



HEALTHMAN OPHTHALMOLOGY COSTING GUIDE 2014

COMPARATIVE TARIFFS: Scheme Rates

		Base Rates										
		Average Duration Professional	HealthMan Private Tariff (VAT Incl.)	HealthMan RCF	Discovery Tariffs (VAT incl.)	DH RCF	FedHealth (VAT Incl.)	FedHealth RCF	GEMS Tariffs (VAT Incl.)	GEMS RCF	Profmed	Profmed RCF
Code	Terminology	Units	R	R	R	R	R	R	R	R	R	R
Consultations:												
<i>See the Notes below for All Tariffs</i>												
0109	Hospital follow-up visit	15.00	531.30	35.423	180.40	12.027	254.10	16.937	251.80	16.785	259.10	17.276
0129	Prolonged first/follow-up consultation : 15 min	15.00	531.30	35.423	251.60	16.773	254.10	16.937	251.80	16.785	259.10	17.276
0132	Repeat Script	5.00	177.10	35.423	83.80	16.760	84.80	16.960	83.90	16.785	86.40	17.276
0145	Consultation : Away from doctor's room	6.00	212.50	35.423	100.80	16.800	101.80	16.960	100.70	16.785	103.70	17.276
0146	Unscheduled consultation: Emergency (cons.room)	8.00	283.40	35.423	134.20	16.775	135.70	16.960	134.30	16.785	138.10	17.267
0147	Unscheduled consultation:Emergency(not cons.room)	14.00	495.90	35.423	235.00	16.786	237.40	16.960	235.00	16.785	241.90	17.276
0148	Elective after-hours services(+50%)	-	-	35.423	-	-	-	-	-	-	-	-
0149	Emergency after-hours services(+25%)	-	-	35.423	-	-	-	-	-	-	-	-
0173	Hospital Consultation	15.00	531.30	35.423	285.60	19.040	287.90	19.194	285.30	19.023	449.10	29.941
0174	Hospital Consultation	30.00	1,062.70	35.423	285.60	9.520	287.90	9.597	285.30	11.776	449.10	14.971
0175	Hospital Consultation	45.00	1,594.00	35.423	285.60	6.347	287.90	6.398	285.30	7.851	449.10	9.980
0190	Consultation	15.00	531.30	35.423	321.30	21.420	287.90	19.194	285.30	19.023	449.10	29.941
0191	Consultation	30.00	1,062.70	35.423	321.30	10.710	287.90	9.597	285.30	11.776	449.10	14.971
0192	Consultation	45.00	1,594.00	35.423	321.30	7.140	287.90	6.398	285.30	7.851	449.10	9.980
0199	Chronic Medicine Forms	21.43	759.10	35.423	359.60	16.780	362.90	16.933	359.70	16.785	370.20	17.276
Procedures												
3003	Fundus contact lens or 90 D lens examination	7.00	248.00	35.423	72.70	10.389	73.40	10.486	74.60	10.663	74.90	10.699
3004	Peripheral fundus examination with indirect Ophthalmoscope	7.00	248.00	35.423	72.70	10.389	73.40	10.486	74.60	10.663	74.90	10.699
3006	Keratometry	7.00	248.00	35.423	72.70	10.389	73.40	10.486	74.60	10.663	74.90	10.699
3009	Basic capital equipment used in own rooms by ophthalmologists.	11.68	124.50	10.663	121.30	10.389	122.60	10.493	124.50	10.663	125.00	10.699
3013	Ocular motility assessment: Comprehensive examination	12.00	425.10	35.423	124.70	10.389	125.90	10.493	128.00	10.663	128.40	10.699
3014	Tonometry per test with maximum of 2 tests for provocative tonometry	7.00	248.00	35.423	72.70	10.389	73.40	10.486	74.60	10.663	74.90	10.699
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	74.00	789.10	10.663	768.80	10.389	776.10	10.488	789.10	10.663	791.70	10.699
3018	Retinal threshold trend evaluation	16.00	566.80	35.423	166.20	10.389	167.80	10.488	170.60	10.663	171.20	10.699
3020	Special eye investigations:Pachymetry:Only when own instrument is used, per eye. Only in addition to corneal surgery.	46.00	490.50	10.663	477.90	10.389	482.50	10.490	490.50	10.663	492.10	10.699
3021	Special eye investigations:Retinal funtion assessment including refraction after ocular surgery.Within four months,max 2 exams.	9.00	318.80	35.423	93.50	10.389	94.30	10.477	96.00	10.663	96.30	10.699
3022	Digital fluorescein video angiography	68.00	725.10	10.663	706.50	10.389	713.10	10.487	725.10	10.663	727.50	10.699
3027	Fundus photography	21.00	223.90	10.663	218.20	10.389	220.30	10.491	223.90	10.663	224.70	10.699
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula:Per eye	40.00	426.50	10.663	415.60	10.389	419.50	10.488	426.50	10.663	427.90	10.699
3036	Corneal topography:For pathological corneas only on special motivation. For refractive surgery.	36.00	1,275.20	35.423	374.00	10.389	377.50	10.487	383.90	10.663	385.10	10.699
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	306.90	10,871.30	35.423	3,188.40	10.389	3,218.90	10.488	3,272.60	10.663	3,283.40	10.699
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye.	105.00	3,719.40	35.423	1,090.80	10.389	1,101.30	10.488	1,119.60	10.663	1,123.40	10.699


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COMPARATIVE TARIFFS: Scheme Rates

		Base Rates										
		Average Duration Professional	HealthMan Private Tariff (VAT Incl.)	HealthMan RCF	Discovery Tariffs (VAT incl.)	DH RCF	FedHealth (VAT Incl.)	FedHealth RCF	GEMS Tariffs (VAT Incl.)	GEMS RCF	Profmed	Profmed RCF
		<u>Units</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>
3041	Pan retinal photocoagulation (per eye): Done in one sitting	150.00	5,313.50	35.423	1,558.40	10.389	1,573.30	10.489	1,599.50	10.663	1,604.80	10.699
3047	Cataract: Extra-capsular (including capsulotomy)	210.00	7,438.80	35.423	2,181.70	10.389	2,202.60	10.489	2,239.30	10.663	2,246.70	10.699
3049	Insertion of lenticulus in addition to item 3045 or item 3047 cost on lens excluded	57.00	2,019.10	35.423	592.20	10.389	597.80	10.488	607.80	10.663	609.80	10.699
3052	Laser capsulotomy	105.00	3,719.40	35.423	1,090.80	10.389	1,101.30	10.488	1,119.60	10.663	1,123.40	10.699
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed	210.00	7,438.80	35.423	2,181.70	10.389	2,202.60	10.489	2,239.30	10.663	2,246.70	10.699
3061	Drainage operation	247.60	8,770.70	35.423	2,572.30	10.389	2,596.90	10.488	2,640.20	10.663	2,649.00	10.699
3075	Strabismus (whether operation performed on 1 eye or both. Operation on 1 or 2 muscles)	175.60	6,220.30	35.423	1,824.30	10.389	1,841.70	10.488	1,872.50	10.663	1,878.70	10.699
3097	Anterior vitrectomy	280.00	9,918.40	35.423	2,908.90	10.389	2,936.70	10.488	2,985.70	10.663	2,995.60	10.699
3098	Removal of silicon from globe	280.00	9,918.40	35.423	2,908.90	10.389	2,936.70	10.488	2,985.70	10.663	2,995.60	10.699
3099	Posterior vitrectomy including anterior vitrectomy, encircling of globe and vitreous replacement	419.00	14,842.20	35.423	4,353.00	10.389	3,515.60	8.390	4,467.90	10.663	4,482.70	10.699
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK - Use item 3201)	150.00	5,313.50	35.423	1,558.40	10.389	1,573.30	10.489	1,599.50	10.663	1,604.80	10.699
3121	Corneal graft (lamellar or full thickness)	289.00	10,237.20	35.423	3,002.40	10.389	3,031.10	10.488	3,081.70	10.663	3,091.90	10.699
3125	Keratectomy	127.00	4,498.70	35.423	1,319.40	10.389	1,332.20	10.490	1,354.20	10.663	1,358.70	10.699
3130	Pterygium or conjunctival cyst or conjunctival tumour.No conjunctival flap or graft used	96.90	3,432.50	35.423	1,006.70	10.389	1,016.40	10.489	1,033.30	10.663	1,036.70	10.699
3131	Cornea: Paracentesis	53.00	1,877.40	35.423	550.60	10.389	555.80	10.487	565.20	10.663	567.00	10.699
3132	Lamellar keratectomy for refractive surgery (LK,ALK,MLK)	150.00	5,313.50	35.423	1,558.40	10.389	1,573.30	10.489	1,599.50	10.663	1,604.80	10.699
3134	Pterygium or conjunctival cyst or conjunctival tumour.Conjunctival flap or graft used - stand alone procedure	116.30	4,119.70	35.423	1,208.20	10.389	1,219.80	10.488	1,240.10	10.663	1,244.20	10.699
3163	Excision of superficial lid tumour	47.00	1,664.90	35.423	488.30	10.389	493.00	10.490	501.20	10.663	502.80	10.699
3171	Excision of Meibomian cyst.Additional fee for sterile tray	20.40	722.60	35.423	211.90	10.389	214.00	10.488	217.50	10.663	218.30	10.699
3181	Entropion or ectropion by Open operation	111.50	3,949.70	35.423	1,158.40	10.389	1,169.50	10.489	1,189.00	10.663	1,192.90	10.699
3196	Diamond Knife: Use of own diamond knife during intraocular surgery	12.00	128.00	10.663	124.70	10.389	125.90	10.493	128.00	10.663	128.40	10.699
3198	Excimer laser: Hire fee (per eye)	284.13	3,029.70	10.663	2,951.80	10.389	2,980.00	10.488	3,029.70	10.663	3,039.80	10.699
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master.)	109.00	1,162.30	10.663	1,132.40	10.389	1,143.20	10.488	1,162.30	10.663	1,166.10	10.699
3202	Phako emulsification apparatus: Hire fee	109.00	1,162.30	10.663	1,132.40	10.389	1,143.20	10.488	1,162.30	10.663	1,166.10	10.699
3203	Vitrectomy apparatus: Hire fee	120.00	1,279.60	10.663	1,246.70	10.389	1,258.60	10.488	1,279.60	10.663	1,283.80	10.699
3631	Ophthalmic examination	50.00	508.20	10.164	495.20	9.904	499.90	9.997	508.20	10.164	509.90	10.198
3632	Axial length measurement and calculation of intra ocular lens power.Per eye. Not to be used with item 3034	50.00	508.20	10.164	495.20	9.904	499.90	9.997	508.20	10.164	509.90	10.198
4980	Corneal transplant: Endothelial	274.80	9,734.20	35.423	-	-	-	-	2,930.30	10.663	2,940.00	10.699
4981	Preparation of corneal endothelial allograft prior to transplantation (backbench)	-	-	35.423	-	-	-	-	-	10.663	-	10.699
4983	Lamellar corneal surgery keratome and equipment	-	-	10.663	-	-	-	-	-	10.663	-	10.699
4985	Corneal cross linking	150.00	5,313.50	35.423	-	-	-	-	1,599.50	10.663	1,604.80	10.699
4986	Cross linking equipment hire	54.00	575.80	10.663	-	-	-	-	575.80	10.663	577.70	10.699
4988	Endothelial specular microscope for donor corneas	-	-	10.663	-	-	-	-	-	10.663	-	10.699
4989	Endothelial specular microscope for clinical use	-	-	10.663	-	-	-	-	-	10.663	-	10.699

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COMPARATIVE TARIFFS: Scheme Rates

Code	 Terminology	Average Duration Professional	Base Rates									
			HealthMan Private Tariff (VAT Incl.)	HealthMan RCF	Discovery Tariffs (VAT Incl.)	DH RCF	FedHealth (VAT Incl.)	FedHealth RCF	GEMS Tariffs (VAT Incl.)	GEMS RCF	Profmed	Profmed RCF
		<u>Units</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>

Note:

1. Codes, Descriptors and Unit Values have been extracted from the SAMA Electronic Medical Doctors Coding Manual (eMDCM) previously known as the SAMA Doctors Billing Manual (DBM).
2. Tariffs may differ due to rounding
3. Above codes are the most frequently used codes and is not all inclusive of all the codes
4. Increases from 2013 are as follow:
 - a. GEMS = 2013 Scheme Tariff +3.34% for consultations and +6% for procedures
 - b. Discovery Health = 2013 Tariff +6%
 - c. Profmed = 2013 Tariff +6%
 - d. Fedhealth = 2013 Tariff +5.4%
 - e. The HealthMan Private Tariff has been fixed at a maximum RCF of R35.423. This RCF is based on updated costing studies for Paediatricians in 2011/12. Also note this RCF is 13.65% higher than the Discovery Executive rate for procedures.
6. Discovery Premier A Procedure Rates have NOT been split between In-Hospital & Out-Hospital. Use as appropriate.
7. The Healthman tariff for codes that relate to equipment have been retained at GEMS rate*
8. All Tariffs are inclusive of VAT


Disclaimer:

The above schedule is based on information available to HealthMan and HealthMan will NOT be held responsible for any losses incurred by practitioners resulting from the use of this schedule.


Legend:

- DH = Discovery Health
- DPA = Direct Payment Arrangement
- Prem = Premier
- R = Rand
- RCF = Rand Conversion Factor (Rand Value per Unit)
- VAT = Value Added Tax

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Payment Arrangments											
Code	 Terminology	Average Duration	HealthMan Private Tariff (VAT Incl.)	HealthMan RCF	DH Prem A	DH Prem A Out	DH Prem B	DH Classic Rate	DH Exec Rate	FedHealth DPA	FedHealth DPA
					In Hosp.	Hosp.					
		Units	R	R	R	R	R	R	R	R	R
Consultations:											
<i>See the Notes below for All Tariffs</i>											
0109	Hospital follow-up visit	15.00	531.30	35.423	247.10	292.00	265.20	391.50	541.20	419.30	533.60
0129	Prolonged first/follow-up consultation : 15 min	15.00	531.30	35.423	344.70	408.00	369.90	546.00	754.80	419.30	533.60
0132	Repeat Script	5.00	177.10	35.423	114.80	136.00	123.20	181.80	251.40	139.90	178.10
0145	Consultation : Away from doctor's room	6.00	212.50	35.423	138.10	163.00	148.20	218.70	302.40	168.00	213.80
0146	Unscheduled consultation: Emergency (cons.room)	8.00	283.40	35.423	-	217.00	197.30	291.20	402.60	223.90	285.00
0147	Unscheduled consultation:Emergency(not cons.room)	14.00	495.90	35.423	322.00	381.00	345.50	510.00	705.00	391.70	498.50
0148	Elective after-hours services(+50%)	-	-	35.423	-	-	-	-	-	-	-
0149	Emergency after-hours services(+25%)	-	-	35.423	-	-	-	-	-	-	-
0173	Hospital Consultation	15.00	531.30	35.423	391.30	-	419.80	619.80	856.80	475.00	604.60
0174	Hospital Consultation	30.00	1,062.70	35.423	391.30	-	419.80	619.80	856.80	475.00	604.60
0175	Hospital Consultation	45.00	1,594.00	35.423	391.30	-	419.80	619.80	856.80	475.00	604.60
0190	Consultation	15.00	531.30	35.423	-	521.00	472.30	697.20	963.90	475.00	604.60
0191	Consultation	30.00	1,062.70	35.423	-	521.00	472.30	697.20	963.90	475.00	604.60
0192	Consultation	45.00	1,594.00	35.423	-	521.00	472.30	697.20	963.90	475.00	604.60
0199	Chronic Medicine Forms	21.43	759.10	35.423	492.70	583.00	528.60	780.30	1,078.80	598.80	762.10
Procedures											
3003	Fundus contact lens or 90 D lens examination	7.00	248.00	35.423	99.60	118.00	106.90	157.80	218.20	121.10	154.10
3004	Peripheral fundus examination with indirect Ophthalmoscope	7.00	248.00	35.423	99.60	118.00	106.90	157.80	218.20	121.10	154.10
3006	Keratometry	7.00	248.00	35.423	99.60	118.00	106.90	157.80	218.20	121.10	154.10
3009	Basic capital equipment used in own rooms by ophthalmologists.	11.68	124.50	10.663	166.20	197.00	178.40	263.30	364.00	202.30	257.50
3013	Ocular motility assessment: Comprehensive examination	12.00	425.10	35.423	170.80	202.00	183.30	270.50	374.00	207.70	264.40
3014	Tonometry per test with maximum of 2 tests for provocative tonometry	7.00	248.00	35.423	99.60	118.00	106.90	157.80	218.20	121.10	154.10
3017	Retinal threshold test inclusive of computer disc storage for Delta of Statpak programs	74.00	789.10	10.663	1,053.20	1,245.00	1,130.10	1,668.30	2,306.40	1,280.60	1,629.80
3018	Retinal threshold trend evaluation	16.00	566.80	35.423	227.70	269.00	244.30	360.70	498.70	276.90	352.40
3020	Special eye investigations:Pachymetry:Only when own instrument is used, per eye. Only in addition to corneal surgery.	46.00	490.50	10.663	654.70	774.00	702.50	1,037.00	1,433.70	796.10	1,013.30
3021	Special eye investigations:Retinal funtion assessment including refraction after ocular surgery.Within four months,max 2 exams.	9.00	318.80	35.423	128.10	151.00	137.40	202.90	280.50	155.60	198.00
3022	Digital fluorescein video angiography	68.00	725.10	10.663	967.80	1,144.00	1,038.50	1,533.00	2,119.40	1,176.60	1,497.50
3027	Fundus photography	21.00	223.90	10.663	298.90	353.00	320.70	473.40	654.50	363.50	462.60
3028	Optical Coherent Tomography (OCT) of Optic nerve or macula:Per eye	40.00	426.50	10.663	569.30	673.00	610.90	901.80	1,246.70	692.20	881.00
3036	Corneal topography:For pathological corneas only on special motivation. For refractive surgery.	36.00	1,275.20	35.423	512.40	606.00	549.80	811.60	1,122.00	622.90	792.80
3037	Surgical treatment of retinal detachment including vitreous replacement but excluding vitrectomy	306.90	10,871.30	35.423	4,368.10	5,165.00	4,686.90	6,918.80	9,565.20	5,311.20	6,759.70
3039	Prophylaxis and treatment of retina and choroid by cryotherapy and/or diathermy and/or photocoagulation and/or laser per eye.	105.00	3,719.40	35.423	1,494.50	1,767.00	1,603.50	2,367.10	3,272.50	1,817.10	2,312.70

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		Average Duration Professional	HealthMan Private Tariff (VAT Incl.)	HealthMan RCF	Payment Arrangments							
					DH Prem A In Hosp.	DH Prem A Out Hosp.	DH Prem B	DH Classic Rate	DH Exec Rate	FedHealth DPA	FedHealth DPA	
Code	Terminology	Units	R	R	137% R	162% R	147% R	217% R	300% R	165% R	210% R	
3041	Pan retinal photocoagulation (per eye): Done in one sitting	150.00	5,313.50	35.423	2,134.90	2,525.00	2,290.80	3,381.60	4,675.10	2,595.90	3,303.90	
3047	Cataract: Extra-capsular (including capsulotomy)	210.00	7,438.80	35.423	2,988.90	3,534.00	3,207.10	4,734.30	6,545.10	3,634.30	4,625.50	
3049	Insertion of lenticulus in addition to item 3045 or item 3047 cost on lens excluded	57.00	2,019.10	35.423	811.30	959.00	870.50	1,285.00	1,776.50	986.40	1,255.40	
3052	Laser capsulotomy	105.00	3,719.40	35.423	1,494.50	1,767.00	1,603.50	2,367.10	3,272.50	1,817.10	2,312.70	
3059	Insertion of lenticulus when item 3045 or item 3047 was not executed	210.00	7,438.80	35.423	2,988.90	3,534.00	3,207.10	4,734.30	6,545.10	3,634.30	4,625.50	
3061	Drainage operation	247.60	8,770.70	35.423	3,524.10	4,167.00	3,781.30	5,581.90	7,716.90	4,284.90	5,453.50	
3075	Strabismus (whether operation performed on 1 eye or both. Operation on 1 or 2 muscles)	175.60	6,220.30	35.423	2,499.30	2,955.00	2,681.70	3,958.70	5,472.90	3,038.80	3,867.60	
3097	Anterior vitrectomy	280.00	9,918.40	35.423	3,985.20	4,712.00	4,276.10	6,312.40	8,726.80	4,845.60	6,167.10	
3098	Removal of silicon from globe	280.00	9,918.40	35.423	3,985.20	4,712.00	4,276.10	6,312.40	8,726.80	4,845.60	6,167.10	
3099	Posterior vitrectomy including anterior vitrectomy,encircling of globe and vitreous replacement	419.00	14,842.20	35.423	5,963.60	7,052.00	6,398.90	9,446.00	13,059.00	5,800.70	7,382.80	
3120	Excimer laser (per eye) for refractive keratectomy or Holmium laser thermo keratoplasty (LTK) (For machine hire fee for LTK - Use item 3201	150.00	5,313.50	35.423	2,134.90	2,525.00	2,290.80	3,381.60	4,675.10	2,595.90	3,303.90	
3121	Corneal graft (lamellar or full thickness)	289.00	10,237.20	35.423	4,113.30	4,864.00	4,413.60	6,515.30	9,007.30	5,001.30	6,365.30	
3125	Keratectomy	127.00	4,498.70	35.423	1,807.60	2,137.00	1,939.50	2,863.10	3,958.20	2,198.10	2,797.60	
3130	Pterygium or conjunctival cyst or conjunctival tumour.No conjunctival flap or graft used	96.90	3,432.50	35.423	1,379.20	1,631.00	1,479.80	2,184.50	3,020.10	1,677.10	2,134.40	
3131	Cornea: Paracentesis	53.00	1,877.40	35.423	754.30	892.00	809.40	1,194.80	1,651.90	917.10	1,167.20	
3132	Lamellar keratectomy for refractive surgery (LK,ALK,MLK)	150.00	5,313.50	35.423	2,134.90	2,525.00	2,290.80	3,381.60	4,675.10	2,595.90	3,303.90	
3134	Pterygium or conjunctival cyst or conjunctival tumour.Conjunctival flap or graft used - stand alone procedure	116.30	4,119.70	35.423	1,655.30	1,957.00	1,776.10	2,621.90	3,624.70	2,012.70	2,561.60	
3163	Excision of superficial lid tumour	47.00	1,664.90	35.423	668.90	791.00	717.80	1,059.60	1,464.80	813.50	1,035.30	
3171	Excision of Meibomian cyst.Additional fee for sterile tray	20.40	722.60	35.423	290.40	343.00	311.50	459.90	635.80	353.10	449.40	
3181	Entropion or ectropion by Open operation	111.50	3,949.70	35.423	1,587.00	1,877.00	1,702.80	2,513.70	3,475.10	1,929.70	2,456.00	
3196	Diamond Knife: Use of own diamond knife during intraocular surgery	12.00	128.00	10.663	170.80	202.00	183.30	270.50	374.00	207.70	264.40	
3198	Excimer laser: Hire fee (per eye)	284.13	3,029.70	10.663	4,044.00	4,782.00	4,339.20	6,405.50	8,855.50	4,917.00	6,258.00	
3201	Laser apparatus (ophthalmic): Hire fee for one or both eyes done in one sitting (Not to be used with IOL Master.)	109.00	1,162.30	10.663	1,551.40	1,834.00	1,664.60	2,457.30	3,397.20	1,886.30	2,400.70	
3202	Phako emulsification apparatus: Hire fee	109.00	1,162.30	10.663	1,551.40	1,834.00	1,664.60	2,457.30	3,397.20	1,886.30	2,400.70	
3203	Vitrectomy apparatus: Hire fee	120.00	1,279.60	10.663	1,708.00	2,020.00	1,832.60	2,705.30	3,740.00	2,076.70	2,643.10	
3631	Ophthalmic examination	50.00	508.20	10.164	678.40	802.00	727.90	1,074.60	1,485.60	824.80	1,049.80	
3632	Axial length measurement and calculation of intra ocular lens power.Per eye. Not to be used with item 3034	50.00	508.20	10.164	678.40	802.00	727.90	1,074.60	1,485.60	824.80	1,049.80	
4980	Corneal transplant: Endothelial	274.80	9,734.20	35.423								
4981	Preparation of corneal endothelial allograft prior to transplantation (backbench)		-	35.423								
4983	Lamellar corneal surgery keratome and equipment		-	10.663								
4985	Corneal cross linking	150.00	5,313.50	35.423								
4986	Cross linking equipment hire	54.00	575.80	10.663								
4988	Endothelial specular microscope for donor corneas		-	10.663								
4989	Endothelial specular microscope for clinical use		-	10.663								