspects of elementary nursing care performed at a patient's home which may include: • bath/bedbath • getting patient out of bed • making of bed • hairwash • mouth hygiene • nail care • shave • put patient back to bed • pressure area care per visit (irrespective of time spent).	360	16,100	1,0		R238,90	240	16,100	1,0		R238,90
	Stomaltherapy nursing										
	Applicable to stomal therapy trained registered nurses who are working as private practitioners and not for a company other than a registered nursing agency.										
	Please Note: Items 200, 201, 202, 204, 205, 079 and 081 may not be used in conjunction with Items 230, 234, 238 and 250.										
079	Stomal irrigation – 60 minutes. May not be used in conjunction with the global fees.	360	4,800	1,0		R71,40	240	4,800	1,0		R71,40

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Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
	Colonic lavage – may be performed by all nurse practitioners but only when prescribed by a medical practitioner, and the written prescription is attached.										
081	Colonic lavage.	360	4,800	1,0		R71,40	240	4,800	1,0		R71,40
200	Simple stoma – a well-constructed, sited stoma which is easy to pouch. Very little or no peristomal skin excoriation.	360	8,800	1,0		R130,60	240	8,800	1,0		R130,60
201	Complex stoma – a poorly constructed, non-sited stoma requiring convexity or build up. Difficult to pouch. Severe peristomal skin excoriation.	360	12,400	1,0		R184,10	240	12,400	1,0		R184,10
202	Moderate stoma – a fairly well-constructed, sited stoma which may require straightforward convexity or build up. Mild to moderate peristomal skin excoriation.	360	11,000	1,0		R163,40	240	11,000	1,0		R163,40
205	Stoma products charged in accordance with rule 05.	360	-	0,0		R0,00	240	-	0,0		R0,00
230	Global fee – Simple Stoma – Permanent: Includes the following: 1 x pre-op consultation: includes history, stomal siting, counselling 3 x post-op consultations – includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 x clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) - six month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc).	360	124,900	1,0		R1 854,50	240	124,900	1,0		R1 854,50

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Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
234	Global fee – Moderate Stoma – Permanent (includes the following): 1 x pre-op consultation: includes history, stomal siting, counselling 3 x post-op consultations – includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 x clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) - six month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc).	360	137,200	1,0		R2 037,10	240	137,200	1,0		R2 037,10
238	Global fee: Complex stoma – Permanent (Includes the following): 1 x pre-op consultation: includes history, stomal siting, counselling 3 x post-op consultations – includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 x clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) - six month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc).	360	159,900	1,0		R2 373,90	240	159,900	1,0		R2 373,90
250	Clinic visits after 6 months per half hour plus one procedure – eg irrigation, enema, etc. – plus material.	360	10,000	1,0		R148,60	240	10,000	1,0		R148,60
	Equipment										
	Applicable only to registered nurses who are working as private practitioners and not for a company other than a registered nursing agency.										
302	Equipment hire per day, charged according to rule 06										

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
303	Equipment sold to a member should be net acquisition cost. This should be on a separate invoice attached to the account as the cost of these items are refunded to the member, and not paid to the supplier.	360	-	0,0		R0,00	240	-	0,0		R0,00
	Midwifery										
	Global obstetric fees										
	This is charged where the midwife managed the entire four stages of delivery.										
399	Global midwife delivery fee in hospital/birthing unit. Includes all care from the time of admission of the patient in labour until discharge from hospital.						240	210,900	1,0		R3 131,20
403	Global obstetric fee – home birth. (to be charged if the entire confinement is completed at home). Includes all care from commencement of labour until 1 hour after delivery.						240	275,500	1,0		R4 090,20
407	Global fee for childbirth education. By arrangement with scheme/patient.						240	-	0,0		R0,00
	Where the global fee is not applicable, the following will apply:										
400	First Stage Monitoring						240	73,800	1,0		R1 095,70
401	Second and Third stage labour. Vaginal delivery including episiotomy/tear and repair and general obstetric care.						240	90,200	1,0		R1 339,00
402	Fourth stage						240	12,300	1,0		R182,60
405	Phototherapy, per day						240	15,400	1,0		R228,70
406	Visit to patient during first stage labour (may not be charged in conjunction with Item 400)						240	10,000	1,0		R148,60
410	Assisting at delivery (if a medical practitioner/midwife is requested to take over delivery due to complications during a home delivery)						240	27,600	1,0		R409,80
420	Ante natal visits (excluding ante-natal exercises), per visit						240	7,700	1,0		R114,40

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Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
421	Post natal visits (excluding post- natal exercises), per visit						240	11,500	1,0		R170,70
425	Ante-natal or post-natal exercise classes, per patient						240	6,200	1,0		R92,20
	For advanced midwives registered with SANC only:										
404	Cardiotocography						240	10,000	1,0		R148,60
	Well baby clinics										
	Emergency equipment must be available in the baby clinic										
450	Consultation						240	4,800	1,0		R71,40
454	Supply of Vaccine (only for nurses with Section 22A (15) Permit)						240	-	0,0		R0,00
	Psychiatric nursing therapy										
	Psychiatric Nursing Therapy may only be performed by a nurse with a psychiatric nursing qualification registered as such with the SANC.										
500	Individual interview/assessment. Adult, child, school, employer – per hour.						240	21,600	1,0		R320,70
501	Individual therapy (irrespective of time)						240	30,700	1,0		R455,70
502	Family/marital/group per patient – specify number						240	6,200	1,0		R92,20
503	Play therapy/home stimulation programme						240	16,900	1,0		R251,00
504	Co-therapist						240	16,900	1,0		R251,00
	Renal dialysis										
092	Peritoneal dialysis per day	360	16,900	1,0		R251,00	240	16,900	1,0		R251,00
608	Home dialysis training in centre per 30 minutes	360	16,000	1,0		R237,90	240	16,000	1,0		R237,90
610	Home dialysis training or follow-up at patient's home per 30 minutes (to maximum of 24 hours)	360	28,200	1,0		R418,80	240	28,200	1,0		R418,80

GEMS TARIFF FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES WITH EFFECT FROM 1 JANUARY 2019

Practice Type: Nursing Agencies/Home Care Services Code: 48000							Practice Type: Registered Nurses Code: 48800				
Tariff Code	Description of tariff code	CF	Units	BF	Flag	2019 values	CF	Units	BF	Flag	2019 values
612	Home dialysis 1. Preparation of extra corporeal equipment 2. Preparation of needling patient's fistula and attaching patients to Haemodialysis machine or using subclavian catheter/permanent catheter/femerol catheter 3. Observation of patient whilst on dialysis 4. Monitoring Haemodialysis machine readings 5. Doing necessary nursing procedures to patient as required e.g. catheter site/wounds/mouth care, nursing care in general/helping to feed/prepare light meal/tea etc for patient whilst on dialysis 6. Termination of procedures e.g. giving blood back to patient and disposable of extra corporeal lines etc 7. Port dialysis observation of patient 8. Cleaning and sterilisation of dialysis machine and Reverse Osmosis machine.	360	64,000	1,0		R950,40	240	64,000	1,0		R950,40
	Medicines and materials										
301	Consumables used, and charged according to rule 05.	360	-	0,0		R0,00	240	-	0,0		R0,00