

GP Network Medical Procedures 2018

The Discovery Health Rates are applicable for services rendered with effect 01 January 2018

Blank: There is no fixed amount for this code. Discovery Health will pay the claimed amount subject to Discovery Health Scheme benefit rules, available funds and benefits.

R0.00: Discovery Health does not pay for this procedure code.

Please note: This document should be used for obtaining the Discovery Health Rate only and does not contain billing rules and guidelines. All rates are VAT inclusive and in ZAR.

For detailed code descriptions please visit: <https://www.medicallchemes.com/Publications.aspx> and select NHRPL Schedules on the left hand side and select "2006 Lists (version 0.6)" from the Category dropdown list.

Procedure Code	Description	RCF Value	RVU	Rounded Amount
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	12.991	10.00	129.90
0203	Inhalation sedation: Use of analgesic nitrous oxide for alcohol and other withdrawal states: First quarter-hour or part thereof			
0204	Inhalation sedation: Per additional quarter-hour or part thereof			
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	13.234	12.00	158.80
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	13.234	6.00	79.40
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24 hours	13.234	8.00	105.90
0208	Venesection: Therapeutic venesection (Not to be used when blood is drawn for the purpose of laboratory investigations)	13.234	6.00	79.40
0209	Umbilical artery cannulation at birth	12.991	18.00	233.80
0210	Collection of blood specimen(s) by medical practitioner for pathology examination, per venesection (not to be used by pathologists)	13.234	3.25	43.00
0211	Exchange transfusion: First and subsequent (including after-care)	12.991	80.00	1039.30
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	13.234	5.00	66.20
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	13.234	9.00	119.10
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	13.234	14.00	185.30
0217	Allergy: Patch tests: First patch	13.234	4.00	52.90
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	13.234	2.80	37.10
0219	Allergy: Patch tests: Each additional patch	13.234	2.00	26.50
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	13.234	1.90	25.10
0221	Allergy: Skin-prick tests: Delayed hypersensitivity testing (Type IV reaction): Per antigen	13.234	2.80	37.10
0222	Intralesional injection into areas of pathology e.g. Keloid: Single	13.234	4.00	52.90
0223	Intralesional injection into areas of pathology e.g. Keloids: Multiple	13.234	8.00	105.90
0225	Epilation: Per session	13.234	8.00	105.90
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	13.234	8.00	105.90
0228	PUVA Treatment: Maximum of 21 treatments	13.234	20.00	264.70
0229	PUVA: Follow-up or maintenance therapy once a week	13.234	20.00	264.70
0230	UVR-Treatment	13.234	20.00	264.70
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	13.234	5.50	72.80
0233	Biopsy without suturing: First lesion	13.234	6.00	79.40
0234	Biopsy without suturing: Subsequent lesions (each)	13.234	3.00	39.70
0235	Biopsy without suturing: Maximum for multiple additional lesions	13.234	18.00	238.20
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	13.234	12.00	158.80
0241	Treatment of benign skin lesion by chemo-cryotherapy: First Lesion	13.234	6.00	79.40
0242	Treatment of benign skin lesion by chemo-cryotherapy: Subsequent lesions (each)	13.234	3.00	39.70
0243	Treatment of benign skin lesion by chemo-cryotherapy: Maximum for multiple additional lesions	13.234	42.00	555.80
0244	Repair of nail bed	13.234	30.00	397.00
0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	13.234	14.00	185.30

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	13.234	7.00	92.60
0251	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: First lesion	13.234	30.00	397.00
0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	13.234	15.00	198.50
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	13.234	20.00	264.70
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	13.234	87.00	1151.40
0259	Removal of foreign body superficial to deep fascia (except hands)	13.234	20.00	264.70
0261	Removal of foreign body deep to deep fascia (except hands)	13.234	31.00	410.30
0271	Kurtin planing for acne scarring: Whole face	12.991	164.80	2140.90
0273	Kurtin planing for acne scarring: Extensive	12.991	70.00	909.40
0275	Kurtin planing for acne scarring: Limited	12.991	30.00	389.70
0277	Kurtin planing for acne scarring: Subsequent planing of whole face within 12 months	12.991	103.00	1338.10
0279	Surgical treatment for axillary hyperhidrosis	13.234	64.00	847.00
0280	Laser treatment for small skin lesions: First lesion	13.234	14.00	185.30
0281	Laser treatment for small skin lesions: Subsequent lesions (each)	13.234	7.00	92.60
0282	Laser treatment for small skin lesions: Maximum for multiple additional lesions	13.234	56.00	741.10
0283	Laser treatment for large skin lesions: Limited area	13.234	30.00	397.00
0284	Laser treatment for large skin lesions: Extensive area	13.234	70.00	926.40
0285	Laser treatment for large skin lesions: Whole face or other areas of equivalent size or larger	13.234	164.80	2181.00
0286	Photo-dynamic therapy for malignant skin lesions: Equipment fee for PDT lamp	12.991	56.63	735.70
0287	Scanning of pigmented skin lesions: Equipment fee for Molemax or similar device	12.991	43.44	564.30
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	12.991	187.20	2431.90
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	12.991	328.00	4261.00
0291	Reconstructive procedures (including all stages) grafting by micro-vascular re-anastomosis	12.991	640.00	8314.20
0292	Distant flaps: First stage	12.991	164.80	2140.90
0293	Contour grafts (excluding cost of material)	12.991	164.80	2140.90
0294	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses	12.991	960.00	12471.40
0295	Local skin flaps (large, complicated)	12.991	164.80	2140.90
0296	Other procedures of major technical nature	12.991	164.80	2140.90
0297	Subsequent major procedures for repair of same lesion	12.991	104.00	1351.10
0298	Lower abdominal dermo-lipectomy	12.991	136.00	1766.80
0299	Major abdominal lipectomy with repositioning of umbilicus	12.991	220.00	2858.00
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care)	13.234	14.00	185.30
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	13.234	7.00	92.60
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	13.234	64.00	847.00
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	13.234	120.00	1588.10
0304	Major debridement of wound, sloughectomy or secondary suture	12.991	50.00	649.60
0305	Needle biopsy - soft tissue	13.234	25.00	330.90
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	13.234	27.00	357.30
0308	Each additional small procedure done at the same time	13.234	14.00	185.30
0310	Radical excision of nailbed	13.234	38.00	502.90
0311	Excision of large benign tumour (more than 5 cm)	13.234	55.00	727.90
0313	Extensive resection for malignant soft tissue tumour including muscle	12.991	227.12	2950.50
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	12.991	104.00	1351.10
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	12.991	55.00	714.50
0316	Fine needle aspiration for soft tissue (all areas)	13.234	15.00	198.50
0317	Aspiration of cyst or tumour	13.234	9.00	119.10
0319	Mastotomy with exploration, drainage of abscess or removal of mammary implant	13.234	42.00	555.80
0321	Biopsy or excision of cyst, benign tumour, aberrant breast tissue, duct papilloma	13.234	94.20	1246.60
0323	Subareolar cone excision of ducts of wedge excision of breast	12.991	90.00	1169.20
0324	Wedge excision of breast and axillary dissection	12.991	180.00	2338.40
0325	Total mastectomy	12.991	124.00	1610.90
0327	Total mastectomy with axillary gland biopsy	12.991	148.00	1922.70
0329	Total mastectomy with axillary gland dissection	12.991	220.00	2858.00
0330	Nipple and areola reconstruction	12.991	95.00	1234.10

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
0331	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Unilateral	12.991	187.20	2431.90
0333	Subcutaneous mastectomy for disease of breast; including reconstruction but excluding cost of prosthesis: Bilateral	12.991	328.00	4261.00
0334	Removal of breast implant by means of capsulectomy: Per breast	12.991	187.20	2431.90
0335	Implantation of internal subpectoral mammary prosthesis in post mastectomy patients	12.991	120.00	1558.90
0337	Reduction: Mammoplasty for pathological hypertrophy: Unilateral	12.991	187.20	2431.90
0339	Reduction: Mammoplasty for pathological hypertrophy: Bilateral	12.991	328.00	4261.00
0341	Gynaecomastia: Unilateral	12.991	92.00	1195.20
0343	Gynaecomastia: Bilateral	12.991	128.80	1673.20
0351	Major Burns: Resuscitation (including supervision and intravenous therapy - first 48 hours)	12.991	220.80	2868.40
0353	Tangential excision and grafting: Small	12.991	100.00	1299.10
0354	Tangential excision and grafting: Large	12.991	160.00	2078.60
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	12.991	120.00	1558.90
0357	Small skin graft in acute hand injury	12.991	45.00	584.60
0359	Release of extensive skin contracture and/or excision of scar tissue with major skin graft resurfacing	12.991	153.60	1995.40
0361	Z-plasty	12.991	176.08	2287.50
0363	Local flap and skin graft	12.991	120.00	1558.90
0365	Cross finger flap (all stages)	12.991	153.60	1995.40
0367	Palmar flap (all stages)	12.991	153.60	1995.40
0369	Distant flap: First stage	12.991	126.40	1642.10
0371	Distant flap: Subsequent stage (not subject to general modifier 0007)	12.991	77.00	1000.30
0373	Transfer neurovascular island flap	12.991	184.40	2395.50
0374	Syndactyly: Separation of, including skin graft for one web (with skin flap and graft)	12.991	193.92	2519.20
0375	Dupuytren's contracture: Fasciotomy	12.991	51.00	662.50
0376	Dupuytren's contracture: Fasciectomy	12.991	174.40	2265.60
0377	Standard acupuncture	13.234	10.00	132.30
0378	Laser acupuncture using more than 6 points	13.234	14.00	185.30
0379	Electro-acupuncture	13.234	14.00	185.30
0380	Scalp acupuncture	13.234	10.00	132.30
0381	Micro-acupuncture (ear, hand)	13.234	10.00	132.30
0383	Fracture (reduction under general anaesthetic): Scapula			
0387	Fracture (reduction under general anaesthetic): Clavicle	12.991	77.00	1000.30
0388	Percutaneous pinning of supracondylar fracture: Elbow - stand alone procedure	12.991	140.56	1826.00
0389	Fracture (reduction under general anaesthetic): Humerus	12.991	111.60	1449.80
0391	Fracture (reduction under general anaesthetic): Radius and/or Ulna	12.991	77.00	1000.30
0392	Fracture (reduction under general anaesthetic): Open reduction of both radius and ulna (modifier 0051 not applicable)	12.991	168.00	2182.50
0402	Fracture (reduction under general anaesthetic): Carpal bone	12.991	64.00	831.40
0403	Fracture (reduction under general anaesthetic): Bennett fracture-dislocation	12.991	51.00	662.50
0405	Fracture (reduction under general anaesthetic): Open treatment of metacarpal: Simple	12.991	118.30	1536.80
0409	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Simple			
0411	Fracture (reduction under general anaesthetic): Finger phalanx: Distal: Compound	12.991	52.00	675.50
0413	Fracture (reduction under general anaesthetic): Proximal or middle: Simple	12.991	48.00	623.60
0415	Fracture (reduction under general anaesthetic): Proximal or middle: Compound	12.991	102.00	1325.10
0417	Fracture (reduction under general anaesthetic): Pelvis fracture: Closed			
0419	Fracture (reduction under general anaesthetic): Pelvis: Operative reduction and fixation	12.991	256.00	3325.70
0421	Fracture (reduction under general anaesthetic): Femur: Neck or Shaft	12.991	189.60	2463.10
0425	Fracture (reduction under general anaesthetic): Patella	12.991	51.00	662.50
0429	Fracture (reduction under general anaesthetic): Tibia with or without fibula	12.991	120.00	1558.90
0433	Fracture (reduction under general anaesthetic): Fibula shaft			
0435	Fracture (reduction under general anaesthetic): Malleolus of ankle	12.991	58.00	753.50
0437	Fracture (reduction under general anaesthetic): Fracture-dislocation of ankle	12.991	120.00	1558.90
0438	Fracture (reduction under general anaesthetic): Open reduction Talus fracture (modifier 0051 not applicable)	12.991	158.96	2065.00
0439	Fracture (reduction under general anaesthetic): Tarsal bones (excluding talus and calcaneus)	12.991	64.00	831.40
0440	Fracture (reduction under general anaesthetic): Open reduction Calcaneus fracture (modifier 0051 not applicable)	12.991	322.50	4189.60
0441	Fracture (reduction under general anaesthetic): Metatarsal	12.991	41.80	543.00
0443	Fracture (reduction under general anaesthetic): Toe phalanx: Distal Simple			
0445	Fracture (reduction under general anaesthetic): Toe phalanx: Compound	12.991	32.00	415.70
0447	Fracture (reduction under general anaesthetic): Other: Simple	12.991	26.00	337.80
0449	Fracture (reduction under general anaesthetic): Other: Compound	12.991	52.00	675.50

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
0451	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Closed			
0452	Fracture (reduction under general anaesthetic): Sternum and/or ribs: Open reduction and fixation of multiple fractured ribs for flail chest	12.991	184.00	2390.30
0455	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Cervical			
0456	Fracture (reduction under general anaesthetic): Spine: With or without paralysis: Rest			
0461	Fracture (reduction under general anaesthetic): Compression fracture: Cervical			
0462	Fracture (reduction under general anaesthetic): Compression fracture: Rest			
0463	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Cervical			
0464	Fracture (reduction under general anaesthetic): Spinous or transverse processes: Rest			
0465	Fractures involving large joints (includes the item for the relative bone) (this item may not be used as a modifier)	12.991	230.40	2993.10
0473	Percutaneous insertion plus subsequent removal of Kirschner wires or Steinmann pins (no after-care) (modifier 0005 not applicable)	12.991	43.00	558.60
0475	Bonegrafting or internal fixation for malunion or non-union: Femur, Tibia, Humerus, Radius and Ulna	12.991	225.60	2930.80
0479	Bonegrafting or internal fixation for malunion or non-union: Other bones	12.991	123.20	1600.50
0497	Resection of bone or tumour with or without grafting (benign)	12.991	225.60	2930.80
0498	Resection of bone or tumour with or without grafting (malignant) - does not include digits	12.991	272.00	3533.60
0499	Grafts to cysts: Large bones	12.991	153.60	1995.40
0501	Grafts to cysts: Small bones	12.991	120.00	1558.90
0503	Grafts to cysts: Cartilage graft	12.991	164.80	2140.90
0505	Grafts to cysts: Inter-metacarpal bone graft	12.991	120.00	1558.90
0507	Removal of autogenous bone for grafting (not subject to general modifier 0005)	12.991	50.00	649.60
0509	Acute or chronic osteomyelitis: Conservative treatment			
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 after-care	12.991	120.00	1558.90
0514	Osteotomy: Sternum: Repair of pectus excavatum	12.991	264.00	3429.60
0515	Osteotomy: Sternum: Repair of pectus carinatum	12.991	264.00	3429.60
0516	Osteotomy: Pelvic	12.991	256.00	3325.70
0521	Osteotomy: Femoral: Proximal	12.991	256.00	3325.70
0527	Osteotomy: Knee region	12.991	256.00	3325.70
0528	Osteotomy: Os Calcis (Dwyer operation)	12.991	115.00	1494.00
0530	Osteotomy: Metacarpal and phalanx: Corrective for malunion or rotation	12.991	120.00	1558.90
0531	Rotational osteotomy of tibia and fibula - stand alone procedure	12.991	223.12	2898.60
0532	Osteotomy: Rotation osteotomy of the Radius, Ulna or Humerus	12.991	128.00	1662.80
0533	Osteotomy: Single metatarsal	12.991	60.00	779.50
0534	Osteotomy: Multiple metatarsal osteotomies	12.991	120.00	1558.90
0535	Exostosis: Excision: Readily accessible sites	12.991	60.00	779.50
0537	Exostosis: Excision: Less accessible sites	12.991	96.00	1247.10
0539	Needle Biopsy: Spine (no after-care) (modifier 0005 not applicable)	12.991	50.00	649.60
0541	Needle Biopsy: Other sites (no after-care) (modifier 0005 not applicable)	12.991	32.00	415.70
0543	Biopsy: Open (modifier 0005 not applicable): Readily accessible site	12.991	64.00	831.40
0545	Biopsy: Open (modifier 0005 not applicable): Less accessible site	13.234	96.00	1270.50
0547	Joint: Dislocation: Clavicle either end	13.234	38.00	502.90
0549	Joint: Dislocation: Shoulder	13.234	51.00	674.90
0551	Joint: Dislocation: Elbow	13.234	51.00	674.90
0552	Joint: Dislocation: Wrist	13.234	77.00	1019.00
0553	Joint: Dislocation: Perilunar trans-scaphoid fracture dislocation	12.991	120.00	1558.90
0555	Joint: Dislocation: Lunate	13.234	77.00	1019.00
0556	Joint: Dislocation: Carpo-metacarpal dislocation	13.234	51.00	674.90
0557	Joint: Dislocation: Metacarpal-phalangeal or interphalangeal (hand)	13.234	26.00	344.10
0559	Joint: Dislocation: Hip	13.234	109.00	1442.50
0561	Joint: Dislocation: Knee	13.234	96.00	1270.50
0563	Joint: Dislocation: Patella	13.234	32.00	423.50
0565	Joint: Dislocation: Ankle	13.234	90.00	1191.10
0567	Joint: Dislocation: Sub-Talar dislocation	13.234	90.00	1191.10
0569	Joint: Dislocation: Intertarsal or Tarsometatarsal or Mid-tarsal	13.234	77.00	1019.00
0571	Joint: Dislocation: Meta-tarsophalangeal or interphalangeal joints (foot)	13.234	14.00	185.30
0573	Joint: Dislocation: Spine with or without paralysis			
0578	Operations for dislocations: Recurrent dislocation of shoulder	12.991	160.00	2078.60
0579	Operations for dislocations: Recurrent dislocation of all other joints	12.991	128.80	1673.20
0582	Capsulotomy or arthrotomy or biopsy or drainage of joint: Small joint (including three weeks after-care)	12.991	51.00	662.50

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care)	12.991	96.00	1247.10
0585	Capsulectomy digital joint	12.991	64.00	831.40
0586	Multiple percutaneous capsulotomies of metacarpophalangeal joints	12.991	90.00	1169.20
0587	Release of digital joint contracture	12.991	120.00	1558.90
0589	Synovectomy: Digital joint	12.991	77.00	1000.30
0592	Synovectomy: Large joint	12.991	128.00	1662.80
0593	Tendon synovectomy	12.991	162.96	2117.00
0597	Arthrodesis: Shoulder	12.991	179.20	2328.00
0598	Arthrodesis: Elbow	12.991	144.00	1870.70
0599	Arthrodesis: Wrist	12.991	144.00	1870.70
0600	Arthrodesis: Digital joint	12.991	120.00	1558.90
0601	Arthrodesis: Hip	12.991	256.00	3325.70
0602	Arthrodesis: Knee	12.991	144.00	1870.70
0603	Arthrodesis: Ankle	12.991	144.00	1870.70
0604	Arthrodesis: Sub-talar	12.991	120.00	1558.90
0605	Arthrodesis: Stabilisation of foot (triple-arthrodesis)	12.991	144.00	1870.70
0607	Arthrodesis: Mid-tarsal wedge resection	12.991	144.00	1870.70
0614	Arthroplasty: Debridement large joints	12.991	128.00	1662.80
0615	Arthroplasty: Excision medial or lateral end of clavicle	12.991	116.00	1507.00
0617	Shoulder: Acromioplasty	12.991	153.60	1995.40
0619	Shoulder: Partial replacement	12.991	221.60	2878.80
0620	Shoulder: Total replacement	12.991	332.80	4323.40
0621	Elbow: Excision head of radius	12.991	96.00	1247.10
0622	Elbow: Excision	12.991	153.60	1995.40
0623	Elbow: Partial replacement	12.991	150.40	1953.80
0624	Elbow: Total replacement	12.991	225.60	2930.80
0625	Wrist: Excision distal end of ulna	12.991	96.00	1247.10
0626	Wrist: Excision single bone	12.991	110.00	1429.00
0627	Wrist: Excision proximal row	12.991	132.80	1725.20
0631	Wrist: Total replacement	12.991	199.20	2587.80
0635	Digital joint: Total replacement	12.991	153.60	1995.40
0637	Hip: Total replacement	12.991	332.80	4323.40
0641	Hip: Prosthetic replacement of femoral head	12.991	230.40	2993.10
0643	Hip: Girdlestone	12.991	256.00	3325.70
0645	Knee: Partial replacement	12.991	221.60	2878.80
0646	Knee: Total replacement	12.991	332.80	4323.40
0649	Ankle: Total replacement	12.991	232.32	3018.10
0650	Ankle: Astragalectomy	12.991	123.20	1600.50
0661	Aspiration of joint or intra-articular injection (not including after-care) (modifier 0005 not applicable)	13.234	9.00	119.10
0663	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): First joint	13.234	7.50	99.30
0665	Multiple intra-articular injections for rheumatoid arthritis (excluding after-care) (modifier 0005 not applicable): Additional (each)	13.234	4.00	52.90
0667	Arthroscopy (excluding after-care) (modifiers 0005 and 0013 not applicable)	12.991	60.00	779.50
0669	Manipulation large joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	12.991	14.00	181.90
0669A	Manipulation hip joint under general anaesthetic (not including after-care) (modifier 0005 not applicable)	12.991	14.00	181.90
0673	Meniscectomy or operation for other internal derangement of knee	12.991	109.00	1416.00
0675	Joint ligament reconstruction or suture: Ankle: Collateral	12.991	128.00	1662.80
0677	Joint ligament reconstruction or suture: Knee: Collateral	12.991	128.00	1662.80
0678	Joint ligament reconstruction or suture: Knee: Cruciate	12.991	128.00	1662.80
0679	Joint ligament reconstruction or suture: Ligament augmentation procedure of knee	12.991	224.00	2910.00
0680	Joint ligament reconstruction or suture: Digital joint ligament	12.991	132.00	1714.80
0682	Amputation: Fore-quarter amputation	12.991	235.20	3055.50
0683	Amputation: Through shoulder	12.991	120.00	1558.90
0685	Amputation: Upper arm or fore-arm	12.991	116.00	1507.00
0687	Partial amputation of the hand: One ray	12.991	102.00	1325.10
0691	Amputation: Whole or part of finger	12.991	116.80	1517.30
0693	Hindquarter amputation	12.991	336.00	4365.00
0695	Amputation: Through hip joint region	12.991	153.60	1995.40
0697	Amputation: Through thigh	12.991	164.00	2130.50
0699	Amputation: Below knee, through knee or Syme	12.991	155.20	2016.20
0701	Amputation: Trans-metatarsal or trans-tarsal	12.991	120.00	1558.90
0703	Amputation: Foot: One ray	12.991	97.00	1260.10

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
0705	Amputation: Toe	12.991	66.00	857.40
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	12.991	75.00	974.30
0707	Post-amputation reconstruction: Krukenberg reconstruction	12.991	164.80	2140.90
0709	Post-amputation reconstruction: Metacarpal transfer	12.991	153.60	1995.40
0711	Post-amputation reconstruction: Pollicisation of the finger (to include all stages)	12.991	225.60	2930.80
0712	Post-amputation reconstruction: Toe to thumb transfer	12.991	640.00	8314.20
0713	Electromyography	12.991	75.00	974.30
0714	Electro-myographic neuromuscular junctional study, including edrophonium response (not to be used with item 2730)	12.991	57.00	740.50
0715	Strength duration curve per session	12.991	10.50	136.40
0717	Electrical examination of single nerve or muscle	12.991	9.00	116.90
0718	Oxidative study for mitochondrial function	12.991	64.00	831.40
0721	Voltage integration during isometric contraction	12.991	12.00	155.90
0723	Tonometry with edrophonium	12.991	8.00	103.90
0725	Isometric tension studies with edrophonium	12.991	10.00	129.90
0727	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Unilateral	12.991	8.00	103.90
0728	Cranial reflex study (both early and late responses) supra occulofacial or corneofacial or flabellofacial: Bilateral	12.991	14.00	181.90
0729	Tendon reflex time	12.991	7.00	90.90
0730	Limb brain somatosensory studies (per limb)	12.991	49.00	636.60
0731	Vision and audio-sensory studies	12.991	49.00	636.60
0733	Motor nerve conduction studies (single nerve)	12.991	26.00	337.80
0735	Examinations of sensory nerve conduction by sweep averages (single nerve)	12.991	31.00	402.70
0737	Biopsy for motor nerve terminals and end plates	12.991	20.00	259.80
0739	Combined muscle biopsy with end plates and nerve terminal biopsy	12.991	34.00	441.70
0740	Muscle fatigue studies	13.234	20.00	264.70
0741	Muscle biopsy	13.234	20.00	264.70
0743	Major compartmental decompression	12.991	120.00	1558.90
0744	Decompression operation: Fasciotomy only	12.991	60.00	779.50
0745	Muscle and tendon repair: Biceps humeri	12.991	109.00	1416.00
0746	Muscle and tendon repair: Removal of calcification in Rotator cuff	12.991	96.00	1247.10
0747	Muscle and tendon repair: Rotator cuff	12.991	120.00	1558.90
0748	Muscle and tendon repair: Debridement rotator cuff	12.991	120.00	1558.90
0749	Muscle and tendon repair: Scapulopexy - stand alone procedure	12.991	217.52	2825.80
0755	Muscle and tendon repair: Infrapatellar of quadriceps tendon	12.991	120.00	1558.90
0757	Muscle and tendon repair: Achilles tendon repair	12.991	158.08	2053.60
0759	Muscle and tendon repair: Other single tendon	12.991	77.00	1000.30
0763	Muscle and tendon repair: Tendon or ligament injection	13.234	9.00	119.10
0767	Hand: Flexor tendon suture: Primary (per tendon)	12.991	120.00	1558.90
0769	Hand: Flexor tendon suture: Secondary (per tendon)	12.991	128.00	1662.80
0771	Extensor tendon suture: Primary (per tendon)	12.991	120.00	1558.90
0773	Extensor tendon suture: Secondary (per tendon)	12.991	80.00	1039.30
0774	Repair of Boutonniere deformity or Mallet finger with graft	12.991	146.96	1909.20
0775	Free tendon graft	12.991	128.00	1662.80
0776	Reconstruction of pulley for flexor tendon	12.991	50.00	649.60
0777	Tendon graft: Finger: Flexor	12.991	153.60	1995.40
0779	Tendon graft: Finger: Extensor	12.991	120.00	1558.90
0780	Two stage flexor tendon graft using silastic rod	12.991	192.00	2494.30
0781	Tendon freeing operation, except where specified elsewhere	12.991	64.00	831.40
0782	Carpal tunnel syndrome	12.991	98.70	1282.20
0783	Tenolysis: De Quervain	12.991	38.00	493.70
0784	Trigger finger	12.991	38.00	493.70
0785	Flexor tendon freeing operation following free tendon graft or suture	12.991	149.44	1941.40
0787	Extensor tendon freeing operation following graft or suture in finger, hand or forearm, each tendon	12.991	144.72	1880.10
0788	Intrinsic tendon release per finger	12.991	64.00	831.40
0789	Central tendon tenotomy for Boutonniere deformity	12.991	64.00	831.40
0790	Tenodesis: Digital joint	12.991	90.00	1169.20
0791	Single tendon transfer	12.991	96.00	1247.10
0792	Multiple tendon transfer	12.991	120.00	1558.90
0793	Hamstring to quadriceps transfer	12.991	120.00	1558.90
0794	Pectoralis major or Latissimus dorsi transfer to biceps tendon	12.991	256.00	3325.70
0795	Tendon transfer at elbow	12.991	116.00	1507.00
0802	Radial club hand repair - stand alone procedure	12.991	288.24	3744.50
0803	Hand tendons: Single tendon transfer (first)	12.991	96.00	1247.10

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
0809	Hand tendons: Substitution for intrinsic paralysis of hand	12.991	179.20	2328.00
0811	Hand tendons: Opponens tendon transfer (including obtaining of graft)	12.991	176.48	2292.70
0812	Percutaneous Tenotomy: All sites	12.991	38.00	493.70
0813	Torticollis	12.991	96.00	1247.10
0815	Scalenotomy	12.991	120.00	1558.90
0817	Scalenotomy with excision of first rib	12.991	152.00	1974.60
0821	Tennis elbow	12.991	96.00	1247.10
0822	Open release elbow (Mitals) - stand alone procedure	12.991	222.56	2891.30
0823	Excision or slide for Volkmann's Contracture	12.991	153.60	1995.40
0825	Hip: Open muscle release	12.991	116.00	1507.00
0829	Knee: Quadriceps plasty	12.991	128.00	1662.80
0831	Knee: Open tenotomy	12.991	120.00	1558.90
0835	Calf	12.991	96.00	1247.10
0837	Open elongation tendon Achilles	12.991	96.00	1247.10
0838	Percutaneous "Hoke" elongation tendo Achilles	12.991	79.30	1030.20
0845	Foot: Plantar fasciotomy	12.991	70.00	909.40
0846	Foot: Postero-medial release for club-foot	12.991	153.60	1995.40
0847	Excision: Semimembranosus	12.991	90.00	1169.20
0849	Excision: Prepatellar	12.991	45.00	584.60
0851	Excision: Olecranon	12.991	81.80	1062.70
0853	Excision: Small bursa or ganglion	13.234	80.90	1070.60
0855	Excision: Compound palmar ganglion or synovectomy	12.991	128.00	1662.80
0857	Bursae and ganglia: Aspiration or injection (no after-care) (modifier 0005 not applicable)	13.234	9.00	119.10
0859	Leg equalisation and congenital hips and feet: Leg shortening	12.991	225.60	2930.80
0861	Leg equalisation and congenital hips and feet: Leg lengthening	12.991	332.80	4323.40
0863	Leg equalisation and congenital hips and feet: Epiphysiodesis at one level	12.991	116.00	1507.00
0865	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: One hip	12.991	109.00	1416.00
0867	Congenital dislocation of hip: Initial non-operative reduction and application of plaster cast: Both hips	12.991	128.00	1662.80
0868	Open reduction of congenital dislocation of the hip	12.991	148.80	1933.10
0869	Subsequent plasters	12.991	32.00	415.70
0873	Congenital club foot: Manipulation and plaster: One foot	12.991	26.00	337.80
0874	Ponseti technique assistant (medical practitioner)	12.991	13.00	168.90
0883	Removal of internal fixatives or prosthesis: Readily accessible	12.991	36.60	475.50
0884	Removal of internal fixatives: Less accessible	12.991	75.50	980.80
0885	Removal of prosthesis for infection soon after operation	12.991	120.00	1558.90
0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care); ADD to the item for total joint replacement of the specific joint	12.991	64.00	831.40
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	13.234	13.00	172.00
0889	Spica, plaster jacket or hinged cast brace (excluding after-care)	13.234	32.00	423.50
0891	Turnbuckle cast for scoliosis (excluding after-care)	13.234	51.00	674.90
0893	Adjustment or repair of turnbuckle cast for scoliosis (excluding after-care)	13.234	19.00	251.40
0895	Club foot: Revision club foot release - stand alone procedure	12.991	242.16	3145.90
0896	Club foot: Posterior release only - stand alone procedure	12.991	127.44	1655.60
0900	Excision tarsal coalition - stand alone procedure	12.991	120.00	1558.90
0901	Tenotomy: Single tendon	12.991	63.30	822.30
0903	Hammer toe: One toe	12.991	99.50	1292.60
0905	Filleting of toe or Ruiz-Mora procedure	12.991	99.50	1292.60
0906	Arthrodesis Hallux	12.991	120.00	1558.90
0907	Silver bunionectomy or similar for Hallux Valgus	12.991	120.00	1558.90
0909	Excision arthroplasty	12.991	120.00	1558.90
0910	Cheilectomy or metatarsophangeal implant Hallux	12.991	146.40	1901.90
0911	Metatarsal osteotomy or Lapidus or similar or Chevron - stand alone procedure	12.991	151.36	1966.30
0912	Replantation of amputated upper limb proximal to wrist joint	12.991	584.00	7586.70
0913	Replantation of thumb	12.991	536.00	6963.20
0914	Replantation of a single digit (to be motivated), for multiple digits (modifier 0005 applicable)	12.991	464.00	6027.80
0915	Replantation operation through the palm	12.991	1016.00	13198.90
0919	Tumours: Epidermoid cysts	13.234	35.00	463.20
0920	Tumours: Ganglion or fibroma	13.234	77.50	1025.60
0921	Tumours: Nodular synovitis (Giant cell tumour of tendon sheath)	12.991	86.00	1117.20
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	13.234	19.00	251.40
0923	Removal of foreign bodies requiring incision: Under general or regional anaesthetic	13.234	32.00	423.50
0924	Crushed hand injuries: Initial extensive soft tissue toilet under general anaesthetic (sliding scale) - Minimum	12.991	37.00	480.70
0925	Crushed hand injuries: Subsequent dressing changes under general anaesthetic	12.991	16.00	207.90

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
0927	Excision of one vertebral body, for a lesion within the body (no decompression)	12.991	165.60	2151.30
0928	Excision of each additional vertebral segment for a lesion within the body (no decompression)	12.991	42.00	545.60
0929	Manipulation of spine under general anaesthetic: (no after-care) (modifier 0005 not applicable)	12.991	14.00	181.90
0930	Posterior osteotomy of spine: One vertebral segment	12.991	271.20	3523.20
0931	Posterior spinal fusion: One level	12.991	308.00	4001.20
0932	Posterior osteotomy of spine: Each additional vertebral segment	12.991	103.00	1338.10
0933	Anterior spinal osteotomy with disc removal: One vertebral segment	12.991	252.00	3273.70
0936	Anterior spinal osteotomy with disc removal: Each additional vertebral segment	12.991	103.00	1338.10
0938	Anterior fusion base of skull to C2	12.991	359.20	4666.40
0939	Trans-abdominal anterior exposure of the spine for spinal fusion only if done by a second surgeon	12.991	128.00	1662.80
0940	Trans-thoracic anterior exposure of the spine if done by a second surgeon	12.991	128.00	1662.80
0941	Anterior interbody fusion: One level	12.991	288.00	3741.40
0942	Anterior interbody fusion: Each additional level	12.991	102.00	1325.10
0943	Laminectomy with decompression of nerve roots and disc removal: One level	12.991	192.00	2494.30
0944	Posterior fusion: Occiput to C2	12.991	312.00	4053.20
0946	Posterior spinal fusion: Each additional level	12.991	111.00	1442.00
0948	Posterior interbody lumbar fusion: One level	12.991	291.20	3783.00
0950	Posterior interbody lumbar fusion: Each additional interspace	12.991	95.00	1234.10
0952	Posterior fusion for spinal deformity: Up to 6 levels	12.991	287.20	3731.00
0954	Posterior fusion for spinal deformity: 7 to 12 levels	12.991	437.60	5684.90
0955	Posterior fusion for spinal deformity: 13 or more levels	12.991	474.40	6162.90
0956	Anterior fusion for spinal deformity: 2 or 3 levels	12.991	328.00	4261.00
0957	Anterior fusion for spinal deformity: 4 to 7 levels	12.991	355.20	4614.40
0958	Anterior fusion for spinal deformity: 8 or more levels	12.991	431.20	5601.70
0959	Excision of coccyx	12.991	96.00	1247.10
0960	Posterior non-segmental instrumentation	12.991	133.60	1735.60
0961	Costo-transversectomy	12.991	158.40	2057.80
0962	Posterior segmental instrumentation: 2 to 6 vertebrae	12.991	140.80	1829.10
0963	Antero-lateral decompression of spinal cord or anterior debridement	12.991	260.80	3388.10
0964	Posterior segmental instrumentation: 7 to 12 vertebrae	12.991	160.80	2089.00
0966	Posterior segmental instrumentation: 13 or more vertebrae	12.991	196.00	2546.20
0968	Anterior instrumentation: 2 to 3 vertebrae	12.991	127.20	1652.50
0969	Skull or skull-femoral traction including two weeks after-care	12.991	64.00	831.40
0970	Anterior instrumentation: 4 to 7 vertebrae	12.991	148.00	1922.70
0971	Halo-splint and POP jacket including two weeks after-care	12.991	116.00	1507.00
0972	Anterior instrumentation: 8 or more vertebrae	12.991	164.80	2140.90
0974	Additional pelvic fixation of instrumentation other than sacrum	12.991	108.00	1403.00
0987	Repair of orbital floor (blowout fracture)	12.991	147.68	1918.50
0988	Genioplasty	12.991	210.40	2733.30
0989	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I	12.991	161.76	2101.40
0990	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II	12.991	241.60	3138.60
0991	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III	12.991	346.40	4500.10
0992	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort I Osteotomy	12.991	776.00	10081.00
0993	Open reduction and fixation of central mid-third facial fracture with displacement: Palatal Osteotomy	12.991	241.60	3138.60
0994	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort II Osteotomy (team fee)	12.991	882.40	11463.30
0995	Open reduction and fixation of central mid-third facial fracture with displacement: Le Fort III Osteotomy (team fee)	12.991	1323.20	17189.70
0996	Open reduction and fixation of central mid-third facial fracture with displacement: Fracture of maxilla without displacement			
0997	Mandible: Fractured nose and zygoma: Open reduction and fixation	12.991	241.60	3138.60
0999	Mandible: Fractured nose and zygoma: Closed reduction by inter-maxillary fixation	12.991	147.20	1912.30
1001	Temporo-mandibular joint: Reconstruction for dysfunction	12.991	164.80	2140.90
1003	Manipulation: Immobilisation and follow-up of fractured nose	13.234	35.00	463.20
1005	Nasal fracture without manipulation			
1007	Mandibulectomy	12.991	256.00	3325.70
1009	Maxillectomy	12.991	306.00	3975.20
1011	Bone graft to mandible	12.991	164.80	2140.90
1012	Adjustment of occlusion by ramisection	12.991	181.60	2359.20

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
1013	Fracture of arch of zygoma without displacement			
1015	Fracture of arch of zygoma with displacement requiring operative manipulation (not including associated fractures), recent fracture (within four weeks)	12.991	120.00	1558.90
1017	Fracture of arch of zygoma with displacement requiring operative manipulation but not including associated fractures (after four weeks)	12.991	209.60	2722.90
1018	Flexible nasopharyngolaryngoscope examination	13.234	51.94	687.40
1020	Repair of perforated septum: Any method	12.991	120.00	1558.90
1022	Functional reconstruction of nasal septum	12.991	120.00	1558.90
1024	Insertion of silastic obturator into nasal septum perforation (excluding material)	12.991	30.00	389.70
1025	Intranasal antrostomy (modifier 0005 to apply to opposite side of nose)	12.991	64.60	839.20
1027	Dacryocystorhinostomy	12.991	168.00	2182.50
1029	Turbineotomy (modifier 0005 to apply to opposite side of nose)	12.991	62.60	813.20
1030	Endoscopic turbineotomy: Laser or microdebrider	12.991	90.00	1169.20
1031	Removal of single nasal polyp at rooms (at initial consultation only)	13.234	25.40	336.10
1033	Removal of multiple polyps in hospital under general anaesthetic	12.991	81.80	1062.70
1034	Autogenous nasal bone transplant: Bone removal included	12.991	100.00	1299.10
1035	Functional endoscopic sinus surgery: Unilateral	12.991	120.00	1558.90
1036	Functional endoscopic sinus surgery: Bilateral	12.991	196.00	2546.20
1037	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under local anaesthetic	13.234	8.00	105.90
1039	Diathermy to nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic	12.991	35.00	454.70
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	12.991	40.00	519.60
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plugging	12.991	60.00	779.50
1045	Ligation anterior ethmoidal artery	12.991	120.00	1558.90
1047	Caldwell-Luc operation: Unilateral	12.991	120.00	1558.90
1048	Endonasal frontal sinus drainage, with or without removal of tissue (modifier 0069 applies)	12.991	152.20	1977.20
1049	Ligation internal maxillary artery	12.991	156.80	2037.00
1050	Vidian neurectomy (transantral or transnasal)	12.991	113.00	1468.00
1051	Removal nasopharyngeal fibroma	12.991	228.00	2961.90
1052	Instrumental examination of the nasopharynx including biopsy under general anaesthetic	12.991	50.00	649.60
1053	Frontal sinus drainage, trephine operation	12.991	93.10	1209.50
1055	External frontal ethmoidectomy	12.991	152.56	1981.90
1056	Anterior cranial fossa, craniofacial approach, extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	12.991	433.28	5628.70
1057	External ethmoidectomy and/or sphenoidectomy	12.991	159.52	2072.30
1058	Sublabial transseptal sphenoidotomy	12.991	120.00	1558.90
1059	Frontal osteomyelitis	12.991	155.20	2016.20
1060	Obliteration of frontal sinus	12.991	232.88	3025.30
1061	Lateral rhinotomy	12.991	131.20	1704.40
1062	Excision nasolabial cyst	12.991	148.88	1934.10
1063	Removal of foreign bodies from nose: At rooms	13.234	10.00	132.30
1065	Removal of foreign body from nose: Under general anaesthetic	12.991	38.60	501.50
1067	Proof puncture at rooms: Unilateral	12.991	10.00	129.90
1069	Proof puncture, uni- or bilateral under general anaesthetic	12.991	35.00	454.70
1071	Proetz treatment (consultation fee only to be charged for first treatment)	12.991	4.00	52.00
1077	Septum abscess: At rooms, including after-care	13.234	8.00	105.90
1079	Septum abscess: Under general anaesthetic	12.991	35.00	454.70
1081	Oro-antral fistula (without Caldwell-Luc)	12.991	111.80	1452.40
1083	Choanal atresia: Intranasal approach	12.991	113.00	1468.00
1084	Choanal atresia: Transpalatal approach	12.991	155.20	2016.20
1085	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip	12.991	168.00	2182.50
1085A	Total reconstruction of the nose: Including reconstruction of nasal septum (septum plasty), nasal pyramid (osteotomy) and nasal tip			
1087	Sub-total reconstruction consisting of any two of the following: Septum plasty, osteotomy, nasal tip reconstruction	12.991	168.00	2182.50
1089	Forehead rhinoplasty (all stages): Total	12.991	441.60	5736.80
1091	Forehead rhinoplasty (all stages): Partial	12.991	331.20	4302.60
1093	Forehead rhinoplasty (all stages): Rhinophyma without skin graft	12.991	120.00	1558.90
1095	Full nasal reconstruction for secondary cleft lip deformity	12.991	286.32	3719.60
1097	Partial nasal reconstruction for cleft lip deformity	12.991	159.76	2075.40
1099	Columella reconstruction or lengthening	12.991	120.00	1558.90
1101	Tonsillectomy (dissection of the tonsils)	13.234	75.00	992.60
1102	Laser tonsillectomy	12.991	75.00	974.30

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
1105	Removal of adenoids	13.234	40.00	529.40
1106	Laser assisted functional reconstruction of palate uvula: In the rooms (+ item 5930 for hire of laser)	12.991	134.64	1749.10
1107	Opening of quinsy: At rooms	12.991	12.00	155.90
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	12.991	85.00	1104.20
1109	Opening of quinsy: Under general anaesthetic	12.991	35.00	454.70
1110	Ludwig's Angina: Drainage	12.991	42.00	545.60
1111	Post tonsillectomy or adenoidectomy haemorrhage	12.991	46.00	597.60
1112	Pharyngeal pouch operation	12.991	185.44	2409.10
1113	Retropharyngeal abscess: Internal approach	12.991	35.00	454.70
1115	Retropharyngeal abscess: External approach	12.991	85.00	1104.20
1116	Functional reconstruction of palate and uvula	12.991	134.64	1749.10
1117	Laryngeal intubation	12.991	10.00	129.90
1118	Laryngeal stroboscopy with video capture	12.991	39.00	506.60
1119	Laryngectomy without block dissection of the neck	12.991	344.00	4468.90
1120	Intubation, endotracheal, emergency procedure	12.991	34.00	441.70
1125	Operative laryngoscopy with excision of tumour and/or stripping of vocal cords (excluding after-care)	12.991	81.10	1053.60
1126	Post laryngectomy for voice restoration	12.991	120.00	1558.90
1127	Tracheotomy	12.991	90.00	1169.20
1128	Endolaryngeal operations	12.991	75.00	974.30
1129	External laryngeal operation e.g. laryngeal stenosis, laryngocele, abductor, paralysis, laryngocele-fissure	12.991	235.52	3059.60
1130	Direct laryngoscopy: Diagnostic laryngoscopy including biopsy (also to be applied when a flexible fibre-optic laryngoscope was used)	13.234	41.40	547.90
1131	Direct laryngoscopy plus foreign body removal	13.234	64.60	854.90
1132	Bronchoscopy: Diagnostic bronchoscopy	13.234	65.00	860.20
1133	Bronchoscopy: Diagnostic bronchoscopy with removal of foreign body	13.234	80.00	1058.70
1134	Bronchoscopy: Bronchoscopy with laser			
1136	Nebulisation (in rooms)	13.234	12.00	158.80
1137	Bronchial lavage			
1138	Thoracotomy: For broncho-pleural fistula (including ruptured bronchus, any cause)	12.991	280.00	3637.50
1139	Pleural needle biopsy (no after-care) (modifier 0005 not applicable)	12.991	50.00	649.60
1141	Insertion of intercostal catheter (under water drainage)	12.991	50.00	649.60
1142	Intra-pleural block	12.991	36.00	467.70
1143	Paracentesis chest: Diagnostic	12.991	8.00	103.90
1145	Paracentesis chest: Therapeutic	12.991	13.00	168.90
1147	Pneumothorax: Induction (diagnostic)	12.991	25.00	324.80
1149	Pleurectomy	12.991	200.00	2598.20
1151	Decortication of lung	12.991	280.00	3637.50
1153	Chemical pleurodesis (instillation of silver nitrate, tetracycline, talc, etc.)	12.991	55.00	714.50
1155	Needle biopsy lung: (no after-care) (modifier 0005 not applicable)	12.991	32.00	415.70
1157	Pneumonectomy	12.991	280.00	3637.50
1159	Pulmonary lobectomy	12.991	311.60	4048.00
1161	Segmental lobectomy	12.991	292.00	3793.40
1163	Excision tracheal stenosis: Cervical	12.991	300.00	3897.30
1164	Excision tracheal stenosis: Intra thoracic	12.991	280.00	3637.50
1167	Thoracoplasty associated with lung resection or done by the same surgeon within 6 weeks	12.991	172.00	2234.50
1168	Thoracoplasty: Complete	12.991	200.00	2598.20
1169	Thoracoplasty: Limited (osteoplastic)	12.991	160.00	2078.60
1171	Drainage empyema (including six weeks after treatment)	12.991	136.00	1766.80
1173	Drainage of lung abscess (including six weeks after treatment)	12.991	136.00	1766.80
1175	Thoracotomy (limited): For lung or pleural biopsy	12.991	115.00	1494.00
1177	Major: Diagnostic, as for inoperable carcinoma	12.991	172.00	2234.50
1179	Thoracoscopy	12.991	89.00	1156.20
1181	Lung transplant: Unilateral	12.991	480.00	6235.70
1182	Harvesting donor lung: Unilateral	12.991	120.00	1558.90
1183	Excision or plication of emphysematous cyst: Unilateral	12.991	200.00	2598.20
1184	Excision or plication of emphysematous cyst: Bilateral synchronous (Median sternotomy)	12.991	350.40	4552.00
1185	Excision or plication of emphysematous cyst: Re-exploration following sternal dehiscence	12.991	100.00	1299.10
1186	Flow volume test: Inspiration/expiration	13.234	30.00	397.00
1188	Flow volume test: Inspiration/expiration/pre- and post bronchodilator (to be charged for only with first consultation - thereafter item 1186 applies)	13.234	50.00	661.70
1189	Forced expirogram only	13.234	10.00	132.30

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
1190	Determination of resistance to airflow in paediatric patients, impulse oscilimetry			
1191	N2 single breath distribution	13.234	10.00	132.30
1192	Peak expiratory flow only	13.234	5.00	66.20
1197	Compliance and resistance, using oesophageal balloon	12.991	24.00	311.80
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	13.234	55.89	739.60
1199	Pulmonary stress testing: For determination of VO2 max	12.991	96.50	1253.60
1201	Maximum inspiratory/expiratory pressure	13.234	5.00	66.20
1202	Insertion of central venous catheter via peripheral vein in neonates	12.991	40.00	519.60
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.			
1212	Ventilation: First day	12.991	75.00	974.30
1213	Ventilation: Subsequent days, per day	12.991	50.00	649.60
1214	Ventilation: After two weeks, per day	12.991	25.00	324.80
1215	Insertion of arterial pressure cannula	12.991	25.00	324.80
1216	Insertion of Swan Ganz catheter for haemodynamics monitoring	12.991	50.00	649.60
1217	Insertion of central venous line via peripheral vein	12.991	10.00	129.90
1218	Insertion of central venous line via subclavian or jugular veins	12.991	25.00	324.80
1219	Hyperalimentation (daily tariff)	12.991	15.00	194.90
1220	Patient-controlled analgesic pump: Hire fee: Per 24 hours (Cassette to be charged for according to item 0201 per patient)	12.991	30.00	389.70
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)	12.991	30.00	389.70
1222	Mediastinal tumours	12.991	228.00	2961.90
1223	Mediastinoscopy	12.991	95.00	1234.10
1224	Mediastinotomy	12.991	115.00	1494.00
1225	Excision of malignant chest wall tumours involving sternum and multiple ribs	12.991	280.00	3637.50
1226	Removal of single rib with a lesion	12.991	225.60	2930.80
1227	Prolonged neonatal resuscitation	12.991	20.00	259.80
1228	General Practitioner's fee for the taking of an ECG only: Without effort: 1/2 (item 1232)	13.234	4.50	59.60
1229	General Practitioner's fee for the taking of an ECG only: Without and with effort: 1/2 (item 1233)	13.234	6.50	86.00
1230	Physician's fee for interpreting an ECG: Without effort	12.991	6.00	77.90
1231	Physician's fee for interpreting an ECG: With and without effort	12.991	10.00	129.90
1232	Electrocardiogram: Without effort	13.234	9.00	119.10
1233	Electrocardiogram: With and without effort	13.234	13.00	172.00
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	13.234	40.00	529.40
1235	Multi-stage treadmill test	13.234	60.00	794.00
1236	Electrocardiogram without effort: Under 4 years old	13.234	18.00	238.20
1237	24 Hour ambulatory blood pressure: Hire fee	12.991	30.00	389.70
1238	24 Hour ambulatory ECG monitoring (holter): Hire fee	12.991	55.00	714.50
1239	24 Hour ambulatory ECG monitoring (holter): Interpretation	13.234	27.00	357.30
1240	Signal averaged electrocardiogram	13.234	80.00	1058.70
1241	X-ray Screening: Chest	13.234	4.00	52.90
1242	X-ray screening: Prosthetic valves	13.234	10.00	132.30
1243	Two week event triggered ambulatory ECG monitoring: Hire fee	12.991	55.00	714.50
1244	Two week event triggered ambulatory ECG monitoring: Interpretation	13.234	25.00	330.90
1245	Angiography cerebral: First two series	12.991	34.30	445.60
1246	Angiography peripheral: Per limb	12.991	25.00	324.80
1247	Cardioversion for arrhythmias (any method) with doctor in attendance	12.991	65.00	844.40
1248	Paracentesis of pericardium	12.991	50.00	649.60
1249	Right and left cardiac catheterisation without coronary angiography (with or without biopsy)			
1250	Endomyocardial biopsy	12.991	70.00	909.40
1251	Transeptal puncture	12.991	70.00	909.40
1252	Left heart catheterisation with coronary angiography (with or without biopsy)			
1253	Right heart catheterisation (with or without biopsy)			
1254	Catheterisation of coronary artery bypass grafts and/or internal mammary grafts	12.991	40.00	519.60
1255	Tilt test	12.991	31.30	406.60
1256	Ventricular stimulation study			
1257	Full electrophysiological study			
1258	Pacemaker: Permanent - single chamber	12.991	124.00	1610.90
1259	Pacemaker: Permanent - dual chamber	12.991	184.00	2390.30

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
1260	AV nodal ablation	12.991	240.00	3117.80
1261	Accessory pathway ablation	12.991	480.00	6235.70
1262	Electrophysiological mapping	12.991	400.00	5196.40
1263	Insertion transvenous implantable defibrillator	12.991	169.60	2203.30
1264	Test for implantable transvenous defibrillator	12.991	120.00	1558.90
1265	Renewal of pacemaker unit only, team fee	12.991	120.00	1558.90
1266	Resiting pacemaker generator	12.991	80.00	1039.30
1267	Repositioning of catheter electrode	12.991	50.00	649.60
1270	Programming of atrio-ventricular sequential pacemaker	12.991	50.00	649.60
1271	Cardiological supervision of Dobutamine magnetic resonance stress testing	12.991	51.00	662.50
1273	Insertion of temporary pacemaker (modifier 0005 not applicable)	12.991	120.00	1558.90
1275	Termination of arrhythmia - programmed stipulation and lead insertion of temporary pacer	12.991	160.00	2078.60
1276	Percutaneous transluminal angioplasty: First cardiologist: Single lesion	12.991	208.00	2702.10
1277	Percutaneous transluminal angioplasty: Second cardiologist: Single lesion	12.991	120.00	1558.90
1278	Percutaneous transluminal angioplasty: First cardiologist: Second lesion	12.991	60.00	779.50
1279	Percutaneous transluminal angioplasty: Second cardiologist: Second lesion	12.991	40.00	519.60
1280	Percutaneous transluminal angioplasty: First cardiologist: Third or subsequent lesions (each)	12.991	60.00	779.50
1281	Percutaneous transluminal angioplasty: Second cardiologist: Third or subsequent lesions (each)	12.991	40.00	519.60
1282	Use of balloon procedures including: First cardiologist: Atrial septostomy; Pulmonary valve valvuloplasty; Aortic valve valvuloplasty; Coarctation dilation; Mitral valve valvuloplasty	12.991	208.00	2702.10
1283	Use of balloon procedure as in item 1282: Second cardiologist	12.991	120.00	1558.90
1284	Atherectomy: Single lesion: First cardiologist	12.991	240.00	3117.80
1285	Atherectomy: Single lesion: Second cardiologist	12.991	144.00	1870.70
1286	Insertion of intravascular stent: First cardiologist	12.991	100.00	1299.10
1287	Insertion of intravascular stent: Second cardiologist	12.991	50.00	649.60
1288	Cardiac catheterisation for congenital heart disease: All ages above 1 year old	12.991	168.00	2182.50
1289	Paediatric cardiac catheterisation: Infants below the age of one year	12.991	210.40	2733.30
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			
1291	Use of balloon procedure as in item 1290: Second paediatric cardiologist (33)			
1294	Patent ductus arteriosus	12.991	256.00	3325.70
1295	Pericardiectomy for constrictive pericarditis	12.991	320.00	4157.10
1297	Coarctation of aorta	12.991	340.00	4416.90
1299	Systemo-pulmonary anastomosis	12.991	340.00	4416.90
1301	Mitral valvotomy: Closed heart technique	12.991	280.00	3637.50
1302	Heart transplant	12.991	700.00	9093.70
1303	Harvesting donor heart	12.991	75.00	974.30
1305	Operative implantation of cardiac pacemaker by thoracotomy	12.991	176.00	2286.40
1307	Re-exploration after cardiac surgery	12.991	172.00	2234.50
1308	Heart and lung transplant	12.991	800.00	10392.80
1309	Harvesting donor heart and lungs	12.991	120.00	1558.90
1311	Pericardial drainage	12.991	120.00	1558.90
1320	Repeat open heart surgery (additional fee above procedure fee)	12.991	200.00	2598.20
1321	Stand-by fee for coronary angioplasty	12.991	30.00	389.70
1323	Atrial septal defect: Osteum secundum	12.991	400.00	5196.40
1325	Atrial septal defect: Sinus venosus or osteum primum	12.991	450.40	5851.10
1327	Atrial septal defect: Ventricular septal defect	12.991	483.04	6275.20
1329	Atrial septal defect: Fallot's tetralogy	12.991	450.40	5851.10
1330	Atrial septal defect: Pulmonary stenosis	12.991	400.00	5196.40
1331	Transposition of large vessels (venous repair)	12.991	450.40	5851.10
1332	Transposition of great arteries (arterial repair)	12.991	600.00	7794.60
1333	Ebstein's Anomaly	12.991	450.40	5851.10
1334	Aorto-coronary bypass operation as a MidCab procedure (thoracotomy with coronary grafting without bypass or hypothermal)	12.991	439.04	5703.60
1335	Total anomalous venous drainage	12.991	450.40	5851.10
1336	Aorto-coronary bypass operation as a OpCab procedure (sternotomy with coronary grafting without bypass or hypothermia)	12.991	527.12	6847.80
1337	Creation of atrial septal defect by thoracotomy with or without cardiac bypass	12.991	400.00	5196.40
1338	Fontan type repair	12.991	600.00	7794.60
1339	Mitral valve replacement	12.991	525.60	6828.10
1340	Mitral valvuloplasty	12.991	550.40	7150.20
1341	Aortic valve replacement	12.991	499.04	6483.00

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
1342	Tricuspid annulo plasty	12.991	150.40	1953.80
1343	Double valve replacement	12.991	775.12	10069.60
1344	Acute dissecting aneurysm repair	12.991	600.00	7794.60
1345	Aortic arch aneurysm repair utilising deep hypothermal and circulatory arrest	12.991	800.00	10392.80
1346	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Unilateral (modifier 0005 not applicable)	12.991	100.00	1299.10
1347	Aorta-coronary bypass operation (including interpretation of angiogram): Harvesting of saphenous veins: Bilateral (modifier 0005 not applicable)	12.991	140.00	1818.70
1348	Aorta-coronary bypass operation (including interpretation of angiogram): Utilizing saphenous veins	12.991	600.00	7794.60
1349	Aorta-coronary bypass operation (including interpretation of angiogram): Additional arterial implant: Any artery	12.991	624.80	8116.80
1350	Aorta-coronary bypass operation (including interpretation of angiogram): Additional double arterial implant: Any artery	12.991	650.40	8449.30
1351	Aorta-coronary bypass operation with valve replacement or excision of cardiac aneurysm	12.991	700.00	9093.70
1352	Cardiac aneurysm	12.991	450.40	5851.10
1353	Ascending/descending thoracic aortic aneurysm repair	12.991	500.00	6495.50
1354	Arrhythmia surgery	12.991	550.40	7150.20
1355	Cardiac tumour	12.991	500.00	6495.50
1356	Insertion and removal of intra-aortic balloon pump (modifier 0005 not applicable)	12.991	150.40	1953.80
1357	Skin temperature test: Response to reflex heating	13.234	15.00	198.50
1358	Harvesting of radial artery	12.991	140.00	1818.70
1359	Skin temperature test: Response to reflex cooling	13.234	15.00	198.50
1361	Cold sensitivity test	13.234	17.00	225.00
1363	Oscillometry test	13.234	5.00	66.20
1365	Sweating test	12.991	17.00	220.80
1366	Transcutaneous oximetry: Transcutaneous oximetry - single site	13.234	26.30	348.10
1367	Doppler blood tests	13.234	6.00	79.40
1369	Fistula or aneurysm (as for grafting of various arteries)			
1372	Abdominal aorta and iliac artery: Unruptured	12.991	432.00	5612.10
1373	Abdominal aorta and iliac artery: Ruptured	12.991	480.00	6235.70
1375	Grafting and/or thrombo-endarterectomy for thrombosis	12.991	355.20	4614.40
1376	Aorta bi-femoral graft, including proximal and distal endarterectomy and preparation for anastomosis	12.991	475.20	6173.30
1379	Prosthetic grafting and/or thrombo-endarterectomy	12.991	240.00	3117.80
1385	Prosthetic grafting	12.991	204.00	2650.20
1387	Grafting vein: Vein grafting proximal to knee joint	12.991	240.00	3117.80
1388	Grafting vein: Distal to knee joint	12.991	355.20	4614.40
1389	Grafting vein: Endarterectomy when not part of another specified procedure	12.991	211.20	2743.70
1390	Grafting vein: Carotid endarterectomy	12.991	256.80	3336.10
1393	Embolectomy: Peripheral embolectomy transfemoral	12.991	134.40	1746.00
1395	Miscellaneous arterial procedures: Arterial suture: Trauma	12.991	100.00	1299.10
1396	Suture major blood vessel - trauma (innominate, carotid, vertebral, subclavian, axillary, iliac, 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)	12.991	211.20	2743.70
1397	Profundoplasty	12.991	168.00	2182.50
1399	Distal tibial (ankle region)	12.991	364.80	4739.10
1401	Femoro-femoral	12.991	203.20	2639.80
1402	Carotid-subclavian	12.991	230.40	2993.10
1403	Axillo-femoral: (Bifemoral + 50%)	12.991	230.40	2993.10
1407	Ligation of saphenous vein	12.991	50.00	649.60
1408	Placement of Hickman catheter or similar	12.991	91.00	1182.20
1410	Ligation of inferior vena cava: Abdominal	12.991	144.00	1870.70
1412	Umbrella operation on inferior vena cava: Abdominal	12.991	100.00	1299.10
1413	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Unilateral	12.991	120.00	1558.90
1415	Combined procedure for varicose veins: Ligation of saphenous vein stripping, multiple ligation including of perforating veins as indicated: Bilateral	12.991	197.60	2567.00
1417	Extensive sub-fascial ligation of perforating veins	12.991	120.00	1558.90
1419	Lesser varicose vein procedures	13.234	31.00	410.30
1421	Compression sclerotherapy of varicose veins: Per injection to a maximum of nine (9) injections per leg (excluding cost of material)	13.234	9.00	119.10
1425	Thrombectomy: Inferior vena cava (Trans-abdominal)	12.991	192.00	2494.30
1427	Thrombectomy: Iliio-femoral	12.991	140.00	1818.70
1429	Porto-caval shunt	12.991	400.00	5196.40

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
1431	Cardiac rehabilitation: Phase II: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 5 patients per group	12.991	12.00	155.90
1432	Cardiac rehabilitation: Phase III: Exercise rehabilitation: Per patient per 60 minute session with a maximum of 10 patients per group	12.991	6.00	77.90
1435	Splenectomy (in all cases)	12.991	177.04	2299.90
1436	Splenorrhaphy	12.991	185.44	2409.10
1439	Excision of lymph node for biopsy: Neck or axilla	12.991	65.00	844.40
1441	Excision of lymph node for biopsy: Groin	12.991	65.00	844.40
1443	Simple excision of lymph nodes for tuberculosis	12.991	91.00	1182.20
1445	Radical excision of lymph nodes of neck: Total: Unilateral	12.991	252.00	3273.70
1447	Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral	12.991	188.00	2442.30
1449	Radical excision of lymph nodes of axilla	12.991	128.00	1662.80
1450	Bone marrow transplantation: Cryopreservation of bone marrow or peripheral blood stem cells	12.991	58.00	753.50
1451	Radical excision of lymph nodes of groin: Ilio-inguinal	12.991	140.00	1818.70
1453	Radical excision of lymph nodes of groin: Inguinal	12.991	120.00	1558.90
1454	Bone marrow transplantation: Plasma/cell separation using designated cell separator equipment (per hour) (specify time used)	12.991	39.00	506.60
1455	Retropertoneal lymph adenectomy including pelvic, aortic and renal nodes	12.991	220.00	2858.00
1456	Bone marrow transplantation: Preparation for extra-corporeal equipment by the medical practitioner for plasma, platelet and leucocyte pheresis	12.991	42.00	545.60
1457	Bone marrow biopsy: By trephine	12.991	13.00	168.90
1458	Bone marrow biopsy: Simple aspiration of marrow by means of trocar or cannula	12.991	8.00	103.90
1459	Staging laparotomy for lymphoma (including splenectomy)	12.991	196.00	2546.20
1461	All dental procedures			
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	12.991	35.00	454.70
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	13.234	15.00	198.50
1467	Drainage of intra-oral abscess	13.234	31.00	410.30
1469	Local excision of mucosal lesion of oral cavity	13.234	23.00	304.40
1471	Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure	12.991	439.20	5705.60
1473	Complicated reconstruction following major ablative procedure for head and neck cancer			
1475	Cleft palate: Repair primary deformity with or without pharyngoplasty	12.991	172.00	2234.50
1477	Cleft palate: Secondary repair	12.991	139.36	1810.40
1478	Velopharyngeal reconstruction with myoneuro-vascular transfer (dynamic repair)	12.991	192.00	2494.30
1479	Velopharyngeal reconstruction with or without pharyngeal flap (static repair)	12.991	181.60	2359.20
1480	Repair of oronasal fistula (large) e.g. distant flap	12.991	181.60	2359.20
1481	Repair of oronasal fistula (small) e.g. trapdoor: One stage or first stage	12.991	120.00	1558.90
1482	Repair of oronasal fistula (large): Second stage	12.991	120.00	1558.90
1483	Alveolar periosteal or other flaps for arch closure	12.991	120.00	1558.90
1484	Cleft lip repair: Lip adhesion (cleft lip)	12.991	95.00	1234.10
1485	Local excision of benign lesion of lip	12.991	27.00	350.80
1486	Closure of anterior nasal floor	12.991	120.00	1558.90
1487	Resection for lip malignancy	12.991	91.00	1182.20
1489	Cleft lip repair: Repair unilateral cleft lip (with muscle reconstruction)	12.991	181.60	2359.20
1490	Cleft lip repair: Bilateral cleft lip repair (with muscle reconstruction): One of two stages	12.991	201.28	2614.80
1491	Cleft lip repair: Repair bilateral cleft lip (with muscle reconstruction): One stage	12.991	263.92	3428.60
1492	Cleft lip repair: Bilateral cleft lip repair: Second stage	12.991	181.60	2359.20
1493	Cleft lip repair: Total revision of secondary cleft lip deformities	12.991	201.28	2614.80
1494	Cleft lip repair: Partial revision of secondary cleft lip deformity	12.991	91.00	1182.20
1495	Abbe or Estlander type flap (all stages included)	12.991	218.48	2838.30
1497	Vermilionectomy	12.991	94.90	1232.80
1499	Lip reconstruction following an injury: Direct repair	12.991	105.60	1371.80
1501	Lip reconstruction following an injury or tumour removal: Flap repair	12.991	164.80	2140.90
1503	Lip reconstruction following an injury or tumour removal: Total reconstruction (first stage)	12.991	164.80	2140.90
1504	Lip reconstruction following an injury or tumour removal: Subsequent stages (see item 0297)	12.991	104.00	1351.10
1505	Partial glossectomy	12.991	180.00	2338.40
1507	Local excision of lesion of tongue	13.234	27.00	357.30
1509	Wide excision of lesion of palate	12.991	100.00	1299.10
1511	Radical resection of palate (including skin graft)	12.991	200.00	2598.20
1513	Excision of ranula	12.991	85.60	1112.00
1515	Excision of sublingual salivary gland	12.991	120.00	1558.90
1517	Excision of submandibular salivary gland	12.991	120.00	1558.90
1519	Excision of submandibular salivary gland with suprahyoid dissection	12.991	120.00	1558.90
1521	Excision of submandibular salivary gland: With radical neck dissection	12.991	281.60	3658.30

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
1523	Local resection of parotid tumour	12.991	135.68	1762.60
1525	Partial parotidectomy	12.991	248.00	3221.80
1526	Total parotidectomy with preservation of facial nerve	12.991	286.80	3725.80
1527	Total parotidectomy	12.991	286.80	3725.80
1529	Parotidectomy: Extracapsular	12.991	240.00	3117.80
1531	Drainage of parotid abscess	12.991	25.00	324.80
1533	Closure of salivary fistula	12.991	91.00	1182.20
1535	Dilatation of salivary duct	12.991	10.00	129.90
1537	Operative removal of salivary calculus	12.991	55.00	714.50
1539	Salivary duct: Meatotomy	12.991	20.00	259.80
1541	Branchial cyst and/or fistula: Excision	12.991	120.00	1558.90
1543	Excision of cystic hygroma	12.991	120.00	1558.90
1544	Ludwig's Angina: Drainage	12.991	42.00	545.60
1545	Oesophagoscopy with rigid instrument: First and subsequent	13.234	47.00	622.00
1549	Oesophagoscopy with dilatation of stricture	13.234	70.00	926.40
1550	Oesophagoscopy with removal of foreign body	13.234	70.00	926.40
1551	Oesophagoscopy with insertion of indwelling oesophageal tube	12.991	80.00	1039.30
1552	Injection and/or ligation of oesophageal varices (endoscopy inclusive)	12.991	80.00	1039.30
1553	Subsequent injection and/or ligation of oesophageal varices (endoscopy inclusive)	12.991	65.00	844.40
1554	Per-oral small bowel biopsy	12.991	25.00	324.80
1555	Repair of tracheal oesophageal fistula and oesophageal atresia	12.991	320.00	4157.10
1557	Oesophageal dilatation	12.991	40.00	519.60
1559	Oesophagectomy: Two stage	12.991	400.00	5196.40
1560	Oesophagectomy: Three stage	12.991	440.00	5716.00
1561	Thoraco-abdominal oesophagogastrrectomy	12.991	400.00	5196.40
1563	Hiatus hernia and diaphragmatic hernia repair: With anti-reflux procedure	12.991	240.00	3117.80
1565	Hiatus hernia and diaphragmatic hernia repair: With Collis Nissen oesophageal lengthening procedure	12.991	280.00	3637.50
1566	Private fee: Gastroplasty	12.991	260.00	3377.70
1567	Bochdalek hernia repair in newborn	12.991	200.00	2598.20
1568	Hiatus hernia and diaphragmatic repair: Revision after previous repair	12.991	300.00	3897.30
1569	Heller's operation	12.991	200.00	2598.20
1575	Insertion of indwelling oesophageal tube by laparotomy	12.991	120.00	1558.90
1578	Oesophageal motility (4 channel + pneumograph)	12.991	100.00	1299.10
1579	Oesophageal substitution (without oesophagectomy) using colon, small bowel or stomach	12.991	320.00	4157.10
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	12.991	110.00	1429.00
1581	Removal of benign oesophageal tumours	12.991	228.00	2961.90
1582	Oesophageal motility (4 or 6 channel + pneumograph - ECG + provocative tests for oesophageal spasm vs. myocardial ischaemia)	12.991	120.00	1558.90
1583	Excision of intrathoracic oesophageal diverticulum	12.991	200.00	2598.20
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)	12.991	55.00	714.50
1585	24 Hour oesophageal pH studies: Interpretation	13.234	27.00	357.30
1587	Upper gastro-intestinal endoscopy: Hospital equipment	13.234	48.75	645.20
1588	Plus polypectomy: ADD to gastro-intestinal endoscopy (Item 1587)	13.234	25.00	330.90
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)	12.991	34.00	441.70
1591	Plus removal of foreign bodies (stomach): ADD to gastro-intestinal endoscopy (Item 1587)	13.234	25.00	330.90
1593	Augmented histamine test: Gastric intubation with x-ray screening	12.991	5.00	65.00
1597	Gastrostomy or Gastrootomy	12.991	120.00	1558.90
1598	Gastrootomy with suture repair of bleeding ulcer	12.991	200.96	2610.70
1599	Pyloromyotomy (Rammstedt)	12.991	116.00	1507.00
1601	Local excision of ulcer or benign neoplasm	12.991	156.48	2032.80
1603	Vagotomy: Abdominal	12.991	120.00	1558.90
1604	Vagotomy: Thoracic	12.991	120.00	1558.90
1605	Truncal or selective with drainage procedures	12.991	200.00	2598.20
1607	Vagotomy and antrectomy	12.991	256.00	3325.70
1609	Highly selective vagotomy	12.991	200.00	2598.20
1611	Pyloroplasty	12.991	144.16	1872.80
1613	Gastroenterostomy	12.991	162.88	2116.00
1615	Suture of perforated gastric or duodenal ulcer or wound or injury	12.991	160.00	2078.60
1617	Partial gastrectomy	12.991	262.64	3412.00
1619	Total gastrectomy	12.991	307.54	3995.30
1621	Revision of gastrectomy or gastro-enterostomy	12.991	300.00	3897.30

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
1625	Gastro-esophageal operation for portal hypertension (Tanner)	12.991	300.00	3897.30
1626	Endoscopic examination of the small bowel beyond the duodenojejunal flexure with biopsy with or without polypectomy with or without arrest of haemorrhage (enteroscopy)	12.991	120.00	1558.90
1632	H2 breath test (intestines)	12.991	9.00	116.90
1633	Complete test using lactose or lactulose	12.991	27.00	350.80
1634	Enterotomy or Enterostomy	12.991	162.08	2105.60
1635	Intestinal obstruction of the newborn	12.991	192.00	2494.30
1637	Operation for relief of intestinal obstruction	12.991	192.00	2494.30
1639	Resection of small bowel with enterostomy or anastomosis	12.991	195.92	2545.20
1641	Entero-enterostomy or entero-colostomy for bypass	12.991	170.48	2214.70
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)	12.991	120.00	1558.90
1643	Gastrointestinal tract imaging, intraluminal (e.g. video capsule endoscopy), oesophagus through ileum: Doctor interpretation and report	12.991	90.00	1169.20
1645	Suture of intestine (small or large): Perforated ulcer, wound or injury	12.991	148.16	1924.70
1647	Closure of intestinal fistula	12.991	206.40	2681.30
1649	Excision of Meckel's diverticulum	12.991	143.84	1868.60
1651	Excision of lesion of mesentery	12.991	137.28	1783.40
1652	Laparotomy for mesenteric thrombosis	12.991	240.00	3117.80
1653	Total colonoscopy: With hospital equipment (including biopsy)	13.234	90.00	1191.10
1654	Plus removal of polyps: ADD to colonoscopy (Item 1653)	13.234	30.00	397.00
1656	Left-sided colonoscopy	13.234	60.00	794.00
1657	Right or left hemicolectomy or segmental colectomy	12.991	260.00	3377.70
1658	Reconstruction of colon after Hartman's procedure	12.991	287.52	3735.20
1661	Colotomy: Including removal of tumour or foreign body	12.991	164.56	2137.80
1663	Total colectomy	12.991	312.00	4053.20
1665	Colostomy or ileostomy isolated procedure	12.991	187.04	2429.80
1666	Continent ileostomy pouch (all types)	12.991	240.00	3117.80
1667	Colostomy: Closure	12.991	143.28	1861.40
1668	Revision of ileostomy pouch	12.991	300.00	3897.30
1669	Total proctocolectomy and ileostomy	12.991	384.00	4988.50
1670	Proctocolectomy, ileostomy and ileostomy pouch	12.991	432.00	5612.10
1671	Colomyotomy (Reilly operation)	12.991	148.00	1922.70
1673	Drainage of appendix abscess	13.234	120.00	1588.10
1675	Appendectomy	13.234	128.00	1694.00
1676	Flexible sigmoidoscopy (including rectum and anus): Hospital equipment.	13.234	48.75	645.20
1677	Sigmoidoscopy: First and subsequent, with or without biopsy	13.234	13.00	172.00
1678	Plus polypectomy: ADD to sigmoidoscopy (Item 1676)	13.234	25.00	330.90
1679	Sigmoidoscopy with removal of polyps, first and subsequent	13.234	30.00	397.00
1681	Proctoscopy with removal of polyps: First time	13.234	21.00	277.90
1683	Proctoscopy with removal of polyps: Subsequent times	13.234	15.00	198.50
1685	Endoscopic fulguration of tumour	12.991	50.00	649.60
1687	Anterior resection of rectum performed for carcinoma of rectum including excision of any part of proximal colon necessary	12.991	305.04	3962.80
1688	Total mesorectal excision with colo-anal anastomosis and defunctioning enterostomy or colostomy	12.991	356.00	4624.80
1689	Perineal resection of rectum	12.991	120.00	1558.90
1691	Abdomino-perineal resection of rectum: Abdominal surgeon	12.991	327.44	4253.80
1692	Abdomino-perineal resection of rectum: Perineal surgeon	12.991	126.80	1647.30
1693	Abdomino-perineal resection of rectum: Local excision of rectal tumour (posterior approach)	12.991	160.00	2078.60
1695	Abdomino-perineal resection of rectum: Combined abdomino-anal pull-through procedure for Hirschsprung's disease, rectal agenesis or tumour	12.991	320.00	4157.10
1697	Repair of prolapsed rectum: Abdominal: Roscoe Graham Moskovitz	12.991	240.00	3117.80
1699	Repair of prolapsed rectum: Abdominal: Ivalon sponge	12.991	160.00	2078.60
1701	Repair of prolapsed rectum: Abdominal: Perineal	12.991	120.00	1558.90
1703	Repair of prolapsed rectum: Abdominal: Thierisch suture	12.991	35.00	454.70
1705	Incision and drainage of peri-anal abscess	12.991	40.00	519.60
1707	Drainage of submucous abscess	12.991	40.00	519.60
1709	Drainage of ischio-rectal abscess	12.991	87.00	1130.20
1711	Excision of pelvi-rectal fistula	12.991	160.00	2078.60
1713	Excision of fistula-in-ano	12.991	105.00	1364.10
1715	Operation for fissure-in-ano	12.991	66.80	867.80
1719	Rubber band ligation of haemorrhoids: Per haemorrhoid	13.234	10.00	132.30
1721	Sclerosing injection for haemorrhoids: Per injection	13.234	5.00	66.20

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
1723	Haemorrhoidectomy	13.234	120.00	1588.10
1725	Drainage of external thrombosed pile	13.234	12.50	165.40
1727	Multiple procedures (haemorrhoids, fissure, etc.)	13.234	90.00	1191.10
1728	Biopsy of ano-rectal wall, for congenital megacolon	13.234	60.60	802.00
1729	Excision of anal skin tags	13.234	25.00	330.90
1731	Operation for low imperforate anus	12.991	105.00	1364.10
1733	Anoplasty: Y-V-plasty	12.991	41.00	532.60
1735	Anal sphincteroplasty for incontinence	12.991	120.00	1558.90
1737	Dilation of ano-rectal stricture	13.234	12.50	165.40
1739	Closure of recto-vesical fistula	12.991	192.80	2504.70
1741	Closure of recto-urethral fistula	12.991	192.80	2504.70
1742	Bio-feedback training for faecal incontinence during anorectal manometry performed by doctor	12.991	27.00	350.80
1743	Needle biopsy of liver	12.991	30.30	393.60
1745	Biopsy of liver by laparotomy	12.991	120.00	1558.90
1747	Drainage of liver abscess or cyst	12.991	143.28	1861.40
1748	Body composition measured by bio-electrical impedance	12.991	3.00	39.00
1749	Hemi-hepatectomy: Right	12.991	451.20	5861.50
1751	Hemi-hepatectomy: Left	12.991	416.88	5415.70
1752	Extended right or left hepatectomy	12.991	456.72	5933.20
1753	Partial or segmental hepatectomy	12.991	302.40	3928.50
1754	Hepatico-jejunostomy	12.991	295.36	3837.00
1755	Liver transplant	12.991	1120.64	14558.20
1756	Harvesting donor hepatectomy	12.991	492.96	6404.00
1757	Suture of liver wound or injury	12.991	171.36	2226.10
1759	Cholecystostomy	12.991	137.28	1783.40
1761	Cholecystectomy	12.991	180.00	2338.40
1762	Cholecystectomy and operative cholangiogram	12.991	204.00	2650.20
1763	With exploration of common bile duct	12.991	211.60	2748.90
1765	Exploration of common bile duct: Secondary operation	12.991	262.16	3405.70
1767	Reconstruction of common bile duct	12.991	297.36	3863.00
1768	Resection bile duct tumour with reconstruction	12.991	262.16	3405.70
1769	Cholecysto-enterostomy or gastrostomy	12.991	189.04	2455.80
1770	Endoscopic placement of bilioduodenal endoprosthesis: ADD to ERCP (item 1778)	12.991	30.00	389.70
1772	Endoscopic placement of a nasobiliary drainage tube: ADD to ERCP (item 1778)	12.991	25.60	332.60
1773	Transduodenal sphincteroplasty	12.991	180.00	2338.40
1774	Balloon dilatation of common bile duct strictures	12.991	100.00	1299.10
1775	Excision choledochal cyst with reconstruction	12.991	262.16	3405.70
1777	Porto-enterostomy for biliary atresia	12.991	320.00	4157.10
1778	Endoscopic Retrograde Cholangiopancreatography (ERCP): Endoscopy + catheterisation of pancreas duct or choledochus	12.991	105.90	1375.70
1779	Endoscopic retrograde removal of stone(s) as for biliary and/or pancreatic duct. ADD to ERCP (item 1778)	12.991	15.82	205.50
1780	Gastric and duodenal intubation	12.991	8.00	103.90
1781	Procedure (excluding laboratory tests)	12.991	21.00	272.80
1782	Endoscopic Sphincterotomy: ADD to ERCP (item 1778)	12.991	30.00	389.70
1783	Drainage of pancreatic abscess	12.991	191.44	2487.00
1784	Debridement pancreatic necrosis	12.991	278.72	3620.90
1785	Internal drainage of pancreatic cyst	12.991	200.48	2604.40
1786	Internal drainage of pancreatic cyst with Roux-Y	12.991	245.44	3188.50
1787	Operative pancreatogram: ADD	12.991	10.00	129.90
1788	Biopsy of pancreas	12.991	142.16	1846.80
1789	Pancreatico-duodenectomy	12.991	563.84	7324.80
1790	Endoscopic cannulation of papilla with direct visualisation of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	12.991	35.80	465.10
1791	Local, partial or subtotal pancreatectomy	12.991	281.04	3651.00
1793	Distal pancreatectomy with internal drainage	12.991	301.92	3922.20
1797	Pneumo-peritoneum: First	12.991	13.00	168.90
1799	Pneumo-peritoneum: Repeat	12.991	6.00	77.90
1800	Peritoneal lavage	12.991	20.00	259.80
1801	Diagnostic paracentesis: Abdomen	13.234	8.00	105.90
1803	Therapeutic paracentesis: Abdomen	13.234	13.00	172.00
1807	ADD to open procedure where procedure was performed through a laparoscope (for anaesthetic refer to modifier 0027)	12.991	45.00	584.60
1809	Laparotomy	12.991	156.80	2037.00
1810	Radical removal of retro-peritoneal malignant tumours (including sacro-coccygeal and pre-sacral)	12.991	280.00	3637.50

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
1811	Suture of burst abdomen	12.991	150.64	1957.00
1812	Laparotomy for control of surgical haemorrhage	12.991	105.00	1364.10
1813	Drainage of sub-phrenic abscess	12.991	144.00	1870.70
1815	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transabdominal	12.991	198.72	2581.60
1817	Drainage of other intraperitoneal abscess (excluding appendix abscess): Transrectal drainage of pelvic abscess	12.991	75.00	974.30
1819	Inguinal or femoral hernia: Adult	12.991	120.00	1558.90
1821	Inguinal or femoral hernia: Child under 14 years	12.991	90.00	1169.20
1823	Inguinal hernia: Infant under one year	12.991	100.00	1299.10
1825	Recurrent inguinal or femoral hernia	12.991	124.00	1610.90
1827	Strangulated hernia or femoral hernia	12.991	190.40	2473.50
1829	Epigastric hernia	12.991	93.30	1212.10
1831	Umbilical hernia: Adult	12.991	120.00	1558.90
1833	Umbilical hernia: Child under 14 years	12.991	60.00	779.50
1835	Incisional hernia	12.991	133.44	1733.50
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)	12.991	77.00	1000.30
1837	Repair of omphalocele in new-born (one or more procedures)	12.991	220.00	2858.00
1839	Renal biopsy: Per kidney: Open	12.991	71.00	922.40
1841	Renal biopsy: Needle	13.234	30.00	397.00
1843	Peritoneal dialysis: First day	12.991	33.00	428.70
1845	Peritoneal dialysis: Every subsequent day	12.991	33.00	428.70
1847	Haemodialysis: Per hour or part thereof	12.991	21.00	272.80
1849	Haemodialysis: Maximum: Eight hours	12.991	134.40	1746.00
1851	Haemodialysis: Thereafter per week	12.991	55.00	714.50
1852	Continuous haemodiafiltration per day in intensive or high care unit	12.991	33.00	428.70
1853	Nephrectomy: Primary nephrectomy	12.991	180.00	2338.40
1855	Nephrectomy: Secondary nephrectomy	12.991	213.60	2774.90
1857	Radical with regional lymph adenectomy for tumour	12.991	224.00	2910.00
1859	Nephrectomy: Partial	12.991	213.60	2774.90
1861	Symphysiotomy for horse-shoe kidney	12.991	229.60	2982.70
1863	Nephro-ureterectomy	12.991	244.00	3169.80
1865	Nephrotomy with drainage nephrostomy	12.991	151.20	1964.20
1869	Nephrolithotomy	12.991	181.60	2359.20
1870	Nephrolithotomy: Multiple calculi: Repeat open operation + 25%	12.991	227.20	2951.60
1871	Staghorn stone: Surgical	12.991	272.80	3543.90
1873	Suture renal laceration (renorrhaphy)	12.991	154.40	2005.80
1875	Percutaneous aspiration cyst: Nephrostomy, pyelostomy	12.991	34.00	441.70
1877	Operation for renal cyst: Marsupialisation or excision	12.991	151.20	1964.20
1879	Closure renal fistula	12.991	151.20	1964.20
1881	Pyeloplasty	12.991	201.60	2619.00
1883	Pyelostomy	12.991	151.20	1964.20
1885	Pyelolithotomy	12.991	151.20	1964.20
1887	Complicated pyelo-lithotomy (e.g. solitary, ectopic, horse-shoe kidney or secondary operation)	12.991	178.40	2317.60
1889	Nephrectomy for Allograft: Living or dead	12.991	204.00	2650.20
1891	Perinephric abscess or renal abscess: Drainage	12.991	160.00	2078.60
1893	Aberrant renal vessels: Repositioning with pyeloplasty	12.991	168.00	2182.50
1894	Auto transplantation of kidney	12.991	336.00	4365.00
1895	Allo transplantation of kidney	12.991	336.00	4365.00
1897	Ureterorrhaphy: Suture of ureter	12.991	120.00	1558.90
1898	Ureterorrhaphy: Lumbar approach	12.991	151.20	1964.20
1899	Ureteroplasty	12.991	144.80	1881.10
1901	Ureterolysis	12.991	118.00	1532.90
1902	Ureterolysis: Lumbar approach	12.991	151.20	1964.20
1903	Ureterectomy only	12.991	120.00	1558.90
1905	Ureterolithotomy	12.991	212.64	2762.40
1907	Cutaneous ureterostomy: Unilateral	12.991	108.00	1403.00
1909	Cutaneous ureterostomy: Bilateral	12.991	151.20	1964.20
1911	Uretero-enterostomy: Unilateral	12.991	120.00	1558.90
1913	Uretero-enterostomy: Bilateral	12.991	192.00	2494.30
1915	Uretero-ureterostomy	12.991	120.00	1558.90
1917	Transuretero-ureterostomy	12.991	124.00	1610.90
1919	Closure of ureteric fistula	12.991	120.00	1558.90
1921	Immediate deligation of ureter	12.991	120.00	1558.90
1923	Ureterolysis for retrocaval ureter with anastomosis	12.991	134.40	1746.00
1925	Uretero-pyelostomy	12.991	201.60	2619.00

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
1927	Uretero-neo-cystostomy: Unilateral	12.991	252.88	3285.20
1929	Uretero-neo-cystostomy: Bilateral	12.991	379.32	4927.70
1931	Uretero-neo-cystostomy: With Boariplasty	12.991	281.44	3656.20
1933	Uretero-sigmoidostomy with rectal bladder and colostomy	12.991	201.60	2619.00
1935	Uretero-ileal conduit	12.991	310.40	4032.40
1937	Replacement of ureter by bowel segment: Unilateral	12.991	221.60	2878.80
1939	Replacement of ureter by bowel segment: Bilateral	12.991	388.00	5040.50
1941	Ureterostomy-in-situ: Unilateral	12.991	100.00	1299.10
1943	Ureterostomy-in-situ: Bilateral	12.991	140.00	1818.70
1945	Instillation of radio-opaque material for cystography or urethrocytography	12.991	5.00	65.00
1947	Instillation of anti-carcinogenic agent including retention time, but not cost of material or hydro-dilatation of bladder	13.234	10.00	132.30
1949	Cystoscopy: Hospital equipment	13.234	44.00	582.30
1951	And retrograde pyelography or retrograde ureteral catheterisation: Unilateral or bilateral	12.991	10.00	129.90
1952	JJ Stent catheter	12.991	44.00	571.60
1953	With hydrodilatation of the bladder for interstitial cystitis	12.991	5.00	65.00
1954	Uretroscopy			
1955	And bilateral ureteric catheterisation with differential function studies requiring additional attention time	12.991	35.00	454.70
1957	With dilatation of the ureter or ureters	12.991	25.00	324.80
1959	With manipulation of ureteral calculus	12.991	20.00	259.80
1961	With removal of foreign body or calculus from urethra or bladder	12.991	20.00	259.80
1963	With fulguration or treatment of minor lesions, with or without biopsy	12.991	15.00	194.90
1964	And control of haemorrhage and blood clot evacuation	12.991	15.00	194.90
1965	And catheterisation of the ejaculatory duct	12.991	10.00	129.90
1967	With ureteric meatotomy: Unilateral or bilateral	12.991	15.00	194.90
1969	And cold biopsy	12.991	15.00	194.90
1971	With cryosurgery for bladder or prostatic disease	12.991	55.00	714.50
1973	With incision fulguration, or resection of bladder neck and/or posterior urethra for congenital valves or obstructive hypertrophic bladder neck in a child	12.991	35.00	454.70
1975	Ultraviolet cystoscopy for bladder tumour	12.991	60.00	779.50
1976	Optic urethrotomy	12.991	80.00	1039.30
1977	Transurethral resection of ejaculatory duct	12.991	60.70	788.60
1979	Internal urethrotomy: Female	12.991	50.00	649.60
1981	Internal urethrotomy: Male	12.991	76.20	989.90
1983	Transurethral resection of bladder tumour	12.991	100.00	1299.10
1984	Transurethral resection of bladder tumours: Large multiple tumours	12.991	115.00	1494.00
1985	Transurethral resection of bladder neck: Female or child	12.991	105.00	1364.10
1986	Transurethral resection of bladder neck: Male	12.991	120.00	1558.90
1987	Litholapaxy	12.991	80.00	1039.30
1989	Cystometrogram	12.991	25.00	324.80
1991	Flometric bladder, studies with videocystograph	12.991	40.00	519.60
1992	Without videocystograph	12.991	25.00	324.80
1993	Voiding cysto-urethrogram	12.991	21.00	272.80
1994	Rigiscan examination	12.991	66.00	857.40
1995	Percutaneous aspiration of bladder	13.234	10.00	132.30
1996	Bladder catheterisation: Male (not at operation)	13.234	6.00	79.40
1997	Bladder catheterisation: Female (not at operation)	13.234	3.00	39.70
1999	Percutaneous cystostomy	13.234	24.00	317.60
2001	Total cystectomy: After previous urinary diversion	12.991	235.20	3055.50
2003	Total cystectomy: With conduit construction and ureteric anastomosis	12.991	443.76	5764.90
2005	Cystectomy with substitute bowel bladder construction with anastomosis to urethra or trigone	12.991	520.00	6755.30
2006	Cystectomy with continent urinary diversion (e.g. Kocks Pouch)	12.991	560.00	7275.00
2007	Partial cystectomy	12.991	120.00	1558.90
2008	Continent urinary diversion without cystectomy (e.g. Kocks Pouch)	12.991	480.00	6235.70
2009	Radical total cystectomy with block dissection, ileal conduit and transplantation of ureters	12.991	369.60	4801.50
2010	Reversion of temporary conduit	12.991	288.00	3741.40
2011	Partial cystectomy with uretero-neo-cystostomy	12.991	161.60	2099.30
2012	Reversion of conduit with major urinary tract reconstruction	12.991	480.00	6235.70
2013	Diverticulectomy (independent procedure): Multiple or single	12.991	120.00	1558.90
2015	Suprapubic cystostomy	12.991	67.00	870.40
2016	Abdomino-neo-urethrostomy	12.991	201.60	2619.00
2017	Open loop fulguration or excision of bladder tumour	12.991	101.00	1312.10
2019	Operation for vesico-vaginal or urethra-vaginal fistula	12.991	124.00	1610.90
2020	Repair of vesico vaginal fistula: Abdominal approach	12.991	204.00	2650.20

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
2021	Vesico-plication (Hamilton Stewart)	12.991	118.00	1532.90
2023	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach	12.991	156.00	2026.60
2025	Vesico-urethropexy with rectus sling	12.991	183.52	2384.10
2027	Open operation for ureterocele: Unilateral	12.991	118.00	1532.90
2029	Open operation for ureterocele: Bilateral	12.991	165.60	2151.30
2031	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Initial	12.991	211.20	2743.70
2033	Reconstruction of ectopic bladder exclusive of orthopaedic operation (if required): Subsequent	12.991	53.00	688.50
2035	Cutaneous vesicostomy	12.991	118.00	1532.90
2037	Cystoplasty, cysto-urethraplasty, vesicolysis	12.991	120.00	1558.90
2039	Operation for ruptured bladder	12.991	120.00	1558.90
2042	Enterocystoplasty plus bowel anastomosis	12.991	335.92	4363.90
2043	Cysto-lithotomy	12.991	120.00	1558.90
2045	Excision of patent-urachus or urachal cyst	12.991	112.00	1455.00
2047	Drainage of perivesical or prevesical abscess	12.991	105.00	1364.10
2049	Evacuation of clots from bladder: Other than post-operative	12.991	120.00	1558.90
2050	Evacuation of clots from bladder: Post-operative			
2051	Simple bladder lavage: Including catheterisation	12.991	12.00	155.90
2053	Bladder neck plasty: Male	12.991	120.00	1558.90
2057	Bladder neck plasty: Female	12.991	120.00	1558.90
2059	Open biopsy of urethra: Male	12.991	45.00	584.60
2061	Open biopsy of urethra: Female	12.991	45.00	584.60
2063	Dilatation of urethra stricture: By passage sound: Initial (male)	12.991	20.00	259.80
2065	Dilatation of urethra stricture: By passage sound: Subsequent (male)	12.991	10.00	129.90
2067	Dilatation of urethra stricture: By passage sound: By passage of filiform and follower (male)	12.991	20.00	259.80
2069	Dilatation of female urethra	12.991	5.00	65.00
2071	Urethrorraphy: Suture of urethral wound or injury	12.991	120.00	1558.90
2073	External urethrotomy: Pendulous urethra (anterior)	12.991	67.00	870.40
2075	Urethraplasty: Pendulous urethra: First stage	12.991	71.00	922.40
2077	Urethraplasty: Pendulous urethra: Second stage	12.991	120.00	1558.90
2079	Reconstruction of female urethra	12.991	120.00	1558.90
2081	Reconstruction or repair of male anterior urethra (one stage)	12.991	209.28	2718.80
2083	Reconstruction or repair of prostatic or membranous urethra: First stage	12.991	134.40	1746.00
2085	Reconstruction or repair of prostatic or membranous urethra: Second stage	12.991	134.40	1746.00
2086	Reconstruction or repair of prostatic or membranous urethra: If done in one stage	12.991	235.20	3055.50
2087	Urethral diverticulectomy: Male or female	12.991	120.00	1558.90
2088	Peri-urethral teflon injection: Male or female - fee as for cystoscopy (item 1949) plus 42,00 clinical procedure units	12.991	86.00	1117.20
2089	Marsupialisation of urethral diverticula: Male or female	12.991	115.10	1495.30
2091	Total urethrectomy: Female	12.991	120.00	1558.90
2093	Total urethrectomy: Male	12.991	151.20	1964.20
2095	Drainage of simple localised perineal urinary extravasation	12.991	120.00	1558.90
2097	Drainage of extensive perineal and/or abdominal urinary extravasation	12.991	120.00	1558.90
2099	Fulguration for urethral caruncle or polyp	12.991	53.60	696.30
2101	Excision of urethral caruncle	12.991	53.60	696.30
2103	Simple urethral meatotomy	12.991	26.30	341.70
2105	Incision of deep peri-urethral abscess: Female	12.991	120.00	1558.90
2107	Incision of deep peri-urethral abscess: Male	12.991	120.00	1558.90
2109	Badenoch pull-through for intractable stricture or incontinence	12.991	144.80	1881.10
2111	External sphincterotomy	12.991	108.00	1403.00
2113	Drainage of Skene gland abscess or cyst	12.991	42.30	549.50
2115	Operation for correction of male urinary incontinence with or without introduction of prostheses (excluding cost of prostheses)	12.991	134.40	1746.00
2116	Urethral meatoplasty	12.991	101.50	1318.60
2117	Closure of urethrostomy or urethro-cutaneous fistula (independent procedure)	12.991	120.24	1562.00
2121	Closure of urethrovaginal fistula: Including diversionary procedures	12.991	151.20	1964.20
2123	Biopsy of penis (independent procedure)	13.234	52.10	689.50
2125	Destruction of condylomata/chemo- or cryotherapy: Limited number (see item 2317)	13.234	16.60	219.70
2127	Destruction of condylomata/chemo- or cryotherapy: Multiple extensive	13.234	41.60	550.50
2129	Electrodesiccation: Limited number	13.234	20.80	275.30
2131	Electrodesiccation: Multiple extensive	13.234	41.60	550.50
2132	Ligation of abnormal venous drainage	12.991	106.10	1378.30
2133	Circumcision: Clamp procedure	13.234	42.30	559.80
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	13.234	60.00	794.00
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	13.234	36.80	487.00
2141	Reconstructive operation of penis: Reconstructive operation for insertion of prostheses	12.991	101.00	1312.10

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
2143	Reconstructive operation of penis: For straightening of chordee e.g. hypospadias with or without mobilisation of urethra	12.991	150.88	1960.10
2145	Reconstructive operation of penis: For straightening of chordee with transplattation of prepuce	12.991	179.68	2334.20
2147	Reconstructive operation of penis: For injury: Including fracture of penis and skin graft, if required	12.991	134.40	1746.00
2149	Reconstructive operation of penis: For epispadias distal to the external sphincter	12.991	134.40	1746.00
2153	Reconstructive operation for epispadias with incontinence	12.991	134.40	1746.00
2154	Induction of artificial erection	13.234	16.00	211.70
2155	Hypospadias: Urethral reconstruction	12.991	149.60	1943.50
2157	Hypospadias: Subsequent procedures for repair of urethra: Total	12.991	84.00	1091.20
2159	Hypospadias: Urethraplasty: Complete, one stage for hypospadias	12.991	240.00	3117.80
2161	Total amputation of penis: Without gland dissection	12.991	168.00	2182.50
2163	Total amputation of penis: With gland-dissection	12.991	268.80	3492.00
2165	Partial amputation of penis: With gland-dissection	12.991	168.00	2182.50
2167	Partial amputation of penis: Without gland-dissection	12.991	84.00	1091.20
2169	Injection procedure for Peyronie's disease	13.234	14.00	185.30
2171	Priapism operation: Irrigation of corpora cavernosa for priapism	12.991	42.00	545.60
2173	Priapism operation: Shunt procedure: Any type	12.991	201.60	2619.00
2174	Priapism operation: Stab shunt	12.991	114.40	1486.20
2175	Testis biopsy: Needle (independent procedure)	13.234	18.50	244.80
2177	Testis biopsy: Incisional: Independent procedure: Unilateral	13.234	58.90	779.50
2179	Testis biopsy: Incisional: Independent procedure: Bilateral	13.234	58.90	779.50
2181	Epididymis biopsy: Needle	13.234	86.10	1139.40
2183	Puncture aspiration hydrocele with or without injection of medication	13.234	10.00	132.30
2185	Operation for maldescended testicle: Including herniotomy	12.991	120.00	1558.90
2187	Operation for torsion appendix testis	12.991	119.20	1548.50
2189	Operation for torsion testis with fixation of contralateral testis	12.991	119.20	1548.50
2191	Orchidectomy (total or subcapsular): Unilateral	12.991	98.00	1273.10
2193	Orchidectomy (total or subcapsular): Bilateral	12.991	120.00	1558.90
2195	Radical operation for malignant testis: Excluding gland dissection	12.991	124.24	1614.00
2197	Operation for hydrocele or spermatocele	12.991	99.80	1296.50
2199	Varicocelectomy	12.991	106.10	1378.30
2201	Abdominal ligation of spermatic vein for varicocele	12.991	112.80	1465.40
2203	Epididymectomy: Unilateral	12.991	114.40	1486.20
2205	Epididymectomy: Bilateral	12.991	126.56	1644.10
2207	Vasectomy: Unilateral or bilateral (no extra fee to be charged if done in combination with prostatectomy)	12.991	55.90	726.20
2209	Vasotomy: Unilateral or bilateral	12.991	70.40	914.60
2210	Vasogram, seminal vesiculogram: Unilateral	13.234	58.10	768.90
2211	Vasogram, seminal vesiculogram: Bilateral	13.234	58.10	768.90
2212	Insertion of testicular prosthesis: Independent procedure (exclusive of cost of material)	12.991	91.20	1184.80
2213	Suture or repair of testicular injury	12.991	110.30	1432.90
2215	Incision and drainage of testis or epididymis e.g. abscess or haematoma	13.234	90.00	1191.10
2217	Excision of local lesion of testis or epididymis	13.234	90.80	1201.60
2219	Vaso-vasostomy: Unilateral	12.991	67.00	870.40
2221	Vaso-vasostomy: Bilateral	12.991	117.00	1519.90
2223	Epididymo-vasostomy: Unilateral	12.991	67.00	870.40
2225	Epididymo-vasostomy: Bilateral	12.991	117.00	1519.90
2227	Incision and drainage of scrotal wall abscess	13.234	42.70	565.10
2229	Excision of Mullerian duct cyst	12.991	151.20	1964.20
2231	Excision of lesion of spermatic cord	12.991	84.00	1091.20
2233	Seminal Vesiculectomy	12.991	176.00	2286.40
2235	Biopsy prostate: Needle or punch, single or multiple, any approach	13.234	23.30	308.40
2237	Biopsy prostate: Incisional, any approach	12.991	105.00	1364.10
2239	Transurethral drainage of prostatic abscess	12.991	117.40	1525.10
2241	Perineal drainage of prostatic abscess	12.991	77.00	1000.30
2243	Trans-urethral cryo-surgical removal of prostate	12.991	120.00	1558.90
2245	Trans-urethral resection of prostate	12.991	201.60	2619.00
2247	Trans-urethral resection of residual prostatic tissue 90 days post-operative or longer	12.991	120.00	1558.90
2249	Trans-urethral resection of post-operative bladder neck contracture	12.991	120.00	1558.90
2251	Prostatectomy: Perineal: Sub-total	12.991	201.60	2619.00
2253	Prostatectomy: Perineal: Radical	12.991	268.80	3492.00
2254	Pelvic lymph adenectomy	12.991	140.00	1818.70
2255	Supra-pelvic, transversical	12.991	201.60	2619.00
2257	Retropubic: Sub-total	12.991	201.60	2619.00
2259	Retropubic: Radical	12.991	268.80	3492.00

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
2260	Prostate brachytherapy	12.991	184.00	2390.30
2271	Removal of tag or polyp	13.234	6.00	79.40
2272	Removal of small superficial benign lesions	12.991	23.00	298.80
2273	Biopsy with suture in theatre (excluding after-care)	12.991	27.00	350.80
2274	Laser therapy of vulva and/or vagina (colposcopically directed)	12.991	71.00	922.40
2275	Reduction labial hypertrophy	12.991	67.00	870.40
2277	Removal of extensive benign vulva tumour	12.991	67.00	870.40
2279	Secondary perineal repair: Repair second degree tear	12.991	45.00	584.60
2280	Secondary perineal repair: Repair third degree tear	12.991	96.00	1247.10
2281	Excision of inclusion cyst	12.991	43.00	558.60
2283	Hymenectomy	12.991	43.00	558.60
2285	Drainage haematocolpos	12.991	54.00	701.50
2287	Clitoris repair for injury: Including skin graft, if required	12.991	67.00	870.40
2288	Clitoral reduction	12.991	128.00	1662.80
2289	Denervation or alcohol infiltration vulva (Woodruff)	13.234	54.00	714.60
2291	Vulva: Undercutting skin (ball)	12.991	58.00	753.50
2293	Vulva and introitus: Drainage of abscess	12.991	27.00	350.80
2295	Bartholin gland: Bartholin abscess marsupialisation	12.991	36.00	467.70
2297	Bartholin gland: Bartholin gland excision	12.991	45.00	584.60
2299	Bartholin gland: Bartholin radical excision for malignant lesion	12.991	285.60	3710.20
2301	Operation for enlarging introitus: Fenton plasty	12.991	50.00	649.60
2303	Operation for enlarging introitus: Bilateral Z-plastic	12.991	88.00	1143.20
2305	Vulvectomy: Partial	12.991	128.80	1673.20
2307	Vulvectomy	12.991	180.00	2338.40
2309	Radical vulvectomy with bilateral lymphadenectomy	12.991	285.60	3710.20
2311	Radical vulvectomy with bilateral lymphadenectomy, plus deep lymph gland dissection	12.991	321.60	4177.90
2312	Artificial insemination	12.991	13.00	168.90
2313	Examination under anaesthetic when no other procedures are performed (not limited to female patients only) - Stand alone procedure	12.991	25.50	331.30
2314	Intra uterine insemination	12.991	18.00	233.80
2315	Simms Huhner test plus wet smear	12.991	5.00	65.00
2316	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: First lesion	13.234	14.00	185.30
2317	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Repeat - Limited	13.234	7.00	92.60
2318	Destruction of condylomata by chemo-, cryo-, or electrotherapy, or harmonic scalpel: Widespread	13.234	56.00	741.10
2319	Excision of cysts or tumours	12.991	54.00	701.50
2321	Drainage of vaginal abscess	12.991	54.00	701.50
2322	Pudendal nerve block	13.234	15.00	198.50
2323	Reconstruction of vagina after atresia	12.991	107.00	1390.00
2325	Construction of artificial vagina: Labial fusion	12.991	143.20	1860.30
2327	Construction of artificial vagina: Macindoe type	12.991	156.80	2037.00
2329	Construction of vagina: Bowel pull-through operation: Two surgeons: Each	12.991	192.80	2504.70
2331	Vaginal septum removal	12.991	107.00	1390.00
2333	Vaginal prolapse: Abdominal approach: Sacrocolpopexy with use of mesh	12.991	194.64	2528.60
2334	Vaginal prolapse: Abdominal approach: Use of rectus sheath or tape	12.991	194.64	2528.60
2335	Vaginal prolapse: Vaginal approach: Sacrospinous fixations	12.991	133.52	1734.60
2336	Vaginal prolapse: Vaginal approach: Use of mesh or tape	12.991	133.52	1734.60
2339	Colpotomy: Diagnostic (excluding after-care)	13.234	20.00	264.70
2341	Colpotomy: Therapeutic, with or without sterilisation	12.991	103.00	1338.10
2343	Vaginal hysterectomy: Without repair	12.991	168.40	2187.70
2345	Vaginal hysterectomy: With repair	12.991	185.36	2408.00
2357	Vaginal hysterectomy and repair with unilateral or bilateral salpingo-oophorectomy	12.991	256.00	3325.70
2361	Vaginal hysterectomy and repair for total prolapse	12.991	256.00	3325.70
2363	Fothergill or Manchester repair operation	12.991	156.80	2037.00
2365	Repair of recurrent enterocele or vault prolapse (except at the time of hysterectomy)	12.991	185.60	2411.10
2366	Posterior repair alone	12.991	107.00	1390.00
2367	Other operations for prolapse: Anterior repair - with or without posterior repair	12.991	128.80	1673.20
2368	Uterovesical fistula	12.991	168.00	2182.50
2369	Repair of Vesico- or urethro-vaginal fistula	12.991	143.20	1860.30
2370	Repair of VVF - Obstetric or radiation	12.991	185.60	2411.10
2371	Closure of uretero-vaginal fistula	12.991	200.00	2598.20
2372	Closure of uretero-vaginal fistula: Obstetric or radiation	12.991	200.00	2598.20
2373	Closure of recto-vaginal fistula	12.991	120.00	1558.90
2374	Closure of recto-vaginal fistula: Obstetric or radiation	12.991	120.80	1569.30
2375	Colpocleisis	12.991	120.00	1558.90

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
2377	Le Fort operation	12.991	120.00	1558.90
2379	Schauta operation	12.991	285.60	3710.20
2381	Vaginectomy	12.991	214.40	2785.30
2383	Synchronous combined hysterocolpctomy: One or two surgeons - total fee	12.991	343.20	4458.50
2385	Vaginal laceration or trauma: Repair	12.991	50.00	649.60
2389	Paracervical nerve block	13.234	20.00	264.70
2391	Cervix: Canal reconstruction	12.991	120.00	1558.90
2392	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): In consulting room	13.234	14.00	185.30
2395	Cryo- or electro-cauterisation, or Lletz of cervix (excluding cost of disposable loop electrode): Under anaesthetic	12.991	22.00	285.80
2396	Laser or harmonic scalpel treatment of the cervix	12.991	80.00	1039.30
2397	Dilation of cervix for stenosis and insertion of prosthesis and Budge suture	12.991	31.00	402.70
2399	Punch biopsy (excluding after-care)	13.234	9.00	119.10
2400	Biopsy during pregnancy (excluding after-care)	13.234	13.00	172.00
2403	Wedge biopsy: Cervix (excluding after-care)	13.234	18.00	238.20
2404	Biopsy: Wedge during pregnancy: Cervix (excluding after-care)	13.234	24.00	317.60
2405	Cone biopsy: Cervix (excluding after-care)	13.234	54.00	714.60
2407	Amputation: Cervix	12.991	67.00	870.40
2409	Cervix encirclage: McDonald stitch	12.991	35.00	454.70
2411	Cervix encirclage: Shirodkar suture	12.991	60.00	779.50
2413	Cervix encirclage: Lash	12.991	49.00	636.60
2415	Cervix encirclage: Removal items 2409 and 2411: Without anaesthetic	13.234	5.00	66.20
2416	Cervix: Removal items 2409 and 2411: With anaesthetic in theatre	12.991	30.00	389.70
2417	Repair of tears: Emmet repair of tears	12.991	45.00	584.60
2418	Repair of tears: Sturmdorff repair of tears	12.991	54.00	701.50
2421	Extirpation of cervical stump: Vaginal	12.991	120.00	1558.90
2423	Extirpation of cervical stump: Abdominal	12.991	120.00	1558.90
2425	Removal of cervical polyps (excluding after-care)	12.991	13.00	168.90
2427	Removal of cervical myomata	12.991	54.00	701.50
2429	Colposcopy (excluding after-care)	13.234	27.00	357.30
2432	Hysteroscopic tubal occlusion	12.991	120.00	1558.90
2433	Embryo transfer	12.991	45.00	584.60
2434	Endometrial biopsy (excluding after-care)	13.234	18.00	238.20
2435	Hysterosalpingogram (excluding after-care)	12.991	22.00	285.80
2436	Hysteroscopy (excluding after-care)	12.991	40.00	519.60
2437	Hysteroscopy and D&C (excluding after-care)	12.991	58.00	753.50
2438	Hysteroscopy and removal of uterine septum (excluding after-care)	12.991	80.00	1039.30
2439	Hysteroscopy and division of endometrial and endocervical bands (excluding after-care)	12.991	63.00	818.40
2440	Hysteroscopy and polypectomy (excluding after-care)	12.991	75.00	974.30
2441	Hysteroscopy and myomectomy (excluding after-care)	12.991	120.00	1558.90
2442	Insertion of intra uterine contraceptive device (IUCD) (excluding after-care)	13.234	18.00	238.20
2443	Dilatation and curettage (D&C) (excluding after-care)	12.991	35.00	454.70
2444	Fractional dilatation and curettage (D&C) (excluding after-care)	12.991	45.00	584.60
2445	Evacuation of uterus: Incomplete abortion: Before 12 weeks gestation	12.991	50.00	649.60
2447	Evacuation of uterus, incomplete abortion: After 12 weeks gestation	12.991	71.00	922.40
2448	Termination of pregnancy before 12 weeks	12.991	50.00	649.60
2449	Evacuation: Missed abortion: Before 12 weeks gestation	12.991	50.00	649.60
2451	Evacuation: Missed abortion: After 12 weeks gestation	12.991	80.00	1039.30
2452	Termination of pregnancy after 12 weeks - administration of intra/extra amniotic prostaglandin	12.991	54.00	701.50
2453	Evacuation hydatidiform mole	12.991	80.00	1039.30
2455	Evacuation uterus post-partum	12.991	54.00	701.50
2461	Ventrosuspension	12.991	80.00	1039.30
2463	Uteroplasty: Strassman	12.991	120.00	1558.90
2465	Uteroplasty: Tompkins	12.991	120.00	1558.90
2467	Myomectomy	12.991	120.00	1558.90
2469	Subtotal hysterectomy with or without unilateral or bilateral salpingo-oophorectomy	12.991	203.28	2640.80
2471	Total abdominal hysterectomy: With or without unilateral or bilateral salpingo-oophorectomy - uncomplicated	12.991	201.76	2621.10
2473	Total abdominal hysterectomy plus vaginal cuff with or without unilateral or bilateral salpingo-oophorectomy	12.991	284.00	3689.40
2475	Radical abdominal hysterectomy with bilateral lymphadenectomy (Wertheim)	12.991	378.24	4913.70
2477	Abdominal hysterotomy with or without sterilisation	12.991	150.40	1953.80
2478	Non-surgical endometrial destruction, any method, not utilising hysteroscopic instrumentation or assistance	12.991	160.00	2078.60

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
2479	Surgical endometrial destruction: Any method, utilising hysteroscopic instrumentation or assistance	12.991	180.00	2338.40
2481	Insufflation Fallopian tubes (excluding after-care)	12.991	16.00	207.90
2483	Salpingolysis	12.991	120.00	1558.90
2485	Salpingostomy	12.991	128.80	1673.20
2487	Tuboplasty tubal anastomosis or re-implantation	12.991	156.80	2037.00
2489	Ectopic pregnancy under 12 weeks (salpingectomy)	12.991	120.00	1558.90
2490	Ectopic pregnancy under 12 weeks (salpingostomy)	12.991	128.80	1673.20
2491	Ectopic pregnancy - after 12 weeks	12.991	180.00	2338.40
2492	Salpingectomy: Uni- or bilateral or sterilisation for accepted medical reasons	12.991	94.00	1221.20
2493	Diagnostic laparoscopy (excluding after-care)	12.991	94.40	1226.40
2496	Laparoscopy: Plus aspiration of a cyst (excluding after-care)	12.991	18.00	233.80
2497	Laparoscopy: Plus sterilisation	12.991	40.00	519.60
2499	Laparoscopy: Plus biopsy (excluding after-care)	12.991	18.00	233.80
2500	Laparoscopy: Plus ablation of endometriosis by laser, harmonic scalpel or cautery	12.991	51.00	662.50
2501	Laparoscopy: Plus cauterisation and/or lysis of adhesions	12.991	18.00	233.80
2502	Laparoscopy: Plus aspiration of follicles (IVF) (excluding after-care)	12.991	52.00	675.50
2503	Laparoscopy: Plus ovarian drilling	12.991	40.00	519.60
2504	Laparoscopy: Plus Gamete intra fallopian tube transfer (includes follicle aspiration) (GIFT)	12.991	107.00	1390.00
2505	Laparoscopy: Plus laparoscopic uterosacral nerve ablation	12.991	52.00	675.50
2506	Transcervical gamete/embryo intra-fallopian tube transfer (TET/TEST)	12.991	58.00	753.50
2525	Wedge resection of ovaries, unilateral or bilateral	12.991	105.00	1364.10
2527	Removal of ovarian tumour or cyst	12.991	149.60	1943.50
2529	Oophorectomy: Uni- or bilateral	12.991	120.00	1558.90
2531	Ovarian carcinoma debulking and omentectomy	12.991	285.60	3710.20
2532	Ovarian carcinoma: Abdominal hysterectomy, bilateral salpingo-oophorectomy, debulking and omentectomy	12.991	375.20	4874.20
2535	Exenteration: Anterior Exenteration	12.991	321.60	4177.90
2537	Exenteration: Posterior Exenteration	12.991	321.60	4177.90
2539	Exenteration: Total	12.991	500.00	6495.50
2541	Presacral neurectomy	12.991	98.00	1273.10
2543	Moschowitz operation	12.991	120.00	1558.90
2544	Laparoscopic vaginal suspension for stress incontinence (item 1807 may not be used together with this item)	12.991	154.48	2006.80
2545	Operations for stress incontinence: Marshall-Marchetti-Kranz operation	12.991	156.00	2026.60
2546	Operations for stress incontinence: Urethro-vesicopexy: Abdominal approach	12.991	120.00	1558.90
2547	Operations for stress incontinence: Burch colposuspension	12.991	128.80	1673.20
2548	Operation for stress incontinence: Use of tape	12.991	183.52	2384.10
2550	Operations for stress incontinence: Urethro-vesicopexy: Combined abdominal and vaginal approach	12.991	156.80	2037.00
2551	Laparotomy	12.991	156.80	2037.00
2552	Removal benign retroperitoneal tumour	12.991	178.40	2317.60
2553	Radical removal of malignant retroperitoneal tumour	12.991	280.00	3637.50
2554	Drainage of pelvic abscess per abdomen	12.991	144.00	1870.70
2556	Drainage of pelvic abscess per vagina (refer to item 2341)	12.991	75.00	974.30
2558	Drainage intra-abdominal abscess: Delayed closure	12.991	214.40	2785.30
2560	Surgery for moderate endometriosis (AFS stages 2 + 3): Any method	12.991	120.00	1558.90
2561	Surgery for severe endometriosis (AFS stage 4 - retrovaginal septum): Any method (may not be used with another procedure or as a modifier)	12.991	168.00	2182.50
2562	Treatment of endometriosis (any method) found as an incidental finding during surgery for unrelated condition (histology required)	12.991	51.00	662.50
2565	Implantation hormone pellets (excluding after-care)	13.234	3.00	39.70
2570	Ligation of internal iliac vessels (when not part of another procedure)	12.991	180.00	2338.40
2599	Pregnancy reduction(s): Multifoetal (MPR)	12.991	63.60	826.20
2600	Foeticide (includes ultrasound guidance)	12.991	63.60	826.20
2603	External cephalic version (excluding after-care)	12.991	22.00	285.80
2604	Amniocentesis: Therapeutic, amniotic fluid reduction (includes ultrasound guidance)	12.991	54.20	704.10
2605	Amniocentesis: Diagnostic	12.991	24.40	317.00
2606	Cordocentesis (intrauterine): Any method	12.991	61.20	795.00
2607	Amnioscopy (excluding after-care)	12.991	18.00	233.80
2608	Foetal umbilical cord occlusion (TTTS) (includes ultrasound guidance)	12.991	125.44	1629.60
2609	Transfusion, intrauterine: Foetal	12.991	107.90	1401.70
2610	Tococardiography - pre-natal and intrapartum (including stress and non-stress test: Own machine) (excluding after-care)	13.234	16.00	211.70
2611	Chorionic villus sampling: Any method	12.991	39.90	518.30
2612	Foetal fluid drainage (eg., vesicocentesis, thoracocentesis, paracentesis) (includes ultrasound guidance)	12.991	93.30	1212.10

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
2613	Foetal shunt placement (includes ultrasound guidance)	12.991	125.44	1629.60
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)	13.234	225.60	2985.60
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). See modifier 0011 for emergency caesarean section (all hours)	13.234	213.60	2826.80
2616	Intrapartum obstetric care by obstetrician in consultation (excluding after-care)	12.991	152.00	1974.60
2653	Caesarean-hysterectomy	12.991	268.00	3481.60
2657	Post-partum hysterectomy	12.991	240.00	3117.80
2669	Abdominal operation for ruptured gravid uterus: Repair	12.991	200.00	2598.20
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography			
2705	Transcutaneous nerve stimulation in the treatment of post-operative and chronic intractable pain, per treatment	13.234	6.00	79.40
2710	Morphia saturation testing in rooms (consultation x2 plus item 0206: Intravenous infusion) (excluding injection material)			
2711	Electro-encephalography: Taking of record	13.234	36.10	477.70
2712	Electro-encephalography: Interpretation	13.234	24.00	317.60
2713	Spinal (lumbar) puncture. For diagnosis, for drainage of spinal fluid or for therapeutic indications	13.234	18.40	243.50
2714	Cisternal puncture and/or intrathecal injections	12.991	15.00	194.90
2717	Electromyography: First	13.234	75.00	992.60
2718	Electromyography: Subsequent	13.234	75.00	992.60
2724	Overnight continuous positive airways pressure (CPAP) titration	12.991	124.00	1610.90
2725	Angiography carotis: Unilateral	12.991	25.00	324.80
2726	Angiography carotis: Bilateral	12.991	44.00	571.60
2727	Vertebral artery: Direct needling	12.991	50.00	649.60
2729	Vertebral catheterisation	12.991	50.00	649.60
2731	Air encephalography and posterior fossa tomography: Injection of air (independent procedure)			
2733	Cortical Stimulation	12.991	58.90	765.20
2734	Sodium Amytal Testing (WADA test)	12.991	88.70	1152.30
2737	Air encephalography and posterior fossa tomography: Visual field charting on Bjerrum Screen	12.991	7.00	90.90
2739	Ventricular needling without burring: Tapping only	12.991	16.00	207.90
2741	Ventricular needling without burring: Plus introduction of air and/or contrast dye for ventriculography	12.991	43.00	558.60
2743	Subdural tapping: First sitting	12.991	15.00	194.90
2745	Subdural tapping: Subsequent	12.991	10.00	129.90
2747	Ventriculography	12.991	120.00	1558.90
2749	Catheterisation for ventriculography and/or drainage	12.991	120.00	1558.90
2751	Biopsy of brain tumour	12.991	120.00	1558.90
2753	Subdural haematoma or hygroma	12.991	120.00	1558.90
2755	Subdural empyema	12.991	120.00	1558.90
2757	Brain abscess	12.991	120.00	1558.90
2759	Nerve biopsy: Peripheral	12.991	37.00	480.70
2763	Nerve biopsy: Cranial nerves: Extra-cranial	12.991	20.00	259.80
2765	Nerve biopsy: Nerve conduction studies (see items 0733 and 3285)	12.991	26.00	337.80
2767	Suture brachial plexus (see also items 2837 and 2839)	12.991	240.00	3117.80
2769	Suture: Large nerve: Primary	12.991	120.00	1558.90
2771	Suture: Large nerve: Secondary	12.991	161.60	2099.30
2773	Digital nerve: Primary	12.991	65.00	844.40
2775	Digital nerve: Secondary	12.991	96.00	1247.10
2777	Nerve graft: Simple	12.991	161.60	2099.30
2779	Fascicular: First fasciculus	12.991	161.60	2099.30
2781	Fascicular: Each additional fasciculus	12.991	50.00	649.60
2783	Fascicular: Nerve flap: To include all stages	12.991	179.20	2328.00
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	12.991	120.00	1558.90
2787	Fascicular: Grafting of facial nerve	12.991	172.00	2234.50
2789	Trigeminal ganglion: Injection of alcohol	12.991	120.00	1558.90
2791	Trigeminal ganglion: Injection of cortisone	12.991	65.00	844.40
2793	Trigeminal ganglion: Coagulation through high frequency	12.991	136.00	1766.80
2799	Procedures for pain relief: Intrathecal injections for pain	12.991	36.00	467.70
2800	Procedures for pain relief: Plexus nerve block	12.991	36.00	467.70
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)	13.234	36.00	476.40

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
2802	Procedures for pain relief: Peripheral nerve block	13.234	25.00	330.90
2803	Alcohol injection in peripheral nerves for pain: Unilateral	13.234	20.00	264.70
2804	Inserting an indwelling nerve catheter (includes removal of catheter) (not for bolus technique)	12.991	10.00	129.90
2805	Alcohol injection in peripheral nerves for pain: Bilateral	13.234	35.00	463.20
2809	Peripheral nerve section for pain	12.991	45.00	584.60
2811	Pudendal neurectomy: Bilateral	12.991	116.00	1507.00
2813	Obturator or Stoffels	12.991	96.00	1247.10
2815	Interdigital	12.991	82.30	1069.20
2825	Excision: Neuroma: Peripheral	12.991	109.50	1422.50
2827	Transposition of ulnar nerve	12.991	100.00	1299.10
2829	Neurolysis: Minor	12.991	51.00	662.50
2831	Neurolysis: Major	12.991	120.00	1558.90
2833	Neurolysis: Digital	12.991	96.00	1247.10
2835	Scalenotomy	12.991	120.00	1558.90
2837	Brachial plexus, suture or neurolysis (item 2767)	12.991	240.00	3117.80
2839	Total brachial plexus exposure with graft, neurolysis and transplantation	12.991	716.16	9303.60
2841	Carpal Tunnel	12.991	64.00	831.40
2843	Lumbar sympathectomy: Unilateral	12.991	122.40	1590.10
2845	Lumbar sympathectomy: Bilateral	12.991	214.40	2785.30
2846	Cervical sympathectomy: Trans-thoracic approach (use item 2847 or item 2848 as appropriate)			
2847	Cervical sympathectomy: Unilateral	12.991	122.40	1590.10
2848	Cervical sympathectomy: Bilateral	12.991	214.40	2785.30
2849	Sympathetic block: Other levels: Unilateral	12.991	20.00	259.80
2851	Sympathetic block: Other levels: Bilateral	12.991	35.00	454.70
2853	Sympathetic block: Other levels: Diagnostic/Therapeutic nerve block (unassociated with surgery) - either intercostal, or brachial, or peripheral, or stellate ganglion	12.991	20.00	259.80
2855	Removal of skull tumour: With or without plastic repair: Small	12.991	136.00	1766.80
2857	Removal of skull tumour: With or without plastic repair: Major	12.991	160.00	2078.60
2859	Repair of depressed fracture of skull: Without brain laceration: Major	12.991	160.00	2078.60
2860	Repair of depressed fracture of skull: Without brain laceration: Small	12.991	136.00	1766.80
2861	Repair of depressed fracture of skull: With brain lacerations: Small	12.991	160.00	2078.60
2862	Repair of depressed fracture of skull: With brain lacerations: Major	12.991	300.00	3897.30
2863	Cranioplasty	12.991	224.00	2910.00
2864	Encephalocele (excluding frontal)	12.991	160.00	2078.60
2865	Craniostenosis: Few suturae	12.991	170.40	2213.70
2867	Craniostenosis: Multiple suturae	12.991	224.00	2910.00
2869	Ventriculo-cisternostomy	12.991	224.00	2910.00
2871	Ventriculo-caval shunt	12.991	224.00	2910.00
2873	Ventriculo-peritoneal shunt	12.991	224.00	2910.00
2875	Theco-peritoneal C.S.F. shunt	12.991	224.00	2910.00
2876	Repair of aneurysms or arteriovenous anomalies (Intracranial)	12.991	560.00	7275.00
2877	Extracranial to intracranial vascular	12.991	560.00	7275.00
2878	Posterior fossa arteriovenous anomalies	12.991	560.00	7275.00
2879	Glossopharyngeal nerve	12.991	384.00	4988.50
2881	Eighth nerve: Intracranial	12.991	384.00	4988.50
2883	Eighth nerve: Extracranial	12.991	384.00	4988.50
2884	Sub-temporal section of the trigeminal nerve	12.991	300.00	3897.30
2885	Trigeminal tractotomy	12.991	384.00	4988.50
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	12.991	360.00	4676.80
2887	Vestibular nerve	12.991	384.00	4988.50
2889	Posterior fossa tumour removal: Acoustic neuroma, benign cerebello-pontine tumours, meningioma, clivus meningioma, chordoma, clivus chordoma or cholesteatoma	12.991	560.00	7275.00
2891	Posterior fossa tumour removal: Glioma, secondary deposits	12.991	360.00	4676.80
2893	Posterior fossa tumour removal: Abscess	12.991	360.00	4676.80
2895	Excision of tumour of glomus jugulare: Intracranial	12.991	336.00	4365.00
2897	Excision of tumour of glomus jugulare: Extracranial	12.991	336.00	4365.00
2898	Excision of tumour of glomus jugulare: Hemispherectomy	12.991	400.00	5196.40
2899	Craniectomy for extra-dural haematoma or empyema	12.991	300.00	3897.30
2900	Craniotomy for Extra-dural orbital decompression or excision of orbital tumour	12.991	560.00	7275.00
2901	Craniotomy for Osteoplastic Flap for removal of: Meningioma, basal extracerebral mass, intra ventricular tumours, pineal tumours, pituitary adenoma, total excision craniopharyngioma/pharyngioma	12.991	560.00	7275.00
2903	Craniotomy for Abscess, Glioma	12.991	360.00	4676.80

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
2904	Craniotomy for Haematoma, foreign body: Cerebral or cerebellar	12.991	360.00	4676.80
2905	Craniotomy for Focal epilepsy: Excision of cortical scar	12.991	360.00	4676.80
2906	Craniotomy with anterior fossa meningocele and repair of bony skull defect	12.991	300.00	3897.30
2907	Craniotomy for Temporal lobectomy	12.991	360.00	4676.80
2908	Craniotomy for Torkildsen anastomosis	12.991	300.00	3897.30
2909	Craniotomy for CSF-leaks	12.991	360.00	4676.80
2910	Craniotomy for removal of arteriovenous malformation	12.991	560.00	7275.00
2911	Stereo-tactic cerebral and spinal cord procedure: First sitting	12.991	224.00	2910.00
2913	Stereo-tactic cerebral and spinal cord procedure: Repeat	12.991	156.80	2037.00
2915	Transnasal hypophysectomy	12.991	240.00	3117.80
2916	Transfrontal hypophysectomy	12.991	384.00	4988.50
2917	Transnasal hypophyseal implants	12.991	137.60	1787.60
2918	Non-operative supervision of paraplegics for all disciplines except urologists. Per service (specified)			
2923	Chordotomy: Unilateral	12.991	142.40	1849.90
2925	Chordotomy: Open	12.991	280.00	3637.50
2927	Rhizotomy: Extradural, but intraspinal	6.895	256.00	1765.10
2928	Rhizotomy: Intradural	6.895	280.00	1930.60
2929	Removal of spinal cord tumour: Intramedullar: Posterior approach	12.991	560.00	7275.00
2930	Removal of spinal cord tumour: Intramedullar: Antero-lateral approach	12.991	560.00	7275.00
2931	Removal of spinal cord tumour: Extramedullary, but intradural: Posterior approach	12.991	280.00	3637.50
2932	Removal of spinal cord tumour: Extramedullary, but intradural: Antero-lateral approach	12.991	280.00	3637.50
2933	Removal of spinal cord tumour: Extramedullary, but intradural: Intraspinal, but extradural: Posterior approach	12.991	256.00	3325.70
2935	Removal of spinal cord tumour: Extramedullary, but intradural: Transcutaneous chordotomy	12.991	180.00	2338.40
2937	Repair of meningocele, involving nerve tissue	12.991	200.00	2598.20
2938	Simple	12.991	120.00	1558.90
2939	Excision of arterial vascular malformations and cysts of the spinal cord	12.991	560.00	7275.00
2940	Lumbar osteophyte removal	12.991	149.60	1943.50
2941	Cervical or thoracic osteophyte removal	12.991	228.00	2961.90
2951	Carotis: Trauma	12.991	120.00	1558.90
2953	Carotis: For aneurysm (AV anomaly)	12.991	120.00	1558.90
2955	Removal of carotid body tumour (without vascular reconstruction)	12.991	268.48	3487.80
2970	Electro-convulsive treatment (ECT): Each time (See rule Va)	12.991	17.00	220.80
2972	Narco-analysis (Maximum of 3 sessions per treatment): Per session	12.991	16.00	207.90
2973	Psychometry (specify examination): Per session (Maximum of 3 sessions per examination)	13.234	16.00	211.70
2983	Lobectomy: Partial	12.991	158.48	2058.80
2985	Lobectomy: Total	12.991	160.00	2078.60
2987	Thyroidectomy: Subtotal	12.991	212.80	2764.50
2989	Thyroidectomy: Total	12.991	223.20	2899.60
2991	Thyroglossal cyst or fistula excision	12.991	120.00	1558.90
2993	Exploration of parathyroid glands for hyperparathyroidism including removal	12.991	220.00	2858.00
2995	Adrenalectomy: Unilateral	12.991	180.00	2338.40
2996	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours: Includes sensor placement, hook-up, calibration of monitor, patient training, removal of sensor and printout of recording	12.991	48.90	635.30
2997	Bilateral exploration of adrenal glands: Including removal	12.991	315.20	4094.80
2998	Ambulatory continuous glucose monitoring: Interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours (includes interpretation and report)	12.991	12.30	159.80
2999	Transethmoidal hypophysectomy	12.991	240.00	3117.80
3000	Transnasal hypophysectomy (see also item 2915)	12.991	240.00	3117.80
3001	Implantation of pellets (excluding cost of material) (excluding after-care)	12.991	3.00	39.00
3002	Gonioscopy	12.991	7.00	90.90
3003	Fundus contact lens or 90 D lens examination (not to be charged with item 3004 or item 3012)	12.991	7.00	90.90
3004	Peripheral fundus examination with indirect ophthalmoscope (not to be charged with item 3003 and/or item 3012)	12.991	7.00	90.90
3005	Endothelial cell count	12.991	7.00	90.90
3006	Keratometry	12.991	7.00	90.90
3007	Potential acuity measurement	12.991	7.00	90.90
3008	Contrast sensitivity test	12.991	7.00	90.90
3010	Orthoptics consultation	12.991	10.00	129.90
3011	Orthoptic subsequent sessions	12.991	5.00	65.00
3012	Pre-surgical retinal examination before retinal surgery	12.991	32.00	415.70
3013	Ocular motility assessment: Comprehensive examination	12.991	12.00	155.90

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
3014	Tonometry per test with maximum of 2 tests for provocative tonometry (one or both eyes)	12.991	7.00	90.90
3015	Charting of visual field with manual perimeter	12.991	28.00	363.70
3016	Retinal threshold test without storage facilities	12.991	30.00	389.70
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	12.991	74.00	961.30
3018	Retinal threshold trend evaluation (additional to item 3017)	12.991	16.00	207.90
3019	Ocular muscle function with Hess screen or perimeter	12.991	16.00	207.90
3020	Special eye investigations: Pachymetry: Only when own instrument is used, per eye. Only in addition to corneal surgery	12.991	46.00	597.60
3021	Special eye investigations: Retinal function assessment including refraction after ocular surgery (within four months), maximum two examinations	12.991	9.00	116.90
3022	Digital fluorescein video angiography	12.991	68.00	883.40
3023	Digital indocyanine video angiography	12.991	110.00	1429.00
3024	Infusion of dye used during Fluorescein Angiography, Indocyanine Green Video Angiography and Photodynamic therapy. Linked to items 3022, 3023, 3031, 3039	12.991	12.00	155.90
3025	Electronic tonography	12.991	19.00	246.80
3026	Digital Tomography of optic nerve with Scanning Laser Ophthalmoscope (SLO). Limited to two exams per annum	12.991	19.30	250.70
3027	Fundus photography	12.991	21.00	272.80
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula: Per eye	12.991	40.00	519.60
3029	Anterior segment microphotography	12.991	21.00	272.80
3031	Fluorescein Angiography: One or both eyes (not to be used with item 3022)	12.991	45.00	584.60
3032	Eyelid and orbit photography	12.991	9.00	116.90
3033	Interpretation of items 3022, 3023 and 3031 referred by other clinicians	12.991	16.00	207.90
3034	Determination of lens implant power per eye	12.991	15.00	194.90
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	12.991	22.00	285.80
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)	12.991	36.00	467.70
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	12.991	245.52	3189.60
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye	12.991	105.00	1364.10
3041	Pan retinal photocoagulation (per eye): Done in one sitting	12.991	120.00	1558.90
3044	Removal of encircling band and/or buckling material	12.991	105.00	1364.10
3045	Cataract: Intra-capsular	12.991	168.00	2182.50
3047	Cataract: Extra-capsular (including capsulotomy)	12.991	168.00	2182.50
3049	Insertion of lenticulus in addition to item 3045 or item 3047 (cost of lens excluded) (modifier 0005 not applicable)	12.991	57.00	740.50
3050	Repositioning of intra ocular lens	12.991	136.88	1778.20
3051	Needling or capsulotomy	12.991	120.00	1558.90
3052	Laser capsulotomy	12.991	105.00	1364.10
3057	Removal of lenticulus	12.991	168.00	2182.50
3058	Exchange of intra ocular lens	12.991	188.80	2452.70
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed (cost of lens excluded)	12.991	168.00	2182.50
3061	Drainage operation	12.991	198.08	2573.30
3062	Implantation of aqueous shunt device/seton in glaucoma (additional to item 3061)	12.991	60.00	779.50
3063	Cyclocryotherapy or cyclodiathermy	12.991	105.00	1364.10
3064	Laser trabeculoplasty	12.991	105.00	1364.10
3065	Removal of blood from anterior chamber	12.991	105.00	1364.10
3067	Goniotomy	12.991	168.00	2182.50
3071	Intra-ocular foreign body: Anterior to Iris	12.991	120.00	1558.90
3073	Intra-ocular foreign body: Posterior to Iris (including prophylactic thermal treatment to retina)	12.991	168.00	2182.50
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)	12.991	20.00	259.80
3075	Strabismus (whether operation performed on one eye or both): Operation on one or two muscles	12.991	140.48	1825.00
3076	Strabismus (whether operation performed on one eye or both): Operation on three or four muscles	12.991	160.00	2078.60
3077	Strabismus (whether operation performed on one eye or both): Subsequent operation one or two muscles	12.991	120.00	1558.90
3078	Strabismus (whether operation performed on one eye or both): Subsequent operation on three or four muscles	12.991	120.00	1558.90
3079	Transcleral biopsy	12.991	120.00	1558.90

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
3080	Examination of eyes under general anaesthetic where no surgery is done	12.991	80.00	1039.30
3081	Treatment of minor perforating injury	12.991	129.28	1679.50
3083	Treatment of major perforating injury	12.991	214.00	2780.10
3085	Enucleation or Evisceration	12.991	105.00	1364.10
3087	Enucleation or Evisceration with mobile implant: Excluding cost of implant and prosthesis	12.991	128.00	1662.80
3088	Hydroxyapatite insertion (additional to item 3087)	12.991	40.00	519.60
3089	Subconjunctival injection if not done at time of operation	12.991	10.00	129.90
3090	Intra vitreal injection drug	12.991	47.60	618.40
3091	Retrolbulbar injection (if not done at time of operation)	12.991	16.00	207.90
3092	External laser treatment for superficial lesions	12.991	53.00	688.50
3093	Treatment of tumours of retina or choroid by radioactive plaque and/or diathermy and/or cryotherapy and/or laser therapy and/or photocoagulation	12.991	167.20	2172.10
3094	Implantation of intra vitreal drug delivery system	12.991	198.08	2573.30
3095	Biopsy of vitreous body or anterior chamber contents	12.991	105.00	1364.10
3096	Adding of air or gas in vitreous as a post-operative procedure or pneumo-retinopexy	12.991	120.00	1558.90
3097	Anterior vitrectomy	12.991	224.00	2910.00
3098	Removal of silicon from globe	12.991	224.00	2910.00
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	12.991	335.20	4354.60
3100	Lensectomy done at time of posterior vitrectomy	12.991	30.00	389.70
3101	Drainage of orbital abscess	12.991	105.00	1364.10
3103	Orbit: Removal of tumour	12.991	192.00	2494.30
3104	Removal orbital prosthesis	12.991	170.16	2210.50
3105	Orbit: Exenteration	12.991	220.00	2858.00
3107	Orbitotomy requiring bone flap	12.991	314.40	4084.40
3108	Eye socket reconstruction	12.991	164.80	2140.90
3109	Hydroxyapatite implantation in eye cavity when evisceration or enucleation was done previously	12.991	240.00	3117.80
3110	Second stage hydroxyapatite implantation	12.991	110.00	1429.00
3111	Contact lenses: Assessment involving preliminary fittings and tolerance visits (costs of lenses borne by patient)			
3112	Fitting of contact lens for treatment of disease including supply of lens	12.991	12.20	158.50
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	12.991	160.00	2078.60
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	12.991	132.80	1725.20
3116	Astigmatic correction with T-cuts or wedge resection in pathological corneal astigmatism following trauma, intra ocular surgery or penetrating keratoplasty	12.991	120.00	1558.90
3117	Removal of foreign body: On the basis of fee per consultation			
3118	Curettage of cornea after removal of foreign body (after-care excluded)	12.991	10.00	129.90
3119	Tattooing	12.991	26.00	337.80
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK: Use item 3201)	12.991	120.00	1558.90
3121	Corneal graft (Lamellar or full thickness)	12.991	231.20	3003.50
3122	Epikeratophakia	12.991	231.20	3003.50
3123	Insertion of intra-corneal or intrascleral prosthesis for refractive surgery	12.991	203.20	2639.80
3124	Removal of corneal stitches under microscope (maximum of 2 procedures). Additional fee for sterile tray (see item 0202)	12.991	9.00	116.90
3125	Keratectomy	12.991	120.00	1558.90
3126	Additional to item 3120 for the use of own microkeratome used with a excimer laser	12.991	52.18	677.90
3127	Cauterisation of cornea (by chemical, thermal or cryotherapy methods)	12.991	10.00	129.90
3128	Radial keratotomy or keratoplasty for astigmatism (cosmetic unless medical reasons can be proved)	12.991	120.00	1558.90
3129	Additional to item 3128 for the use of own diamond knives	12.991	40.00	519.60
3130	Pterygium or conjunctival cyst or conjunctival tumour. No conjunctival flap or graft used	12.991	96.90	1258.80
3131	Cornea: Paracentesis	12.991	53.00	688.50
3132	Lamellar keratectomy for refractive surgery (LK, ALK, MLK)	12.991	120.00	1558.90
3133	Probing and/or syringing, per duct	12.991	10.00	129.90
3134	Pterygium or conjunctival cyst or conjunctival tumour. Conjunctival flap or graft used - stand alone procedure	12.991	116.30	1510.90
3135	Insert polythene tubes	12.991	51.80	672.90
3136	Conjunctival flap or graft (not for use with pterygium surgery)	12.991	95.70	1243.20
3137	Excision of lacrimal sac: Unilateral	12.991	120.00	1558.90
3138	Removal corneal epithelium and chelating agent for band keratopathy	12.991	69.50	902.90
3139	Dacryocystorhinostomy (Single) with or without polythene tube	12.991	168.00	2182.50
3141	Sealing Punctum surgical or by cautery: Per eye	12.991	24.90	323.50

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
3142	Sealing Punctum with plugs: Per eye	12.991	20.00	259.80
3143	Three-snip operation	12.991	10.00	129.90
3145	Repair of caniculus: Primary procedure	12.991	120.00	1558.90
3147	Repair of caniculus: Secondary procedure	12.991	140.00	1818.70
3149	Iridectomy or iridotomy by open operation as isolated procedure	12.991	120.00	1558.90
3151	Excision of iris tumour	12.991	148.00	1922.70
3153	Iridectomy or iridotomy by laser or photocoagulation as isolated procedure (maximum one procedure)	12.991	105.00	1364.10
3155	Iridocyclectomy for tumour	12.991	212.80	2764.50
3157	Division of anterior synechiae as isolated procedure	12.991	120.00	1558.90
3158	Repair iris as in dialysis: Anterior chamber reconstruction	12.991	120.00	1558.90
3161	Tarsorrhaphy	12.991	47.00	610.60
3163	Excision of superficial lid tumour	12.991	47.00	610.60
3165	Repair of skin laceration lid: Simple	12.991	27.30	354.70
3167	Diathermy to wart on lid margin	12.991	12.00	155.90
3169	Electrolysis of any number of eyelashes: Per eye	12.991	15.00	194.90
3171	Excision of Meibomian cyst. Additional fee for sterile tray (see item 0202)	12.991	20.40	265.00
3172	Blepharoplasty lower eyelid plus fat pad	12.991	120.00	1558.90
3173	Epicanthal folds	12.991	120.00	1558.90
3176	Lid operation for facial nerve paralysis including tarsorrhaphy but excluding cost of material	12.991	149.60	1943.50
3177	Entropion or ectropion by Cautery	12.991	10.00	129.90
3179	Entropion or ectropion by Suture	12.991	49.40	641.80
3181	Entropion or ectropion by Open operation	12.991	111.50	1448.50
3183	Entropion or ectropion by Free skin, mucosal grafting or flap	12.991	122.60	1592.70
3185	Staged procedure for partial or total loss of eyelid: First stage	12.991	207.20	2691.70
3187	Staged procedure for partial or total loss of eyelid: Subsequent stage	12.991	164.80	2140.90
3189	Full thickness eyelid laceration for tumour or injury: Direct repair	12.991	120.00	1558.90
3191	Blepharoplasty: Upper lid for improvement in function (unilateral)	12.991	120.16	1561.00
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			28.00
3193	Repair by superior rectus, levator or frontalis muscle operation	12.991	152.00	1974.60
3195	Ptosis: By lesser procedure e.g. sling operation: Unilateral	12.991	120.00	1558.90
3197	Ptosis: By lesser procedure e.g. sling operation: Bilateral	12.991	132.80	1725.20
3199	Repair of conjunctiva by grafting	12.991	120.00	1558.90
3200	Repair of lacerated conjunctiva	12.991	47.00	610.60
3204	External ear canal: Removal of foreign body: At rooms	12.991	21.58	280.30
3205	External ear canal: Removal of foreign body: Under general anaesthetic	12.991	21.00	272.80
3206	Microscopic examination of tympanic membrane including microsuction	12.991	8.00	103.90
3207	Myringotomy: Unilateral	13.234	28.00	370.60
3209	Myringotomy: Bilateral	13.234	46.00	608.80
3211	Unilateral myringotomy with insertion of ventilation tube	13.234	38.00	502.90
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	13.234	57.00	754.30
3213	Bilateral myringotomy with insertion of bilateral ventilation tube (modifier 0005 not applicable)	13.234	65.00	860.20
3214	Reconstruction of middle ear ossicles (ossiculoplasty)	12.991	204.00	2650.20
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	12.991	131.20	1704.40
3217	Meatus atresia: Congenital	12.991	221.60	2878.80
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	12.991	77.00	1000.30
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	12.991	172.00	2234.50
3223	Percutaneous stimulation of the facial nerve	13.234	9.00	119.10
3224	Electroneurography (ENOG)	12.991	75.00	974.30
3227	Exploration of facial nerve: Exploration of tympanomastoid segment	12.991	237.60	3086.70
3228	Exploration of facial nerve: Grafting of the tympanomastoid section (including item 3227)	12.991	348.80	4531.30
3229	Facial nerve: Exploration of the labyrinthine segment	12.991	336.00	4365.00
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	12.991	348.80	4531.30
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	12.991	120.00	1558.90
3233	Labyrinthectomy via the middle ear or mastoid	12.991	221.60	2878.80
3237	Exploratory tympanotomy	12.991	127.12	1651.40
3239	Acoustic neuroma removal translabyrinthine	12.991	528.00	6859.20
3240	Endolymphatic sac surgery	12.991	221.60	2878.80
3243	Myringoplasty	12.991	120.00	1558.90
3244	Fenestration and occlusion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	12.991	248.00	3221.80
3245	Functional reconstruction of tympanic membrane	12.991	221.60	2878.80
3246	Cochlear implant surgery	12.991	272.40	3538.70

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
3248	Otoacoustic emission performed as a screening test	13.234	33.24	439.90
3249	Stapedotomy and stapedectomy	12.991	221.60	2878.80
3250	Otoacoustic emission (high risk patients only)	13.234	66.48	879.80
3251	Minimal caloric test (excluding consultation fee)	13.234	10.00	132.30
3252	Bithermal Halpike caloric test (excluding consultation fee)	12.991	20.00	259.80
3253	Electro-nystagmography for spontaneous and positional nystagmus	12.991	25.00	324.80
3254	Video nystagmoscopy (monocular)	12.991	25.00	324.80
3255	Caloric test done with electronystamography	13.234	70.00	926.40
3256	Video nystagmoscopy (binocular)	12.991	50.00	649.60
3257	Cortical mastoidectomy	12.991	150.80	1959.00
3258	Otolith repositioning manoeuvre	13.234	14.00	185.30
3259	Radical mastoidectomy (excluding minor procedures)	12.991	221.92	2883.00
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	13.234	71.48	946.00
3261	Muscle grafting to mastoid cavity without tympanoplasty	12.991	144.00	1870.70
3263	Autogenous bone graft to mastoid cavity	12.991	144.00	1870.70
3264	Tympanomastoidectomy	12.991	300.00	3897.30
3265	Reconstruction of posterior canal wall, following radical mastoid	12.991	256.00	3325.70
3266	Gentamycin steroids instillation into the middle ear for Meniere's disease (myringotomy and cost of material excluded)	12.991	30.00	389.70
3267	Major congenital deformity reconstruction of external ear: Unilateral	12.991	120.00	1558.90
3269	Major congenital deformity reconstruction of external ear: Bilateral	12.991	193.60	2515.10
3270	Excision of superficial pre-auricular fistula	12.991	55.00	714.50
3271	Partial or total reconstruction for congenital or traumatic absence or following tumour excision of external ear			
3272	Excision of complicated pre-auricular fistula	12.991	120.00	1558.90
3273	Pure tone audiometry (air conduction)	13.234	6.50	86.00
3274	Pure tone audiometry (bone conduction with masking)	13.234	6.50	86.00
3275	Impedance audiometry (tympanometry)	13.234	6.50	86.00
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	13.234	6.50	86.00
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	13.234	10.00	132.30
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	12.991	6.50	84.40
3287	Spinal joint and ligament injection	13.234	20.00	264.70
3299	Manipulation of large joints: Under general anaesthesia			
3299a	Manipulation of large joints: Under general anaesthesia			
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)	12.991	10.00	129.90
3305	Finger, toe	18.403	6.30	115.90
3309	Smith-Petersen or equivalent control, in theatre	18.403	38.70	712.20
3311	Stress studies, e.g. joint	18.403	7.70	141.70
3313	Full length study, both legs	18.403	15.50	285.20
3315	Skeletal survey under 5 years	18.403	19.90	366.20
3317	Skeletal survey over 5 years	18.403	28.00	515.30
3319	Arthrography per joint	18.403	15.40	283.40
3320	Introduction of contrast medium or air: ADD	18.403	13.80	254.00
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	18.403	11.00	202.40
3325	Stress studies	18.403	11.00	202.40
3329	Scoliosis studies	18.403	21.00	386.50
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	18.403	11.00	202.40
3333	Myelography: Lumbar	18.403	28.90	531.80
3334	Myelography: Thoracic	18.403	22.20	408.50
3335	Myelography: Cervical	18.403	35.50	653.30
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)			
3344	Introduction of contrast medium	18.403	18.70	344.10
3345	Discography	18.403	34.60	636.70
3347	Introduction of contrast medium per disc level: ADD	18.403	28.20	519.00
3349	Skull studies	18.403	15.70	288.90
3351	Paranasal sinuses	18.403	11.00	202.40
3353	Facial bones and/or orbits	18.403	12.60	231.90
3355	Mandible	18.403	9.40	173.00
3357	Nasal bone	18.403	7.80	143.50
3359	Mastoid: Bilateral	18.403	18.00	331.30
3361	Teeth: One quadrant	18.403	3.70	68.10

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
3363	Teeth: Two quadrants	18.403	6.30	115.90
3365	Teeth: Full mouth	18.403	11.00	202.40
3366	Teeth: Rotation tomography of the teeth and jaws	18.403	13.30	244.80
3367	Teeth: Temporo-mandibular joints: Per side	18.403	11.00	202.40
3369	Teeth: Tomography: Per side	18.403	11.00	202.40
3371	Localisation of foreign body in the eye	18.403	15.70	288.90
3381	Ventriculography	18.403	27.30	502.40
3385	Post-nasal studies: Lateral neck	18.403	6.30	115.90
3387	Maxillo-facial cephalometry	18.403	8.80	161.90
3389	Dacrocystography	18.403	11.00	202.40
3391	For introduction of contrast medium: ADD	18.403	11.00	202.40
3393	Bowel washout: ADD	18.403	4.80	88.30
3395	Sialography (plus 80% for each additional gland)	18.403	12.70	233.70
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)	18.403	11.00	202.40
3399	Pharynx and oesophagus	18.403	12.70	233.70
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	18.403	20.00	368.10
3405	Double contrast: ADD	18.403	7.30	134.30
3406	Small bowel meal (control film of abdomen included except when part of item 3408)	18.403	20.00	368.10
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	18.403	28.90	531.80
3409	Barium enema (control film of abdomen included)	18.403	18.30	336.80
3411	Air contrast study: ADD	18.403	19.30	355.20
3415	Biliary Tract: ERCP own equipment: Cholelogram and/or pancreatography screening included	18.403	23.30	428.80
3416	Pancreas: ERCP hospital equipment: Cholelogram and/or pancreatography screening included	18.403	15.50	285.20
3417	Gastric/oesophageal/duodenal intubation control	18.403	5.90	108.60
3419	Gastric/oesophageal intubation insertion of tube: ADD	18.403	5.60	103.10
3421	Duodenal intubation: Insertion of tube: ADD	18.403	11.00	202.40
3423	Hypotonic duodenography (item 3403 and item 3405 included)	18.403	29.30	539.20
3425	Oral cholecystography	18.403	15.70	288.90
3427	Cholangiography: Intravenous	18.403	22.00	404.90
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre	18.403	21.00	386.50
3433	Post operative: T-tube	18.403	16.70	307.30
3435	Introduction of contrast medium: ADD	18.403	5.60	103.10
3437	Trans hepatic, percutaneous	18.403	18.30	336.80
3439	Introduction of contrast medium: ADD	18.403	33.10	609.10
3441	Tomography of biliary tract: ADD	18.403	9.40	173.00
3443	Larynx (Tomography included)	18.403	12.50	230.00
3445	Chest (item 3601 included)	18.403	9.40	173.00
3447	Chest and cardiac studies (item 3601)	18.403	12.60	231.90
3449	Ribs	18.403	12.30	226.40
3451	Sternum or sterno-clavicular joints	18.403	12.60	231.90
3453	Bronchography: Unilateral	18.403	12.60	231.90
3455	Bronchography: Bilateral	18.403	22.10	406.70
3457	Introduction of contrast medium included	18.403	35.70	657.00
3461	Pleurography	18.403	12.60	231.90
3463	For introduction of contrast medium: ADD	18.403	2.80	51.50
3465	Laryngography	18.403	11.00	202.40
3467	For introduction of contrast medium: ADD	18.403	10.00	184.00
3468	Thoracic inlet	18.403	6.30	115.90
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	18.403	9.40	173.00
3479	Acute abdomen or equivalent studies	18.403	15.70	288.90
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)	18.403	25.10	461.90
3493	Waterload test: ADD	18.403	12.20	224.50
3497	Cystography only or urethrography only (retrograde)	18.403	19.30	355.20
3499	Cysto-urethrography: Retrograde	18.403	31.90	587.10
3503	Cysto-urethrography: Introduction of contrast medium	18.403	3.70	68.10
3505	Retrograde-prograde pyelography	18.403	18.30	336.80
3511	Aspiration renal cyst	18.403	18.40	338.60
3513	Tomography of renal tract: ADD	18.403	9.40	173.00
3515	Pregnancy	18.403	9.40	173.00
3517	Pelvimetry	18.403	17.40	320.20

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
3519	Hystero-salpingography	18.403	12.50	230.00
3521	Introduction of contrast medium: ADD	18.403	15.30	281.60
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	18.403	16.50	303.60
3548	Analogue monoplane screening table			
3550	Digital monoplane screening table			
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)	18.403	166.80	3069.60
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram	18.403	48.60	894.40
3558	Translumbar aortic puncture, with full study	18.403	69.60	1280.80
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram	18.403	57.00	1049.00
3560	Selective second order catheterisation, arterial or venous, with angiogram/venogram	18.403	65.40	1203.60
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram	18.403	73.20	1347.10
3563	Direct intravenous for limb	18.403	7.40	136.20
3564	Direct femoral arterial or venous or jugular venous puncture	18.403	37.20	684.60
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM)	18.403	85.80	1579.00
3569	Intravascular pressure studies, arterial or venous, once off per case	18.403	19.80	364.40
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)	18.403	130.80	2407.10
3572	Transcatheter selective blood sampling, arterial or venous	18.403	32.40	596.30
3574	Spinal angiogram (global fee) including all selective catheterisations	18.403	480.00	8833.40
3575	Cut-downs for venography: ADD	18.403	11.00	202.40
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			
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour			
3594	Mammogram of surgically removed breast biopsy specimen	18.403	8.00	147.20
3596	Intravascular ultrasound per case, arterial or venous, for intervention	12.385	30.00	371.60
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)			
3600	Peripheral bone densitometry utilizing ionizing radiation	18.403	13.00	239.20
3601	Fluoroscopy: Per half hour: ADD (not applicable for items 3445 and 3447)	18.403	7.70	141.70
3602	Where a C-arm portable X-ray unit is used in hospital or theatre: Per half hour: ADD	18.403	10.70	196.90
3603	Sinography	18.403	18.40	338.60
3604	Bone densitometry (to be charged once only for one or more levels done at the same session)	18.403	77.00	1417.00
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	18.403	33.00	607.30
3606	Repeat mammography, unilateral or bilateral, for localisation of tumour	18.403	21.00	386.50
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)	18.403	5.60	103.10
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	18.403	40.00	736.10
3609	Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done			
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	12.385	110.00	1362.40
3611	Foreign body localisation: Introduction of sterile needle markers: ADD	18.403	11.00	202.40
3612	Ultrasonic bone densitometry	12.385	19.00	235.30

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
3613	Setting of sterile trays	18.403	3.30	60.70
3614	Transvaginal aspiration of ova	12.385	110.00	1362.40
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	12.385	50.00	619.30
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	12.385	50.00	619.30
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	12.385	40.00	495.40
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	12.385	30.00	371.60
3620	Cardiac examination plus Doppler colour mapping	12.385	50.00	619.30
3621	Cardiac examination (MMode)	12.385	25.00	309.60
3622	Cardiac examination: 2 Dimensional	12.385	50.00	619.30
3623	Cardiac examination + effort	12.385	10.00	123.90
3624	Cardiac examinations + contrast	12.385	10.00	123.90
3625	Cardiac examinations + doppler	12.385	50.00	619.30
3626	Cardiac examination + phonocardiography	12.385	10.00	123.90
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)	12.385	60.00	743.10
3628	Renal tract	12.385	50.00	619.30
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	12.385	50.00	619.30
3631	Ophthalmic examination	12.385	50.00	619.30
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	12.385	50.00	619.30
3633	Neonatal head scan	12.385	50.00	619.30
3634	Peripheral vascular study, B mode only	12.385	39.00	483.00
3635	+ Doppler	12.385	39.00	483.00
3636	Trans-oesophageal echocardiography including passing the device	12.385	100.00	1238.50
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)	12.385	78.00	966.00
3639	Where portable X-ray unit is used in the hospital or theatre: ADD	18.403	7.00	128.80
3640	Theatre investigations with fixed installation	18.403	3.00	55.20
3641	Tracer test	18.403	22.10	406.70
3642	Repeat of further tracer tests for same investigation: Half of above fee	18.403	11.10	204.30
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	18.403	54.80	1008.50
3645	Other organ scanning with use of relevant radio isotopes	18.403	54.80	1008.50
3646	Thyroid scanning	18.403	19.20	353.30
3705	Alkali resistant haemoglobin	14.598	3.00	43.80
3709	Antiglobulin test (Coombs' or trypsinized red cells)	14.598	2.45	35.80
3710	Antibody titration	14.598	4.80	70.10
3712	Antibody identification	14.598	5.65	82.50
3713	Bleeding time (does not include the cost of the simplate device)	14.598	4.63	67.60
3714	Blood volume, dye method	14.598	4.80	70.10
3715	Buffy layer examination	14.598	13.27	193.70
3716	Mean Cell Volume	14.598	1.50	21.90
3717	Bone marrow cytological examination only	14.598	13.27	193.70
3719	Bone marrow: Aspiration	14.598	5.60	81.70
3720	Bone marrow trephine biopsy	14.598	21.70	316.80
3721	Bone marrow aspiration and trephine biopsy (excluding histology)	14.598	24.50	357.70
3722	Capillary fragility: Hess	14.598	1.35	19.70
3723	Circulating anticoagulants	14.598	3.90	56.90
3724	Coagulation factor inhibitor assay	14.598	38.37	560.10
3726	Activated protein C resistance	14.598	17.30	252.50
3727	Coagulation time	14.598	2.11	30.80
3728	Anti-factor Xa Activity	14.598	35.73	521.60
3729	Cold agglutinins	14.598	2.40	35.00
3730	Emergency blood/blood product collection following change of status of request: Collection where, after original request was delivered as a routine request, the status of request was subsequently changed by hospital/clinic to emergency necessitating a non-routine collection by the courier.	14.598	25.00	365.00
3731	Compatibility for blood transfusion	14.598	2.40	35.00
3732	Cryoglobulin	14.598	2.40	35.00

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
3734	Protein C (chromogenic)	14.598	20.19	294.70
3735	Anti-thrombin III (chromogenic)	14.598	14.70	214.60
3736	Plasminogen (chromogenic)	14.598	41.10	600.00
3737	Lupus Russel Viper method	14.598	11.30	165.00
3738	Lupus Kaolin Exner method	14.598	16.70	243.80
3739	Erythrocyte count	14.598	1.50	21.90
3740	Factors V and VII: Qualitative	14.598	4.80	70.10
3741	Coagulation factor assay: Functional	14.598	6.30	92.00
3743	Erythrocyte sedimentation rate	14.598	2.00	29.20
3744	Fibrin stabilizing factor (urea test)	14.598	3.00	43.80
3746	Fibrin monomers	14.598	1.80	26.30
3748	Plasminogen activator inhibitor (PAI-I)	14.598	43.97	641.90
3750	Tissue plasminogen Activator (tPA)	14.598	45.19	659.70
3753	Osmotic fragility (before and after incubation)	14.598	12.00	175.20
3754	ABO Reverse Group	14.598	2.40	35.00
3755	Full blood count (including items 3739, 3762, 3783, 3785, 3791)	14.598	7.00	102.20
3756	Full cross match	14.598	4.80	70.10
3757	Coagulation factors: Quantitative	14.598	21.47	313.40
3758	Factor VIII related antigen	14.598	40.31	588.40
3759	Coagulation factor correction study	14.598	7.81	114.00
3761	Factor XIII related antigen	14.598	40.74	594.70
3762	Haemoglobin estimation	14.598	1.20	17.50
3763	Contact activated product assay	14.598	10.80	157.70
3764	Grouping: A B and O antigens	14.598	2.40	35.00
3765	Grouping: Rh antigen	14.598	2.40	35.00
3766	PIVKA	14.598	28.99	423.20
3767	Euglobulin Lysis time	14.598	17.05	248.90
3768	Haemoglobin A2 (column chromatography)	14.598	10.00	146.00
3769	Haemoglobin electrophoresis	14.598	17.88	261.00
3770	Haemoglobin-S (solubility test)	14.598	2.40	35.00
3772	Haptoglobin: Quantitative	14.598	6.30	92.00
3773	Ham's acidified serum test	14.598	5.33	77.80
3775	Heinz bodies	14.598	1.50	21.90
3776	Haemosiderin in urinary sediment	14.598	1.50	21.90
3783	Leucocyte differential count	14.598	4.15	60.60
3785	Leucocytes: Total count	14.598	1.20	17.50
3786	QBC malaria concentration and fluorescent staining	14.598	16.70	243.80
3787	LE-cells	14.598	5.55	81.00
3789	Neutrophil alkaline phosphatase	14.598	18.70	273.00
3791	Packed cell volume: Haematocrit	14.598	1.20	17.50
3792	Plasmodium falciparum: Monoclonal immunological identification	14.598	6.00	87.60
3793	Plasma haemoglobin	14.598	4.50	65.70
3794	Platelet sensitivities	14.598	12.43	181.50
3795	Platelet aggregation per aggregant	14.598	8.09	118.10
3797	Platelet count	14.598	1.50	21.90
3799	Platelet adhesiveness	14.598	3.00	43.80
3801	Prothrombin consumption	14.598	3.90	56.90
3803	Prothrombin determination (two stages)	14.598	3.90	56.90
3805	Prothrombin index	14.598	4.00	58.40
3806	Therapeutic drug level: Dosage	14.598	3.00	43.80
3809	Reticulocyte count	14.598	2.00	29.20
3810	Schumm's test	14.598	2.40	35.00
3811	Sickling test	14.598	1.50	21.90
3814	Sucrose lysis test for PNH	14.598	2.40	35.00
3816	T and B-cells EAC markers (limited to ONE marker only for CD4/8 counts)	14.598	14.07	205.40
3820	Thrombo - Elastogram	14.598	17.33	253.00
3825	Fibrinogen titre	14.598	2.40	35.00
3829	Glucose 6-phosphate-dehydrogenase: Qualitative	14.598	5.33	77.80
3830	Glucose 6-phosphate-dehydrogenase: Quantitative	14.598	10.70	156.20
3832	Red cell pyruvate kinase: Quantitative	14.598	10.70	156.20
3834	Red cell Rhesus phenotype	14.598	6.60	96.30
3835	Haemoglobin F in blood smear	14.598	3.90	56.90
3837	Partial thromboplastin time	14.598	3.90	56.90
3841	Thrombin time (screen)	14.598	4.77	69.60
3843	Thrombin time (serial)	14.598	5.10	74.40
3847	Haemoglobin H	14.598	1.50	21.90
3851	Fibrin degeneration products (diffusion plate)	14.598	6.90	100.70
3853	Fibrin degeneration products (latex slide)	14.598	3.00	43.80

Procedure Code	Description	RCF Value	RVU	Rounded Amount
3854	XDP (Dimer test or equivalent latex slide test)	14.598	5.67	82.80
3855	Haemagglutination inhibition	14.598	6.60	96.30
3856	D-Dimer (quantitative)	14.598	18.35	267.90
3857	Ristocetin Cofactor	14.598	23.69	345.80
3858	Heparin removal	14.598	19.25	281.00
3863	Autogenous vaccine	14.598	8.40	122.60
3864	Entomological examination	14.598	13.80	201.50
3865	Parasites in blood smear	14.598	3.73	54.50
3867	Miscellaneous (body fluids, urine, exudate, fungi, puss, scrapings, etc.)	14.598	3.30	48.20
3868	Fungus identification	14.598	5.50	80.30
3869	Faeces (including parasites)	14.598	3.27	47.70
3873	Transmission electron microscopy	14.598	57.00	832.10
3874	Scanning electron microscopy	14.598	67.00	978.10
3875	Inclusion bodies	14.598	3.00	43.80
3878	Crystal identification polarized light microscopy	14.598	3.00	43.80
3879	Campylobacter in stool: Fastidious culture	14.598	6.60	96.30
3880	Antigen detection with polyclonal antibodies	14.598	3.00	43.80
3881	Mycobacteria	14.598	2.00	29.20
3882	Antigen detection with monoclonal antibodies	14.598	7.20	105.10
3883	Concentration techniques for parasites	14.598	2.00	29.20
3884	Dark field, phase or interference contrast microscopy, Nomarski or Fontana	14.598	4.20	61.30
3885	Cytochemical stain	14.598	3.65	53.30
3887	Antibiotic susceptibility test: Per organism	14.598	5.33	77.80
3888	Adhesive tape preparation	14.598	1.80	26.30
3889	Clostridium difficile toxin: Monoclonal immunological	14.598	8.27	120.70
3890	Antibiotic assay of tissues and fluids	14.598	9.27	135.30
3891	Blood culture: Aerobic	14.598	3.90	56.90
3892	Blood culture: Anaerobic	14.598	3.90	56.90
3893	Bacteriological culture: Miscellaneous	14.598	4.20	61.30
3894	Radiometric blood culture	14.598	7.20	105.10
3895	Bacteriological culture: Fastidious organisms	14.598	6.60	96.30
3896	In vivo culture: Bacteria	14.598	10.65	155.50
3897	In vivo culture: Virus	14.598	10.65	155.50
3899	Bacterial exotoxin production (in vivo assay)	14.598	13.80	201.50
3901	Fungal culture	14.598	3.00	43.80
3902	Clostridium difficile (cytotoxicity neutralisation)	14.598	20.00	292.00
3903	Antibiotic level: Biological fluids	14.598	7.80	113.90
3904	Rotavirus latex slide test	14.598	3.75	54.70
3905	Identification of virus or rickettsia	14.598	13.80	201.50
3906	Identification: Chlamydia	14.598	10.65	155.50
3907	Culture for staphylococcus aureus	14.598	1.50	21.90
3908	Anaerobe culture: Comprehensive	14.598	6.60	96.30
3909	Anaerobe culture: Limited procedure	14.598	3.00	43.80
3911	Beta-lactamase assay	14.598	3.00	43.80
3914	Sterility control test: Biological method	14.598	3.00	43.80
3915	Mycobacterium culture	14.598	3.00	43.80
3916	Radiometric tuberculosis culture	14.598	7.20	105.10
3918	Mycoplasma culture: Comprehensive	14.598	6.60	96.30
3919	Identification of mycobacterium	14.598	6.60	96.30
3920	Mycobacterium: Antibiotic sensitivity	14.598	6.60	96.30
3921	Antibiotic synergistic study	14.598	13.80	201.50
3922	Viable cell count	14.598	0.90	13.10
3923	Biochemical identification of bacterium: Abridged	14.598	2.10	30.70
3924	Biochemical identification of bacterium: Extended	14.598	8.33	121.60
3925	Serological identification of bacterium: Abridged	14.598	2.10	30.70
3926	Serological identification of bacterium: Extended	14.598	6.80	99.30
3927	Grouping for streptococci	14.598	4.85	70.80
3928	Antimicrobial substances	14.598	2.50	36.50
3929	Radiometric mycobacterium identification	14.598	9.30	135.80
3930	Radiometric mycobacterium antibiotic sensitivity	14.598	16.70	243.80
3931	Helicobacter: Monoclonal immunological	14.598	8.27	120.70
3932	Antibodies to human immunodeficiency virus (HIV): ELISA	14.598	9.40	137.20
3933	IgE: Total: EMIT or ELISA	14.598	7.80	113.90
3934	Auto antibodies by labelled antibodies	14.598	10.65	155.50
3935	Sperm antibodies	14.598	10.65	155.50
3936	Virus neutralisation test: First antibody	14.598	50.00	729.90
3937	Virus neutralisation test: Each additional antibody	14.598	10.00	146.00
3938	Precipitation test per antigen	14.598	3.00	43.80

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
3939	Agglutination test per antigen	14.598	3.67	53.60
3940	Haemagglutination test: Per antigen	14.598	6.60	96.30
3941	Modified Coombs' test for brucellosis	14.598	3.00	43.80
3942	Hepatitis Rapid Viral Ab	14.598	8.16	119.10
3943	Antibody titer to bacterial exotoxin	14.598	2.40	35.00
3944	IgE: Specific antibody titer: ELISA/EMIT: Per Ag	14.598	8.27	120.70
3945	Complement fixation test	14.598	3.90	56.90
3946	IgM: Specific antibody titer:ELISA/EMIT: Per Ag	14.598	9.37	136.80
3947	C-reactive protein	14.598	7.23	105.50
3948	IgG: Specific antibody titer: ELISA/EMIT: Per Ag	14.598	8.63	126.00
3949	Qualitative Kahn, VDRL or other flocculation	14.598	1.50	21.90
3950	Neutrophil phagocytosis	14.598	16.80	245.20
3951	Quantitative Kahn, VDRL or other flocculation	14.598	2.40	35.00
3952	Neutrophil chemotaxis	14.598	45.30	661.30
3953	Tube agglutination test	14.598	2.76	40.30
3955	Paul Bunnell: Presumptive	14.598	1.50	21.90
3956	Infectious mononucleosis latex slide test (Monospot or equivalent)	14.598	5.67	82.80
3958	Anti Gad/la2 Ab	14.598	45.30	661.30
3959	Rose Waaler agglutination test	14.598	3.00	43.80
3960	Gonococcal, listeria or echinococcus agglutination	14.598	6.30	92.00
3961	Slide agglutination test	14.598	1.75	25.50
3963	Serum complement level: Each component	14.598	2.10	30.70
3965	Anti la2 Antibodies	14.598	24.00	350.40
3966	Anti Gad Antibodies	14.598	24.00	350.40
3967	Auto-antibody: Sensitized erythrocytes	14.598	3.00	43.80
3968	Herpes virus typing: Monoclonal immunological	14.598	13.79	201.30
3969	Western blot technique	14.598	49.00	715.30
3970	Epstein-Barr virus antibody titer	14.598	4.50	65.70
3971	Immuno-diffusion test: Per antigen	14.598	2.10	30.70
3972	Respiratory syncytial virus (ELISA technique)	14.598	23.00	335.80
3973	Immuno electrophoresis: Per immune serum	14.598	6.30	92.00
3974	Polymerase chain reaction	14.598	50.00	729.90
3975	Indirect immuno-fluorescence test (bacterial, viral, parasitic)	14.598	8.00	116.80
3978	Lymphocyte transformation	14.598	34.50	503.60
3980	Bilharzia Ag Serum/Urine	14.598	9.67	141.20
3982	Histone Ab	14.598	10.67	155.80
3991	Abnormal pigments: Qualitative	14.598	3.00	43.80
3993	Abnormal pigments: Quantitative	14.598	6.00	87.60
3995	Acid phosphate	14.598	3.45	50.40
3998	Amino acids Quantitative (Post derivatisation HPLC)	14.598	52.08	760.30
3999	Albumin	14.598	3.20	46.70
4000	Alcohol	14.598	8.27	120.70
4001	Alkaline phosphatase	14.598	3.45	50.40
4002	Alkaline phosphatase-iso-enzymes	14.598	7.80	113.90
4003	Ammonia: Enzymatic	14.598	5.14	75.00
4004	Ammonia: Monitor	14.598	3.00	43.80
4005	Alpha-1-antitrypsin: Total	14.598	4.80	70.10
4006	Amylase	14.598	3.45	50.40
4007	Arsenic in blood, hair or nails	14.598	24.17	352.80
4008	Bilirubin - Reflectance	14.598	3.18	46.40
4009	Bilirubin: Total	14.598	3.18	46.40
4010	Bilirubin: Conjugated	14.598	2.41	35.20
4011	Breath Hydrogen Test	14.598	14.37	209.80
4012	CSF Nicotinic Acid	14.598	8.28	120.90
4013	CSF Glutamine	14.598	7.50	109.50
4014	Cadmium: Atomic absorption	14.598	12.08	176.30
4016	Calcium: Ionized	14.598	4.50	65.70
4017	Calcium: Spectrophotometric	14.598	2.41	35.20
4018	Calcium: Atomic absorption	14.598	4.83	70.50
4019	Carotene	14.598	1.50	21.90
4020	Carnitine (Total or free) in biological fluid: Each	14.598	7.79	113.70
4021	Carnitine (Total or free) in muscle: Each	14.598	15.59	227.60
4022	Acyl Carnitine	14.598	15.59	227.60
4023	Chloride	14.598	1.73	25.30
4025	Chol/HDL/LDL/Trig	14.598	18.05	263.50
4026	LDL cholesterol (chemical determination)	14.598	4.60	67.20
4027	Cholesterol total	14.598	3.56	52.00
4028	HDL cholesterol	14.598	4.60	67.20

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
4029	Cholinesterase: Serum or erythrocyte: Each	14.598	4.99	72.80
4030	Cholinesterase phenotype (Dibucaine or fluoride each)	14.598	6.00	87.60
4031	Total CO2	14.598	3.45	50.40
4032	Creatinine	14.598	2.41	35.20
4033	CSF-Immunoglobulin G	14.598	6.30	92.00
4034	C1-Esterase Inhibitor	14.598	6.30	92.00
4035	CSF-Albumin	14.598	6.30	92.00
4036	CSF-IgG Index	14.598	14.70	214.60
4038	Glutamic acid	14.598	19.37	282.80
4040	Homocysteine (random)	14.598	10.20	148.90
4041	Homocysteine (after Methionine load)	14.598	12.06	176.10
4042	D-Xylose absorption test: Two hours	14.598	8.75	127.70
4045	Fibrinogen: Quantitative	14.598	2.40	35.00
4049	Glucose tolerance test (2 specimens)	14.598	5.98	87.30
4050	Glucose strip-test with photometric reading	14.598	1.20	17.50
4051	Galactose	14.598	7.50	109.50
4052	Glucose tolerance test (3 specimens)	14.598	8.78	128.20
4053	Glucose tolerance test (4 specimens)	14.598	11.58	169.00
4057	Glucose: Quantitative	14.598	2.41	35.20
4061	Glucose tolerance test (5 specimens)	14.598	14.37	209.80
4062	Galactose-1-phosphate uridyl transferase	14.598	10.70	156.20
4063	Fructosamine	14.598	4.80	70.10
4064	HbA1C	14.598	9.50	138.70
4066	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	14.598	31.25	456.20
4067	Lithium: Flame ionisation	14.598	3.45	50.40
4068	Lithium: Atomic absorption	14.598	4.99	72.80
4071	Iron	14.598	4.50	65.70
4073	Iron-binding capacity	14.598	5.10	74.40
4076	Blood gases: Astrup/pO2 and ancillary tests - can only be charged to a maximum of 6 times per patient per day	14.598	12.73	185.80
4078	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulFHb	14.598	4.50	65.70
4079	Ketones in plasma: Qualitative	14.598	1.50	21.90
4081	Drug level-biological fluid: Quantitative	14.598	7.20	105.10
4082	Tacrolimus assay	14.598	13.40	195.60
4083	Lysosomal enzyme assay	14.598	24.37	355.80
4084	Thymidine kinase	14.598	13.33	194.60
4085	Lipase	14.598	3.45	50.40
4086	Lactate	14.598	10.67	155.80
4091	Lipoprotein electrophoresis	14.598	6.00	87.60
4092	Orosmucoïd	14.598	6.30	92.00
4093	Osmolality: Serum or urine	14.598	4.50	65.70
4094	Magnesium: Spectrophotometric	14.598	2.41	35.20
4095	Magnesium: Atomic absorption	14.598	4.83	70.50
4096	Mercury: Atomic absorption	14.598	12.08	176.30
4098	Copper: Atomic absorption	14.598	12.08	176.30
4105	Protein electrophoresis	14.598	6.00	87.60
4106	IgG sub-class 1, 2, 3 or 4: Per sub-class	14.598	13.20	192.70
4109	Phosphate	14.598	2.41	35.20
4113	Potassium	14.598	2.41	35.20
4114	Sodium	14.598	2.41	35.20
4117	Protein: Total	14.598	2.07	30.20
4121	pH, pCO2 or pO2: Each	14.598	4.50	65.70
4123	Pyruvic acid	14.598	3.00	43.80
4125	Salicylates	14.598	3.00	43.80
4127	Caeruloplasmin	14.598	3.00	43.80
4128	Phenylalanine: Quantitative	14.598	7.50	109.50
4130	Aspartate aminotransferase (AST)	14.598	3.60	52.60
4131	Alanine aminotransferase (ALT)	14.598	3.60	52.60
4132	Creatine kinase (CK)	14.598	3.60	52.60
4133	Lactate dehydrogenase (LD)	14.598	3.60	52.60
4134	Gamma glutamyl transferase (GGT)	14.598	3.60	52.60
4135	Aldolase	14.598	3.60	52.60
4136	Angiotensin converting enzyme (ACE)	14.598	6.00	87.60
4137	Lactate dehydrogenase isoenzyme	14.598	7.20	105.10
4138	CK-MB: Immunoinhibition/precipitation	14.598	7.20	105.10
4139	Adenosine deaminase	14.598	3.60	52.60
4143	Serum/plasma enzymes	14.598	3.60	52.60
4144	Transferrin	14.598	7.80	113.90

Procedure Code	Description	RCF Value	RVU	Rounded Amount
4146	Lead: Atomic absorption	14.598	10.00	146.00
4147	Triglyceride	14.598	5.29	77.20
4148	Tay - Sachs Study	14.598	24.37	355.80
4149	Red cell magnesium	14.598	7.80	113.90
4151	Urea	14.598	2.41	35.20
4152	CK-MB: Mass determination: Quantitative (Automated)	14.598	8.27	120.70
4153	CK-MB: Mass determination: Quantitative (Not automated)	14.598	11.65	170.10
4154	Myoglobin quantitative: Monoclonal immunological	14.598	8.27	120.70
4155	Uric acid	14.598	2.52	36.80
4156	Vitamin D3	14.598	8.28	120.90
4157	Vitamin A-saturation test	14.598	10.20	148.90
4158	Vitamin E (tocopherol)	14.598	2.40	35.00
4159	Vitamin A	14.598	4.20	61.30
4161	Troponin isoforms: Each	14.598	13.33	194.60
4163	Apoprotein AI: Turbidometric method	14.598	5.52	80.60
4165	Apoprotein AII: Turbidometric method	14.598	5.52	80.60
4167	Apoprotein B: Turbidometric method	14.598	5.52	80.60
4170	Lipoprotein (a)(Lp(a)) assay	14.598	8.28	120.90
4171	Sodium + potassium + chloride + CO2 + urea	14.598	10.56	154.20
4172	ELISA/EMIT technique	14.598	8.28	120.90
4173	Sirolimus Assay	14.598	52.00	759.10
4181	Quantitative protein estimation: Mancini method	14.598	5.17	75.50
4182	Quantitative protein estimation: Nephelometer or Turbidometric method	14.598	5.52	80.60
4183	Quantitative protein estimation: Labeled antibody	14.598	8.28	120.90
4184	C-reactive protein (Ultra sensitive)	14.598	7.79	113.70
4185	Lactose	14.598	7.20	105.10
4186	Vitamin B6	14.598	10.20	148.90
4187	Zinc: Atomic absorption	14.598	12.08	176.30
4188	Urine dipstick, per stick (irrespective of the number of tests on stick)	14.598	1.00	14.60
4189	Abnormal pigments	14.598	3.00	43.80
4193	Alkapton test: Homogentisic acid	14.598	3.00	43.80
4194	Amino acids: Quantitative (Post derivatisation HPLC)	14.598	52.08	760.30
4195	Amino laevulinic acid	14.598	12.00	175.20
4197	Amylase	14.598	3.45	50.40
4198	Arsenic	14.598	12.08	176.30
4199	Ascorbic acid	14.598	1.50	21.90
4201	Bence-Jones protein	14.598	1.80	26.30
4204	Calcium: Atomic absorption	14.598	4.83	70.50
4205	Calcium: Spectrophotometric	14.598	2.41	35.20
4209	Lead: Atomic absorption	14.598	10.00	146.00
4210	Urine collagen telopeptides	14.598	24.33	355.20
4211	Bile pigments: Qualitative	14.598	1.50	21.90
4213	Protein: Quantitative	14.598	1.50	21.90
4216	Mucopolysaccharides: Qualitative	14.598	2.40	35.00
4217	Oxalate	14.598	6.25	91.20
4218	Glucose: Quantitative	14.598	1.50	21.90
4219	Steroids: Chromatography (each)	14.598	4.80	70.10
4221	Creatinine	14.598	2.41	35.20
4223	Creatinine clearance	14.598	5.10	74.40
4227	Electrophoresis: Qualitative	14.598	3.00	43.80
4228	Fetal Lung Maturity	14.598	24.37	355.80
4230	Urine/Fluid - Specific Gravity	14.598	0.60	8.76
4231	Metabolites HPLC (High Pressure Liquid Chromatography)	14.598	25.00	365.00
4232	Metabolites (Gaschromatography/Mass spectrophotometry)	14.598	31.20	455.50
4233	Pharmacological/Drugs of abuse: Metabolites HPLC (High Pressure Liquid Chromatography)	14.598	25.00	365.00
4234	Pharmacological/Drugs of abuse: Metabolites (Gaschromatography/Mass spectrophotometry)	14.598	31.20	455.50
4237	5-Hydroxy-indole-acetic acid: Screen test	14.598	1.80	26.30
4238	5HIAA (Hplc)	14.598	52.08	760.30
4247	Ketones: Excluding dip-stick method	14.598	1.50	21.90
4248	Reducing substances	14.598	1.20	17.50
4251	Metanephrines: Column chromatography	14.598	14.70	214.60
4252	Metanephrine (Hplc)	14.598	52.08	760.30
4253	Aromatic amines (gas chromatography/mass spectrophotometry)	14.598	18.00	262.80
4254	Nitrosanaphtol test for tyrosine	14.598	1.50	21.90
4255	Orotic Acid - Urine	14.598	6.30	92.00

Procedure Code	Description	RCF Value	RVU	Rounded Amount
4256	Very long Chain Fatty Acids	14.598	86.25	1259.10
4261	Micro Albumin: Quantitative	14.598	8.28	120.90
4262	Micro Albumin: Qualitative	14.598	3.00	43.80
4263	pH: Excluding dip-stick method	14.598	0.60	8.76
4265	Thin layer chromatography: One way	14.598	4.50	65.70
4266	Thin layer chromatography: Two way	14.598	7.50	109.50
4268	Organic acids: Quantitative: GCMS	14.598	72.92	1064.50
4269	Phenylpyruvic acid: Ferric chloride	14.598	1.50	21.90
4270	Chromium Total Urine	14.598	12.08	176.30
4271	Phosphate excretion index	14.598	14.70	214.60
4272	Porphobilinogen qualitative screen: Urine	14.598	3.33	48.60
4273	Porphobilinogen/ALA: Quantitative each	14.598	10.00	146.00
4283	Magnesium: Spectrophotometric	14.598	2.41	35.20
4284	Magnesium: Atomic absorption	14.598	4.83	70.50
4285	Identification of carbohydrate	14.598	5.10	74.40
4287	Identification of drug: Qualitative	14.598	3.00	43.80
4288	Identification of drug: Quantitative	14.598	7.20	105.10
4293	Urea clearance	14.598	3.60	52.60
4297	Copper: Spectrophotometric	14.598	2.41	35.20
4298	Copper: Atomic absorption	14.598	12.08	176.30
4301	Chloride	14.598	1.73	25.30
4309	Urobilinogen: Quantitative	14.598	4.50	65.70
4313	Phosphates	14.598	2.41	35.20
4315	Potassium	14.598	2.41	35.20
4316	Sodium	14.598	2.41	35.20
4319	Urea	14.598	2.41	35.20
4321	Uric acid	14.598	2.41	35.20
4323	Total protein and protein electrophoresis	14.598	7.50	109.50
4325	VMA: Quantitative	14.598	7.50	109.50
4326	Catecholamines (HPLC)	14.598	52.08	760.30
4327	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda	14.598	31.25	456.20
4328	Immunoglobulin D	14.598	6.30	92.00
4335	Cystine: Quantitative	14.598	8.40	122.60
4336	Dinitrophenol hydrazine test: Ketoacids	14.598	1.50	21.90
4339	Chloride	14.598	1.73	25.30
4343	Fat: Qualitative	14.598	2.10	30.70
4345	Fat: Quantitative	14.598	14.70	214.60
4347	Ph	14.598	0.60	8.76
4351	Occult blood: Chemical test	14.598	1.50	21.90
4352	Occult blood: Monoclonal antibodies	14.598	6.67	97.40
4357	Potassium	14.598	2.41	35.20
4358	Sodium	14.598	2.41	35.20
4359	Secretory IgA	14.598	6.30	92.00
4362	Elastase quantitative ELISA	14.598	31.33	457.40
4363	Stercobilinogen: Quantitative	14.598	4.50	65.70
4366	Porphyrin screen qualitative: Urine, stool, red blood cells: Each	14.598	3.33	48.60
4367	Porphyrin qualitative analysis by TLC: Urine, stool, red blood cells: Each	14.598	13.33	194.60
4368	Porphyrin: Total quantisation: Urine, stool, red blood cells: Each	14.598	13.33	194.60
4369	Porphyrin quantitative analysis by TLC/HPLC: Urine, stool, red blood cells: Each	14.598	20.00	292.00
4370	Drug level in biological fluid: Monoclonal immunological	14.598	8.27	120.70
4371	Amylase in exudate	14.598	3.45	50.40
4372	Fluoride in biological fluids and water	14.598	10.41	152.00
4374	Trace metals in biological fluid: Atomic absorption	14.598	12.09	176.50
4375	Calcium in fluid: Spectrophotometric	14.598	2.41	35.20
4376	Calcium in fluid: Atomic absorption	14.598	4.83	70.50
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	14.598	14.59	213.00
4378	Urea breath test	14.598	38.67	564.50
4380	Lecithin in amniotic fluid: L/S ratio	14.598	18.00	262.80
4381	Lamellar body count in amniotic fluid	14.598	6.70	97.80
4390	Foam test: Amniotic fluid	14.598	2.10	30.70
4391	Renal calculus: Chemistry	14.598	3.60	52.60
4392	Renal calculus: Crystallography	14.598	10.80	157.70
4395	Sweat: Sodium	14.598	2.41	35.20
4396	Sweat: Potassium	14.598	2.41	35.20
4397	Sweat: Chloride	14.598	1.73	25.30
4399	Sweat collection by iontophoresis (excluding collection material)	14.598	3.00	43.80
4400	Tryptophane loading test	14.598	14.70	214.60
4401	Cell count	14.598	2.30	33.60

Procedure Code	Description	RCF Value	RVU	Rounded Amount
4407	Cell count, protein, glucose and chloride	14.598	5.10	74.40
4409	Chloride	14.598	1.73	25.30
4416	Sodium	14.598	2.41	35.20
4417	Protein: Qualitative	14.598	0.60	8.76
4419	Protein: Quantitative	14.598	2.07	30.20
4421	Glucose	14.598	2.41	35.20
4423	Urea	14.598	2.41	35.20
4424	HLA test for specific allele DNA-PCR	14.598	24.00	350.40
4425	Protein electrophoresis	14.598	8.40	122.60
4426	HLA typing low resolution Class I DNA-PCR per locus	14.598	67.00	978.10
4427	HLA typing low resolution Class II DNA-PCR per locus	14.598	49.30	719.70
4428	HLA typing high resolution Class I or II DNA-PCR per locus	14.598	44.00	642.30
4429	Quantitative PCR (DNA/RNA)	14.598	56.20	820.40
4430	Recombinant DNA technique	14.598	16.67	243.30
4431	Ribosomal RNA targeting for bacteriological identification	14.598	23.33	340.60
4432	Ribosomal RNA amplification for bacteriological identification	14.598	50.00	729.90
4433	Bacteriological DNA identification (LCR)	14.598	16.67	243.30
4434	Bacteriological DNA identification (PCR)	14.598	50.00	729.90
4435	Mixed antiglobulin reaction: Semen	14.598	4.40	64.20
4436	Friberg test: Semen	14.598	9.67	141.20
4437	Kremer test: Semen	14.598	2.40	35.00
4439	Quantitative PCR - viral load (not HIV) - hepatitis C, hepatitis B, CMV, etc.	14.598	100.00	1459.80
4440	Semen analysis: Cell count	14.598	5.10	74.40
4441	Semen analysis: Cytology	14.598	4.80	70.10
4442	Semen analysis: Viability + motility - 6 hours	14.598	4.00	58.40
4443	Semen analysis: Supravital stain	14.598	3.63	53.00
4445	Seminal fluid: Alpha glucosidase	14.598	13.33	194.60
4446	Seminal fluid fructose	14.598	2.10	30.70
4447	Seminal fluid: Acid phosphatase	14.598	3.45	50.40
4448	HCG: Latex agglutination: Qualitative (side room)	14.598	2.67	39.00
4449	HCG: Latex agglutination: Semi-quantitative (side room)	14.598	6.21	90.70
4450	HCG: Monoclonal immunological: Qualitative	14.598	6.67	97.40
4451	HCG: Monoclonal immunological: Quantitative	14.598	8.27	120.70
4452	Bone Specific Alk Phosphatase	14.598	13.33	194.60
4455	Anti IgE receptor antibody test (10 samples and dilution)	14.598	107.71	1572.40
4456	Eosinophil cationic protein	14.598	18.54	270.60
4457	Mast cell tryptase	14.598	64.58	942.70
4458	Micro-albuminuria: Radio-isotope method	14.598	8.30	121.20
4459	Acetyl choline receptor antibody	14.598	105.41	1538.80
4460	CA-199 tumour marker	14.598	13.33	194.60
4461	Nuclear Matrix Protein 22	14.598	23.33	340.60
4462	CA-125 tumour marker	14.598	13.33	194.60
4463	C6 complement functional essay	14.598	30.00	437.90
4466	Beta-2-microglobulin	14.598	8.28	120.90
4467	Chromograqnin A	14.598	31.33	457.40
4468	CA-549	14.598	13.30	194.20
4469	Tumour markers: Monoclonal immunological (each)	14.598	13.33	194.60
4470	CA-195 tumour marker	14.598	13.33	194.60
4471	Carcino-embryonic antigen	14.598	13.33	194.60
4473	TSH Receptor Ab	14.598	11.65	170.10
4474	Cast Per Allergen	14.598	18.54	270.60
4475	CA-724	14.598	13.33	194.60
4477	Neuron specific enolase	14.598	13.33	194.60
4478	Osteocalcin	14.598	20.93	305.50
4479	Vitamin B12-absorption: Shilling test	14.598	7.80	113.90
4480	Serotonin	14.598	12.50	182.50
4482	Free thyroxine (FT4)	14.598	11.65	170.10
4484	Thyrotropin (TSH) + Free Thyroxine (FT4)	14.598	24.72	360.90
4485	Insulin	14.598	8.28	120.90
4486	C-Peptide	14.598	8.28	120.90
4487	Calcitonin	14.598	12.60	183.90
4488	B-Type Natriuretic Peptide	14.598	31.36	457.80
4490	Releasing hormone response	14.598	33.35	486.80
4491	Vitamin B12	14.598	8.28	120.90
4492	Vitamin D3: Calcitriol (RIA)	14.598	50.00	729.90
4493	Drug concentration: Quantitative	14.598	8.28	120.90
4494	Free hormone assay	14.598	11.65	170.10
4495	Growth hormone	14.598	8.28	120.90

Procedure Code	Description	RCF Value	RVU	Rounded Amount
4496	Hormone concentration: Quantitative	14.598	8.28	120.90
4497	Carbohydrate deficient transferrin	14.598	19.37	282.80
4499	Cortisol	14.598	8.28	120.90
4500	DHEA sulphate	14.598	8.28	120.90
4501	Testosterone	14.598	8.28	120.90
4502	Free testosterone	14.598	11.65	170.10
4503	Oestradiol	14.598	8.28	120.90
4505	Oestriol	14.598	7.20	105.10
4506	Multiple antigen specific IgE screening test for Atopy	14.598	24.80	362.00
4507	Thyrotropin (TSH)	14.598	13.07	190.80
4508	Combined antigen specific IgE	14.598	16.60	242.30
4509	Free tri-iodothyronine (FT3)	14.598	11.65	170.10
4511	Renin activity	14.598	12.60	183.90
4512	Parathormone	14.598	11.39	166.30
4513	IgE: Total	14.598	8.28	120.90
4514	Antigen specific IgE	14.598	8.28	120.90
4515	Aldosterone	14.598	8.28	120.90
4516	Follitropin (FSH)	14.598	8.28	120.90
4517	Lutropin (LH)	14.598	8.28	120.90
4518	Soluble transferrin receptor	14.598	7.50	109.50
4519	Prostate specific antigen	14.598	9.66	141.00
4520	17 Hydroxy progesterone	14.598	8.28	120.90
4521	Progesterone	14.598	8.28	120.90
4522	Alpha-feto protein	14.598	8.28	120.90
4523	ACTH	14.598	14.49	211.50
4524	Free PSA	14.598	13.33	194.60
4526	Sex hormone binding globulin	14.598	8.28	120.90
4527	Gastrin	14.598	8.28	120.90
4528	Ferritin	14.598	8.28	120.90
4529	Anti-DNA antibodies	14.598	8.28	120.90
4530	Antiplatelet antibodies	14.598	10.20	148.90
4531	Hepatitis: Per antigen or antibody	14.598	9.66	141.00
4532	Transcobalamine	14.598	8.28	120.90
4533	Folic acid	14.598	8.28	120.90
4534	Prostatic acid phosphatase	14.598	8.28	120.90
4536	Erythrocyte folate	14.598	11.65	170.10
4537	Prolactin	14.598	8.28	120.90
4538	Procalcitonin: Semi-quantitative	14.598	21.33	311.40
4539	Procalcitonin: Quantitative	14.598	30.67	447.70
4540	HCG: Quantitative as used for Down's screen	14.598	10.00	146.00
4546	First trimester Downs screen	14.598	35.67	520.70
4552	Second Trimester Down's screen	14.598	22.41	327.10
4553	Thyroglobulin	14.598	13.33	194.60
4554	SCC marker	14.598	13.33	194.60
4561	Sputum, all body fluids and tumour aspirates: First unit	16.835	8.90	149.80
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	16.835	5.20	87.50
4565	Examination of fine needle aspiration in theatre	16.835	60.00	1010.10
4566	Vaginal or cervical smears, each	16.835	7.00	117.80
4567	Histology per sample	15.935	13.30	211.90
4571	Histology per additional block, each	15.935	7.70	122.70
4575	Histology and frozen section in laboratory	15.935	15.10	240.60
4577	Histology and frozen section in theatre	15.935	60.00	956.10
4578	Second and subsequent frozen sections, each	15.935	13.40	213.50
4579	Attendance in theatre - no frozen section performed	15.935	30.00	478.10
4582	Serial step sections (including item 4567)	15.935	15.60	248.60
4584	Serial step sections per additional block, each	15.935	9.00	143.40
4587	Histology consultation	15.935	6.70	106.80
4589	Special stains	15.935	4.50	71.70
4591	Immunofluorescence studies	15.935	13.80	219.90
4592	Immunoperoxidase studies	15.935	26.67	425.00
4593	Electron microscopy	15.935	63.00	1003.90
4595	Foetal autopsy excluding histology	15.935	48.67	775.60
4600	Anti-CCP	14.598	11.64	169.90
4601	Panel typing: Antibody detection: Class I	14.598	24.00	350.40
4602	Panel typing: Antibody detection: Class II	14.598	29.30	427.70
4603	HLA test for specific locus/antigen - serology	14.598	18.00	262.80
4604	HLA typing: Class I - serology	14.598	34.70	506.60
4605	HLA typing: Class II - serology	14.598	34.70	506.60

Procedure Code	Description	RCF Value	RVU	Rounded Amount
4606	HLA typing: Class I & II - serology	14.598	60.00	875.90
4607	Cross matching T-cells (per tray)	14.598	12.00	175.20
4608	Cross matching B-cells	14.598	25.30	369.30
4609	Cross matching T- & B-cells	14.598	32.00	467.10
4610	Helicobacter: Pylori antigen test	14.598	23.07	336.80
4611	Erythropoietin	14.598	13.33	194.60
4612	HTLV I/II	14.598	13.33	194.60
4613	Anti-Gm1 Antibody Assay	14.598	50.00	729.90
4614	HIV Ab - Rapid Test	14.598	8.00	116.80
4650	Antibiotic MIC per organism per antibiotic	14.598	5.33	77.80
4651	Non-radiometric automated blood cultures	14.598	9.27	135.30
4652	Rapid automated bacterial identification per organism	14.598	10.00	146.00
4653	Rapid automated antibiotic susceptibility per organism	14.598	11.33	165.40
4654	Rapid automated MIC per organism per antibiotic	14.598	11.33	165.40
4655	Mycobacteria: MIC determination - E Test	14.598	11.00	160.60
4656	Mycobacteria: Identification HPLC	14.598	23.33	340.60
4657	Mycobacteria: Liquefied, concentrated, fluorochrome stain	14.598	6.60	96.30
4750	Cell culture: Lymphocytes, cord blood	14.949	15.00	224.20
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	14.949	45.00	672.70
4752	Cell culture: Chorionic villi	14.949	60.00	896.90
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	14.949	135.00	2018.10
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukaemia bloods: Idiograms, karyotyping, one straining technique	14.949	270.00	4036.20
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	14.949	70.00	1046.40
4760	FISH procedure, including cell culture	14.949	115.00	1719.10
4761	FISH analysis per probe system	14.949	35.00	523.20
4763	Blood: DNA extraction	14.949	45.00	672.70
4764	Blood: Genotype per person: Southern blotting	14.949	89.00	1330.50
4765	Blood: Genotype per person: PCR	14.949	60.00	896.90
4766	HIV Drug Resistance Testing	14.949	342.00	5112.60
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	14.949	90.00	1345.40
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	14.949	188.00	2810.40
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	14.949	120.00	1793.90
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	12.991	30.00	389.70
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	12.991	60.00	779.50
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	12.991	80.00	1039.30
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	12.991	90.00	1169.20
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	12.991	190.00	2468.30
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	12.991	327.00	4248.10
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			
4820	Low pressure table (1,5-1,8 ATA x 45-60 min): TECHNICAL COMPONENT	12.991	101.13	1313.80
4821	Routine HBO table (2-2,5 ATA x 90-120 min): TECHNICAL COMPONENT	12.991	131.26	1705.20
4822	Emergency HBO table (2,5-3 ATA x 90-120 min): TECHNICAL COMPONENT	12.991	131.26	1705.20
4825	USN TT5 (2,8 ATA x 135 min): TECHNICAL COMPONENT	12.991	214.18	2782.40
4826	USN TT6 (2,8 ATA x 285 min): TECHNICAL COMPONENT	12.991	386.42	5020.00
4827	USN TT6ext (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	12.991	680.85	8844.90
4828	USN 6A (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	12.991	678.28	8811.50
4829	USN Cx 30 (2,8-6 ATA x 305-490 min): TECHNICAL COMPONENT	12.991	671.85	8728.00

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
4890	Endoscopy: Sinus/nasal, with maxillary antrostomy	12.991	64.60	839.20
4891	Endoscopy: Sinus/nasal, with maxillary antrostomy and removal of tissue	12.991	103.00	1338.10
4892	Endoscopy: Sinus/nasal, with partial, anterior ethmoidectomy	12.991	91.20	1184.80
4893	Endoscopy: Sinus/nasal, with medial or inferior orbital wall decompression	12.991	224.48	2916.20
4896	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, brow incision	12.991	179.28	2329.00
4897	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, coronal incision	12.991	198.00	2572.20
4898	Sinusotomy: Obliterative frontal, with osteoplastic flap, brow incision	12.991	220.08	2859.10
4899	Sinusotomy: Obliterative frontal, with osteoplastic flap, coronal incision	12.991	232.88	3025.30
4900	Sinusotomy: Non-oblitterative frontal, with osteoplastic flap, brow incision	12.991	196.56	2553.50
4901	Sinusotomy: Non-oblitterative frontal, with osteoplastic flap, coronal incision	12.991	195.44	2539.00
4985	Corneal cross linking	12.991	120.00	1558.90
4986	Cross linking equipment hire	12.991	54.00	701.50
5002	Percutaneous transluminal angioplasty: Aortic/IVC	18.403	102.60	1888.10
5003	R6,67 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 R6,67 = R20,01			
5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel	18.403	102.60	1888.10
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	18.403	102.60	1888.10
5007	Normal hours: General practitioner: 18,00 clinical procedure units per hour or part thereof	12.991	18.00	233.80
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial	18.403	139.20	2561.70
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	18.403	139.20	2561.70
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - stand alone procedure	18.403	172.20	3169.00
5013	Travelling fees are not payable to practitioners who assisted at operations on cases referred to surgeons by them			
5014	Atherectomy (per vessel)	18.403	204.60	3765.30
5016	Aspiration thrombectomy (per vessel)	18.403	131.40	2418.20
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite	18.403	106.80	1965.40
5022	Embolisation non-intracranial, per vessel	18.403	106.80	1965.40
5026	Ultrasound guided amniocentesis			
5029	Mammotome - stereotaxis: Hand held	18.403	39.34	724.00
5030	Percutaneous nephrostomy for further procedure or drainage	18.403	73.80	1358.10
5031	Antegrade ureteric stent insertion	18.403	69.60	1280.80
5033	Percutaneous cystostomy in radiology suite	18.403	30.00	552.10
5034	Fine needle aspiration or biopsy or core biopsy of mamma	18.403	25.00	460.10
5035	Urethral balloon dilatation in radiology suite	18.403	22.80	419.60
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality	18.403	34.20	629.40
5037	Urethral stenting in radiology suite	18.403	102.60	1888.10
5038	Intracranial/spinal AVM embolisation (per session)	18.403	335.40	6172.40
5039	Intracranial thrombolysis (on-table) per session	18.403	139.20	2561.70
5040	Intracranial aneurysm occlusion	18.403	286.80	5278.00
5041	Balloon occlusion/Wada test	18.403	106.80	1965.40
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation	18.403	286.80	5278.00
5043	Intracranial angioplasty	18.403	204.60	3765.30
5044	Transhepatic portogram	18.403	139.20	2561.70
5045	Hepatic arterial infusion catheter insertion	18.403	156.00	2870.90
5046	Percutaneous biliary drainage (external)	18.403	102.60	1888.10
5047	Combined internal/external biliary drainage	18.403	102.60	1888.10
5048	Biliary stent insertion	18.403	139.20	2561.70
5049	Percutaneous gall bladder drainage	18.403	69.60	1280.80
5050	Percutaneous or renal gall bladder stone removal	18.403	172.20	3169.00
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	18.403	139.20	2561.70
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	18.403	139.20	2561.70
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	18.403	139.20	2561.70
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)	18.403	172.20	3169.00
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)	18.403	204.60	3765.30
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - stand alone procedure	18.403	204.60	3765.30
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)	18.403	311.40	5730.70
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite	18.403	82.20	1512.70

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
5074	IVC filter insertion jugular or femoral route	18.403	156.00	2870.90
5076	Intravascular foreign body removal, arterial or venous, any route	18.403	204.60	3765.30
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)	18.403	70.20	1291.90
5080	Transjugular intrahepatic porto-systemic shunt	18.403	335.40	6172.40
5082	Transjugular liver biopsy	18.403	69.60	1280.80
5084	Endoluminal fallopian tube recanalisation	18.403	172.20	3169.00
5086	Renal cyst aspiration/ablation	18.403	22.80	419.60
5088	Oesophageal stent insertion in radiology suite	18.403	102.60	1888.10
5090	Tracheal stent insertion	18.403	102.60	1888.10
5091	GI/T balloon dilatation under fluoroscopy	18.403	66.60	1225.60
5092	Other GI/T stent insertion	18.403	102.60	1888.10
5093	Percutaneous gastrostomy in radiology suite	18.403	85.80	1579.00
5094	Cutting needle biopsy with image guidance	18.403	22.80	419.60
5095	Chest drain insertion in radiology suite	18.403	32.40	596.30
5096	Percutaneous cyst or tumour ablation (non aspiration)	18.403	54.60	1004.80
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level			
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	12.385	50.00	619.30
5101	Pleural space ultrasound	12.385	50.00	619.30
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	12.385	50.00	619.30
5103	Ultrasound soft tissue, any region	12.385	50.00	619.30
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	12.385	25.00	309.60
5107	Ultrasound after 24 weeks - motivation required	12.385	25.00	309.60
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	12.385	50.00	619.30
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	12.385	120.00	1486.20
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)	12.385	164.80	2041.00
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	12.385	117.00	1449.00
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	12.385	117.00	1449.00
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	12.385	142.40	1763.60
5115	Intra-operative ultrasound study	12.385	50.00	619.30
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	12.385	88.00	1089.90
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	12.385	44.00	544.90
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	12.991	408.00	5300.30
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	12.991	496.00	6443.50
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	12.991	424.00	5508.20
5224	Removal of acoustic neuroma via the middle fossa approach	12.991	528.00	6859.20
5227	Cochleo-vestibular neurectomy	12.991	424.00	5508.20
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting is required, the grafting and harvesting of graft are included)	12.991	528.00	6859.20
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	12.991	528.00	6859.20
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intratemporal tumours	12.991	568.00	7378.90
5238	Removal of tumour of the petrous apex	12.991	496.00	6443.50
5239	Removal of tumour of the clivus	12.991	496.00	6443.50
5242	Removal of nasopharyngeal angiofibroma or carcinoma	12.991	416.00	5404.30
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	12.991	416.00	5404.30
5246	Subtotal petrosectomy for removal of temporal bone tumour	12.991	480.00	6235.70
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	12.991	384.00	4988.50
5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland	12.991	416.00	5404.30

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland	12.991	480.00	6235.70
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	12.991	528.00	6859.20
5369	Doppler arterial pressures	12.991	6.00	77.90
5371	Doppler arterial pressures with exercise	12.991	10.00	129.90
5373	Doppler segmental pressures and wave forms	12.991	12.00	155.90
5375	Venous doppler examination (both limbs)	12.991	9.00	116.90
5377	Venous plethysmography	12.991	16.00	207.90
5379	Supra-orbital doppler test	12.991	5.00	65.00
5381	Carotid non-invasive complex tests	12.991	39.00	506.60
5730	Hallux Valgus double osteotomy etc.	12.991	146.08	1897.70
5731	Distal soft tissue procedure for Hallux Valgus	12.991	138.88	1804.20
5732	Aitkin procedure or similar	12.991	133.44	1733.50
5734	Removal bony prominence foot e.g. bunionette (e.g. Bunionette not applicable to COID)	12.991	91.00	1182.20
5735	Repair angular deformity toe (lesser toes)	12.991	97.20	1262.70
5736	Sesamoidectomy	12.991	97.80	1270.50
5737	Repair major foot tendons e.g. Tib Post	12.991	120.00	1558.90
5738	Repair of dislocating peroneal tendons	12.991	138.56	1800.00
5739	Forefoot reconstruction for rheumatoid arthritis: Clayton or similar: One foot	12.991	161.84	2102.50
5740	Steindler strip - plantar fascia	12.991	97.20	1262.70
5741	Kelikian syndactily (one web space)	13.234	97.20	1286.30
5742	Tendon transfer foot	12.991	137.60	1787.60
5743	Capsulotomy metatarsophalangeal joints: Foot	12.991	86.80	1127.60
5750	Reinsertion of instrumentation	12.991	220.80	2868.40
5751	Removal of posterior non-segmental instrumentation	12.991	138.40	1798.00
5752	Removal of posterior segmental instrumentation	12.991	140.00	1818.70
5753	Removal of anterior instrumentation	12.991	163.20	2120.10
5755	Laminectomy for spinal stenosis (exclude diskectomy, foraminotomy and spondylolisthesis): One or two levels	12.991	236.00	3065.90
5756	Laminectomy with full decompression for spondylolisthesis (Gill procedure)	12.991	243.20	3159.40
5757	Laminectomy for decompression without foraminotomy or diskectory more than two levels	12.991	256.80	3336.10
5758	Laminectomy with decompression of nerve roots and disc removal: Each additional level	12.991	63.00	818.40
5759	Laminectomy for decompression diskectomy, etc. revision operation	12.991	281.60	3658.30
5760	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: One level	12.991	240.80	3128.20
5761	Laminectomy, facetectomy, decompression for lateral recess stenosis plus spinal stenosis: Each additional level	12.991	68.00	883.40
5763	Anterior disc removal and spinal decompression cervical: One level	12.991	275.20	3575.10
5764	Anterior disc removal and spinal decompression cervical: Each additional level	12.991	81.00	1052.30
5765	Vertebral corpectomy for spinal decompression: One level	12.991	372.80	4843.00
5766	Vertebral corpectomy for spinal decompression: Each additional level	12.991	88.00	1143.20
5770	Use of microscope in spinal or intracranial procedures (modifier 0005 not applicable)	12.991	71.00	922.40
5780	Intrastital implants: Placing of guide tubes for interstitial implants under local or general anaesthetic. The cost of materials is not included	12.991	315.89	4103.70
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	12.991	209.93	2727.20
5782	Isotope Therapy: Administration of low dose surface applicators, up to five applications. Typically an out patient procedure. The cost of materials is not included	12.991	77.81	1010.80
5783	Infusional pharmacotherapy: Fee for the treatment of non cancerous conditions with bolus or infusional pharmacotherapy per treatment day (consultations to be charged separately)	12.991	42.65	554.10
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, subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day -	12.991	42.95	558.00
5791	Non Infusional Chemotherapy Facility Fee: oncology medicines procured or scripted for oral chemotherapy, IM, subcutaneous, intrathecal or bolus chemotherapy or oncology specific drug administration per treatment day. Chargeable with appropriate oncology training, and others that provide the services as per the appropriate billing structure.	12.991	24.49	318.10
5792	Non Infusional Chemotherapy Facility Fee: oncology meds purchased, stored and dispensed during oral chemo (per cycle), IM, subcut, intrathecal or bolus chemo or oncology specific drug administration per treatment day. Chargeable with appropriate oncology training, and by others that provide the services as per the appropriate billing structure.	12.991	30.61	397.70

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
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)	12.991	127.58	1657.40
5794	Infusional Chemotherapy Facility Fee: oncology meds procured, stored, admixed and administered, where appropriately trained medical/nursing and support staff are in attendance. Chargeable by doctors with appropriate oncology training, and by others that provide the services as per the appropriate billing structure.	12.991	90.03	1169.60
5795	Infusional Chemotherapy Facility Fee: oncology medicines purchased, stored, dispensed, admixed and administered where appropriately trained medical/nursing and support staff are in attendance. Chargeable by doctors with appropriate oncology training, and by others that provide the services as per the appropriate billing structure.	12.991	112.54	1462.00
5930	Surgical laser apparatus: Hire fee for own equipment	12.991	109.00	1416.00
5932	Candella laser apparatus: Hire fee for own equipment (Rates by arrangement with the scheme concerned)			
6001	Sleep electro-encephalography: Infants that fit into a perambulator: Taking of record	12.991	36.10	469.00
6002	Sleep electro-encephalography: Infants that fit into a perambulator: Interpretation	12.991	24.50	318.30
6003	Sleep electro-encephalography: Adults and children over infant age: Taking of record	12.991	36.10	469.00
6004	Sleep electro-encephalography: Adults and children over infant age: Interpretation	12.991	24.50	318.30
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	12.991	25.00	324.80
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	12.991	30.00	389.70
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	12.991	35.00	454.70
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	12.991	35.00	454.70
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	12.991	50.00	649.60
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	12.991	235.68	3061.70
6011	Interpretation of item 6010: Electro-encephalogram monitoring: To be charged once only for each full 24 hour period of monitoring	12.991	120.00	1558.90
6200	Magnetic Resonance Imaging: Per anatomical region: Brain	14.006	400.00	5602.40
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae	14.006	400.00	5602.40
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses	14.006	400.00	5602.40
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull	14.006	400.00	5602.40
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint	14.006	400.00	5602.40
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears	14.006	400.00	5602.40
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck	14.006	400.00	5602.40
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid	14.006	400.00	5602.40
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)	14.006	400.00	5602.40
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)	14.006	400.00	5602.40
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae	14.006	400.00	5602.40
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae	14.006	400.00	5602.40
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae	14.006	400.00	5602.40
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum	14.006	400.00	5602.40
6214	Magnetic Resonance Imaging: Per anatomical region: Pelvis	14.006	400.00	5602.40
6215	Magnetic Resonance Imaging: Per anatomical region: Pelvic organs	14.006	400.00	5602.40
6216	Magnetic Resonance Imaging: Per anatomical region: Abdomen	14.006	400.00	5602.40
6217	Magnetic Resonance Imaging: Per anatomical region: Thorax wall	14.006	400.00	5602.40
6218	Magnetic Resonance Imaging: Per anatomical region: Mediastinum	14.006	400.00	5602.40
6219	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back	14.006	400.00	5602.40
6220	Magnetic Resonance Imaging: Per anatomical region: Left shoulder	14.006	400.00	5602.40
6221	Magnetic Resonance Imaging: Per anatomical region: Right shoulder	14.006	400.00	5602.40
6222	Magnetic Resonance Imaging: Per anatomical region: Both hips	14.006	400.00	5602.40
6223	Magnetic Resonance Imaging: Per anatomical region: Left hip	14.006	400.00	5602.40
6224	Magnetic Resonance Imaging: Per anatomical region: Right hip	14.006	400.00	5602.40
6225	Magnetic Resonance Imaging: Per anatomical region: Left upper-arm	14.006	400.00	5602.40
6226	Magnetic Resonance Imaging: Per anatomical region: Right upper-arm	14.006	400.00	5602.40
6227	Magnetic Resonance Imaging: Per anatomical region: Left elbow	14.006	400.00	5602.40
6228	Magnetic Resonance Imaging: Per anatomical region: Right elbow	14.006	400.00	5602.40
6229	Magnetic Resonance Imaging: Per anatomical region: Left fore-arm	14.006	400.00	5602.40
6230	Magnetic Resonance Imaging: Per anatomical region: Right fore-arm	14.006	400.00	5602.40
6231	Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand	14.006	400.00	5602.40
6232	Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand	14.006	400.00	5602.40
6233	Magnetic Resonance Imaging: Per anatomical region: Left upper-leg	14.006	400.00	5602.40
6234	Magnetic Resonance Imaging: Per anatomical region: Right upper-leg	14.006	400.00	5602.40

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
6235	Magnetic Resonance Imaging: Per anatomical region: Left knee	14.006	400.00	5602.40
6236	Magnetic Resonance Imaging: Per anatomical region: Right knee	14.006	400.00	5602.40
6237	Magnetic Resonance Imaging: Per anatomical region: Left lower-leg	14.006	400.00	5602.40
6238	Magnetic Resonance Imaging: Per anatomical region: Right lower-leg	14.006	400.00	5602.40
6239	Magnetic Resonance Imaging: Per anatomical region: Left ankle	14.006	400.00	5602.40
6240	Magnetic Resonance Imaging: Per anatomical region: Right ankle	14.006	400.00	5602.40
6241	Magnetic Resonance Imaging: Per anatomical region: Left foot	14.006	400.00	5602.40
6242	Magnetic Resonance Imaging: Per anatomical region: Right foot	14.006	400.00	5602.40
6250	Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain	14.006	400.00	5602.40
6251	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck	14.006	400.00	5602.40
6252	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest	14.006	400.00	5602.40
6253	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen	14.006	400.00	5602.40
6254	Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs	14.006	400.00	5602.40
6255	Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart	14.006	400.00	5602.40
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	14.006	70.00	980.40
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			
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			
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			

GP Network Medical Procedures 2018

Procedure Code	Description	RCF Value	RVU	Rounded Amount
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			
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			
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			
6500	Hand	18.403	7.70	141.70
6501	Wrist (specify region)	18.403	7.70	141.70
6503	Scaphoid	18.403	7.70	141.70
6504	Radius and ulna	18.403	7.70	141.70
6505	Elbow	18.403	7.70	141.70
6506	Humerus	18.403	7.70	141.70
6507	Shoulder	18.403	7.70	141.70
6508	Acromio-Clavicular joint	18.403	7.70	141.70
6509	Clavicle	18.403	7.70	141.70
6510	Scapula	18.403	7.70	141.70
6511	Foot	18.403	7.70	141.70
6512	Ankle	18.403	7.70	141.70
6513	Calcaneus	18.403	7.70	141.70
6514	Tibia and fibula	18.403	7.70	141.70
6515	Knee	18.403	7.70	141.70
6516	Patella	18.403	7.70	141.70
6517	Femur	18.403	7.70	141.70
6518	Hip	18.403	7.70	141.70
6519	Sesamoid Bone	18.403	7.70	141.70
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			
13480	Aorta-coronary bypass operation : Utilizing saphenous veins; list separately for each additional graft. (mod 0005 is not applicable)	12.991	199.80	2595.60
13490	Aorta-coronary bypass operation : Additional arterial implant: Any artery; list separately for each additional graft. (mod 0005 is not applicable)	12.991	208.06	2702.90