



SA Society Otorhinolaryngology, Head and Neck Surgery

Codes and Guidelines

Fee Items		
SAMA Code	Descriptor	UNITS
	<u>CONSULTATIONS</u>	
0109	Hospital follow-up visit	15
0129	Prolonged first/follow-up consultation : per 15 min (after 60 min)	15
0130	Telephone consult all hours	12
0132	Repeat Script	5
0133	Writing motivation for procedure or treatment	9
0190	Consultation :10-20 minutes (Low severity)	17
0191	Consultation :20-30 minutes (Moderate severity)	27.5
0192	Consultation :30-45 minutes (High severity)	40
0193	Consultation :46-60 minutes (High severity)	63.6
	<p><i>Items 0190-0192</i></p> <p><i>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.</i></p> <p>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.</p> <p>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.</p> <p>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.</p>	
0145	Consultation : Away from doctor's room	6
	<i>Item 0145 may be added to hospital visits 0109 daily. Some funds do not reimburse daily use</i>	
0146	Unscheduled consultation: Emergency (add to consult in rooms)	8
0147	Unscheduled consultation: Emergency (add to consult away from rooms)	14
	<i>Suitable for hospital and emergency room consultations</i>	
0148	Elective after-hours services(+50%) 2100hrs to 0600hrs	
0149	Emergency after-hours services(+25% additional line to 0190-0192, 0173-0175)	

Fee Items		
SAMA Code	Descriptor	UNITS
	<i>Items 0148 and 0149 to be added for bone fide after hours between 2100hrs to 0600hrs only</i>	
0173	Hospital Consultation :10-20 minutes (Low severity)	15
0174	Hospital Consultation :20-30 minutes (Moderate severity)	27.5
0175	Hospital Consultation :30-45 minutes (High severity)	40
	<p><i>Items 0173-0175</i> <i>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.</i> <i>The accumulated time and complexity will determine the correct hospital codes.</i> <i>Item 0173-0175 + item 0145 is appropriate for non-emergency first hospital visits</i> <i>Item 0173-0175 + item 0147 is appropriate for emergency hospital visits (any time of day)</i> <i>Item 0109 + 0145 is appropriate for non-emergency hospital follow-up visits.</i> <i>Item 0109 + 0145 is not appropriate for routine post-operative hospital follow-up visits (see Rule G)</i> <i>Item 0109 + 0147 is appropriate for emergency (not routine care) hospital visits</i> <i>Item 0109 + 0145 + 0178 is appropriate for a hospital visit or care between 30-60 minutes</i> <i>Item 0109 + 0145 + 0178 + 0179 is appropriate for a hospital visit or care > 60 minutes.</i> <i>NB: Some medical aids may not recognise all the above code combinations.</i></p>	
0176	Hospital discharge day management: 30 minutes or less	20.8
0177	Hospital discharge day management: > 30 minutes (including summary)	30.8
0178	Add to follow up hospital care 30 – 60 minutes	15
0179	Add to follow up hospital care > 60 minutes	15
	<i>Items 0178 and 0179 may not be reimbursed by funds</i>	
0199	Chronic Medicine Forms	21.43
1208	ICU care: Primary specialist only (first day)	137
1209	ICU care: Per involved specialist (first day)	58
1210	ICU care: Per involved specialist (second and subsequent days)	50
	PROCEDURES	
	EVALUATION IN ROOMS	
1018	Flexible nasopharyngolaryngoscope examination	51.94
	<i>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.</i> <i>Not to be charged daily on hospital patients.</i>	
1019	ENT endoscopy in rooms with rigid endoscope	12
	<i>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.</i>	
1118	Laryngeal stroboscopy with video capture	39
	<i>Item 1118 – Laryngeal stroboscopy with video capture, should not be used routinely in laryngeal cases.</i> <i>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.</i> <i>Not to be charged daily on hospital patients.</i>	
1121	Stroboscopy - equipment fee	100
3206	Microscopic examination in rooms	8

Fee Items		
SAMA Code	Descriptor	UNITS
	<i>Item 3206 – 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.</i>	
6012	Electroencephalogram (EEG): Recording whole night	42.5
0201	Cost of material	
	<i>Cost of material in treatment: Charge for material at cost price PLUS 10%. (Where applicable, VAT should be added to the above). Add the appropriate Surgical and Material Nappi code(s), selected from those codes commencing with 4.</i>	
6014	Sleep testing: Multiple latency/maintenance of wakefulness testing (recording and interpretation included)	97.2
6015	Sleep study: Includes simultaneous recording of ventilation, respiratory effort, ECG/heart rate and oxygen saturation	66.9
5930	Surgical laser apparatus: fee for own equipment (or hired by doctor)	109
	<i>Item 5930 may not be charged where the hospital supplies the laser</i>	
	<u>EAR AND LABYRINTHINE TESTS</u>	
3273	Pure tone audiometry (air conduction)	6.5
3274	Pure tone audiometry (bone conduction with masking)	6.5
3275	Impedance audiometry (tympanometry)	6.5
	<i>Use after grommet insertion (except when blocked or extruded) or with tympanic membrane perforation is unacceptable</i>	
3276	Impedance audiometry (stapedial reflex)	6.5
	<i>Routine use with 3275 (3275 + 3276) and/or 3273 and 3274 is unacceptable Use after grommet insertion (except when blocked or extruded) or with tympanic membrane perforation is unacceptable</i>	
3277	Speech audiometry: Inclusive fee	10
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	6.5
3250	Otoacoustic emission (high risk patients only)	66.48
3251	Minimal caloric test (excluding consultation fee)	10
3258	Otolith repositioning manoeuvre	14
5210	Nystagmus test: Spontaneous, including gaze and fixation nystagmus (report included)	10.2
5211	Nystagmus test: Positional, minimum of 4 positions (report included)	9.1
5212	Caloric vestibular test: Each irrigation (report included)	3.2
5213	Nystagmus test: Optokinetic bidirectional, foveal or peripheral stimulation (report included)	7.2
5214	Oscillating tracking test (report included)	6.5
5215	Rotational testing: Sinusoidal vertical axis	8
5216	Posturography: Dynamic, computerised	25.1
3254	Videonystagmoscopy (monocular)	25
3256	Videonystagmoscopy (binocular)	50
3223	Percutaneous stimulation of the facial nerve	9
3224	Electroneurography (ENOG)	75
	<u>EAR, PINNA TO TYMPANIC MEMBRANE</u>	

Fee Items		
SAMA Code	Descriptor	UNITS
5193	Implantation/replacement: Electromagnetic temporal bone conduction hearing device	219.9
5194	Removal/repair: Electromagnetic temporal bone conduction hearing device	219.9
5196	Implantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, without mastoidectomy	275.3
5197	Implantation: Osseo-integrated temporal bone implant, percutaneous attachment to external speech processor or cochlear stimulator, with mastoidectomy	342.7
3270	Excision of superficial pre-auricular fistula	55
3272	Excision of complicated pre-auricular fistula	140
5170	Drainage: Haematoma or abscess of external ear	29.4
5171	Drainage: Abscess of external auditory canal	21
5173	Biopsy: External ear	16.5
5175	Excision: External ear, partial, simple repair	82.6
5176	Excision: External ear, complete	100.5
3208	Biopsy: External auditory canal	16.5
3216	Excision: Radical, external auditory canal lesion, without neck dissection	268.6
3222	Excision: Radical, external auditory canal lesion, with neck dissection	430.9
3267	Major congenital deformity reconstruction of external ear:Unilateral	138
3269	Major congenital deformity reconstruction of external ear:Bilateral	242
3271	Partial/total reconstruction-congenital/traumatic absence/following tumour excision of ext. ear	
	<i>Item 3271 fee to be negotiated with fund and patient</i>	
3205	External ear canal: Removal of foreign body: Under general anaesthetic	21
3206	Microscopic examination of tympanic membrane including microsuction	8
	<i>Item 3206 – 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.</i>	
3218	Removal impacted wax with use of microscope(one or both ears)	12.5
3220	Debridement Mastoidectomy cavity with use of microscope	33.9
	<i>Item 3220 includes microscope in rooms, 3206 may not be added to 3220</i>	
5190	Debridement: Mastoidectomy cavity, complex (anaesthesia/more than routine cleaning)	34.8
	<i>Item 5190 is for use under general anaesthesia, not in rooms</i>	
3207	Myringotomy: Unilateral	28
3209	Myringotomy: Bilateral	46
	<i>Modifier 0005 does not apply to item 3209 – Myringotomy:bilateral (paracentesis) when performed with tonsillectomy (item 1101) and/or adenoidectomy (item 1105)</i>	
3211	Unilateral myringotomy with insertion of ventilation tube	38
3212	Bilateral myringotomy with insertion of unilateral ventilation tube	57
3213	Bilateral myringotomy with insertion of bilateral ventilation tube	65
	<i>The normal post-operative aftercare period for the insertion of grommets (items 3211, 3212 and 3213) is 10 days Modifier 0005 does not apply to items 3211, 3212 and 3213 when performed with tonsillectomy (item 1101) and/or adenoidectomy (item 1105)</i>	

Fee Items		
SAMA Code	Descriptor	UNITS
3215	Meatus atresia: Repair of stenosis of cartilaginous portion	164
3217	Meatus atresia: Congenital	277
3219	Meatus atresia: Removal of osteoma from meatus: Solitary	77
3221	Meatus atresia: Removal of osteoma from meatus: Multiple	215
3266	Gentamycin/steroids instillation: middle ear for Ménière's disease	30
3243	Myringoplasty	138
3245	Functional reconstruction of tympanic membrane	277
	<i>Mastoidectomy is not included in item 3245 : see item 3264</i>	
	<u>MIDDLE EAR TO INNER EAR</u>	
3237	Exploratory tympanotomy	158.9
	<i>Modifier 0005 applies. Not to be used routinely with 3243, 3245, 3249, 3257, 3259 and 3264</i>	
5191	Tympanolysis: Transcanal	135.5
3249	Stapedotomy and stapedectomy	277
5199	Revision: Stapedectomy or stapedotomy	297.2
3214	Ossiculoplasty	255
3246	Cochlear implant surgery	340.5
3257	Cortical mastoidectomy	188.5
3259	Radical mastoidectomy (excluding minor procedures)	277.4
5201	Revision: Mastoidectomy followed by total mastoidectomy	266.3
5202	Revision: Mastoidectomy followed by modified radical mastoidectomy	277.0
5203	Revision: Mastoidectomy followed by tympanoplasty	285.8
5204	Revision: Mastoidectomy, with apicectomy	398.8
3261	Muscle grafting to mastoid cavity without tympanoplasty	180
3263	Autogenous bone graft to mastoid cavity	180
3264	Tympanomastoidectomy	375
	<i>Item 3264 appropriate for tympanic membrane reconstruction (item 3245) plus cortical mastoidectomy</i>	
3265	Reconstruction of posterior canal wall, following radical mastoid without ossiculoplasty	320
3241	Fenestration: Semicircular canal	199
3242	Fenestration: Revision	230.3
3240	Endolymphatic sac surgery	277
3233	Labyrinthectomy via the middle ear or mastoid	277
	<u>FACIAL NERVE</u>	
3230	Exploration of facial nerve: Extratemporal grafting of the facial nerve	436
3232	Exploration of facial nerve: Facio-assessory or facio-hypoglossal anastomosis	124
3227	Exploration of facial nerve: Exploration of tympanomastoid segment	297
3228	Exploration of facial nerve: Grafting of the tympanomastoid section	436
3229	Facial nerve: Exploration of the labyrinthine segment	420

Fee Items		
SAMA Code	Descriptor	UNITS
5221	Facial nerve: Grafting of labyrinthine segment	510
5222	Facial nerve surgery inside the internal auditory canal	620
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine	660
5228	Nerve section: Vestibular, transcranial approach	470.3
	<u>EXTERNAL NOSE</u>	
1005	Nasal fracture without manipulation	
1006	Fracture: Nose and septum, open reduction	185.2
1003	Manipulation,immobilisation and follow up:Fractured nose	35
1023	Harvesting of graft: Cartilage graft of nasal septum	123.1
1026	Biopsy: Intranasal in rooms	34.1
1061	Lateral rhinotomy	164
1062	Excision nasolabial cyst	186.1
1099	Columella reconstruction or lengthening	138
	<p><i>Not appropriate as a separate procedure for the insertion of cartilage into the columella only to lift it</i> <i>Appropriate when the columella is cross-sectioned and physically lengthened by tissue brought in from elsewhere</i> <i>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</i> <i>Appropriate for the correction of caudal deflection/dislocation resulting in nasal obstruction and reactionary septal deviation</i> <i>May not be combined with item 1085 or 1087 except in exceptional cases</i></p>	
1093	Rhinophyma without skin graft	138
1085	Total reconstruction of the nose: Including reconstruction of nasal septum	350
	<p><i>Item 1085 – Total reconstruction consisting of the following: septumplasty, osteotomy plus nasal tip reconstruction or nasal valve inlet obstruction correction.</i> <i>Appropriate for open (external) approach procedures</i> <i>Item 1085 is reserved for functional reconstruction, cosmetic procedures should be clearly identified</i> <i>May not be combined with item 1099 for simple caudal septum deviation/dislocation</i></p>	
1087	Sub-total reconstruction	210
	<p><i>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</i> <i>Item 1087 is reserved for functional reconstruction, cosmetic procedures should be clearly identified</i> <i>May not be combined with item 1099 for simple caudal septum deviation/dislocation</i></p>	
1034	Autogenous nasal bone transplant: Bone removal included	100
	<p><i>Full fee is appropriate for removal and transplant of bone and cartilage in nasal surgery (modifier 0005 is not applicable)</i></p>	
1089	Forehead rhinoplasty (all stages): Total	552
1091	Forehead rhinoplasty (all stages): Partial	414
1097	Partial nasal reconstruction for cleft lip deformity	199.7
1095	Full nasal reconstruction for secondary cleft lip deformity	357.9
	<u>NASAL CAVITY</u>	
	<p><i>All intra-nasal procedures, except item 1036 (Functional endoscopic sinus surgery: Bilateral), are unilateral procedures</i> <i>Modifier 0005 should be applied to procedures on the opposite and same side</i></p>	

Fee Items		
SAMA Code	Descriptor	UNITS
	<i>Item 1052 – Instrumental examination of the nasopharynx including biopsy under general anaesthetic, may not be used routinely in sino-nasal surgery Full-house intranasal surgery (septum, middle and inferior turbinate bilateral) is rarely indicated Item 1041 (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</i>	
1071	Displacement Therapy (Proetz Type)	4
1136	Demonstrate & or Eval, Pt Use, Aerosol Generator/Nebuliser/Inhaler/lppb Device	12
1063	Removal of foreign bodies from nose: At rooms	10
1065	Removal of foreign body from nose: Under general anaesthetic	38.6
1077	Septum abscess: At rooms, including after-care	8
1079	Septum abscess: Under general anaesthetic	35
1024	Insertion of silastic obturator into nasal septum perforation	30
1028	Lysis: Intranasal synechia	34.3
1029	Turbinectomy	62.6
	<i>Modifier 0069 - Endoscopic instruments used during intranasal surgery, is not applicable to item 1029 Item 1029 - may not be used routinely in combination with item 1030. Supporting documents should be kept when these two items are combined Appropriate for submucous resection of turbinates Unilateral procedure, modifier 0005 applies</i>	
1030	Endoscopic turbinectomy: Laser or microdebrider	90
	<i>Item 1030 - may not be used routinely in combination with item 1029. Supporting documents should be kept when these two items are combined Appropriate for concha bullosa resection Unilateral procedure, modifier 0005 applies Modifier 0069 - Endoscopic instruments add 10% of the fee of the procedure</i>	
1031	Removal of single nasal polyp at rooms (at initial consultation only)	81.8
1033	Removal of multiple polyps in hospital under general anaesthetic	90
	<i>Item 1033 - 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 Modifier 0069 - Endoscopic instruments add 10% of the fee of the procedure</i>	
1022	Functional reconstruction of nasal septum	121.2
	<i>Item 1022 includes correction of simple caudal septal deflection If a tip deformity or inlet valve obstruction is present, item 1087 or 1099 may apply General Rule J could be applied in cases of unusual difficulty</i>	
1020	Septum perforation repair, any method	141.9
1027	Dacrocystorhinostomy	210
	<i>Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
1038	Hypophysectomy or excision of pituitary tumour: Transnasal/transseptal approach	389.4
1047	Caldwell-Luc operation: Unilateral	137.3
	<i>Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
1481	Repair oronasal fistula(small) eg. Trapdoor. One or first stage	138
1081	Oro-antral fistula (without Caldwell-Luc)	111.8
1083	Choanal atresia: Intranasal approach	113

Fee Items		
SAMA Code	Descriptor	UNITS
	<i>Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
1084	Choanal atresia: Transpalatal approach	194
1050	Vidian neurectomy (transantral or transnasal)	113
1051	Removal angiofibroma (intranasal)	285
	<u>PARANASAL SINUSES</u>	
	<i>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 eg Discovery</i>	
0005	Modifier should be applied to procedures on the opposite and ipsilateral side	
0069	Endoscopic instruments used during intranasal surgery, add 10% of the fee of the procedure	
1067	Proof puncture at rooms: Unilateral	10
1069	Proof puncture, uni- or bilateral under general anaesthetic	35
	<i>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</i>	
1025	Intranasal antrostomy	64.6
	<i>Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
1054	Antroscopy through the canine fossa	37.3
	<i>Item 1054 – modifier 0005 is applicable Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
4890	Endoscopy: Sinus/nasal, with maxillary antrostomy	53.2
	<i>Modifier 0005 is applicable Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
4891	Endoscopy: Sinus/nasal, with maxillary antrostomy and removal of tissue	85.7
	<i>Modifier 0005 is applicable Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
4892	Endoscopy: Sinus/nasal, with partial, anterior ethmoidectomy	73.4
	<i>This item may not be combined with 1035 (ipsilateral) nor 1036 Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure This item may be combined with 1035 when performed on contralateral side</i>	
1035	Endoscopic ethmoid surgery: Unilateral	140
	<i>This item applies to surgery of the ethmoids only 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) Item 1035 may not be used with item 1055 on the same side Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
1036	Endoscopic ethmoid surgery: Bilateral	245
	<i>This item applies to surgery of the ethmoids only 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) Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
4893	Endoscopy: Sinus/nasal, with medial or inferior orbital wall decompression	259.8
	<i>Modifier 0005 is applicable Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
1048	Endoscopic frontal sinus drainage, with or without removal of tissue	152.2
	<i>Item 1055 may not be added to 1048 Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
1053	Frontal sinus drainage, trephine operation	93.1

Fee Items		
SAMA Code	Descriptor	UNITS
	<i>Item 1053 is appropriate for a unilateral procedure - modifier 0005 is applicable for the opposite side Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure</i>	
1055	External frontal ethmoidectomy	190.7
	<i>Item 1055 may be used in conjunction with sphenoidectomy 1057 and intranasal procedures Item 1035 may not be added for ipsilateral ethmoid surgery Item 1055 may not be added to 31276 NEW Item 1035 may be added for ethmoid surgery on the contralateral side</i>	
1056	Anterior cranial fossa, craniofacial approach, extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	614.6
1057	External ethmoidectomy and/or sphenoidectomy	199.4
	<i>Item 1057 - External ethmoidectomy and/or sphenoidectomy, is the appropriate comparable code for an endoscopic sphenoidotomy/sphenoidectomy (rule C applies). Modifier 0005 must be applied to the opposite side Item 1057 - may be combined with item 1035 - Functional endoscopic ethmoid surgery (unilateral) and item 1036 - Functional endoscopic ethmoid surgery (bilateral), when sphenoidotomy/sphenoidectomy is performed in addition to ethmoid surgery (rule C applies) Not be combined with items 1035 and 1036 where surgery is not performed on the sphenoid sinuses Modifier 0069 may be applied to item 1057 although some funders do not reimburse for the use of the modifier, as the code is not listed as an endoscopic procedure</i>	
1058	Sublabial transseptal sphenoidotomy approach	137
1059	Frontal osteomyelitis	194
4896	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, brow incision	255.2
4897	Sinusotomy: Obliterative frontal, with ablation, without osteoplastic flap, coronal incision	315.1
4898	Sinusotomy: Obliterative frontal, with osteoplastic flap, brow incision	297.2
4899	Sinusotomy: Obliterative frontal, with osteoplastic flap, coronal incision	315.9
4900	Sinusotomy: Non-oblitterative frontal, with osteoplastic flap, brow incision	281.1
4901	Sinusotomy: Non-oblitterative frontal, with osteoplastic flap, coronal incision	279.8
	<i>Codes starting with the digit "4...." may not be approved by some funders eg Discovery</i>	
	<u>EPISTAXIS</u>	
1041	Control severe epistaxis requiring hospitalisation: Anterior plugging	40
	<i>Modifier 0005 is not applicable to item 1041 Hospital care/visits may be charged Not to be used in routine nasal surgery</i>	
1043	Control severe epistaxis requiring hospitalisation: Anterior and posterior plug	60
	<i>Modifier 0005 is not applicable to item 1043 Hospital care/visits may be charged Not to be used in routine nasal surgery</i>	
1045	Ligation anterior ethmoidal artery	135.4
1049	Ligation internal maxillary artery	196
	<i>Item 1049 is appropriate for sphenopalatine artery ligation Modifier 0069 – Endoscopic instruments add 10% of the fee (may not be paid by fund)</i>	
1037	Diathermy to nose or pharynx, uni- or bilateral	8
1039	Diathermy to nose or pharynx, uni- or bilateral : under GA	35
	<i>Modifier 0069 – Endoscopic instruments add 10% of the fee of the procedure 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</i>	

Fee Items		
SAMA Code	Descriptor	UNITS
	<u>MOUTH</u>	
1485	Local excision of benign lesion of lip	27
1487	Resection for lip malignancy	91
1467	Drainage of intra-oral abscess	31
1462	Incision and drainage floor of mouth abscess: intra-oral	31
1110	Ludwig's Angina: Drainage	42
1469	Local excision of mucosal lesion of oral cavity including simple repair	23
1513	Excision of ranula	85.6
1465	Surgical biopsy of tongue or palate: Under local anaesthetic	15
1463	Surgical biopsy of tongue or palate: Under general anaesthetic	35
1505	Partial glossectomy: including hemiglossectomy	225
1507	Local excision of lesion of tongue: including closure	27
1007	Mandibulectomy	320
1471	Resection-malignant lesion : buccal mucosa : including radical neck dissection	549
	<u>EXCISION OF BONE:</u>	
0998	Excision of mandible bone, eg. osteomyelitis, abscess,osteoradionecrosis.	219.3
1000	Excision of facial bone, eg. osteomyelitis, abscess.	144.3
1002	Removal of bone for contouring of benign bony growths, eg. Fibrous dysplasia	189.2
1008	Excision of Torus Mandibularis.	84.1
1010	Excision of Torus Palatinus.	83.3
	<u>PALATE AND PHARYNX</u>	
1052	Instrumental examination of the nasopharynx with or without biopsy	50
	<i>Modifier 0005 does not apply except when item 1052 is performed in conjunction with item 1101 (Tonsillectomy) and/or item 1105 (Removal of adenoids) Item 1052 – may not be used routinely in sino-nasal surgery</i>	
1101	Tonsillectomy (dissection of the tonsils) <12	75
	<i>Modifier 0005 is applicable to item 1052 - Instrumental examination of the nasopharynx including biopsy under general anaesthetic, when used in conjunction with tonsillectomy (item 1101) Diathermy to nose or pharynx item 1039 may not be used routinely in conjunction with item 1101 Item 1039 may be used for excessive bleeding or adenoid remnant cauterly Use item 1101 for >12 (new code not accepted). Recommend 86.8 units</i>	
1102	Laser tonsillectomy	75
	<i>May not be approved by some funders</i>	
1103	Resection: Radical, tonsil, tonsilar pillars and/or retromolar trigone, without closure	245.9
	<i>May not be approved by some funders</i>	
1104	Resection: Radical, tonsil, tonsilar pillars and/or retromolar trigone, with local flap closure	346.1
	<i>May not be approved by some funders</i>	
1105	Removal of adenoids <12	40

Fee Items		
SAMA Code	Descriptor	UNITS
	<p><i>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)</i> <i>Modifier 0005 is applicable if a tonsillectomy and an adenoidectomy are performed at the same session</i> <i>Diathermy to nose or pharynx item 1039 may not be used routinely in conjunction with item 1105</i> <i>Item 1039 may be used for excessive bleeding or adenoid remnant cauterly</i> <i>Use item 1105 for >12 (new code not accepted). Recommend 55.5 units</i></p>	
1107	Opening of quinsy: At rooms	12
1109	Opening of quinsy: Under general anaesthetic	35
1111	Post tonsillectomy or adenoidectomy haemorrhage	46
	<p><i>The surgeon, who performed the tonsillectomy, remains responsible for post-operative care even if another practitioner has treated the patient for post-tonsillectomy haemorrhage</i> <i>Item 1041 and 1043 is not appropriate for intra-operative treatment of haemorrhage</i> <i>Item 0109 etc may be used for hospital care where no surgical intervention (1100) required</i></p>	
1100	Control of oropharyngeal haemorrhage with secondary surgical intervention, primary or secondary (e.g. post-tonsillectomy)	133.7
	<p><i>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</i> <i>Rule G applies to item 1100</i></p>	
1113	Retropharyngeal abscess: Internal approach	35
1115	Retropharyngeal abscess: External approach	85
1106	Laser assisted functional reconstruction of palate uvula	168.3
1116	Functional reconstruction of palate and uvula	168.3
	<p><i>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</i></p>	
1479	Velopharyngeal reconstruction with or without pharyngeal flap	227
1497	Vermillionectomy	94.9
1509	Wide excision of lesion of palate : including local flap	100
1511	Radical resection of palate	250
1114	Pharyngectomy : Partial	351.5
1098	Resection : Lateral pharyngeal wall or pyriform sinus, closure by advancement of lateral and posterior pharyngeal walls	460.6
	<u>LARYNX AND HYPOPHARYNX</u>	
0067	Modifier 0067 +25% added for use of microscope in laryngeal surgery	
	<p><i>Modifier 0067 add 25% of the fee for surgery when performed with operative microscope</i> <i>Motivation may be required if added to surgery other than larynx and hypopharynx</i> <i>Not to be added to ear surgery</i></p>	
1118	Laryngeal stroboscopy with video capture	39
	<p><i>Item 1118 – Laryngeal stroboscopy with video capture, should not be used routinely in laryngeal cases.</i> <i>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.</i></p>	
1121	Stroboscopy - equipment fee	100
1122	Laryngeal function studies	16.2
1130	Direct laryngoscopy	41.4
	<p><i>Modifier 0005 is not applicable to purely diagnostic procedures, e.g. laryngoscopy.</i> <i>Item 1132 (Bronchoscopy) and item 1545 (Oesophagoscopy), may be added to items 1125, 1128 and 1130, if appropriate</i> <i>Modifier 0067 may be added for use of microscope +25%</i></p>	

Fee Items		
SAMA Code	Descriptor	UNITS
	<i>Not to be used routinely with sino-nasal surgery or tonsillectomy/adenoidectomy 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.</i>	
1123	Botulinus toxin injection for adductor dysphonia	35
1125	Operative laryngoscopy-excision of lesion/polyp	81.1
	<i>Item 1125 may be used for excision of minor tumour and/or stripping of vocal cords (excluding aftercare) and removal of polyps, papillomas, etc. Modifier 0067 may be added to item 1125 for use of operating microscope Item 1132 (Bronchoscopy) and item 1545 (Oesophagoscopy) may be added to items 1125, 1128 and 1130, if appropriate</i>	
1131	Direct laryngoscopy plus foreign body removal	64.6
1117	Laryngeal intubation	10
1120	Intubation, endotracheal, emergency procedure	29.6
1128	Endolaryngeal operations	75
	<i>Item 1128 may be used for minor procedures, e.g. biopsy of tumour or removal of small polyps. Modifier 0067 may be added to item 1128 for use of microscope Item 1132 (Bronchoscopy) and item 1545 (Oesophagoscopy) may be added to items 1125, 1128 and 1130, if appropriate</i>	
0067	Modifier 0067 +25% added for use of microscope in laryngeal surgery	
1129	External laryngeal operation	294.4
1119	Laryngectomy: without block dissection of neck	430
	<i>Codes starting with the digit "4..." may not be approved by some funders eg Discovery</i>	
4904	Laryngectomy: Total, with radical neck dissection	633.5
4905	Laryngectomy: Subtotal, supraglottic without radical neck dissection	547.4
4906	Laryngectomy: Subtotal, supraglottic with radical neck dissection	612.3
4907	Laryngectomy: Hemilaryngectomy, horizontal	515.2
4908	Laryngectomy: Hemilaryngectomy, laterovertical	487.2
4909	Laryngectomy: Hemilaryngectomy, anterovertical	480.5
4910	Laryngectomy: Hemilaryngectomy, antero-lateral-vertical	525.6
1124	Arytenoidectomy/arytenoidopexy: External approach	252.3
4913	Pharyngolaryngectomy: with radical neck dissection, without reconstruction	706.0
4914	Pharyngolaryngectomy: with radical neck dissection, with reconstruction	749.5
4916	Laryngoplasty: Laryngeal web, two stage, with keel insertion and removal	302.9
4917	Laryngoplasty: Laryngeal stenosis, with graft or core mold, including tracheotomy	482.2
4918	Laryngoplasty: Open reduction of fracture	386.8
4919	Laryngoplasty: Cricoid split	252.1
1126	Post laryngectomy for voice restoration	139.5
1112	Pharyngeal pouch operation	231.8
1127	Tracheostomy : emergency	90
	<i>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</i>	
	<i>Codes starting with the digit "4..." may not be approved by some funders eg Discovery</i>	

Fee Items		
SAMA Code	Descriptor	UNITS
4922	Tracheostoma: Revision, without flap rotation, simple	111.6
4923	Tracheostoma: Revision, with flap rotation, complex	184.7
4926	Tracheostomy: Fenestration with skin flaps	180.2
	<i>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</i>	
4927	Tracheostomy: Revision of scar	86.9
4928	Tracheostomy/fistula: Closure, without plastic repair	83.7
4929	Tracheostomy/fistula: Closure, with plastic repair	123.3
4932	Tracheobronchoscopy: Through established tracheostomy incision	46.8
	<i>Item 4932 is for use in rooms or ward (hospital patient)</i>	
4933	Tracheoplasty: Cervical	338.0
4934	Tracheoplasty: Tracheopharyngeal fistulisation, per stage	428.4
1163	Excision tracheal stenosis	375
	<u>OESOPHAGUS AND BRONCHUS</u>	
	<i>Modifier 0005 is not applicable to purely diagnostic procedures, e.g. laryngoscopies, bronchoscopies, oesophagoscopies and post nasal space examinations.</i>	
1545	Oesophagoscopy with rigid instrument: First and subseq.incl biopsy	47
	<i>Not to be used routinely with sino-nasal surgery or tonsillectomy/adenoidectomy</i>	
1549	Oesophagoscopy with dilatation of stricture	70
1557	Oesophageal dilitation : pneumatic	40
1551	Oesophagoscopy with insertion indwelling oesophageal tube	80
1550	Oesophagoscopy with removal of foreign body	70
1132	Diagnostic bronchoscopy	65
	<i>Not to be used routinely with sino-nasal surgery or tonsillectomy/adenoidectomy</i>	
1133	Diagnostic bronchoscopy plus removal foreign body	80
1134	Bronchoscopy with laser	75
	<u>NECK</u>	
1541	Excision of branchial cyst and/or fistula	140
1543	Excision of cystic hygroma	140
2955	Removal of carotid body tumour (without vascular reconstruction)	335.6
	<u>EXCISION SUBCUTANEOUS MASS IN HEAD & NECK(EG LIPOMA, CYST):</u>	
0306	Excision subcutaneous mass <2cm	96.7
0309	Excision subcutaneous mass >2cm	149.4
0312	Excision subcutaneous mass >2cm involving muscle/subgaleal	157.2

Fee Items		
SAMA Code	Descriptor	UNITS
	<u>LYMPH NODES</u>	
1439	Excision lymph node for biopsy: Neck or axilla	65
1447	Radical excision of lymph nodes of neck:Total suprahyoid	235
1445	Radical excision of lymph nodes of neck:Total Unilateral	315
1442	Lymphadenectomy: Modified radical neck dissection, cervical	360.5
	<u>SALIVARY GLANDS</u>	
1539	Salivary duct :meatotomy	20
1535	Dilatation of salivary duct	10
1538	Sialolithotomy: Submandibular/submaxillary, intraoral approach, complicated	66.0
1537	Operative removal of salivary calculus	55
1533	Closure salivary fistula	91
1531	Drainage of parotid abcess	25
1523	Local resection of parotid tumour	169.6
1525	Partial or superficial parotidectomy	310
1526	Total parotidectomy with preservation of facial nerve	358.5
1529	Parotidectomy: Extracapsular	300
1517	Excision submandibular salivary gland	146
1519	Excision submandibular salivary gland with suprahyoid dissection	150
1521	Excision of submandibular salivary gland: with radical neck dissection	352
1515	Excision sublingual salivary gland	120
	<u>THYROID</u>	
2983	Lobectomy: Partial	198.1
2985	Lobectomy: Total	200
2987	Thyroidectomy: Subtotal	266
2989	Thyroidectomy: Total	279
2991	Thyroglossal cyst or fistula excision	126.2
	<u>SKULL BASE:</u>	
	<i>Skull base surgery consists of three separate divisions viz. approach, resection and reconstruction</i>	
	<u>ANTERIOR</u>	
3103	Orbit : removal of tumour	240
3105	Orbit :exenteration	275
3107	Orbitotomy requiring bone flap	393
1009	Maxillectomy or excision zygoma for malignant tumours	396.8
	<u>MIDDLE</u>	
5250	Partial mastoido-tympanectomy for malignancy deep lobe of the parotid gland	520
5251	Total mastoido-tympanectomy extensive malignancy deep lobe parotid gland	600
5252	Ext petrosectomy malignancy of the deep lobe of the parotid gland	660

Fee Items		
SAMA Code	Descriptor	UNITS
5243	Removal-tumour from intratemporal fossa, pterygopalatine fossa etc.	520
5242	Removal of nasopharyngeal angiofibroma or carcinoma: Infra-temporal approach	520
5239	Removal of tumour of the clivus	620
5246	Subtotal petrosectomy for removal of temporal bone tumour	600
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration	480
5238	Removal of tumour of the petrous apex: including dural repair	620
5224	Removal of acoustic neuroma via the middle fossa approach	660
3239	Acoustic neuroma removal translabyrinthine	660
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	660
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours or similar middle fossa	530
5227	Cochleo-vestibular neurectomy: translabyrinthine approach	530
5235	Removal tumour jugular foramen,intnl.carotid artery,petrous apex& large intratemp. tumours	710
	POSTERIOR	
N	Transtemporal Approach to Posterior Cranial Fossa/Jugular Foramen/Midline Skull Base	
N	Transcochlear 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	
	<u>ENT ADDITIONAL (GENERAL) CODES</u>	
	Descriptors	SAMA Units
	<u>IVI TREATMENT</u>	
0202	Setting of sterile tray: A fee of 10,00 clinical procedure units may be charged for the setting of a sterile tray where a sterile procedure is performed in the rooms. Cost of stitching material, if applicable, shall be charged for according to item 0201	10
0198	Once-off administration of medicines: This item provides for medicines used at a consultation, viz, once off administration of medicine, special medicine used in treatment, or emergency dispensing. Charge for medicine used according to the Single Exit Price	
0205	Intravenous treatment: Intravenous infusions (cut-down or push-in) (patients under three years): Cut-down and/or insertion of cannula - chargeable once per 24 hours	12
0206	Intravenous treatment: Intravenous infusions (push-in) (patients over three years): Insertion of cannula - chargeable once per 24 hours	6
0207	Intravenous treatment: Intravenous infusions (cut-down) (patients over three years): Cut-down and insertion of cannula - chargeable once per 24 hours	8
	<u>ALLERGY TESTS</u>	
0217	Allergy: Patch tests: First patch	4
0218	Allergy: Skin-prick tests: Skin-prick testing: Insect venom, latex and drugs	2.8
0219	Allergy: Patch tests: Each additional patch	2

Fee Items		
SAMA Code	Descriptor	UNITS
0220	Allergy: Skin-prick tests: Immediate hypersensitivity testing (Type I reaction): Per antigen: Inhalant and food allergens	1.9
	<u>SKIN-SUPERFICIAL & DEEP</u>	
0233	Biopsy without suturing: First lesion	6
0234	Biopsy without suturing: Subsequent lesions (each)	3
0237	Deep skin biopsy by surgical incision with local anaesthetic and suturing	12
0245	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: First lesion	14
0246	Removal of benign lesion by curretting under local or general anaesthesia followed by diathermy and curretting or electrocautery: Subsequent lesions (each)	7
0251	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: First lesion	30
0252	Removal of malignant lesions by curretting under local or general anaesthesia followed by electrocautery: Subsequent lesions (each)	15
0288	Harvesting of graft: Fascia lata graft, complex or sheet	127.4
0289	Large skin grafts, composite skin grafts, large full thickness free skin grafts	234
0290	Reconstructive procedures (including all stages) and skin graft by myo-cutaneous or fascio-cutaneous flap	410
0292	Distant flaps: First stage	206
0295	Local skin flaps (large, complicated)	206
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care)	14
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	7
0302	Stitching of soft-tissue injuries: Deep laceration involving limited muscle damage	64
0303	Stitching of soft-tissue injuries: Deep laceration involving extensive muscle damage	128
0304	Major debridement of wound, sloughectomy or secondary suture	50
0311	Excision of large benign tumour (more than 5 cm)	55
0313	Extensive resection for malignant soft tissue tumour including muscle	283.9
0314	Requiring repair by large skin graft or large local flap or other procedures of similar magnitude	104
0315	Requiring repair by small skin graft or small local flap or other procedures of similar magnitude	55
	<u>EXCISION BENIGN LESION EAR, EYELIDS, NOSE & LIPS:</u>	
4960	Excision benign lesion ear, eyelids, nose or lips <0.5cm	29.2
4961	Excision benign lesion ear, eyelids, nose or lips 0.6-1.0cm	37.8
4962	Excision benign lesion ear, eyelids, nose or lips 1.1-2.0cm	42.1
4963	Excision benign lesion ear, eyelids, nose or lips 2.1-3.0cm	51.7
4964	Excision benign lesion ear, eyelids, nose or lips 3.1-4.0cm	65.9
4965	Excision benign lesion ear, eyelids, nose or lips >4.0cm	94.0
	<u>EXCISION MALIGNANT LESION FACE, EYELIDS, NOSE OR LIPS.</u>	
4848	Excision malignant lesion face, eyelids, nose or lips <0.5cm	36.2
4849	Excision malignant lesion face, eyelids, nose or lips 0.6-1.0cm	46.2

Fee Items		
SAMA Code	Descriptor	UNITS
4850	Excision malignant lesion face, eyelids, nose or lips 1.1-2.0cm	54.4
4851	Excision malignant lesion face, eyelids, nose or lips 2.1-3.0cm	68.0
4852	Excision malignant lesion face, eyelids, nose or lips 3.1-4.0cm	84.3
4853	Excision malignant lesion face, eyelids, nose or lips >4.0cm	117.5
<u>EXCISION BENIGN LESION SCALP OR NECK (EG NAEVUS):</u>		
4950	Excision benign lesion scalp or neck <0.5cm	23.5
4951	Excision benign lesion scalp or neck 0.6-1.0cm	32.1
4952	Excision benign lesion scalp or neck 1.1-2.0cm	38.9
4953	Excision benign lesion scalp or neck 2.1-3.0cm	45.3
4954	Excision benign lesion scalp or neck 3.1-4.0cm	51.8
4955	Excision benign lesion scalp or neck >4.0cm	79.0
<u>EXCISION MALIGNANT LESION SCALP OR NECK(EG MELANOMA, BCC, SCC,SECONDARY):</u>		
4970	Excision malignant lesion scalp or neck <0.5cm	34.7
4971	Excision malignant lesion scalp or neck 0.6-1.0cm	43.8
4972	Excision malignant lesion scalp or neck 1.1-2.0cm	50.5
4973	Excision malignant lesion scalp or neck 2.1-3.0cm	62.1
4974	Excision malignant lesion scalp or neck 3.1-4.0cm	70.3
4975	Excision malignant lesion scalp or neck >4.0cm	86.7
<u>OESOPHAGEAL INVESTIGATIONS.</u>		
1578	Oesophageal motility (4 channel + pneumograph)	100
1580	Oesophageal motility (6 Channel + pneumograph + pH pull-through)	110
1584	24 Hour oesophageal pH studies: Hire fee (Item 0201 applicable for pro-rata of probe: 50 examinations per glass electrode pH probe and 10 examinations per antimone pH probe)	55
1585	24 Hour oesophageal pH studies: Interpretation	27
1587	Upper gastro-intestinal endoscopy: Hospital equipment	48.75
<u>BOTULIN INJECTIONS.</u>		
6005	Botulinus toxin injections: For blepharospasm (+ 0198 + item 0201 + item 0202)	25
6006	Botulinus toxin injections: For hemifacial spasm or for hyperhidrosis per region (+ item 0198 + item 0201 + item 0202)	30
6007	Botulinus toxin injections: For adductor disphonia (+ item 0198 + 0201 + item 0202)	35
6008	Botulinus toxin injections: In extra-ocular muscles (+ item 0198 + item 0201 + item 0202)	35
6009	Botulinus toxin injections: For spasmodic torticollis and/or cranial dystonia or for spasticity or for focal dystonia (+ item 0198 + item 0201 + item 0202)	50
<u>NEURAL PROCEDURES.</u>		
2759	Nerve biopsy: Peripheral	37
2763	Nerve biopsy: Cranial nerves: Extra-cranial	20
2769	Suture: Large nerve: Primary	134
2771	Suture: Large nerve: Secondary	202
2777	Nerve graft: Simple	202

Fee Items		
SAMA Code	Descriptor	UNITS
2785	Fascicular: Facio-accessory or facio-hypoglossal anastomosis	124
2787	Fascicular: Grafting of facial nerve	215
	<u>ORBIT</u>	
3101	Drainage of orbital abscess	105
3103	Orbit: Removal of tumour	240
3105	Orbit: Exenteration	275
3161	Tarsorrhaphy	47
3163	Excision of superficial lid tumour	47
3165	Repair of skin laceration lid: Simple	27.3

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 + 0145 is not appropriate post-operative hospital follow-up visits (see Rule G) 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.
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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:

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

Guidelines Summary

Code	Guidelines
	Office procedures
1018	Item 1018 should not be used routinely in conjunction with item 1130
1019	Should not be combined with 1018 (except in exceptional circumstances)
3218	Remove impacted wax from one or both ears. May not charge twice at same office visit
	Ethmoid surgery
0005	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
1033	Item 1033 - may not be charged routinely in conjunction with other sino-nasal codes. Removal of multiple polyps in hospital under general anaesthetic (unilateral), may not be charged routinely with codes: 1035 - Endoscopic ethmoid surgery (total): Unilateral 1036 - Endoscopic ethmoid surgery (total): Bilateral (or other sino-nasal codes) 1033 may be used in conjunction with: 1035 and 1036 (or other sino-nasal codes) in cases with significant polyposis. Modifier 0005 is applicable
1035	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) • Item 1035 may not be used with item 1055 on the same side, but may be added for surgery on the opposite side
1036	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
1057	External ethmoidectomy and/or sphenoidectomy, is the appropriate comparable code for an endoscopic sphenoidectomy. Modifier 0005 must be applied to the opposite side May be combined with items: 1035 - Endoscopic ethmoid surgery: Unilateral 1036 - Endoscopic ethmoid surgery: Bilateral when sphenoidotomy/sphenoidectomy is performed in addition to ethmoid surgery

Sino-nasal surgery	
0005	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
1022	Includes all procedures on the septum, including correction of simple caudal septal deflection <ul style="list-style-type: none"> • 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
1029	Appropriate for submucous resection of turbinates Turbineotomy 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
1030	May add item 5930 for hire of laser when paid for by doctor
1034	Full fee is appropriate for removal and transplant of bone in nasal surgery (modifier 0005 is not applicable)
1039	Diathermy to nose or pharynx may not be used routinely in conjunction with item 1101 (Tonsillectomy) or item 1105 (Removal of adenoids)
1041	Control of severe epistaxis requiring hospitalisation: Anterior plugging (unilateral) This item is appropriate for a unilateral procedure. Modifier 0005 not applicable <ul style="list-style-type: none"> • This item may not be used with sinus surgery
1043	Control of severe epistaxis requiring hospitalisation: Anterior and posterior plugging (unilateral). This item is appropriate for a unilateral procedure. Modifier 0005 not applicable <ul style="list-style-type: none"> • This item may not be used with sinus surgery
1052	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
1053	This item is appropriate for a unilateral procedure. Modifier 0005 is applicable
1054	Appropriate for unilateral antroscopy. Modifier 0005 is applicable
1055	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
1057	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
1069	Proof puncture may not be used routinely in conjunction with item 1101 (Tonsillectomy) or item 1105 (Removal of adenoids)
1085	Appropriate for functional septumplasty and tip surgery performed together with surgery on the nasal pyramid (osteotomies) <ul style="list-style-type: none"> • Appropriate when columella lengthening is performed together with functional septum and nasal pyramid (osteotomies) surgery
1087	Sub-total reconstruction consisting of any two of the following: septumplasty; osteotomies; nasal tip reconstruction Item 1087 – may apply to septal correction where tip deformity or valve inlet obstruction is present
1099	Not appropriate as a separate procedure for the insertion of cartilage into the columella only to lift it <ul style="list-style-type: none"> • 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
Tonsils and adenoids	
1101	Modifier 0005 is applicable to 1105 if a tonsillectomy and an adenoidectomy are performed at the same session
1102	Add item 5930 for hire of laser when paid for or owned by doctor
1105	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.
1039	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
1052	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

Myringotomy and grommets	
0005	Modifier 0005 does not apply to items: 3209 – Myringotomy:bilateral (paracentesis) 3213 – Bilateral myringotomy with insertion of bilateral ventilation tube: when performed with tonsillectomy (item 1101) and/or adenoidectomy (item 1105)
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 unilateral ventilation tube, item 3213 - Bilateral myringotomy with insertion of bilateral ventilation tube
Larynx	
1119	May be used for partial/subtotal surgery with rule C 0067 may be applied for use of microscope Appropriate to add item 1445 if a block resection was also done <ul style="list-style-type: none"> • Appropriate to add item 1130 to item 1119 when a direct laryngoscopy is done during the same anaesthetic as a laryngectomy • Add item 5930 for hire of laser when paid for by doctor
1128	Add item 5930 for hire of laser when paid for or owned by doctor
1130	Appropriate to add item 1130 to item 1119 when a direct laryngoscopy is done during the same anaesthetic as a laryngectomy
1132	Specify on account if biopsy was performed with bronchoscopy
0201	For biopsy forceps in endoscopic procedures: 10% of the cost of the forceps per patient is acceptable

Head and neck surgery – modifier 0005

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

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

5250	Partial mastoido-tympanectomy for malignancy of the deep lobe of the parotid gland
5251	Total mastoido-tympanectomy for more extensive malignancy of the deep lobe of the parotid gland
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland

The appropriate hospital consultation code may be used in cases where 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/m ²)
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
	Laser hire and materials
0201	Cost of material in treatment: Charge for material at cost price PLUS 10%. (Where applicable, VAT should be added to the

	above). Add the appropriate Surgical and Material Nappi code(s), selected from those codes commencing with 4.
1102	Add item 5930 for hire of laser only when hire paid for by doctor or laser owned by doctor
1128	Add item 5930 for hire of laser only when hire paid for by doctor or laser owned by doctor
1132	Specify on account if biopsy was performed with bronchoscopy 10% of the cost of the forceps per patient is an acceptable charge according to item 0201
1136	The fee for nebulisation includes the costs of the inhalants used

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 ie. 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.