## Fee Items

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0109</td>
<td>Hospital follow-up visit</td>
<td>15</td>
</tr>
<tr>
<td>0129</td>
<td>Prolonged first/follow-up consultation : per 15 min (after 60 min)</td>
<td>15</td>
</tr>
<tr>
<td>0130</td>
<td>Telephone consult all hours</td>
<td>12</td>
</tr>
<tr>
<td>0132</td>
<td>Repeat Script</td>
<td>5</td>
</tr>
<tr>
<td>0133</td>
<td>Writing motivation for procedure or treatment</td>
<td>9</td>
</tr>
<tr>
<td>0190</td>
<td>Consultation :10-20 minutes (Low severity)</td>
<td>17</td>
</tr>
<tr>
<td>0191</td>
<td>Consultation :20-30 minutes (Moderate severity)</td>
<td>27.5</td>
</tr>
<tr>
<td>0192</td>
<td>Consultation :30-45 minutes (High severity)</td>
<td>40</td>
</tr>
<tr>
<td>0193</td>
<td>Consultation :46-60 minutes (High severity)</td>
<td>63.6</td>
</tr>
</tbody>
</table>

Items 0190-0192

The time spent with the patient and/or family (plus communication with colleagues, e.g. radiologist/referring doctor) should be used as a guideline, secondary to the level of severity/complexity of evaluation and management. Additional time beyond the level of severity would elevate consultation code to next level. The correct level of consultation code should be assigned irrespective of the fee charged.

0190 **Low severity**: low morbidity risk and little or no risk of mortality.
- No residual functional impairment expected.
- Limited diagnoses or management options.
- Requires a detailed history of main complaint and limited systems review plus directly related family and social history.

0191 **Moderate severity**: moderate risk of morbidity and/or mortality if untreated.
- Risk of functional impairment if untreated.
- Multiple diagnoses or management options.
- Requires a comprehensive history of main complaint and related systems review plus family and social history.
- Requires a complete examination of a field of specialisation or multi-system examination.

0192 **High severity**: high risk of morbidity and/or mortality if untreated.
- High risk of functional impairment if untreated.
- Extensive diagnoses or management options.
- Requires a comprehensive history of main complaint and related systems review plus family and social history.
- Requires a complete examination of a field of specialisation or multi-system examination.

0145 **Consultation : Away from doctor’s room** 6

Item 0145 may be added to hospital visits 0109 daily. Some funds do not reimburse daily use

0146 **Unscheduled consultation: Emergency (add to consult in rooms)** 8

0147 **Unscheduled consultation: Emergency (add to consult away from rooms)** 14

Suitable for hospital and emergency room consultations

0148 **Elective after-hours services(+50%) 2100hrs to 0600hrs**

0149 **Emergency after-hours services(+25% additional line to 0190-0192, 0173-0175)**
<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0173</td>
<td>Hospital Consultation :10-20 minutes (Low severity)</td>
<td>15</td>
</tr>
<tr>
<td>0174</td>
<td>Hospital Consultation :20-30 minutes (Moderate severity)</td>
<td>27.5</td>
</tr>
<tr>
<td>0175</td>
<td>Hospital Consultation :30-45 minutes (High severity)</td>
<td>40</td>
</tr>
</tbody>
</table>

Items 0173-0175
These items are used for the first evaluation and management visit to the patient in hospital. If the patient was referred, these items must be used regardless of the patient’s date of admission. There are three levels of first hospital consultation codes depending on the time spent with the patient (throughout the day, irrespective of the number of visits) and severity/complexity. The accumulated time and complexity will determine the correct hospital codes.
- Item 0173-0175 + item 0145 is appropriate for non-emergency first hospital visits
- Item 0173-0175 + item 0147 is appropriate for emergency hospital visits (any time of day)
- Item 0109 + 0145 is appropriate for non-emergency hospital follow-up visits.
- Item 0109 + 0147 is appropriate for emergency (not routine care) hospital visits
- Item 0109 + 0145 + 0178 is appropriate for a hospital visit or care between 30-60 minutes
- Item 0109 + 0145 + 0178 + 0179 is appropriate for a hospital visit or care > 60 minutes.

NB: Some medical aids may not recognise all the above code combinations.

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
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<tbody>
<tr>
<td>0176</td>
<td>Hospital discharge day management: 30 minutes or less</td>
<td>20.8</td>
</tr>
<tr>
<td>0177</td>
<td>Hospital discharge day management: &gt; 30 minutes (including summary)</td>
<td>30.8</td>
</tr>
<tr>
<td>0178</td>
<td>Add to follow up hospital care 30 – 60 minutes</td>
<td>15</td>
</tr>
<tr>
<td>0179</td>
<td>Add to follow up hospital care &gt; 60 minutes</td>
<td>15</td>
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</table>

Items 0178 and 0179 may not be reimbursed by funds

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>0199</td>
<td>Chronic Medicine Forms</td>
<td>21.43</td>
</tr>
<tr>
<td>1208</td>
<td>ICU care: Primary specialist only (first day)</td>
<td>137</td>
</tr>
<tr>
<td>1209</td>
<td>ICU care: Per involved specialist (first day)</td>
<td>58</td>
</tr>
<tr>
<td>1210</td>
<td>ICU care: Per involved specialist (second and subsequent days)</td>
<td>50</td>
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</table>

PROCEDURES
EVALUATION IN ROOMS

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1018</td>
<td>Flexible nasopharyngolaryngoscope examination</td>
<td>51.94</td>
</tr>
</tbody>
</table>

Item 1018 – Flexible nasopharyngolaryngoscope examination. This item is an instrument fee. The fee should be based on the frequency of use and the patient’s circumstances. Not to be charged daily on hospital patients.

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
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</thead>
<tbody>
<tr>
<td>1118</td>
<td>Laryngeal stroboscopy with video capture</td>
<td>39</td>
</tr>
</tbody>
</table>

Item 1118 – Laryngeal stroboscopy with video capture, should not be used routinely in laryngeal cases.

- Item 1130 – Direct (diagnostic) laryngoscopy, may be charged in the consulting rooms when indicated, e.g. laryngeal cases. Modifier 0004 may be added only when a theatre procedure was avoided by performing the procedure in the consulting rooms.
- Not to be charged daily on hospital patients.

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
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<tbody>
<tr>
<td>1121</td>
<td>Stroboscopy - equipment fee</td>
<td>100</td>
</tr>
<tr>
<td>3206</td>
<td>Microscopic examination in rooms</td>
<td>8</td>
</tr>
</tbody>
</table>
## Fee Items

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
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</thead>
<tbody>
<tr>
<td>3206</td>
<td>Microscopic examination of tympanic membrane including microsuction. This is a procedural item and should be charged at 8.00 clinical procedure units. May only be charged once (even when used for both ears) with codes 0190-0192.</td>
<td></td>
</tr>
<tr>
<td>6012</td>
<td>Electroencephalogram (EEG): Recording whole night</td>
<td>42.5</td>
</tr>
<tr>
<td>0201</td>
<td>Cost of material</td>
<td></td>
</tr>
<tr>
<td>6014</td>
<td>Sleep testing: Multiple latency/maintenance of wakefulness testing (recording and interpretation included)</td>
<td>97.2</td>
</tr>
<tr>
<td>6015</td>
<td>Sleep study: Includes simultaneous recording of ventilation, respiratory effort, ECG/heart rate and oxygen saturation</td>
<td>66.9</td>
</tr>
<tr>
<td>5930</td>
<td>Surgical laser apparatus: fee for own equipment (or hired by doctor)</td>
<td>109</td>
</tr>
<tr>
<td>5930</td>
<td>Item 5930 may not be charged where the hospital supplies the laser</td>
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</table>

### EAR AND LABYRINTHINE TESTS

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
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</thead>
<tbody>
<tr>
<td>3273</td>
<td>Pure tone audiometry (air conduction)</td>
<td>6.5</td>
</tr>
<tr>
<td>3274</td>
<td>Pure tone audiometry (bone conduction with masking)</td>
<td>6.5</td>
</tr>
<tr>
<td>3275</td>
<td>Impedance audiometry (tymanometry)</td>
<td>6.5</td>
</tr>
<tr>
<td>3276</td>
<td>Impedance audiometry (stapedial reflex)</td>
<td>6.5</td>
</tr>
<tr>
<td>3277</td>
<td>Speech audiometry: Inclusive fee</td>
<td>10</td>
</tr>
<tr>
<td>3278</td>
<td>Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)</td>
<td>6.5</td>
</tr>
<tr>
<td>3250</td>
<td>Otoacoustic emission (high risk patients only)</td>
<td>66.48</td>
</tr>
<tr>
<td>3251</td>
<td>Minimal caloric test (excluding consultation fee)</td>
<td>10</td>
</tr>
<tr>
<td>3258</td>
<td>Otolith repositioning manoeuvre</td>
<td>14</td>
</tr>
<tr>
<td>5210</td>
<td>Nystagmus test: Spontaneous, including gaze and fixation nystagmus (report included)</td>
<td>10.2</td>
</tr>
<tr>
<td>5211</td>
<td>Nystagmus test: Positional, minimum of 4 positions (report included)</td>
<td>9.1</td>
</tr>
<tr>
<td>5212</td>
<td>Caloric vestibular test: Each irrigation (report included)</td>
<td>3.2</td>
</tr>
<tr>
<td>5213</td>
<td>Nystagmus test: Optokinetic bidirectional, foveal or peripheral stimulation (report included)</td>
<td>7.2</td>
</tr>
<tr>
<td>5214</td>
<td>Oscillating tracking test (report included)</td>
<td>6.5</td>
</tr>
<tr>
<td>5215</td>
<td>Rotational testing: Sinusoidal vertical axis</td>
<td>8</td>
</tr>
<tr>
<td>5216</td>
<td>Posturography: Dynamic, computerised</td>
<td>25.1</td>
</tr>
<tr>
<td>3254</td>
<td>Videonystagmoscopy (monocular)</td>
<td>25</td>
</tr>
<tr>
<td>3256</td>
<td>Videonystagmoscopy (binocular)</td>
<td>50</td>
</tr>
<tr>
<td>3223</td>
<td>Percutaneous stimulation of the facial nerve</td>
<td>9</td>
</tr>
<tr>
<td>3224</td>
<td>Electroneurography (ENOG)</td>
<td>75</td>
</tr>
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</table>

### EAR, PINNA TO TYMPANIC MEMBRANE
<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5193</td>
<td>Implantation/replacement: Electromagnetic temporal bone conduction hearing device</td>
<td>219.9</td>
</tr>
<tr>
<td>5194</td>
<td>Removal/repair: Electromagnetic temporal bone conduction hearing device</td>
<td>219.9</td>
</tr>
<tr>
<td>5196</td>
<td>Implantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, without mastoidectomy</td>
<td>275.3</td>
</tr>
<tr>
<td>5197</td>
<td>Implantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, with mastoidectomy</td>
<td>342.7</td>
</tr>
<tr>
<td>3270</td>
<td>Excision of superficial pre-auricular fistula</td>
<td>55</td>
</tr>
<tr>
<td>3272</td>
<td>Excision of complicated pre-auricular fistula</td>
<td>140</td>
</tr>
<tr>
<td>5170</td>
<td>Drainage: Haematoma or abscess of external ear</td>
<td>29.4</td>
</tr>
<tr>
<td>5171</td>
<td>Drainage: Abscess of external auditory canal</td>
<td>21</td>
</tr>
<tr>
<td>5173</td>
<td>Biopsy: External ear</td>
<td>16.5</td>
</tr>
<tr>
<td>5175</td>
<td>Excision: External ear, partial, simple repair</td>
<td>82.6</td>
</tr>
<tr>
<td>5176</td>
<td>Excision: External ear, complete</td>
<td>100.5</td>
</tr>
<tr>
<td>3208</td>
<td>Biopsy: External auditory canal</td>
<td>16.5</td>
</tr>
<tr>
<td>3216</td>
<td>Excision: Radical, external auditory canal lesion, without neck dissection</td>
<td>268.6</td>
</tr>
<tr>
<td>3222</td>
<td>Excision: Radical, external auditory canal lesion, with neck dissection</td>
<td>430.9</td>
</tr>
<tr>
<td>3267</td>
<td>Major congenital deformity reconstruction of external ear: Unilateral</td>
<td>138</td>
</tr>
<tr>
<td>3269</td>
<td>Major congenital deformity reconstruction of external ear: Bilateral</td>
<td>242</td>
</tr>
<tr>
<td>3271</td>
<td>Partial/total reconstruction-congenital/traumatic absence/following tumour excision of ext. ear</td>
<td>Item 3271 fee to be negotiated with fund and patient</td>
</tr>
<tr>
<td>3205</td>
<td>External ear canal: Removal of foreign body: Under general anaesthetic</td>
<td>21</td>
</tr>
<tr>
<td>3206</td>
<td>Microscopic examination of tympanic membrane including microsuction</td>
<td>8</td>
</tr>
<tr>
<td>3218</td>
<td>Removal impacted wax with use of microscope (one or both ears)</td>
<td>12.5</td>
</tr>
<tr>
<td>3220</td>
<td>Debridement Mastoidectomy cavity with use of microscope</td>
<td>33.9</td>
</tr>
<tr>
<td>5190</td>
<td>Debridement: Mastoidectomy cavity, complex (anaesthesia/more than routine cleaning)</td>
<td>34.8</td>
</tr>
<tr>
<td>3207</td>
<td>Myringotomy: Unilateral</td>
<td>28</td>
</tr>
<tr>
<td>3209</td>
<td>Myringotomy: Bilateral</td>
<td>46</td>
</tr>
<tr>
<td>3211</td>
<td>Unilateral myringotomy with insertion of ventilation tube</td>
<td>38</td>
</tr>
<tr>
<td>3212</td>
<td>Bilateral myringotomy with insertion of unilateral ventilation tube</td>
<td>57</td>
</tr>
<tr>
<td>3213</td>
<td>Bilateral myringotomy with insertion of bilateral ventilation tube</td>
<td>65</td>
</tr>
</tbody>
</table>

Item 5190 is for use under general anaesthesia, not in rooms

Modifier 0005 does not apply to item 3209 – Myringotomy: bilateral (paracentesis) when performed with tonsillectomy (item 1101) and/or adenoidectomy (item 1105)

Item 3211, 3212 and 3213 when performed with tonsillectomy (item 1101) and/or adenoidectomy (item 1105) is 10 days

Item 5190 is for use under general anaesthesia, not in rooms

Modifier 0005 does not apply to item 3209 – Myringotomy: bilateral (paracentesis) when performed with tonsillectomy (item 1101) and/or adenoidectomy (item 1105)

Item 3211, 3212 and 3213 when performed with tonsillectomy (item 1101) and/or adenoidectomy (item 1105) is 10 days
<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3215</td>
<td>Meatus atresia: Repair of stenosis of cartilaginous portion</td>
<td>164</td>
</tr>
<tr>
<td>3217</td>
<td>Meatus atresia: Congenital</td>
<td>277</td>
</tr>
<tr>
<td>3219</td>
<td>Meatus atresia: Removal of osteoma from meatus: Solitary</td>
<td>77</td>
</tr>
<tr>
<td>3221</td>
<td>Meatus atresia: Removal of osteoma from meatus: Multiple</td>
<td>215</td>
</tr>
<tr>
<td>3266</td>
<td>Gentamycin/steroids instillation: middle ear for Ménière’s disease</td>
<td>30</td>
</tr>
<tr>
<td>3243</td>
<td>Myringoplasty</td>
<td>138</td>
</tr>
<tr>
<td>3245</td>
<td>Functional reconstruction of tympanic membrane</td>
<td>277</td>
</tr>
<tr>
<td></td>
<td><em>Mastoidectomy is not included in item 3245: see item 3264</em></td>
<td></td>
</tr>
<tr>
<td>3237</td>
<td>Exploratory tympanotomy</td>
<td>158.9</td>
</tr>
<tr>
<td></td>
<td><em>Modifier 0005 applies. Not to be used routinely with 3243, 3245, 3249, 3257, 3259 and 3264</em></td>
<td></td>
</tr>
<tr>
<td>5191</td>
<td>Typanolysis: Transcanal</td>
<td>135.5</td>
</tr>
<tr>
<td>3249</td>
<td>Stapedotony and stapedectomy</td>
<td>277</td>
</tr>
<tr>
<td>5199</td>
<td>Revision: Stapedectomy or stapedotomy</td>
<td>297.2</td>
</tr>
<tr>
<td>3214</td>
<td>Ossiculoplasty</td>
<td>255</td>
</tr>
<tr>
<td>3246</td>
<td>Cochlear implant surgery</td>
<td>340.5</td>
</tr>
<tr>
<td>3257</td>
<td>Cortical mastoidectomy</td>
<td>188.5</td>
</tr>
<tr>
<td>3259</td>
<td>Radical mastoidectomy (excluding minor procedures)</td>
<td>277.4</td>
</tr>
<tr>
<td>5201</td>
<td>Revision: Mastoidectomy followed by total mastoidectomy</td>
<td>266.3</td>
</tr>
<tr>
<td>5202</td>
<td>Revision: Mastoidectomy followed by modified radical mastoidectomy</td>
<td>277.0</td>
</tr>
<tr>
<td>5203</td>
<td>Revision: Mastoidectomy followed by tympanoplasty</td>
<td>285.8</td>
</tr>
<tr>
<td>5204</td>
<td>Revision: Mastoidectomy, with apicectomy</td>
<td>398.8</td>
</tr>
<tr>
<td>3261</td>
<td>Muscle grafting to mastoid cavity without tympanoplasty</td>
<td>180</td>
</tr>
<tr>
<td>3263</td>
<td>Autogenous bone graft to mastoid cavity</td>
<td>180</td>
</tr>
<tr>
<td>3264</td>
<td>Typanomastoidectomy</td>
<td>375</td>
</tr>
<tr>
<td></td>
<td><em>Item 3264 appropriate for tympanic membrane reconstruction (item 3245) plus cortical mastoidectomy</em></td>
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<tr>
<td>3265</td>
<td>Reconstruction of posterior canal wall, following radical mastoid without ossiculoplasty</td>
<td>320</td>
</tr>
<tr>
<td>3241</td>
<td>Fenestration: Semicircular canal</td>
<td>199</td>
</tr>
<tr>
<td>3242</td>
<td>Fenestration: Revision</td>
<td>230.3</td>
</tr>
<tr>
<td>3240</td>
<td>Endolymphatic sac surgery</td>
<td>277</td>
</tr>
<tr>
<td>3233</td>
<td>Labyrinthectomy via the middle ear or mastoid</td>
<td>277</td>
</tr>
<tr>
<td></td>
<td><em>FACIAL NERVE</em></td>
<td></td>
</tr>
<tr>
<td>3230</td>
<td>Exploration of facial nerve: Extratemporal grafting of the facial nerve</td>
<td>436</td>
</tr>
<tr>
<td>3232</td>
<td>Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis</td>
<td>124</td>
</tr>
<tr>
<td>3227</td>
<td>Exploration of facial nerve: Exploration of tympanomastoid segment</td>
<td>297</td>
</tr>
<tr>
<td>3228</td>
<td>Exploration of facial nerve: Grafting of the tympanomastoid section</td>
<td>436</td>
</tr>
<tr>
<td>3229</td>
<td>Facial nerve: Exploration of the labyrinthine segment</td>
<td>420</td>
</tr>
<tr>
<td>SAMA Code</td>
<td>Descriptor</td>
<td>UNITS</td>
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<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>5221</td>
<td>Facial nerve: Grafting of labyrinthine segment</td>
<td>510</td>
</tr>
<tr>
<td>5222</td>
<td>Facial nerve surgery inside the internal auditory canal</td>
<td>620</td>
</tr>
<tr>
<td>5229</td>
<td>Facial nerve surgery in the internal auditory canal, translabyrinthine</td>
<td>660</td>
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<tr>
<td>5228</td>
<td>Nerve section: Vestibular, transcranial approach</td>
<td>470.3</td>
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<tr>
<td></td>
<td><strong>EXTERNAL NOSE</strong></td>
<td></td>
</tr>
<tr>
<td>1005</td>
<td>Nasal fracture without manipulation</td>
<td></td>
</tr>
<tr>
<td>1006</td>
<td>Fracture: Nose and septum, open reduction</td>
<td>185.2</td>
</tr>
<tr>
<td>1003</td>
<td>Manipulation, immobilisation and follow up: Fractured nose</td>
<td>35</td>
</tr>
<tr>
<td>1023</td>
<td>Harvesting of graft: Cartilage graft of nasal septum</td>
<td>123.1</td>
</tr>
<tr>
<td>1026</td>
<td>Biopsy: Intranasal in rooms</td>
<td>34.1</td>
</tr>
<tr>
<td>1061</td>
<td>Lateral rhinotomy</td>
<td>164</td>
</tr>
<tr>
<td>1062</td>
<td>Excision nasolabial cyst</td>
<td>186.1</td>
</tr>
<tr>
<td>1099</td>
<td>Columella reconstruction or lengthening</td>
<td>138</td>
</tr>
<tr>
<td></td>
<td><strong>Not appropriate as a separate procedure for the insertion of cartilage into the columella only to lift it</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Appropriate when the columella is cross-sectioned and physically lengthened by tissue brought in from elsewhere</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Indications for columella lengthening might be congenital deformities entailing a short columella e.g. Binder’s syndrome or in cases due to tissue loss e.g. previous surgery and burns</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Appropriate for the correction of caudal deflection/dislocation resulting in nasal obstruction and reactionary septal deviation</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>May not be combined with item 1085 or 1087 except in exceptional cases</strong></td>
<td></td>
</tr>
<tr>
<td>1093</td>
<td>Rhinophyma without skin graft</td>
<td>138</td>
</tr>
<tr>
<td>1085</td>
<td>Total reconstruction of the nose: Including reconstruction of nasal septum</td>
<td>350</td>
</tr>
<tr>
<td></td>
<td><strong>Item 1085 – Total reconstruction consisting of the following: septumplasty, osteotomy plus nasal tip reconstruction or nasal valve inlet obstruction correction.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Appropriate for open (external) approach procedures</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Item 1085 is reserved for functional reconstruction, cosmetic procedures should be clearly identified</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>May not be combined with item 1099 for simple caudal septum deviation/dislocation</strong></td>
<td></td>
</tr>
<tr>
<td>1087</td>
<td>Sub-total reconstruction</td>
<td>210</td>
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<tr>
<td></td>
<td><strong>Item 1087 – Sub-total reconstruction consisting of any two of the following: septumplasty, osteotomy, nasal tip reconstruction. May also apply to septal correction where tip deformity or nasal valve inlet obstruction is present</strong></td>
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</tr>
<tr>
<td></td>
<td><strong>Item 1087 is reserved for functional reconstruction, cosmetic procedures should be clearly identified</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>May not be combined with item 1099 for simple caudal septum deviation/dislocation</strong></td>
<td></td>
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<tr>
<td>1034</td>
<td>Autogenous nasal bone transplant: Bone removal included</td>
<td>100</td>
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<tr>
<td></td>
<td><strong>Full fee is appropriate for removal and transplant of bone and cartilage in nasal surgery (modifier 0005 is not applicable)</strong></td>
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<tr>
<td>1089</td>
<td>Forehead rhinoplasty (all stages): Total</td>
<td>552</td>
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<tr>
<td>1091</td>
<td>Forehead rhinoplasty (all stages): Partial</td>
<td>414</td>
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<tr>
<td>1097</td>
<td>Partial nasal reconstruction for cleft lip deformity</td>
<td>199.7</td>
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<tr>
<td>1095</td>
<td>Full nasal reconstruction for secondary cleft lip deformity</td>
<td>357.9</td>
</tr>
<tr>
<td></td>
<td><strong>NASAL CAVITY</strong></td>
<td></td>
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<tr>
<td></td>
<td><strong>All intra-nasal procedures, except item 1036 (Functional endoscopic sinus surgery: Bilateral), are unilateral procedures</strong></td>
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<tr>
<td></td>
<td><strong>Modifier 0005 should be applied to procedures on the opposite and same side</strong></td>
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<tr>
<td>SAMA Code</td>
<td>Descriptor</td>
<td>UNITS</td>
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<tr>
<td>Item 1052</td>
<td>Instrumental examination of the nasopharynx including biopsy under general anaesthetic, may not be used routinely in sino-nasal surgery</td>
<td></td>
</tr>
<tr>
<td>Item 1041</td>
<td>Full-house intranasal surgery (septum, middle and inferior turbinate bilateral) is rarely indicated</td>
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<tr>
<td>Item 1043</td>
<td>Control of severe epistaxis requiring hospitalisation: Anterior plugging (unilateral) and item 1043 (Control of severe epistaxis requiring hospitalisation: Anterior and posterior plugging) (unilateral), may not be added to routine nasal surgery</td>
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<tr>
<td>1071</td>
<td>Displacement Therapy (Proetz Type)</td>
<td>4</td>
</tr>
<tr>
<td>1136</td>
<td>Demonstrate &amp; or Eval, Pt Use, Aerosol Generator/Nebuliser/Inhaler/lppb Device</td>
<td>12</td>
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<tr>
<td>1063</td>
<td>Removal of foreign bodies from nose: At rooms</td>
<td>10</td>
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<tr>
<td>1065</td>
<td>Removal of foreign body from nose: Under general anaesthetic</td>
<td>38.6</td>
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<tr>
<td>1077</td>
<td>Septum abscess: At rooms, including after-care</td>
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<tr>
<td>1079</td>
<td>Septum abscess: Under general anaesthetic</td>
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<td>1024</td>
<td>Insertion of silastic obturator into nasal septum perforation</td>
<td>30</td>
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<tr>
<td>1028</td>
<td>Lysis: Intranasal synechia</td>
<td>34.3</td>
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<tr>
<td>1029</td>
<td>Turbinectomy</td>
<td>62.6</td>
</tr>
<tr>
<td>Modifier 0069</td>
<td>Endoscopic instruments used during intranasal surgery, is not applicable to item 1029</td>
<td></td>
</tr>
<tr>
<td>Item 1029</td>
<td>- may not be used routinely in combination with item 1030. Supporting documents should be kept when these two items are combined</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appropriate for submucous resection of turbinates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unilateral procedure, modifier 0005 applies</td>
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</tr>
<tr>
<td>1030</td>
<td>Endoscopic turbinectomy: Laser or microdebrider</td>
<td>90</td>
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<tr>
<td>Modifier 0069</td>
<td>Endoscopic instruments add 10% of the fee of the procedure</td>
<td></td>
</tr>
<tr>
<td>Item 1030</td>
<td>- may not be used routinely in combination with item 1029. Supporting documents should be kept when these two items are combined</td>
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<tr>
<td></td>
<td>Appropriate for concha bullosa resection</td>
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<tr>
<td></td>
<td>Unilateral procedure, modifier 0005 applies</td>
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<td></td>
<td>Modifier 0069 - Endoscopic instruments add 10% of the fee of the procedure</td>
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</tr>
<tr>
<td>1031</td>
<td>Removal of single nasal polyp at rooms (at initial consultation only)</td>
<td>81.8</td>
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<tr>
<td>1033</td>
<td>Removal of multiple polyps in hospital under general anaesthetic</td>
<td>90</td>
</tr>
<tr>
<td>Item 1033</td>
<td>- Removal of multiple polyps in hospital under general anaesthetic (unilateral), may not be charged routinely in conjunction with item 1035 nor item 1036 nor other sino-nasal items. Item 1033 - may be used in conjunction with item 1035 and item 1036 and other sino-nasal items for cases with significant polyposis. Modifier 0005 is applicable</td>
<td></td>
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<tr>
<td></td>
<td>Modifier 0069 - Endoscopic instruments add 10% of the fee of the procedure</td>
<td></td>
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<tr>
<td>1022</td>
<td>Functional reconstruction of nasal septum</td>
<td>121.2</td>
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<tr>
<td>Item 1022</td>
<td>- Correction of simple caudal septal deflection</td>
<td></td>
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<tr>
<td></td>
<td>If a tip deformity or inlet valve obstruction is present, item 1087 or 1099 may apply</td>
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</tr>
<tr>
<td></td>
<td>General Rule J could be applied in cases of unusual difficulty</td>
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<tr>
<td>1020</td>
<td>Septum perforation repair, any method</td>
<td>141.9</td>
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<tr>
<td>1027</td>
<td>Dacrocystorhinostomy</td>
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<tr>
<td>Modifier 0069</td>
<td>Endoscopic instruments add 10% of the fee of the procedure</td>
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<tr>
<td>1038</td>
<td>Hypophysectomy or excision of pituitary tumour: Transnasal/transseptal approach</td>
<td>389.4</td>
</tr>
<tr>
<td>1047</td>
<td>Caldwell-Luc operation: Unilateral</td>
<td>137.3</td>
</tr>
<tr>
<td>Modifier 0069</td>
<td>Endoscopic instruments add 10% of the fee of the procedure</td>
<td></td>
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<tr>
<td>1481</td>
<td>Repair oronasal fistula(small) eg. Trapdoor. One or first stage</td>
<td>138</td>
</tr>
<tr>
<td>1081</td>
<td>Oro-antral fistula (without Caldwell-Luc)</td>
<td>111.8</td>
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<tr>
<td>1083</td>
<td>Choanal atresia: Intranasal approach</td>
<td>113</td>
</tr>
<tr>
<td>SAMA Code</td>
<td>Descriptor</td>
<td>UNITS</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>1050</td>
<td>Vidian neurectomy (transantral or transnasal)</td>
<td>113</td>
</tr>
<tr>
<td>1051</td>
<td>Removal angiofibroma (intranasal)</td>
<td>285</td>
</tr>
</tbody>
</table>

**PARANASAL SINUSES**

- Full-house sinus surgery (frontal, antral, ethmoid and sphenoid) is rarely indicated
- Codes starting with the digit “4...” may not be approved by some funders e.g. Discovery

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Modifier should be applied to procedures on the opposite and ipsilateral side</th>
<th>UNITS</th>
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<tbody>
<tr>
<td>0005</td>
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<tr>
<td>0069</td>
<td>Endoscopic instruments used during intranasal surgery, add 10% of the fee of the procedure</td>
<td></td>
</tr>
<tr>
<td>1048</td>
<td>Endoscopic frontal sinus drainage, with or without removal of tissue</td>
<td>152.2</td>
</tr>
<tr>
<td>1053</td>
<td>Frontal sinus drainage, trephine operation</td>
<td>93.1</td>
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</tbody>
</table>

**Fee Items**

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</th>
<th>UNITS</th>
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</thead>
<tbody>
<tr>
<td>1054</td>
<td>Antroscopy through the canine fossa</td>
<td>37.3</td>
</tr>
<tr>
<td>1058</td>
<td>Endoscopy: Sinus/nasal, with maxillary antrostomy</td>
<td>53.2</td>
</tr>
<tr>
<td>1059</td>
<td>Endoscopy: Sinus/nasal, with maxillary antrostomy and removal of tissue</td>
<td>85.7</td>
</tr>
<tr>
<td>1060</td>
<td>Endoscopy: Sinus/nasal, with partial, anterior ethmoidectomy</td>
<td>73.4</td>
</tr>
<tr>
<td>1069</td>
<td>Proof puncture, uni- or bilateral under general anaesthetic</td>
<td>35</td>
</tr>
<tr>
<td>1035</td>
<td>Endoscopic ethmoid surgery: Unilateral</td>
<td>140</td>
</tr>
<tr>
<td>1036</td>
<td>Endoscopic ethmoid surgery: Bilateral</td>
<td>245</td>
</tr>
<tr>
<td>1050</td>
<td>Vidian neurectomy (transantral or transnasal)</td>
<td>113</td>
</tr>
<tr>
<td>1051</td>
<td>Removal angiofibroma (intranasal)</td>
<td>285</td>
</tr>
<tr>
<td>1084</td>
<td>Choanal atresia: Transpalatal approach</td>
<td>194</td>
</tr>
</tbody>
</table>

*Proof puncture may not be used routinely in conjunction with item 1101 (Tonsillectomy) or item 1105 (Removal of adenoids)
A consultation fee is appropriate for follow-up where no additional procedures were performed.*
### Fee Items

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1055</td>
<td>External frontal ethmoidectomy</td>
<td>190.7</td>
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<tr>
<td></td>
<td>Item 1055 may be used in conjunction with sphenoidectomy 1057 and intranasal procedures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Item 1055 may not be added for ipsilateral ethmoid surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Item 1055 may not be added to 31276 NEW</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Item 1055 may be added for ethmoid surgery on the contralateral side</td>
<td></td>
</tr>
<tr>
<td>1056</td>
<td>Anterior cranial fossa, craniofacial approach, extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration</td>
<td>614.6</td>
</tr>
<tr>
<td>1057</td>
<td>External ethmoidectomy and/or sphenoidectomy</td>
<td>199.4</td>
</tr>
<tr>
<td>1058</td>
<td>Sublabial transseptal sphenoidotomy approach</td>
<td>137</td>
</tr>
<tr>
<td>1059</td>
<td>Frontal osteomyelitis</td>
<td>194</td>
</tr>
<tr>
<td>4896</td>
<td>Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, brow incision</td>
<td>255.2</td>
</tr>
<tr>
<td>4897</td>
<td>Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, coronal incision</td>
<td>315.1</td>
</tr>
<tr>
<td>4898</td>
<td>Sinusotomy: Obliterative frontal, with osteoplastic flap, brow incision</td>
<td>297.2</td>
</tr>
<tr>
<td>4899</td>
<td>Sinusotomy: Obliterative frontal, with osteoplastic flap, coronal incision</td>
<td>315.9</td>
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<tr>
<td>4900</td>
<td>Sinusotomy: Non-obliterative frontal, with osteoplastic flap, brow incision</td>
<td>281.1</td>
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<tr>
<td>4901</td>
<td>Sinusotomy: Non-obliterative frontal, with osteoplastic flap, coronal incision</td>
<td>279.8</td>
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<td>Codes starting with the digit “4....” may not be approved by some funders eg Discovery</td>
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### EPISTAXIS

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<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
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<tbody>
<tr>
<td>1041</td>
<td>Control severe epistaxis requiring hospitalisation: Anterior plugging</td>
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<tr>
<td></td>
<td>Modifier 0005 in not applicable to item 1041</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital care/visits may be charged</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not to be used in routine nasal surgery</td>
<td></td>
</tr>
<tr>
<td>1043</td>
<td>Control severe epistaxis requiring hospitalisation: Anterior and posterior plug</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Modifier 0005 in not applicable to item 1043</td>
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</tr>
<tr>
<td></td>
<td>Hospital care/visits may be charged</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not to be used in routine nasal surgery</td>
<td></td>
</tr>
<tr>
<td>1045</td>
<td>Ligation anterior ethmoidal artery</td>
<td>135.4</td>
</tr>
<tr>
<td>1049</td>
<td>Ligation internal maxillary artery</td>
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<tr>
<td>1037</td>
<td>Diathermy to nose or pharynx, uni- or bilateral</td>
<td>8</td>
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<tr>
<td>1039</td>
<td>Diathermy to nose or pharynx, uni- or bilateral under GA</td>
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</tr>
<tr>
<td></td>
<td>Modifier 0069 – Endoscopic instruments add 10% of the fee (may not be paid by fund)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diathermy to nose or pharynx may not be used routinely in conjunction with item 1101 (Tonsillectomy) or item 1105 (Removal of adenoids). It may be used for excessive bleeding or adenoid remnant cautery</td>
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</tr>
<tr>
<td>SAMA Code</td>
<td>Descriptor</td>
<td>UNITS</td>
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<tr>
<td>1485</td>
<td>Local excision of benign lesion of lip</td>
<td>27</td>
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<tr>
<td>1487</td>
<td>Resection for lip malignancy</td>
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<tr>
<td>1467</td>
<td>Drainage of intra-oral abscess</td>
<td>31</td>
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<td>1462</td>
<td>Incision and drainage floor of mouth abscess: intra-oral</td>
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<td>1110</td>
<td>Ludwig’s Angina: Drainage</td>
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<tr>
<td>1469</td>
<td>Local excision of mucosal lesion of oral cavity including simple repair</td>
<td>23</td>
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<tr>
<td>1513</td>
<td>Excision of ranula</td>
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<tr>
<td>1465</td>
<td>Surgical biopsy of tongue or palate: Under local anaesthetic</td>
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<tr>
<td>1463</td>
<td>Surgical biopsy of tongue or palate: Under general anaesthetic</td>
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<td>1505</td>
<td>Partial glossectomy: including hemiglossectomy</td>
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<td>1507</td>
<td>Local excision of lesion of tongue: including closure</td>
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<td>1007</td>
<td>Mandibulectomy</td>
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<tr>
<td>1471</td>
<td>Resection-malignant lesion: buccal mucosa: including radical neck dissection</td>
<td>549</td>
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<tr>
<td>0998</td>
<td>Excision of mandible bone, eg. osteomyelitis, abscess, osteoradionecrosis</td>
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<td>1000</td>
<td>Excision of facial bone, eg. osteomyelitis, abscess.</td>
<td>144.3</td>
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<tr>
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<td>Removal of bone for contouring of benign bony growths, eg. Fibrous dysplasia</td>
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<td>1008</td>
<td>Excision of Torus Mandibularis.</td>
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<tr>
<td>1010</td>
<td>Excision of Torus Palatinus.</td>
<td>83.3</td>
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<tr>
<td>1052</td>
<td>Instrumental examination of the nasopharynx with or without biopsy</td>
<td>50</td>
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<td>1101</td>
<td>Tonsillectomy (dissection of the tonsils) &lt;12</td>
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<tr>
<td>1102</td>
<td>Laser tonsillectomy</td>
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<tr>
<td>1103</td>
<td>Resection: Radical, tonsil, tonsilar pillars and/or retromolar trigone, without closure</td>
<td>245.9</td>
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<tr>
<td>1104</td>
<td>Resection: Radical, tonsil, tonsilar pillars and/or retromolar trigone, with local flap closure</td>
<td>346.1</td>
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<tr>
<td>1105</td>
<td>Removal of adenoids &lt;12</td>
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### Fee Items

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
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<tr>
<td>1107</td>
<td>Opening of quinsy: At rooms</td>
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<td>1109</td>
<td>Opening of quinsy: Under general anaesthetic</td>
<td>35</td>
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<td>1111</td>
<td>Post tonsillectomy or adenoidectomy haemorrhage</td>
<td>46</td>
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<tr>
<td>1100</td>
<td>Control of oropharyngeal haemorrhage with secondary surgical intervention, primary or secondary (e.g. post-tonsillectomy)</td>
<td>133.7</td>
</tr>
<tr>
<td>1113</td>
<td>Retropharyngeal abscess: Internal approach</td>
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<td>1115</td>
<td>Retropharyngeal abscess: External approach</td>
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<td>1106</td>
<td>Laser assisted functional reconstruction of palate uvula</td>
<td>168.3</td>
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<tr>
<td>1116</td>
<td>Functional reconstruction of palate and uvula</td>
<td>168.3</td>
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<tr>
<td>1114</td>
<td>Photodynamic therapy</td>
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<tr>
<td>1122</td>
<td>Laser assisted functional reconstruction of palate uvula</td>
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<tr>
<td>1121</td>
<td>Stroboscopy - equipment fee</td>
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</tr>
<tr>
<td>1122</td>
<td>Laryngeal function studies</td>
<td>16.2</td>
</tr>
<tr>
<td>1130</td>
<td>Direct laryngoscopy</td>
<td>41.4</td>
</tr>
<tr>
<td>0067</td>
<td>Modifier 0067 +25% added for use of microscope in laryngeal surgery</td>
<td></td>
</tr>
<tr>
<td>1118</td>
<td>Laryngeal stroboscopy with video capture</td>
<td>39</td>
</tr>
<tr>
<td>1125</td>
<td>Velopharyngeal reconstruction with or without pharyngeal flap</td>
<td>227</td>
</tr>
<tr>
<td>1497</td>
<td>Vermillionectomy</td>
<td>94.9</td>
</tr>
<tr>
<td>1509</td>
<td>Wide excision of lesion of palate : including local flap</td>
<td>100</td>
</tr>
<tr>
<td>1511</td>
<td>Radical resection of palate</td>
<td>250</td>
</tr>
<tr>
<td>1132</td>
<td>Laryngeal stroboscopy with video capture, should not be used routinely in laryngeal cases. Item 1130 – Direct (Diagnostic) laryngoscopy, may be charged in the consulting rooms when indicated, e.g. laryngeal cases. Modifier 0004 may be added only when a theatre procedure was avoided by performing the procedure in the consulting rooms</td>
<td></td>
</tr>
</tbody>
</table>

**LARYNX AND HYPOPHARYNX**

| 0067 | Modifier 0067 +25% added for use of microscope in laryngeal surgery |  |
| 1118 | Laryngeal stroboscopy with video capture | 39 |

*Modifier 0005 is applicable to item 1052 - Instrumental examination of the nasopharynx including biopsy under general anaesthetic, when used in conjunction with adenoidectomy (item 1105).

*Modifier 0005 is applicable if a tonsillectomy and an adenoidectomy are performed at the same session.

*Item 1039 may be used for excessive bleeding or adenoid remnant cautery. Use item 1105 for >12 (new code not accepted). Recommend 55.5 units.

*The surgeon, who performed the tonsillectomy, remains responsible for post-operative care even if another practitioner has treated the patient for post-tonsillectomy haemorrhage.

*Item 1041 and 1043 are not appropriate for intra-operative treatment of haemorrhage.

*Item 0109 etc may be used for hospital care where no surgical intervention (1100) required.

*Item 1100 may not be combined with tonsillectomy (1101) or adenoidectomy (1105) for intraoperative bleeding. This is a surgical code, use item 1111 for evaluation and initial management.

*Rule G applies to item 1100.

*Items 1106 and 1116 are not reimbursed by most funds, however include on account when performed with other operations such as tonsillectomy and/or nasal procedures.

*Modifier 0067 may be added for use of microscope +25%.
<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not to be used routinely with sino-nasal surgery or tonsillectomy/adenoidectomy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 1130 – Direct (Diagnostic) laryngoscopy, may be charged in the consulting rooms when indicated, e.g. laryngeal cases. Modifier 0004 may be added only when a theatre procedure was avoided by performing the procedure in the consulting rooms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 1123</td>
<td>Botulinus toxin injection for adductor dysphonia</td>
<td>35</td>
</tr>
<tr>
<td>Item 1125</td>
<td>Operative laryngoscopy-excision of lesion/polyp</td>
<td>81.1</td>
</tr>
<tr>
<td>Item 1117</td>
<td>Laryngeal intubation</td>
<td>10</td>
</tr>
<tr>
<td>Item 1120</td>
<td>Intubation, endotracheal, emergency procedure</td>
<td>29.6</td>
</tr>
<tr>
<td>Item 1128</td>
<td>External laryngeal operation</td>
<td>294.4</td>
</tr>
<tr>
<td>Item 1131</td>
<td>Laryngectomy: without block dissection of neck</td>
<td>430</td>
</tr>
<tr>
<td>Codes starting with the digit “4….” may not be approved by some funders eg Discovery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 4904</td>
<td>Laryngectomy: Total, with radical neck dissection</td>
<td>633.5</td>
</tr>
<tr>
<td>Item 4905</td>
<td>Laryngectomy: Subtotal, supraglottic without radical neck dissection</td>
<td>547.4</td>
</tr>
<tr>
<td>Item 4906</td>
<td>Laryngectomy: Subtotal, supraglottic with radical neck dissection</td>
<td>612.3</td>
</tr>
<tr>
<td>Item 4907</td>
<td>Laryngectomy: Hemilaryngectomy, horizontal</td>
<td>515.2</td>
</tr>
<tr>
<td>Item 4908</td>
<td>Laryngectomy: Hemilaryngectomy, laterovertical</td>
<td>487.2</td>
</tr>
<tr>
<td>Item 4909</td>
<td>Laryngectomy: Hemilaryngectomy, anterovertical</td>
<td>480.5</td>
</tr>
<tr>
<td>Item 4910</td>
<td>Laryngectomy: Hemilaryngectomy, antero-lateral-vertical</td>
<td>525.6</td>
</tr>
<tr>
<td>Item 4911-4919</td>
<td>Arynsetoidectomy/sarynsetoidopexy: External approach</td>
<td>252.3</td>
</tr>
<tr>
<td>Item 4913</td>
<td>Pharyngolaryngectomy: with radical neck dissection, without reconstruction</td>
<td>706.0</td>
</tr>
<tr>
<td>Item 4914</td>
<td>Pharyngolaryngectomy: with radical neck dissection, with reconstruction</td>
<td>749.5</td>
</tr>
<tr>
<td>Item 4916</td>
<td>Laryngoplasty: Laryngeal web, two stage, with keel insertion and removal</td>
<td>302.9</td>
</tr>
<tr>
<td>Item 4917</td>
<td>Laryngoplasty: Laryngeal stenosis, with graft or core mold, including tracheotomy</td>
<td>482.2</td>
</tr>
<tr>
<td>Item 4918</td>
<td>Laryngoplasty: Open reduction of fracture</td>
<td>386.8</td>
</tr>
<tr>
<td>Item 4919</td>
<td>Laryngoplasty: Cricoid split</td>
<td>252.1</td>
</tr>
<tr>
<td>Item 1126</td>
<td>Post laryngectomy for voice restoration</td>
<td>139.5</td>
</tr>
<tr>
<td>Item 1112</td>
<td>Pharyngeal pouch operation</td>
<td>231.8</td>
</tr>
<tr>
<td>Item 1127</td>
<td>Tracheostomy: emergency</td>
<td>90</td>
</tr>
</tbody>
</table>

Modifier 0005 is not applicable to tracheostomy
A hospital consultation (item 0109 + item 0145 or the appropriate ICU code) may be charged for post tracheostomy care

Codes starting with the digit “4….” may not be approved by some funders eg Discovery
<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4922</td>
<td>Tracheostoma: Revision, without flap rotation, simple</td>
<td>111.6</td>
</tr>
<tr>
<td>4923</td>
<td>Tracheostoma: Revision, with flap rotation, complex</td>
<td>184.7</td>
</tr>
<tr>
<td>4926</td>
<td>Tracheostomy: Fenestration with skin flaps</td>
<td>180.2</td>
</tr>
<tr>
<td>4927</td>
<td>Tracheostomy: Revision of scar</td>
<td>86.9</td>
</tr>
<tr>
<td>4928</td>
<td>Tracheostomy/fistula: Closure, without plastic repair</td>
<td>83.7</td>
</tr>
<tr>
<td>4929</td>
<td>Tracheostomy/fistula: Closure, with plastic repair</td>
<td>123.3</td>
</tr>
<tr>
<td>4932</td>
<td>Tracheobronchoscopy: Through established tracheostomy incision</td>
<td>46.8</td>
</tr>
<tr>
<td>4933</td>
<td>Tracheoplasty: Cervical</td>
<td>338.0</td>
</tr>
<tr>
<td>4934</td>
<td>Tracheoplasty: Tracheopharyngeal fistulisation, per stage</td>
<td>428.4</td>
</tr>
<tr>
<td>1163</td>
<td>Excision tracheal stenosis</td>
<td>375</td>
</tr>
</tbody>
</table>

**OESOPHAGUS AND BRONCHUS**

*Modifier 0005 is not applicable to purely diagnostic procedures, e.g. laryngoscopies, bronchoscopies, oesophagoscopy and post nasal space examinations.*

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1545</td>
<td>Oesophagoscopy with rigid instrument: First and subseq.incl biopsy</td>
<td>47</td>
</tr>
<tr>
<td>1549</td>
<td>Oesophagoscopy with dilatation of stricture</td>
<td>70</td>
</tr>
<tr>
<td>1557</td>
<td>Oesophageal dilatation : pneumatic</td>
<td>40</td>
</tr>
<tr>
<td>1551</td>
<td>Oesophagoscopy with insertion indwelling oesophageal tube</td>
<td>80</td>
</tr>
<tr>
<td>1550</td>
<td>Oesophagoscopy with removal of foreign body</td>
<td>70</td>
</tr>
<tr>
<td>1132</td>
<td>Diagnostic bronchoscopy</td>
<td>65</td>
</tr>
</tbody>
</table>

*Not to be used routinely with sino-nasal surgery or tonsillectomy/adenoidectomy*

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1133</td>
<td>Diagnostic bronchoscopy plus removal foreign body</td>
<td>80</td>
</tr>
<tr>
<td>1134</td>
<td>Bronchoscopy with laser</td>
<td>75</td>
</tr>
</tbody>
</table>

**NECK**

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1541</td>
<td>Excision of branchial cyst and/or fistula</td>
<td>140</td>
</tr>
<tr>
<td>1543</td>
<td>Excision of cystic hygroma</td>
<td>140</td>
</tr>
<tr>
<td>2955</td>
<td>Removal of carotid body tumour (without vascular reconstruction)</td>
<td>335.6</td>
</tr>
</tbody>
</table>

**EXCISION SUBCUTANOUS MASS IN HEAD & NECK(EG LIPOMA, CYST):**

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0306</td>
<td>Excision subcutaneous mass &lt;2cm</td>
<td>96.7</td>
</tr>
<tr>
<td>0309</td>
<td>Excision subcutaneous mass &gt;2cm</td>
<td>149.4</td>
</tr>
<tr>
<td>0312</td>
<td>Excision subcutaneous mass &gt;2cm involving muscle/subgaleal</td>
<td>157.2</td>
</tr>
<tr>
<td>SAMA Code</td>
<td>Descriptor</td>
<td>UNITS</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>1439</td>
<td>Excision lymph node for biopsy: Neck or axilla</td>
<td>65</td>
</tr>
<tr>
<td>1447</td>
<td>Radical excision of lymph nodes of neck: Total suprahyoid</td>
<td>235</td>
</tr>
<tr>
<td>1445</td>
<td>Radical excision of lymph nodes of neck: Total Unilateral</td>
<td>315</td>
</tr>
<tr>
<td>1442</td>
<td>Lymphadenectomy: Modified radical neck dissection, cervical</td>
<td>360.5</td>
</tr>
<tr>
<td>1539</td>
<td>Salivary duct :meatotomy</td>
<td>20</td>
</tr>
<tr>
<td>1535</td>
<td>Dilatation of salivary duct</td>
<td>10</td>
</tr>
<tr>
<td>1538</td>
<td>Sialolithotomy: Submandibular/submaxillary, intraoral approach, complicated</td>
<td>66.0</td>
</tr>
<tr>
<td>1537</td>
<td>Operative removal of salivary calculus</td>
<td>55</td>
</tr>
<tr>
<td>1533</td>
<td>Closure salivary fistula</td>
<td>91</td>
</tr>
<tr>
<td>1531</td>
<td>Drainage of parotid abscess</td>
<td>25</td>
</tr>
<tr>
<td>1523</td>
<td>Local resection of parotid tumour</td>
<td>169.6</td>
</tr>
<tr>
<td>1525</td>
<td>Partial or superficial parotidectomy</td>
<td>310</td>
</tr>
<tr>
<td>1526</td>
<td>Total parotidectomy with preservation of facial nerve</td>
<td>358.5</td>
</tr>
<tr>
<td>1529</td>
<td>Parotidectomy: Extracapsular</td>
<td>300</td>
</tr>
<tr>
<td>1517</td>
<td>Excision submandibular salivary gland</td>
<td>146</td>
</tr>
<tr>
<td>1519</td>
<td>Excision submandibular salivary gland with suprahyyoid dissection</td>
<td>150</td>
</tr>
<tr>
<td>1521</td>
<td>Excision of submandibular salivary gland: with radical neck dissection</td>
<td>352</td>
</tr>
<tr>
<td>1515</td>
<td>Excision sublingual salivary gland</td>
<td>120</td>
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<tr>
<td>2983</td>
<td>Lobectomy: Partial</td>
<td>198.1</td>
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<tr>
<td>2985</td>
<td>Lobectomy: Total</td>
<td>200</td>
</tr>
<tr>
<td>2987</td>
<td>Thyroidectomy: Subtotal</td>
<td>266</td>
</tr>
<tr>
<td>2989</td>
<td>Thyroidectomy: Total</td>
<td>279</td>
</tr>
<tr>
<td>2991</td>
<td>Thyroglossal cyst or fistula excision</td>
<td>126.2</td>
</tr>
</tbody>
</table>

**THYROID**

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3103</td>
<td>Orbit : removal of tumour</td>
<td>240</td>
</tr>
<tr>
<td>3105</td>
<td>Orbit : exenteration</td>
<td>275</td>
</tr>
<tr>
<td>3107</td>
<td>Orbitotomy requiring bone flap</td>
<td>393</td>
</tr>
<tr>
<td>1009</td>
<td>Maxillectomy or excision zygoma for malignant tumours</td>
<td>396.8</td>
</tr>
</tbody>
</table>

**SKULL BASE:**

*Skull base surgery consists or three separate divisions viz. approach, resection and reconstruction*

**ANTERIOR**

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>5250</td>
<td>Partial mastoido-tympanectomy for malignancy deep lobe of the parotid gland</td>
<td>520</td>
</tr>
<tr>
<td>5251</td>
<td>Total mastoido-tympanectomy extensive malignancy deep lobe parotid gland</td>
<td>600</td>
</tr>
<tr>
<td>5252</td>
<td>Ext petrosectomy malignancy of the deep lobe of the parotid gland</td>
<td>660</td>
</tr>
<tr>
<td>SAMA Code</td>
<td>Descriptor</td>
<td>UNITS</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>5243</td>
<td>Removal-tumour from intratemporal fossa, pterygopatine fossa etc.</td>
<td>520</td>
</tr>
<tr>
<td>5242</td>
<td>Removal of nasopharyngeal angiofibroma or carcinoma: Infra-temporal approach</td>
<td>520</td>
</tr>
<tr>
<td>5239</td>
<td>Removal of tumour of the clivus</td>
<td>620</td>
</tr>
<tr>
<td>5246</td>
<td>Subtotal petrosectomy for removal of temporal bone tumour</td>
<td>600</td>
</tr>
<tr>
<td>5247</td>
<td>Subtotal petrosectomy for CSF leak and/or for total obliteration</td>
<td>480</td>
</tr>
<tr>
<td>5238</td>
<td>Removal of tumour of the petrous apex: including dural repair</td>
<td>620</td>
</tr>
<tr>
<td>5224</td>
<td>Removal of acoustic neuroma via the middle fossa approach</td>
<td>660</td>
</tr>
<tr>
<td>3239</td>
<td>Acoustic neuroma removal translabyrinthine</td>
<td>660</td>
</tr>
<tr>
<td>5232</td>
<td>Removal of acoustic neuroma or cyst of the internal auditory canal</td>
<td>660</td>
</tr>
<tr>
<td>5223</td>
<td>Vestibular neurectomy, removal of supra-labyrinthine tumours or similar middle fossa</td>
<td>530</td>
</tr>
<tr>
<td>5227</td>
<td>Cochleo-vestibular neurectomy: translabyrinthine approach</td>
<td>530</td>
</tr>
<tr>
<td>5235</td>
<td>Removal tumour jugular foramen, intnl.carotid artery, petrous apex &amp; large intratemp. tumours</td>
<td>710</td>
</tr>
</tbody>
</table>

**POSTERIOR**

N Transtemporal Approach to Posterior Cranial Fossa/Jugular Foramen/Midline Skull Base

N Transcoclear Approach to Posterior Cranial Fossa/Jugular Foramen/Midline Skull Base

N Resect/Excise, Lesion, Base Posterior Cranial Fossa/Jugular Foramen/Foramen Magnum/C1-C3; Extradural

N Resect/Excise, Lesion, Base Posterior Cranial Fossa/Jugular Foramen/Foramen Magnum/C1-C3; Intradural

**ENT ADDITIONAL (GENERAL) CODES**

<table>
<thead>
<tr>
<th>Descriptors</th>
<th>SAMA Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>IVI TREATMENT</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>10</td>
</tr>
<tr>
<td>Once-off administration of medicines: This Item provides for medicines used at a consultation, viz, once off administration of medicine, special medicine used in treatment, or emergency dispensing. Charge for medicine used according to the Single Exit Price</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>12</td>
</tr>
<tr>
<td>Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours</td>
<td>6</td>
</tr>
<tr>
<td>Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24 hours</td>
<td>8</td>
</tr>
</tbody>
</table>

**ALLERGY TESTS**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0217</td>
<td>Allergy: Patch tests: First patch</td>
<td>4</td>
</tr>
<tr>
<td>0218</td>
<td>Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs</td>
<td>2.8</td>
</tr>
<tr>
<td>0219</td>
<td>Allergy: Patch tests: Each additional patch</td>
<td>2</td>
</tr>
<tr>
<td>SAMA Code</td>
<td>Descriptor</td>
<td>UNITS</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>-------</td>
</tr>
<tr>
<td>0220</td>
<td>Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens</td>
<td>1.9</td>
</tr>
<tr>
<td>0223</td>
<td>Biopsy without suturing: First lesion</td>
<td>6</td>
</tr>
<tr>
<td>0234</td>
<td>Biopsy without suturing: Subsequent lesions (each)</td>
<td>3</td>
</tr>
<tr>
<td>0237</td>
<td>Deep skin biopsy by surgical incision with local anaesthetic and suturing</td>
<td>12</td>
</tr>
<tr>
<td>0245</td>
<td>Removal of benign lesion by curettage under local or general anaesthesia followed by diathermy and curettage or electrocautery: First lesion</td>
<td>14</td>
</tr>
<tr>
<td>0246</td>
<td>Removal of benign lesion by curettage under local or general anaesthesia followed by diathermy and curettage or electrocautery: Subsequent lesions (each)</td>
<td>7</td>
</tr>
<tr>
<td>0251</td>
<td>Removal of malignant lesions by curettage under local or general anaesthesia followed by electrocautery: First lesion</td>
<td>30</td>
</tr>
<tr>
<td>0252</td>
<td>Removal of malignant lesions by curettage under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)</td>
<td>15</td>
</tr>
<tr>
<td>0288</td>
<td>Harvesting of graft: Fascia lata graft, complex or sheet</td>
<td>127.4</td>
</tr>
<tr>
<td>0289</td>
<td>Large skin grafts, composite skin grafts, large full thickness free skin grafts</td>
<td>234</td>
</tr>
<tr>
<td>0290</td>
<td>Reconstructive procedures (including all stages) and skin graft by myocutaneous or fasciocutaneous flap</td>
<td>410</td>
</tr>
<tr>
<td>0292</td>
<td>Distant flaps: First stage</td>
<td>206</td>
</tr>
<tr>
<td>0295</td>
<td>Local skin flaps (large, complicated)</td>
<td>206</td>
</tr>
<tr>
<td>0300</td>
<td>Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care</td>
<td>14</td>
</tr>
<tr>
<td>0301</td>
<td>Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)</td>
<td>7</td>
</tr>
<tr>
<td>0302</td>
<td>Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage</td>
<td>64</td>
</tr>
<tr>
<td>0303</td>
<td>Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage</td>
<td>128</td>
</tr>
<tr>
<td>0304</td>
<td>Major debridement of wound, sloughectomy or secondary suture</td>
<td>50</td>
</tr>
<tr>
<td>0311</td>
<td>Excision of large benign tumour (more than 5 cm)</td>
<td>55</td>
</tr>
<tr>
<td>0313</td>
<td>Extensive resection for malignant soft tissue tumour including muscle</td>
<td>283.9</td>
</tr>
<tr>
<td>0314</td>
<td>Requiring repair by large skin graft or large local flap or other procedures of similar magnitude</td>
<td>104</td>
</tr>
<tr>
<td>0315</td>
<td>Requiring repair by small skin graft or small local flap or other procedures of similar magnitude</td>
<td>55</td>
</tr>
</tbody>
</table>

**EXCISION BENIGN LESION EAR, EYELIDS, NOSE & LIPS:**

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4960</td>
<td>Excision benign lesion ear, eyelids, nose or lips &lt;0.5cm</td>
<td>29.2</td>
</tr>
<tr>
<td>4961</td>
<td>Excision benign lesion ear, eyelids, nose or lips 0.6-1.0cm</td>
<td>37.8</td>
</tr>
<tr>
<td>4962</td>
<td>Excision benign lesion ear, eyelids, nose or lips 1.1-2.0cm</td>
<td>42.1</td>
</tr>
<tr>
<td>4963</td>
<td>Excision benign lesion ear, eyelids, nose or lips 2.1-3.0cm</td>
<td>51.7</td>
</tr>
<tr>
<td>4964</td>
<td>Excision benign lesion ear, eyelids, nose or lips 3.1-4.0cm</td>
<td>65.9</td>
</tr>
<tr>
<td>4965</td>
<td>Excision benign lesion ear, eyelids, nose or lips &gt;4.0cm</td>
<td>94.0</td>
</tr>
</tbody>
</table>

**EXCISION MALIGNANT LESION FACE, EYELIDS, NOSE OR LIPS:**

<table>
<thead>
<tr>
<th>SAMA Code</th>
<th>Descriptor</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4848</td>
<td>Excision malignant lesion face, eyelids, nose or lips &lt;0.5cm</td>
<td>36.2</td>
</tr>
<tr>
<td>4849</td>
<td>Excision malignant lesion face, eyelids, nose or lips 0.6-1.0cm</td>
<td>46.2</td>
</tr>
<tr>
<td>SAMA Code</td>
<td>Descriptor</td>
<td>UNITS</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>4850</td>
<td>Excision malignant lesion face, eyelids, nose or lips 1.1-2.0cm</td>
<td>54.4</td>
</tr>
<tr>
<td>4851</td>
<td>Excision malignant lesion face, eyelids, nose or lips 2.1-3.0cm</td>
<td>68.0</td>
</tr>
<tr>
<td>4852</td>
<td>Excision malignant lesion face, eyelids, nose or lips 3.1-4.0cm</td>
<td>84.3</td>
</tr>
<tr>
<td>4853</td>
<td>Excision malignant lesion face, eyelids, nose or lips &gt;4.0cm</td>
<td>117.5</td>
</tr>
<tr>
<td>4855</td>
<td>EXCISION BENIGN Lesion scalp or neck (eg. naevus):</td>
<td></td>
</tr>
<tr>
<td>4950</td>
<td>Excision benign lesion scalp or neck &lt;0.5cm</td>
<td>23.5</td>
</tr>
<tr>
<td>4951</td>
<td>Excision benign lesion scalp or neck 0.6-1.0cm</td>
<td>32.1</td>
</tr>
<tr>
<td>4952</td>
<td>Excision benign lesion scalp or neck 1.1-2.0cm</td>
<td>38.9</td>
</tr>
<tr>
<td>4953</td>
<td>Excision benign lesion scalp or neck 2.1-3.0cm</td>
<td>45.3</td>
</tr>
<tr>
<td>4954</td>
<td>Excision benign lesion scalp or neck 3.1-4.0cm</td>
<td>51.8</td>
</tr>
<tr>
<td>4955</td>
<td>Excision benign lesion scalp or neck &gt;4.0cm</td>
<td>79.0</td>
</tr>
<tr>
<td>4970</td>
<td>Excision malignant lesion scalp or neck &lt;0.5cm</td>
<td>34.7</td>
</tr>
<tr>
<td>4971</td>
<td>Excision malignant lesion scalp or neck 0.6-1.0cm</td>
<td>43.8</td>
</tr>
<tr>
<td>4972</td>
<td>Excision malignant lesion scalp or neck 1.1-2.0cm</td>
<td>50.5</td>
</tr>
<tr>
<td>4973</td>
<td>Excision malignant lesion scalp or neck 2.1-3.0cm</td>
<td>62.1</td>
</tr>
<tr>
<td>4974</td>
<td>Excision malignant lesion scalp or neck 3.1-4.0cm</td>
<td>70.3</td>
</tr>
<tr>
<td>4975</td>
<td>Excision malignant lesion scalp or neck &gt;4.0cm</td>
<td>86.7</td>
</tr>
<tr>
<td>1578</td>
<td>Oesophageal motility (4 channel + pneumograph)</td>
<td>100</td>
</tr>
<tr>
<td>1580</td>
<td>Oesophageal motility (6 Channel + pneumograph + pH pull-through)</td>
<td>110</td>
</tr>
<tr>
<td>1584</td>
<td>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)</td>
<td>55</td>
</tr>
<tr>
<td>1585</td>
<td>24 Hour oesophageal pH studies: Interpretation</td>
<td>27</td>
</tr>
<tr>
<td>1587</td>
<td>Upper gastro-intestinal endoscopy: Hospital equipment</td>
<td>48.75</td>
</tr>
<tr>
<td>6005</td>
<td>Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)</td>
<td>25</td>
</tr>
<tr>
<td>6006</td>
<td>Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)</td>
<td>30</td>
</tr>
<tr>
<td>6007</td>
<td>Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)</td>
<td>35</td>
</tr>
<tr>
<td>6008</td>
<td>Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + 0201 + item 0202)</td>
<td>35</td>
</tr>
<tr>
<td>6009</td>
<td>Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)</td>
<td>50</td>
</tr>
<tr>
<td>2759</td>
<td>Nerve biopsy: Peripheral</td>
<td>37</td>
</tr>
<tr>
<td>2763</td>
<td>Nerve biopsy: Cranial nerves: Extra-cranial</td>
<td>20</td>
</tr>
<tr>
<td>2769</td>
<td>Suture: Large nerve: Primary</td>
<td>134</td>
</tr>
<tr>
<td>2771</td>
<td>Suture: Large nerve: Secondary</td>
<td>202</td>
</tr>
<tr>
<td>2777</td>
<td>Nerve graft: Simple</td>
<td>202</td>
</tr>
<tr>
<td>SAMA Code</td>
<td>Descriptor</td>
<td>UNITS</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>2785</td>
<td>Fascicular: Facio-accessory or facio-hypoglossal anastomosis</td>
<td>124</td>
</tr>
<tr>
<td>2787</td>
<td>Fascicular: Grafting of facial nerve</td>
<td>215</td>
</tr>
<tr>
<td></td>
<td><strong>ORBIT</strong></td>
<td></td>
</tr>
<tr>
<td>3101</td>
<td>Drainage of orbital abscess</td>
<td>105</td>
</tr>
<tr>
<td>3103</td>
<td>Orbit: Removal of tumour</td>
<td>240</td>
</tr>
<tr>
<td>3105</td>
<td>Orbit: Exenteration</td>
<td>275</td>
</tr>
<tr>
<td>3161</td>
<td>Tarsorrhaphy</td>
<td>47</td>
</tr>
<tr>
<td>3163</td>
<td>Excision of superficial lid tumour</td>
<td>47</td>
</tr>
<tr>
<td>3165</td>
<td>Repair of skin laceration lid: Simple</td>
<td>27.3</td>
</tr>
</tbody>
</table>

N = New code. Add SAMA code when available.
GUIDELINES FROM THE SOCIETY OF OTORHINOLARYNGOLOGY AND HEAD AND NECK SURGERY
APPROVED BY THE SA PRIVATE PRACTITIONERS FORUM

The AGM of the SA Society ORL - Head & Neck Surgery held at Spier Estate on 27 October 1998 adopted the formulation of a guide to services for its members. This guide and all other guides (e.g. SAMA Guide) serve only as a guide to services.

Consulting rooms evaluation/consultation and visits

Items 0190-0192

The time spent with the patient and/or family (plus communication with colleagues, e.g. radiologist/referring doctor) should be used as guideline in addition to the level of difficulty/complexity of evaluation and management.

The correct level of consultation code should be assigned irrespective of the fee charged.

Hospital evaluation/consultation and visits

Items 0173-0175

These items are used for the first evaluation and management visit to the patient in hospital. If the patient was referred, these items must be used regardless of the patient's date of admission.

There are three levels of first hospital consultation codes depending on the time spent with the patient (throughout the day, irrespective of the number of visits).

The accumulated time and complexity will determine the correct first hospital consultation code.

| Item 0173-0175 + item 0145 is appropriate for non-emergency first hospital visits |
| Item 0173-0175 + item 0147 is appropriate for emergency hospital visits (any time of day) |
| Item 0109 + 0145 is appropriate for non-emergency hospital follow-up visits |
| Item 0109 + 0147 is appropriate for emergency (not routine care) hospital visits |
| Item 0109 + 0145 + 0178 is appropriate for a hospital visit or care between 30-60 minutes |
| Item 0109 + 0145 + 0178 + 0179 is appropriate for a hospital visit or care > 60 minutes |

NB: Some medical aids may not recognise all the above code combinations viz. 0178 and 0179.

Consulting rooms procedures

Where patients present with multiple problems/diagnoses requiring a number of procedures, all the appropriate ICD-10 codes must be added on the same line as the procedure code.

Item 1018: Flexible nasopharyngolaryngoscope examination. This item is an instrument fee. The fee should be based on the frequency of use and the patient’s circumstances.

Note that in the situation where both rigid (item 1019) and flexible (item 1018) instruments are used, it would be unreasonable to charge for both except in highly exceptional circumstances and supporting documentation should be kept.

Item 1118: Laryngeal stroboscopy with video capture, should not be used routinely in laryngeal cases.

Item 1130: Direct laryngoscopy, may be charged in the consulting rooms when indicated, e.g. laryngeal cases. Modifier 0004 may be added only when a theatre procedure was avoided by
performing the procedure in the consulting rooms.

Item 3206: Microscopic examination of tympanic membrane including microsuction. This is a procedural item and should be charged at 8.00 clinical procedure units.

**Surgery: Modifiers and Guidelines**

### Application of modifier 0005 in Otorhinolaryngology

A minimum reduction of 50% for multiple procedures is suggested. (SAMA interpretation of modifier 0005 prescribes 75% (2nd procedure), 50% (3rd procedure) and 25% all subsequent procedures).

Most funders apply the SAMA interpretation of modifier 0005. However, some funders will reimburse at 100% for all the procedures. Some funds may require that 0005 is added after each line item where it is applied (refer to fund rules).

Where multiple procedures are performed without applying modifier 0005, the surgeon may be required to justify the charges and supporting documentation should be kept.

Surgical fees are calculated according to time and post-operative care required. However, the percentage reduction is somewhat arbitrary and varies between fee structures, e.g. CPT® reduce the procedures by 50%. The reduction applicable to maxillo-facial surgery is different.

### Epistaxis

Modifier 0005 is not applicable to items:

- 1041 - Control of severe epistaxis requiring hospitalisation: Anterior plugging (unilateral)
- 1043 - Control of severe epistaxis requiring hospitalisation: Anterior and posterior plugging (unilateral). These items are not to be used in post nasal surgery.

### Application of modifier 0005 for diagnostic scopes/examination under general anaesthetic

Modifier 0005 is not applicable to purely diagnostic procedures, e.g. laryngoscopies, bronchoscopies, oesophagoscopies and post nasal space examinations.

Postoperative visits in ward or consulting rooms may be charged as diagnostic procedures do not provide for aftercare.

Modifier 0005 does not apply to tracheostomy and certain head and neck codes (see below).

Exception: modifier 0005 is applicable to item 1052 (Instrumental examination of the nasopharynx including biopsy), if performed in conjunction with item 1101 and/or item 1105.

### Rule G - Normal post-operative care (Global period)

Unless otherwise stated, the fee in respect of an operation/procedure includes 4 weeks normal post-operative care.

The normal post-operative aftercare period for the insertion of grommets (items 3211, 3212 and 3213) is 10 days.

Pre and post operative ward visits on day of surgery may not be charged. Routine post operative ward visits/rounds may not be charged.

A hospital consultation (item 0109 + item 0145 or the appropriate ICU code) may be charged for post tracheostomy care.

The appropriate hospital consultation code may be used in cases where prolonged stay in hospital
results from complication and/or co-morbid disease (items 0109 etc, 1205 or 1206).

**Rule C – Comparable procedure or service**

Where a procedure or service is not listed or recognised by a funder then a comparable procedure or service may be used. Motivation may be required. Rule C should be recorded in the line item. Applicable to use of code 0010 (local anaesthetic) for vasoconstrictor application in ENT surgery.

**Application of Rule J in Otorhinolaryngology**

Medical schemes require a motivation for the application of Rule J – Disproportionately low fees, for an increase in reimbursement.

The suggested increase above the normal fee charged is:

- Up to 50% when the patient was referred by a specialist or for a complex procedure.
- Up to 75% for previous radiotherapy/chemotherapy.
- Up to 75% for previous surgery (apply modifier 0014 if the previous surgery was performed by another surgeon).

The medical aid base tariffs are disproportionately low where practice cost studies have not been applied. Therefore, Rule J may be applied at 150 – 250% if the medical aid fee is charged. Funders should consider motivations where fees are reasonable, professional and cost based.

SAPPF (and others) vs DoH: 28 July 2010 refers: Mr. Acting Justice Ebersohn found the NHRPL ("medical aid rates") to be unreasonably low (did not meet costs of practice) and irrational, declaring it invalid and set aside.

Cost studies required by the CMS (Council of Medical Schemes) have demonstrated that a 300% increase in NHRPL rates is required to cover average practice costs and professional remuneration at a specialist junior consultant level in provincial (government) service.

Professor H. McLeod (Actuary, University of Stellenbosch) calculated that a 164% increase in NHRPL rates for doctors was needed to meet CPIX in the years to 2009.

The unit rates for surgery and consultation were previously equal. A gap in these rates was arbitrarily and unscientifically introduced by medical schemes in 2000. The gap widens annually.

Closing the gap between medical aid surgery vs consult rates and adjusting for inflation would require an increase in medical aid rates of at least 264% for surgery.

Application of Rule J in nasal surgery:

The use of Rule J is appropriate in complex cases and revision surgery

**Endolaryngeal procedures – Modifier 0067**

Modifier 0067 (+25% to fee of procedure as separate line item) may be added to item 1125 (Operative laryngoscopy) with excision of tumour and/or stripping of vocal cords (excluding aftercare), item 1128 (Endolaryngeal operation) or item 1130 (Direct laryngoscopy), when a microscope was used.

Item 1132 (Bronchoscopy) and item 1545 (Oesophagoscopy), may be added to items 1125, 1128 and 1130, if appropriate.

Motivation may be requested when applied to other items.

**Sino-nasal surgery – Modifier 0069**
NB: Modifier 0069 – Endoscopic instruments is not applicable to item 1029 – Turbinectomy

Modifier 0069 – Endoscopic instruments used during intranasal surgery, is applied @ 10% of the fee of the procedure (+10% as separate line item), for the following procedures:

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1025</td>
<td>Intra-nasal antrostomy</td>
</tr>
<tr>
<td>1027</td>
<td>Dacrocystorhinostomy</td>
</tr>
<tr>
<td>1030</td>
<td>Endoscopic turbinectomy</td>
</tr>
<tr>
<td>1033</td>
<td>Removal of multiple polyps in hospital under general anaesthetic (unilateral)</td>
</tr>
<tr>
<td>1035</td>
<td>Endoscopic ethmoid surgery (total): Unilateral</td>
</tr>
<tr>
<td>1036</td>
<td>Endoscopic ethmoid surgery (total): Bilateral</td>
</tr>
<tr>
<td>1039</td>
<td>Diathermy of nose or pharynx exclusive of consultation fee, uni- or bilateral: Under general anaesthetic</td>
</tr>
<tr>
<td>1047</td>
<td>Caldwell-Luc operation: Unilateral</td>
</tr>
<tr>
<td>1054</td>
<td>Antrostomy through the canine fossa</td>
</tr>
<tr>
<td>1083</td>
<td>Choanal atresia: Intranasal approach</td>
</tr>
<tr>
<td>NEW</td>
<td>Transnasal repair CSF leak ethmoid region (not with 2909 except combined approach transcranial plus transnasal)</td>
</tr>
<tr>
<td>NEW</td>
<td>Transnasal repair CSF leak sphenoid region (not with 2909 except combined approach transcranial plus transnasal)</td>
</tr>
<tr>
<td>NEW</td>
<td>Frontal sinus exploration (not with 1055, 1059, 4896, 4897, 4898, 4899, 4900, 4901)</td>
</tr>
<tr>
<td>NEW</td>
<td>Ligation sphenopalatine artery (not with 1049)</td>
</tr>
<tr>
<td>4890</td>
<td>Endoscopic maxillary antrostomy (replaces 1025 when accepted)</td>
</tr>
<tr>
<td>4891</td>
<td>Endoscopic maxillary antrostomy with tissue removal</td>
</tr>
<tr>
<td>4892</td>
<td>Endoscopic anterior (partial) ethmoidectomy (not with 1036, may combine 1035 for opposite side not same side)</td>
</tr>
<tr>
<td>4893</td>
<td>Endoscopic inferior or medial orbital wall decompression</td>
</tr>
</tbody>
</table>

**Guidelines Summary**

<table>
<thead>
<tr>
<th>Code</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Office procedures</strong></td>
</tr>
<tr>
<td>1018</td>
<td>Item 1018 should not be used routinely in conjunction with item 1130</td>
</tr>
<tr>
<td>1019</td>
<td>Should not be combined with 1018 (except in exceptional circumstances)</td>
</tr>
<tr>
<td>3218</td>
<td>Remove impacted wax from one or both ears. May not charge twice at same office visit</td>
</tr>
<tr>
<td>0005</td>
<td>Applicable to all ipsi- and contralateral intranasal and sinus codes except 1036.</td>
</tr>
<tr>
<td></td>
<td>Full-house sinus surgery (frontal, antral, ethmoid and sphenoid) is rarely indicated</td>
</tr>
<tr>
<td></td>
<td>Full-house intranasal surgery (septum, middle and inferior turbinate bilateral) is rarely indicated</td>
</tr>
<tr>
<td>1033</td>
<td>Item 1033 - may not be charged routinely in conjunction with other sino-nasal codes.</td>
</tr>
<tr>
<td></td>
<td>Removal of multiple polyps in hospital under general anaesthetic (unilateral), may not be charged routinely with codes:</td>
</tr>
<tr>
<td>1035</td>
<td>Endoscopic ethmoid surgery (total): Unilateral</td>
</tr>
<tr>
<td>1036</td>
<td>Endoscopic ethmoid surgery (total): Bilateral (or other sino-nasal codes)</td>
</tr>
<tr>
<td></td>
<td>1033 may be used in conjunction with:</td>
</tr>
<tr>
<td></td>
<td>1035 and 1036 (or other sino-nasal codes) in cases with significant polyposis.</td>
</tr>
<tr>
<td></td>
<td>Modifier 0005 is applicable</td>
</tr>
<tr>
<td>1035</td>
<td>This item applies to surgery of the ethmoids only (total) and may be combined with the items for surgery to the frontal, antral and sphenoid sinuses and/or surgery to the septum, turbinates and external nose (modifier 0005 applies)</td>
</tr>
<tr>
<td></td>
<td>• Item 1035 may not be used with item 1055 on the same side, but may be added for surgery on the opposite side</td>
</tr>
<tr>
<td>1036</td>
<td>This item applies to bilateral surgery of the ethmoids only (total) and may be combined with the items for surgery to the frontal, antral and sphenoid sinuses and/or surgery to the septum, turbinates and external nose</td>
</tr>
<tr>
<td>1057</td>
<td>External ethmoidectomy and/or sphenoidectomy, is the appropriate comparable code for an endoscopic sphenoidectomy. Modifier 0005 must be applied to the opposite side</td>
</tr>
<tr>
<td></td>
<td>May be combined with items:</td>
</tr>
<tr>
<td></td>
<td>1035 - Endoscopic ethmoid surgery: Unilateral</td>
</tr>
<tr>
<td></td>
<td>1036 - Endoscopic ethmoid surgery: Bilateral</td>
</tr>
<tr>
<td></td>
<td>when sphenoidotomy/sphenoidectomy is performed in addition to ethmoid surgery</td>
</tr>
</tbody>
</table>
### Sino-nasal surgery

<table>
<thead>
<tr>
<th>Code</th>
<th>Description and Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>0005</td>
<td>Applicable to all ipsi- and contralateral intranasal and sinus codes except 1036. Full-house sinus surgery (frontal, antral, ethmoid and sphenoid) is rarely indicated. Full-house intranasal surgery (septum, middle and inferior turbinate bilateral) is rarely indicated.</td>
</tr>
<tr>
<td>1022</td>
<td>Includes all procedures on the septum, including correction of simple caudal septal deflection. If a tip deformity or inlet valve obstruction is present, item 1087 may apply. General Rule J could be applied in cases of unusual difficulty.</td>
</tr>
<tr>
<td>1029</td>
<td>Appropriate for submucous resection of turbinates. Turbinectomy may not be used routinely in conjunction with item 1030. Supporting documents should be kept when these two items are combined. Modifier 0069 - Endoscopic instruments used during intranasal surgery, is not applicable to item 1029.</td>
</tr>
<tr>
<td>1030</td>
<td>May add item 5930 for hire of laser when paid for by doctor.</td>
</tr>
<tr>
<td>1034</td>
<td>Full fee is appropriate for removal and transplant of bone in nasal surgery (modifier 0005 is not applicable).</td>
</tr>
<tr>
<td>1039</td>
<td>Diathermy to nose or pharynx may not be used routinely in conjunction with item 1101 (Tonsillectomy) or item 1105 (Removal of adenoids).</td>
</tr>
<tr>
<td>1041</td>
<td>Control of severe epistaxis requiring hospitalisation: Anterior plugging (unilateral). This item is appropriate for a unilateral procedure. Modifier 0005 not applicable.</td>
</tr>
<tr>
<td>1043</td>
<td>Control of severe epistaxis requiring hospitalisation: Anterior and posterior plugging (unilateral). This item is appropriate for a unilateral procedure. Modifier 0005 not applicable.</td>
</tr>
<tr>
<td>1052</td>
<td>Instrumental examination of the nasopharynx including biopsy under general anaesthetic, may not be used routinely in sino-nasal surgery. This item may be combined (not routinely) with item 1101 and/or 1105. Item 1052 is appropriate in conjunction with item 1035 or 1036 (as appropriate) in the case of polyps growing into the posterior choana.</td>
</tr>
<tr>
<td>1053</td>
<td>This item is appropriate for a unilateral procedure. Modifier 0005 is applicable.</td>
</tr>
<tr>
<td>1054</td>
<td>Appropriate for unilateral antrostomy. Modifier 0005 is applicable.</td>
</tr>
<tr>
<td>1055</td>
<td>This item may be used in conjunction with sphenoidectomy (1057) and intranasal procedures. Item 1035 may be added for endoscopic ethmoid surgery on the opposite (not ipsilateral) side.</td>
</tr>
<tr>
<td>1057</td>
<td>Item 1057 – External ethmoidectomy and/or sphenoidectomy, is the appropriate comparable code for an endoscopic sphenoidectomy. Modifier 0005 must be applied to the opposite side. Item 1057 – may be combined with item 1035 and item 1036 when sphenoidotomy/sphenoidectomy is performed in addition to ethmoid surgery. This item may be used in conjunction with intranasal procedures. Modifier 0069 may be applied to item 1057 although some funders do not reimburse for the use of the modifier, as the procedure is not listed as an endoscopic procedure.</td>
</tr>
<tr>
<td>1069</td>
<td>Proof puncture may not be used routinely in conjunction with item 1101 (Tonsillectomy) or item 1105 (Removal of adenoids).</td>
</tr>
<tr>
<td>1085</td>
<td>Appropriate for functional septoplasty and tip surgery performed together with surgery on the nasal pyramid (osteotomies). Appropriate when columella lengthening is performed together with functional septum and nasal pyramid (osteotomies) surgery.</td>
</tr>
<tr>
<td>1087</td>
<td>Sub-total reconstruction consisting of any two of the following: septoplasty; osteotomies; nasal tip reconstruction. Item 1087 – may apply to septal correction where tip deformity or valve inlet obstruction is present.</td>
</tr>
<tr>
<td>1099</td>
<td>Not appropriate as a separate procedure for the insertion of cartilage into the columella only to lift it. Appropriate when the columella is cross-sectioned and physically lengthened by tissue brought in from elsewhere. Indications for columella lengthening might be congenital deformities entailing a short columella e.g. Binder’s syndrome or in cases due to tissue loss eg. previous surgery and burns.</td>
</tr>
</tbody>
</table>

### Tonsils and adenoids

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1101</td>
<td>Modifier 0005 is applicable to 1105 if a tonsillectomy and an adenoidectomy are performed at the same session.</td>
</tr>
<tr>
<td>1102</td>
<td>Add item 5930 for hire of laser when paid for or owned by doctor.</td>
</tr>
<tr>
<td>1105</td>
<td>Modifier 0005 is applicable to 1105 if a tonsillectomy and an adenoidectomy are performed at the same session. Item 1052 (modifier 0005 applies) should be combined with item 1105.</td>
</tr>
<tr>
<td>1039</td>
<td>Diathermy of nose or pharynx exclusive of consultation fee. Under general anaesthetic, may be used with tonsillectomy (item 1101) for associated epistaxis. It should not be used routinely with adenoidectomy (item 1105). However, it may be used for excessive bleeding or adenoid remnant cautery.</td>
</tr>
<tr>
<td>1052</td>
<td>Instrumental examination of the nasopharynx including biopsy under general anaesthetic, may be used in conjunction with tonsillectomy (not routinely) and/or adenoidectomy, note modifier 0005 applies.</td>
</tr>
</tbody>
</table>
Myringotomy and grommets

<table>
<thead>
<tr>
<th>Modifier 0005 does not apply to items:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3209 – Myringotomy: bilateral (paracentesis)</td>
</tr>
<tr>
<td>3213 – Bilateral myringotomy with insertion of bilateral ventilation tube: when performed with tonsillectomy (item 1101) and/or adenoidectomy (item 1105)</td>
</tr>
</tbody>
</table>

| 1052 | Instrumental examination of the nasopharynx including biopsy under general anaesthetic, may be combined (not routinely) with item 3207 - Myringotomy: Unilateral, item 3209 - Myringotomy: Bilateral, item 3211 - Unilateral myringotomy with insertion of unilaterial ventilation tube, item 3213 - Bilateral myringotomy with insertion of bilateral ventilation tube |

Larynx

<table>
<thead>
<tr>
<th>1119</th>
<th>May be used for partial/subtotal surgery with rule C 0067 may be applied for use of microscope</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Appropriate to add item 1130 to item 1119 when a direct laryngoscopy is done during the same anaesthetic as a laryngectomy</td>
</tr>
<tr>
<td></td>
<td>Add item 5930 for hire of laser when paid for by doctor</td>
</tr>
<tr>
<td>1128</td>
<td>Add item 5930 for hire of laser when paid for or owned by doctor</td>
</tr>
<tr>
<td>1130</td>
<td>Appropriate to add item 1130 to item 1119 when a direct laryngoscopy is done during the same anaesthetic as a laryngectomy</td>
</tr>
<tr>
<td>1132</td>
<td>Specify on account if biopsy was performed with bronchoscopy</td>
</tr>
<tr>
<td>0201</td>
<td>For biopsy forceps in endoscopic procedures: 10% of the cost of the forceps per patient is acceptable</td>
</tr>
</tbody>
</table>

**Head and neck surgery – modifier 0005**

Modifier 0005 may not apply to the following codes (surgical discretion should be used):

<table>
<thead>
<tr>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0295</td>
<td>Local skin flaps (large, complicated)</td>
</tr>
<tr>
<td>1009</td>
<td>Maxillectomy</td>
</tr>
<tr>
<td>1119</td>
<td>Laryngectomy without block dissection of the neck</td>
</tr>
<tr>
<td>1126</td>
<td>Post laryngectomy for voice restoration</td>
</tr>
<tr>
<td>1127</td>
<td>Tracheostomy</td>
</tr>
<tr>
<td>1128</td>
<td>Endolaryngeal operations</td>
</tr>
<tr>
<td>1445</td>
<td>Radical excision of lymph nodes of neck: Total: Unilateral</td>
</tr>
<tr>
<td>1447</td>
<td>Radical excision of lymph nodes of neck: Total: Suprahyoid unilateral</td>
</tr>
<tr>
<td>1463</td>
<td>Surgical biopsy of tongue or palate: Under general anaesthetic</td>
</tr>
<tr>
<td>1471</td>
<td>Resection of malignant lesion of buccal mucosa including radical neck dissection (Commando operation), but not including reconstructive plastic procedure</td>
</tr>
<tr>
<td>1505</td>
<td>Partial glossectomy</td>
</tr>
<tr>
<td>1509</td>
<td>Wide excision of lesion of palate</td>
</tr>
<tr>
<td>1511</td>
<td>Radical resection of palate (including skin graft)</td>
</tr>
<tr>
<td>1515</td>
<td>Excision of sublingual salivary gland</td>
</tr>
<tr>
<td>1517</td>
<td>Excision of submandibular salivary gland</td>
</tr>
<tr>
<td>1519</td>
<td>Excision of submandibular salivary gland with suprahoid dissection</td>
</tr>
<tr>
<td>1521</td>
<td>Excision of submandibular salivary gland with radical neck dissection</td>
</tr>
<tr>
<td>1525</td>
<td>Partial parotidectomy</td>
</tr>
<tr>
<td>1526</td>
<td>Total parotidectomy with preservation of facial nerve</td>
</tr>
<tr>
<td>1529</td>
<td>Parotidectomy: Extracapsular</td>
</tr>
<tr>
<td>2831</td>
<td>Neurolysis: Major</td>
</tr>
<tr>
<td>2983</td>
<td>Lobectomy: Partial</td>
</tr>
<tr>
<td>2985</td>
<td>Lobectomy: Total</td>
</tr>
<tr>
<td>2987</td>
<td>Thyroidectomy: Subtotal</td>
</tr>
<tr>
<td>2989</td>
<td>Thyroidectomy: Total</td>
</tr>
<tr>
<td>5235</td>
<td>Removal of tumour of the jugular foramen, internal carotid artery, petrous apex and large infratemporal tumours</td>
</tr>
<tr>
<td>5239</td>
<td>Removal of tumour of the clivus</td>
</tr>
<tr>
<td>5243</td>
<td>Removal of tumour from the infratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx</td>
</tr>
</tbody>
</table>
Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland
Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland
Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland

The appropriate hospital consultation code may be used in cases were prolonged stay in hospital results from complications and/or co-morbid disease (items 0109, 0145, 0178, 0179, 1205 or 1206)

Assistants

0008 : Specialist assistant: The fee is 40% of the surgical fee where a specialist assistant is required.

0009 : Assistant: The fee is 20% of the surgical fee for an assistant with a minimum of 36 units.

The use of an assistant is justified in open approach sino-nasal surgery. Harvesting and grafting of rib and/or cartilage and in revision surgery.

The name of the assistant should appear on the account should

Medical scheme cover:

Medical scheme cover should be negotiated with schemes before performing nasal reconstructive procedures

If nasal reconstruction forms part of cosmetic surgery, motivations to medical schemes should clearly distinguish between the functional and cosmetic components

Post-tonsillectomy haemorrhage:

The surgeon, who performed the tonsillectomy, remains responsible for post-operative care even if another practitioner has treated the patient for post-tonsillectomy haemorrhage

Item 1041 and 1043 is not appropriate for intra-operative treatment of haemorrhage

Pre-operative photography

Pre-operative external photographs are chargeable under item 0201

The patient is responsible for the fee if the medical scheme does not grant benefits for this procedure

Modifiers

Rule C Comparable code may be used where no code exists or a new code is not recognised by fund

Rule G Routine post operative care (ward and rooms) may not be charged for 4 weeks post surgery (10 days for grommets)

Rule J May apply for a higher fee where the fee is disproportionately low

0004 Surgical procedure in own rooms. Add 100% to fee for procedure (applies to procedures usually performed in theatre)

0005 Reduction in surgical fee for second and subsequent procedures

0006 Visiting specialist performs surgery: referring specialist may charge for hospital visits/care post surgery

0007 Own equipment (not supplied by clinic) in theatre: 15 units

0008 Specialist assistant. 40% fee for procedure. Assistant’s name should appear on the account

0009 Assistant (non specialist). 20% fee for procedure. Minimum 36 units. Assistant’s name should appear on the account

0011 Add 12 procedure units per half hour for bone fide emergency procedures any time of day. Not applicable to cases added to routine operating lists

0014 Additional fee under Rule J may be added to revision procedure previously performed by another surgeon

0018 BMI modifier. Add 50% to surgical fee for BMI > 35 (kg/m²)

0019 Neonates modifier. Add 50% to surgical fee up to 28 days or low birth weight < 2500g

0067 Add 25% to surgery fee for use of microscope (not applicable to ear surgery)

0069 Add 10% to surgery fee for use of endoscope in sino-nasal surgery

0201 Cost of material in treatment: Charge for material at cost price PLUS 10%. (Where applicable, VAT should be added to the
Addendum

Patients must be informed of the level of fees charged.

Charges should be: justifiable (reasonable) and take the following into account: economic circumstances and financial position of the patient, professional status and experience of specialist (including additional training and expertise), and cost studies. Previously treated patients / failed management and patients with significant comorbidity may have increased difficulty requiring additional time and expertise.

Split billing:

In split billing the patient has one account for a “co-payment” or private amount and a separate account is sent to the fund (electronically or otherwise) at medical aid rates i.e. the fund is not aware of any additional charge to the patient. Though this may be legal, the HPCSA has resolved that it is not recommended.

Balanced billing:

Many medical aids now accept balanced billing. Therefore they will reimburse the doctor directly (at the fund rate) when a private fee (fee above medical aid rates) is charged. The balance may be collected from the patient.

HPCSA guidelines:

The decision as to when a patient should be admitted for elective surgery should be left to the discretion of the doctor concerned, subject to peer review norms. (Resolved: Sept 2000)

PRE-AUTHORISATION

The HPCSA has resolved that pre-authorisation should be on a peer to peer (medical advisor should be registered in same speciality) basis. Request this when dealing with funders.

Funders are required to produce written evidence (protocols, guidelines) in support of any refusal or challenge to specialist management. They are required to update these regularly and provide the names of the medical advisors involved in their formulation.

C Joseph and S Bouwer

Coding Committee.

South African Ear, Nose, Throat & Head and Neck Society.

2014.