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30150	X-ray of the ribs	2004.00							410	4.790	1.0	R	321.30		
30155	X-ray of the chest and ribs	2004.00							410	6.420	1.0	R	430.60		
30160	X-ray of the thoracic inlet	2004.00							410	2.560	1.0	R	171.70		
30170	X-ray of the sterno-clavicular joints	2004.00							410	4.210	1.0	R	282.40		
30175	X-ray tomography of the sterno-clavicular joint	2004.00							410	4.300	1.0	R	288.40		
30180	X-ray of the sternum	2004.00							410	4.210	1.0	R	282.40		
30185	X-ray tomography of the sternum	2004.00							410	4.300	1.0	R	288.40		
30200	Ultrasound of the chest wall, any region	2004.00							410	6.560	1.0	R	440.00		
30210	Ultrasound of the pleural space	2004.00							410	6.560	1.0	R	440.00		
30220	Ultrasound of the mediastinal structures	2004.00							410	6.560	1.0	R	440.00		
30300	CT of the chest, limited study	2004.00							410	9.500	1.0	R	637.20		
30310	CT of the chest uncontrasted	2004.00							410	26.600	1.0	R	1 784.10		
30320	CT of the chest contrasted	2004.00							410	42.430	1.0	R	2 845.80		
30330	CT of the chest, pre and post contrast	2004.00							410	45.700	1.0	R	3 065.10		
30340	CT of the chest, limited high resolution study	2004.00							410	11.200	1.0	R	751.20		
30350	CT of the chest, complete high resolution study	2004.00							410	24.010	1.0	R	1 610.40		
30355	CT of the chest, complete high resolution study with additonal prone and expiratory studies	2005.03							410	33.300	1.0	R	2 233.40	Z	
30360	CT of the chest for pulmonary embolism	2004.00							410	57.120	1.0	R	3 831.00		
30370	CT of the chest for pulmonary embolism with CT venography of abdomen, pelvis and lower limbs	2004.00							410	80.280	1.0	R	5 384.40		
30400	MR of the chest	2004.00							410	63.600	1.0	R	4 265.70		
30410	MR of the chest with uncontrasted angiography	2004.00							410	92.600	1.0	R	6 210.70		
30420	MR of the chest, pre and post contrast	2004.00							410	102.040	1.0	R	6 843.80		

30900	Nuclear Medicine study - Lung perfusion	2004.00		410	21.540	1.0	R	1 444.70							
30910	Nuclear Medicine study - Lung ventilation, aerosol	2004.00		410	21.500	1.0	R	1 442.00							
30920	Nuclear Medicine study - Lung perfusion and ventilation	2004.00		410	42.030	1.0	R	2 819.00							
30930	Nuclear Medicine study - Lung ventilation using radio-active gas	2004.00		410	14.170	1.0	R	950.40							
30940	Nuclear Medicine study - Lung perfusion and ventilation using radio-active gas	2004.00		410	34.690	1.0	R	2 326.70							
30950	Nuclear medicine study - Muco-ciliary clearance study dynamic	2005.03		410	26.510	1.0	R	1 778.00	Z						
30960	Nuclear medine study - alveolar permeability	2005.03		410	26.510	1.0	R	1 778.00	Z						
	Stand alone code. Not to be combined with 30910.	2005.03													
30970	Nuclear medicine study - quantitative evaluation of lung perfusion and ventilation	2005.03		410	6.020	1.0	R	403.80	Z						
	Stand alone code. Not to be combined with 30920.	2005.03													
	Oesophagus														
	Codes 31100, 31110, 31120 (swallow) include fluoroscopy (00140 may not be added).	2004.00													
31100	X-ray barium swallow	2004.00								410	6.600	1.0	R	442.70	
31105	Xray 3 phase dynamic contrasted swallow	2005.03								410	12.600	1.0	R	845.10	Z
31110	X-ray barium swallow, double contrast	2004.00								410	7.920	1.0	R	531.20	
31120	X-ray barium swallow with cinematography	2004.00								410	10.070	1.0	R	675.40	
	Aorta and large vessels														
	Codes 32210 and 32220 (Ivus) may be combined	2004.00													
32200	Ultrasound intravascular arterial or venous assessment for intervention, once per complete procedure	2004.00								410	4.200	1.0	R	281.70	
32210	Ultrasound intravascular (IVUS) first vessel	2004.00								410	8.440	1.0	R	566.10	
32220	Ultrasound intravascular (IVUS) subsequent vessels	2004.00								410	5.300	1.0	R	355.50	
32300	CT angiography of the aorta and branches	2004.00								410	79.080	1.0	R	5 303.90	
32305	CT angiography of the thoracic and abdominal aorta and branches	2005.03								410	105.500	1.0	R	7 075.90	Z

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32310	CT angiography of the pulmonary vasculature	2004.0 0							410	79.080	1.0	R	5 303.90	
32400	MR angiography of the aorta and branches	2004.0 0							410	78.500	1.0	R	5 265.00	
32410	MR angiography of the pulmonary vasculature	2004.0 0							410	105.270	1.0	R	7 060.50	
32500	Arteriography of thoracic aorta	2004.0 0							410	28.260	1.0	R	1 895.40	
32510	Arteriography of bronchial intercostal vessels alone	2004.0 0							410	50.150	1.0	R	3 363.60	
32520	Arteriography of thoracic aorta, bronchial and intercostal vessels	2004.0 0							410	67.430	1.0	R	4 522.50	
32530	Arteriography of pulmonary vessels	2004.0 0							410	63.270	1.0	R	4 243.50	
32540	Arteriography of heart chambers, coronary arteries	2004.0 0							410	44.270	1.0	R	2 969.20	
32550	Venography of thoracic vena cava	2004.0 0							410	28.380	1.0	R	1 903.40	
32560	Venography of vena cava, azygos system	2004.0 0							410	56.310	1.0	R	3 776.70	
32570	Venography patency of A-port or other central line	2004.0 0							410	19.640	1.0	R	1 317.30	
	Heart													
	Codes 33300 (CT anatomy / function) and 33310 (CT Angiography) may be done as stand alone studies or as additive studies if both are performed at the same time.	2004.0 0												
33205	Ultrasound study of the heart for foetal or paediatric cases including doppler	2004.0 0							410	12.300	1.0	R	825.00	
	Code 33205 is a stand alone study and may not be added to 33200 or 33210. This code is intended for paediatric and foetal cases only	2004.0 0												
33200	Ultrasound study of the heart, including Doppler	2004.0 0							410	8.200	1.0	R	550.00	
33210	Ultrasound study of the heart trans-oesophageal	2004.0 0							410	10.520	1.0	R	705.60	
33220	Ultrasound intravascular imaging to guide placement of intracoronary stent once per vessel	2004.0 0							410	5.200	1.0	R	348.80	
33300	CT anatomical/functional study of the heart	2004.0 0							410	34.610	1.0	R	2 321.30	
33310	CT angiography of heart vessels	2004.0 0							410	81.280	1.0	R	5 451.40	
33400	MR of the heart, anatomical study	2004.0 0							410	62.200	1.0	R	4 171.80	
33410	MR of the heart, anatomical and functional study	2004.0 0							410	69.000	1.0	R	4 627.80	
33420	MR of the heart, pre and post contrast	2004.0 0							410	103.040	1.0	R	6 910.90	

33430	MR angiography of the heart vessels	2004.00							410	70.710	1.0	R	4 742.50	
33440	MR of the heart, anatomical, functional and coronary angiography	2004.00							410	106.840	1.0	R	7 165.80	
33900	Nuclear Medicine study - Cardiac shunt detection	2004.00		410	21.500	1.0	R	1 442.00						
33905	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion single study	2004.00		410	26.510	1.0	R	1 778.00						
33910	Nuclear Medicine study - Cardiac blood pool imaging, ejection fraction plus wall motion multiple studies	2004.00		410	34.920	1.0	R	2 342.10						
33915	Nuclear Medicine study - Cardiac blood pool imaging, gated SPECT	2004.00		410	13.410	1.0	R	899.40						
33920	Nuclear medicine study - Cardiac blood pool imaging, first pass technique	2004.00		410	26.510	1.0	R	1 778.00						
33925	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi) planar, non gated	2004.00		410	16.520	1.0	R	1 108.00						
33930	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi) planar, non gated	2004.00		410	16.520	1.0	R	1 108.00						
33935	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (non gated)	2004.00		410	16.520	1.0	R	1 108.00						
33940	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT non gated	2004.00		410	16.520	1.0	R	1 108.00						
33945	Nuclear medicine study - Myocardial perfusion, single, rest (thallium/mibi), SPECT (gated)	2004.00		410	28.910	1.0	R	1 939.00						
33950	Nuclear medicine study - Myocardial perfusion, single, stress (thallium/mibi), SPECT (gated)	2004.00		410	28.910	1.0	R	1 939.00						
33955	Nuclear medicine study - Plus wall movement and ejection fraction, SPECT	2004.00		410	6.020	1.0	R	403.60						
33960	Nuclear medicine study - Cardiac hot spot imaging (infarction) planar	2004.00		410	21.500	1.0	R	1 442.00						
33965	Nuclear medicine study - Cardiac hot spot imaging (infarction) SPECT	2004.00		410	13.410	1.0	R	899.40						
33970	Nuclear Medicine study - Multi stage treadmill ECG test	2004.00		410	6.660	1.0	R	446.70						
	Mamma													
	Codes 34110 (localization), 34120 (stereo-tactic localization) and 34130 (stereo-tactic biopsy) may not be combined.□ Code 34130 (stereo-tactic biopsy). Add procedural code 80610 (cutting needle) or 34150 (mammotome)□ Code 34205 (U/S FNA) includes the procedural code (may not be combined with 34150).	2004.00												
34100	X-ray mammography including ultrasound	2004.00							410	10.440	1.0	R	700.20	
34101	X-Ray mammography unilateral, including ultrasound	2006.04							410	8.352	1.0	R	560.20	

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	Code 34100 may not be combined with 34205 when these two procedures are done in the same sitting. Code 34100 includes ultrasound. In this situation use code 80605 (fine needle aspiration) with 34100	2004.00													
34105	X-ray mammography galactography	2004.00							410	9.400	1.0	R	630.50		
	Once off fee per visit. May be added to 34100	2004.00													
34110	X-ray mammography study for localisation	2004.00							410	7.240	1.0	R	485.60		
34120	X-ray stereotactic mammography – localisation	2004.00							410	10.400	1.0	R	697.50		
34130	X-ray stereotactic mammography – biopsy	2004.00							410	11.600	1.0	R	778.00		
34140	X-ray of biopsy specimen of the mamma	2004.00							410	2.740	1.0	R	183.80		
34150	X-ray Mammotome hand held biopsy apparatus	2004.00							410	9.800	1.0	R	657.30		
34200	Ultrasound study of the breast	2004.00							410	7.900	1.0	R	529.90		
34205	Ultrasound guided aspiration FNA/localisation of the breast	2004.00							410	12.100	1.0	R	811.50		
34300	Computer assisted diagnosis for mammography	2004.00							410	1.400	1.0	R	93.90		
34400	MR study of the breast	2004.00							410	62.600	1.0	R	4 198.60		
34410	MR study of the breast pre and post contrast	2004.00							410	100.840	1.0	R	6 763.30		
	Soft Tissue														
39900	Nuclear medicine study - Tumour localisation planar, static	2004.00		410	20.740	1.0	R	1 391.00							
39905	Nuclear medicine study - Tumour localisation planar, static, multiple studies	2004.00		410	35.170	1.0	R	2 358.90							
39910	Nuclear medicine study - Tumour localisation planar, static and SPECT	2004.00		410	34.150	1.0	R	2 290.40							
39915	Nuclear medicine study - Tumour localisation planar, static, multiple studies and SPECT	2004.00		410	47.560	1.0	R	3 189.80							
39920	Nuclear medicine study - Infection localisation planar, static	2004.00		410	18.040	1.0	R	1 209.90							
39925	Nuclear medicine study - Infection localisation planar, static, multiple studies	2004.00		410	31.450	1.0	R	2 109.40							
39930	Nuclear medicine study - Infection localisation planar, static and SPECT	2004.00		410	31.450	1.0	R	2 109.40							
39935	Nuclear medicine study - Infection localisation planar, static, multiple studies, SPECT	2004.00		410	44.860	1.0	R	3 008.80							

39940	Nuclear medicine study - Regional lymph node mapping, static, planar	2004.00		410	24.100	1.0	R	1 616.40							
39945	Nuclear medicine study - Regional lymph node mapping, static, planar, multiple	2004.00		410	36.490	1.0	R	2 447.40							
39950	Nuclear medicine study – Lymph node localisation with gamma probe	2004.00		410	12.390	1.0	R	831.00							
	Abdomen and Pelvis														
	Abdomen/stomach/bowel														
	Code 40120 (tomography) may be combined with 40100 or 40105 or 40110 (abdomen).□ Codes 40140 to 40190 (barium studies) include fluoroscopy (00140 may not be added). □ Code 40190 (intussusception) is a stand alone code and may not be combined with 40160 or 40165 (barium enema), (00140 may not be added).	2004.00													
40100	X-ray of the abdomen	2004.00							410	3.320	1.0	R	222.70		
40105	X-ray of the abdomen supine and erect, or decubitus	2004.00							410	5.360	1.0	R	359.50		
40110	X-ray of the abdomen multiple views including chest	2004.00							410	8.100	1.0	R	543.30		
40120	X-ray tomography of the abdomen	2004.00							410	4.300	1.0	R	288.40		
40140	X-ray barium meal single contrast	2004.00							410	8.870	1.0	R	594.90		
40143	X-ray barium meal double contrast	2004.00							410	11.990	1.0	R	804.20		
40147	X-ray barium meal double contrast with follow through	2004.00							410	15.800	1.0	R	1 059.70		
40150	X-ray small bowel enteroclysis (meal)	2004.00							410	25.450	1.0	R	1 706.90		
	Code 40150 excludes duodenal intubation and 40175 (Duodenal intubation) may be added.	2006.02													
40153	X-ray small bowel meal follow through single contrast	2004.00							410	19.550	1.0	R	1 311.20		
40157	X-ray small bowel meal with pneumocolon	2004.00							410	25.630	1.0	R	1 719.00		
40160	X-ray large bowel enema single contrast	2004.00							410	12.970	1.0	R	869.90		
40165	X-ray large bowel enema double contrast	2004.00							410	19.630	1.0	R	1 316.60		
40170	X-ray guided gastro oesophageal intubation	2004.00							410	1.600	1.0	R	107.30		
40175	X-ray guided duodenal intubation	2004.00							410	2.800	1.0	R	187.80		
40180	X-ray defaecogram	2004.00							410	12.970	1.0	R	869.90		

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40190	X-ray guided reduction of intussusception	2004.00								410	16.270	1.0	R	1 091.20		
40200	Ultrasound study of the abdominal wall	2004.00								410	5.540	1.0	R	371.60		
40210	Ultrasound study of the whole abdomen including the pelvis	2004.00								410	8.240	1.0	R	552.70		
40300	CT study of the abdomen	2004.00								410	26.410	1.0	R	1 771.30		
40310	CT study of the abdomen with contrast	2004.00								410	44.820	1.0	R	3 006.10		
40313	CT study of the abdomen pre and post contrast	2004.00								410	52.990	1.0	R	3 554.00		
40320	CT of the pelvis	2004.00								410	26.130	1.0	R	1 752.50		
40323	CT of the pelvis with contrast	2004.00								410	47.480	1.0	R	3 184.50		
40327	CT of the pelvis pre and post contrast	2004.00								410	53.870	1.0	R	3 613.10		
40330	CT of the abdomen and pelvis	2004.00								410	38.500	1.0	R	2 582.20		
40333	CT of the abdomen and pelvis with contrast	2004.00								410	62.170	1.0	R	4 169.70		
40337	CT of the abdomen and pelvis pre and post contrast	2004.00								410	67.430	1.0	R	4 522.50		
40340	CT triphasic study of the liver, abdomen and pelvis pre and post contrast	2004.00								410	74.110	1.0	R	4 970.60		
40345	CT of the chest, abdomen and pelvis without contrast	2004.00								410	70.120	1.0	R	4 702.90		
40350	CT of the chest, abdomen and pelvis with contrast	2004.00								410	88.350	1.0	R	5 925.60		
40355	CT of the chest triphasic of the liver, abdomen and pelvis with contrast	2004.00								410	93.050	1.0	R	6 240.90		
40360	CT of the base of skull to symphysis pubis with contrast	2004.00								410	102.730	1.0	R	6 890.10		
40365	CT colonoscopy	2004.00								410	34.780	1.0	R	2 332.70		
	Stand alone study, may not be added to any code between 40300 and 40360	2004.00														
40400	MR of the abdomen	2004.00								410	64.580	1.0	R	4 331.40		
40410	MR of the abdomen pre and post contrast	2004.00								410	100.840	1.0	R	6 763.30		
40420	MR of the pelvis, soft tissue	2004.00								410	64.580	1.0	R	4 331.40		

40430	MR of the pelvis, soft tissue, pre and post contrast	2004.00							410	102.040	1.0	R	6 843.80		
40900	Nuclear Medicine study - Gastro oesophageal reflux and emptying	2004.00		410	21.500	1.0	R	1 442.00							
40905	Nuclear Medicine study - Gastro oesophageal reflux and emptying multiple studies	2004.00		410	34.920	1.0	R	2 342.10							
40910	Nuclear Medicine study - Gastro intestinal protein loss	2004.00		410	21.500	1.0	R	1 442.00							
40915	Nuclear Medicine study - Gastro intestinal protein loss multiple studies	2004.00		410	34.920	1.0	R	2 342.10							
40920	Nuclear Medicine study – Acute GIT bleed static/dynamic	2004.00		410	21.500	1.0	R	1 442.00							
40925	Nuclear medicine study – Acute GIT bleed multiple studies	2004.00		410	34.920	1.0	R	2 342.10							
40930	Nuclear medicine study - Meckel's localisation	2004.00		410	20.770	1.0	R	1 393.00							
40935	Nuclear medicine study - Gastric mucosa imaging	2004.00		410	20.770	1.0	R	1 393.00							
40940	Nuclear medicine study - colonic transit multiple studies	2005.03		410	44.860	1.0	R	3 008.80	Z						
	Stand alone code	2005.03													
	Liver, spleen, gall bladder and pancreas														
	Code 41110, 41120 and 41130 (cholangiography) include fluoroscopy (00140 may not be added).	2004.00													
41100	X-ray ERCP including screening	2004.00							410	18.900	1.0	R	1 267.60		
41105	X-ray ERCP reporting on images done in theatre	2004.00							410	2.400	1.0	R	161.00		
41110	X-ray cholangiography intra-operative	2004.00							410	8.450	1.0	R	566.70		
41120	X-ray T-tube cholangiography post operative	2004.00							410	14.050	1.0	R	942.30		
41130	X-ray transhepatic percutaneous cholangiography	2004.00							410	32.340	1.0	R	2 169.00		
41200	Ultrasound study of the upper abdomen	2004.00							410	7.000	1.0	R	469.50		
41210	Ultrasound doppler of the hepatic and splenic veins and inferior vena cava in assessment of portal venous hypertension or thrombosis	2004.00							410	9.800	1.0	R	657.30		
	Code 41210 is a stand alone study and may not be added to 40200, 40210, 41200 or 42200	2004.00													
41300	CT of the abdomen triphasic study – liver	2004.00							410	54.900	1.0	R	3 682.10		
41400	MR study of the liver/pancreas	2004.00							410	64.760	1.0	R	4 344.80		

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41410	MR study of the liver/pancreas pre and post contrast	2004.00							410	100.840	1.0	R	6 763.30		
41420	MRCP	2004.00							410	49.200	1.0	R	3 299.80		
41430	MR study of the abdomen with MRCP	2004.00							410	92.980	1.0	R	6 236.20		
41440	MR study of the abdomen pre and post contrast with MRCP	2004.00							410	133.600	1.0	R	8 960.60		
41900	Nuclear Medicine study - Liver and spleen, planar views only	2004.00		410	21.500	1.0	R	1 442.00							
41905	Nuclear Medicine study - Liver and spleen, with flow study	2004.00		410	27.530	1.0	R	1 846.40							
41910	Nuclear Medicine study - Liver and spleen, planar views SPECT	2004.00		410	34.920	1.0	R	2 342.10							
41915	Nuclear Medicine study - Liver and spleen, with flow study and SPECT	2004.00		410	40.940	1.0	R	2 745.80							
41920	Nuclear Medicine study - Hepatobiliary system planar static/dynamic	2004.00		410	21.500	1.0	R	1 442.00							
41925	Nuclear Medicine study – hepatobiliary tract including flow	2004.00		410	26.510	1.0	R	1 778.00							
41930	Nuclear medicine study – Hepatobiliary system planar, static/dynamic multiple studies	2004.00		410	34.920	1.0	R	2 342.10							
41935	Nuclear medicine study – Hepatobiliary tract including flow multiple studies	2004.00		410	39.920	1.0	R	2 677.40							
41940	Nuclear medicine study - Gall bladder ejection fraction	2004.00		410	6.020	1.0	R	403.80							
41945	Nuclear medicine study – Biliary gastric reflux study	2004.00		410	20.770	1.0	R	1 393.00							
	Renal tract														
42100	X-ray tomography of the renal tract	2004.00							410	4.300	1.0	R	288.40		
	Code 42100 (tomography) may not be added to 42110 or 42115 (IVP).□ Codes 42115 (IVP), 42120 (cystography), 42130 (urethography), 42140 (MCU), 42150 (retrograde), and 42160 (prograde) include fluoroscopy (00140 may not be added).	2004.00													
42110	X-ray excretory urogram including tomography	2004.00							410	24.860	1.0	R	1 667.40		
42115	X-ray excretory urogram including tomography with micturating study	2004.00							410	32.860	1.0	R	2 203.90		
42120	X-ray cystography	2004.00							410	15.050	1.0	R	1 009.40		
42130	X-ray urethrography	2004.00							410	15.370	1.0	R	1 030.90		
42140	X-ray micturating cysto-urethrography	2004.00							410	19.300	1.0	R	1 294.50		

42150	X-ray retrograde/prograde pyelography	2004.00							410	12.530	1.0	R	840.40		
42155	X-ray retrograde/prograde pyelography reporting on images done in theatre	2004.00							410	2.410	1.0	R	161.60		
42160	X-ray prograde pyelogram – percutaneous	2004.00							410	32.670	1.0	R	2 191.20		
42200	Ultrasound study of the renal tract including bladder	2004.00							410	7.420	1.0	R	497.70		
42205	Ultrasound doppler for resistive index in vessels of transplanted kidney	2004.00							410	3.800	1.0	R	254.90		
	Code 42205 is a stand alone study and may not be added to 42200	2004.00													
42210	Ultrasound study of the renal arteries including Doppler	2005.03							410	10.600	1.0	R	710.90	Z	
42300	CT of the renal tract for a stone	2004.00							410	25.150	1.0	R	1 686.80		
42400	MR of the renal tract for obstruction	2004.00							410	47.000	1.0	R	3 152.30		
42410	MR of the kidneys without contrast	2004.00							410	64.580	1.0	R	4 331.40		
42420	MR of the kidneys pre and post contrast	2004.00							410	102.240	1.0	R	6 857.20		
42900	Nuclear Medicine study - Renal imaging, static (e.g. DMSA)	2004.00		410	21.940	1.0	R	1 471.50							
42905	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with flow	2004.00		410	27.960	1.0	R	1 875.30							
42910	Nuclear Medicine study - Renal imaging, static (e.g. DMSA) with SPECT	2004.00		410	35.350	1.0	R	2 370.90							
42915	Nuclear Medicine study - Renal imaging, static (e.g. DMSA), with flow, with SPECT	2004.00		410	41.370	1.0	R	2 774.70							
42920	Nuclear Medicine study - Renal imaging dynamic (renogram) and vascular flow	2004.00		410	26.510	1.0	R	1 778.00							
42930	Nuclear Medicine study – Renovascular study, baseline	2004.00		410	26.510	1.0	R	1 778.00							
42940	Nuclear Medicine study – Renovascular study, with intervention	2004.00		410	26.510	1.0	R	1 778.00							
42950	Nuclear medicine study - indirect voiding cystogram	2005.05		410	6.020	1.0	R	403.80	Z						
	Reproductive system														
	Codes 43120 and 43130 (hystero-salpingography) include fluoroscopy (00140 may not be added).□ Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedure codes.	2004.00													

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	Codes 43230 (U/S ova aspiration) and 43240 (amniocentesis) are complete procedures and may not be combined with 00230 (ultrasound guidance) or 80605 (fine needle aspiration). Code 43240 may be combined with 43260 (second trimester), 43270 (third trimester) and 43273 (third trimester follow up)	2004.00													
43100	X-ray pelvimetry single	2004.00							410	4.000	1.0	R	268.30		
43110	X-ray pelvimetry multiple views	2004.00							410	5.800	1.0	R	389.00		
43120	X-ray hystero-salpingography	2004.00							410	10.030	1.0	R	672.70		
43130	X-ray hystero-salpingography with introduction of contrast	2004.00							410	13.530	1.0	R	907.50		
43200	Ultrasound study of the pelvis transabdominal	2004.00							410	5.700	1.0	R	382.30		
43205	Ultrasound study of the female pelvis transvaginal	2004.00							410	7.210	1.0	R	483.60		
43210	Ultrasound study of the prostate transrectal	2004.00							410	7.380	1.0	R	495.00		
43215	Ultrasound transrectal prostate volume for brachytherapy	2004.00							410	10.400	1.0	R	697.50		
43220	Ultrasound study of the testes	2004.00							410	7.380	1.0	R	495.00		
43225	Ultrasound study for male impotence including doppler and injection of vaso contrictor	2004.00							410	15.000	1.0	R	1 006.10		
	Code 43225 is a stand alone study and may not be added to 43200, 43210, 43220 or 44200	2004.00													
43230	Ultrasound guided transvaginal aspiration for ova	2004.00							410	13.500	1.0	R	905.40		
43240	Ultrasound guided amniocenthesis	2004.00							410	5.840	1.0	R	391.70		
43250	Ultrasound study of the pregnant uterus, first trimester	2004.00							410	4.200	1.0	R	281.70		
43260	Ultrasound study of the pregnant uterus, second trimester	2004.00							410	6.360	1.0	R	426.60		
43270	Ultrasound study of the pregnant uterus, third trimester, first visit	2004.00							410	6.360	1.0	R	426.60		
43273	Ultrasound study of the pregnant uterus, third trimester, follow-up visit	2004.00							410	4.200	1.0	R	281.70		
43277	Ultrasound study of the pregnant uterus, multiple gestation, second or third trimester, first visit	2004.00							410	8.170	1.0	R	548.00		
43280	Ultrasound doppler of the umbilical cord for resistive index	2004.00							410	3.800	1.0	R	254.90		
	Code 43280 is a stand alone study and may not be added to the following codes: 43250, 43260, 43270, 43273 or 43277	2004.00													

43300	CT pelvimetry – Topogram	2004.00								410	6.580	1.0	R	441.30		
43400	MR study of pelvic reproductive organs - limited study	2004.00								410	47.600	1.0	R	3 192.50		
43405	MR study for pelvimetry	2004.00								410	20.000	1.0	R	1 341.40		
43410	MR study of pelvic reproductive organs - complete – uncontrasted	2004.00								410	64.580	1.0	R	4 331.40		
43420	MR study of pelvic reproductive organs - complete – pre and post contrast	2004.00								410	102.240	1.0	R	6 857.20		
43950	Nuclear medicine study - Radio pharmaceutical voiding cystogram	2004.00		410	21.500	1.0	R	1 442.00								
43960	Nuclear medicine study - Testicular imaging	2004.00		410	26.510	1.0	R	1 778.00								
43970	Nuclear medicine study - hystero-salpingography	2005.03		410	26.510	1.0	R	1 778.00	Z							
	Aorta and vessels															
	Code 44400 (MR Angiography) may be combined with 40400 (MR abdomen).	2004.00														
44200	Ultrasound study of abdominal aorta and branches including doppler	2004.00								410	18.320	1.0	R	1 228.70		
44205	Ultrasound study of the IVC and pelvic veins including Doppler	2005.03								410	14.000	1.0	R	939.00	Z	
	This is a stand alone code and may not be added to 44200.	2005.03														
44300	CT angiography of abdominal aorta and branches	2004.00								410	76.720	1.0	R	5 145.60		
44305	CT angiography of the abdominal aorta and branches and pre and post contrast study of the upper abdomen	2004.00								410	94.320	1.0	R	6 326.00		
44310	CT angiography of the pelvis	2004.00								410	78.640	1.0	R	5 274.40		
44320	CT angiography of the abdominal aorta and pelvis	2004.00								410	89.540	1.0	R	6 005.40		
44325	CT angiography of the abdominal aorta and pelvis and pre and post contrast study of the upper abdomen and pelvis	2004.00								410	119.150	1.0	R	7 991.40		
44330	CT portogram	2004.00								410	74.400	1.0	R	4 990.00		
44400	MR angiography of abdominal aorta and branches	2004.00								410	76.640	1.0	R	5 140.20		
44500	Arteriography of abdominal aorta alone	2004.00								410	28.120	1.0	R	1 886.00		
44503	Arteriography of aorta plus coeliac, mesenteric branches	2004.00								410	75.630	1.0	R	5 072.50		
44505	Arteriography of aorta plus renal, adrenal branches	2004.00								410	63.010	1.0	R	4 226.10		

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44507	Arteriography of aorta plus non-visceral branches	2004.00								410	60.790	1.0	R	4 077.20		
44510	Arteriography of coeliac, mesenteric vessels alone	2004.00								410	64.350	1.0	R	4 316.00		
44515	Arteriography of renal, adrenal vessels alone	2004.00								410	49.490	1.0	R	3 319.30		
44517	Arteriography of non-visceral abdominal vessels alone	2004.00								410	54.910	1.0	R	3 682.80		
44520	Arteriography of internal and external iliac vessels alone	2004.00								410	56.720	1.0	R	3 804.20		
44525	Venography of internal and external iliac veins alone	2004.00								410	62.110	1.0	R	4 165.70		
44530	Corpora cavernosography	2004.00								410	25.060	1.0	R	1 680.80		
44535	Vasography, vesiculography	2004.00								410	29.190	1.0	R	1 957.80		
44540	Venography of inferior vena cava	2004.00								410	26.120	1.0	R	1 751.90		
44543	Venography of hepatic veins alone	2004.00								410	53.770	1.0	R	3 606.40		
44545	Venography of inferior vena cava and hepatic veins	2004.00								410	68.910	1.0	R	4 621.80		
44550	Venography of lumbar azygos system alone	2004.00								410	43.890	1.0	R	2 943.70		
44555	Venography of inferior vena cava and lumbar azygos veins	2004.00								410	65.460	1.0	R	4 390.40		
44560	Venography of renal, adrenal veins alone	2004.00								410	43.990	1.0	R	2 950.40		
44565	Venography of inferior vena cava and renal/adrenal veins	2004.00								410	68.390	1.0	R	4 586.90		
44570	Venography of spermatic, ovarian veins alone	2004.00								410	40.390	1.0	R	2 709.00		
44573	Venography of inferior vena cava, renal, spermatic, ovarian veins	2004.00								410	73.990	1.0	R	4 962.50		
44580	Venography indirect splenoportogram	2004.00								410	48.670	1.0	R	3 264.30		
44583	Venography direct splenoportogram	2004.00								410	31.590	1.0	R	2 118.70		
44587	Venography transhepatic portogram	2004.00								410	66.750	1.0	R	4 476.90		
	Soft Tissue															
49900	Nuclear Medicine study – Tumour localisation planar, static	2004.00		410	20.740	1.0	R	1 391.00								
49905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	2004.00		410	35.170	1.0	R	2 358.90								

49910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	2004.00		410	34.150	1.0	R	2 290.40							
49915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	2004.00		410	47.560	1.0	R	3 189.80							
49920	Nuclear medicine study – Infection localisation planar, static	2004.00		410	18.040	1.0	R	1 209.90							
49930	Nuclear medicine study – Infection localisation planar, static, multiple studies	2004.00		410	31.450	1.0	R	2 109.40							
49940	Nuclear medicine study – Infection localisation planar, static and SPECT	2004.00		410	31.450	1.0	R	2 109.40							
49950	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	2004.00		410	44.860	1.0	R	3 008.80							
49960	Nuclear medicine study – Regional lymph node mapping dynamic	2004.00		410	5.010	1.0	R	336.00							
49965	Nuclear medicine study – Regional lymph node mapping, static, planar	2004.00		410	24.100	1.0	R	1 616.40							
49970	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	2004.00		410	37.510	1.0	R	2 515.80							
49975	Nuclear medicine study – Regional lymph node mapping SPECT	2004.00		410	13.410	1.0	R	899.40							
49980	Nuclear medicine study – Lymph node localisation with gamma probe	2004.00		410	13.410	1.0	R	899.40							
	Spine, Pelvis and Hips														
	Code 51340 (CT myelography, cervical), 52330 (CT myelography thoracic) and 53340 (CT myelography lumbar) are stand alone studies and may not be combined with the conventianla myelography codes viz. 51160, 52150, 53160	2004.00													
	General														
	Code 50130 (Lumbar puncture) and 50140 (cisternal puncture) include fluoroscopy and introduction of contrast (00140 may not be added).	2004.00													
50100	X-ray of the spine scoliosis view AP only	2004.00							410	7.000	1.0	R	469.50		
50105	X-ray of the spine scoliosis view AP and lateral	2004.00							410	12.000	1.0	R	804.80		
50110	X-ray of the spine scoliosis view AP and lateral including stress views	2004.00							410	18.540	1.0	R	1 243.50		
50120	X-ray bone densitometry	2004.00							410	11.520	1.0	R	772.60		
50130	X-ray guided lumbar puncture	2004.00							410	4.800	1.0	R	321.90		
50140	X-ray guided cisternal puncture cisternogram	2004.00							410	22.980	1.0	R	1 541.30		
50300	CT quantitive bone mineral density	2004.00							410	11.830	1.0	R	793.40		
50500	Arteriogram of the spinal column and cord, all vessels	2004.00							410	127.230	1.0	R	8 533.30		

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50510	Venography of the spinal, paraspinal veins	2004.00							410	58.450	1.0	R 3 920.20		
	Cervical													
	Code 51100 (stress) is a stand alone study and may not be added to 51110, 51120 (cervical spine), 51160 (myelography) and 51170 (discography).□ Code 51140 (tomography) may be combined with 51110 or 51120 (spine).□ Code 51160s (myelography) and 51170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).□ Code 51300 (CT) limited - limited to a single cervical vertebral body.□ Code 51310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.□ Code 51320 (CT) complete study - an extensive study of the cervical spine.□ Code 51340 (CT myelography) – post myelographic study and includes all disc levels, includes fluoroscopy and introduction of contrast (00140 may not be added).	2004.00													
51100	X-ray f the cervical spine, stress views only	2004.00							410	4.140	1.0	R 277.70		
51110	X-ray of the cervical spine, one or two views	2004.00							410	3.010	1.0	R 201.90		
51120	X-ray of the cervical spine, more than two views	2004.00							410	4.280	1.0	R 287.10		
51130	X-ray of the cervical spine, more than two views including stress views	2004.00							410	7.580	1.0	R 508.40		
51140	X-ray Tomography cervical spine	2004.00							410	4.300	1.0	R 288.40		
51160	X-ray myelography of the cervical spine	2004.00							410	27.460	1.0	R 1 841.70		
51170	X-ray discography cervical spine per level	2004.00							410	25.170	1.0	R 1 688.20		
51300	CT of the cervical spine limited study	2004.00							410	9.500	1.0	R 637.20		
51310	CT of the cervical spine – regional study	2004.00							410	13.910	1.0	R 932.90		
51320	CT of the cervical spine – complete study	2004.00							410	37.130	1.0	R 2 490.30		
51330	CT of the cervical spine pre and post contrast	2004.00							410	58.850	1.0	R 3 947.10		
51340	CT myelography of the cervical spine	2004.00							410	47.190	1.0	R 3 165.00		
51350	CT myelography of the cervical spine following myelogram	2004.00							410	21.690	1.0	R 1 454.70		
51400	MR of the cervical spine, limited study	2004.00							410	44.400	1.0	R 2 977.90		
51410	MR of the cervical spine and cranio-cervical junction	2004.00							410	64.820	1.0	R 4 347.50		
51420	MR of the cervical spine and cranio-cervical junction pre and post contrast	2004.00							410	102.140	1.0	R 6 850.50		

51900	Nuclear Medicine study – Bone regional cervical	2004.00		410	21.500	1.0	R	1 442.00							
51910	Nuclear Medicine study – Bone tomography regional cervical	2004.00		410	13.410	1.0	R	899.40							
51920	Nuclear Medicine study – with flow	2004.00		410	6.020	1.0	R	403.80							
	Thoracic														
	Code 52120 (tomography) may be combined with 52100 or 52110 (spine).□ Code 52150 (myelography) includes fluoroscopy and introduction of contrast (00140 may not be added).□ Code 52300 (CT) limited study – limited to a single thoracic vertebral body. □ Code 52305 (CT) regional study - 2 vertebral bodies and intervertebral disc paces. □ Code 52310 (CT) complete study - an extensive study of the thoracic spine.□ Code 52330 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).	2004.00													
52100	X-ray of the thoracic spine, one or two views	2004.00								410	3.210	1.0	R	215.30	
52110	X-ray of the thoracic spine, more than two views	2004.00								410	4.000	1.0	R	268.30	
52120	X-ray tomography thoracic spine	2004.00								410	4.300	1.0	R	288.40	
52140	X-ray of the thoracic spine, more that two views including stress views	2004.00								410	6.640	1.0	R	445.30	
52150	X-ray myelography of the thoracic spine	2004.00								410	18.620	1.0	R	1 248.80	
52300	CT of the thoracic spine limited study	2004.00								410	9.500	1.0	R	637.20	
52305	CT of the thoracic spine – regional study	2004.00								410	13.910	1.0	R	932.90	
52310	CT of the thoracic spine complete study	2004.00								410	35.780	1.0	R	2 399.80	
52320	CT of the thoracic spine pre and post contrast	2004.00								410	58.850	1.0	R	3 947.10	
52330	CT myelography of the thoracic spine	2004.00								410	48.090	1.0	R	3 225.40	
52340	CT myelography of the thoracic spine following myelogram	2004.00								410	20.370	1.0	R	1 366.20	
52400	MR of the thoracic spine, limited study	2004.00								410	46.600	1.0	R	3 125.50	
52410	MR of the thoracic spine	2004.00								410	64.340	1.0	R	4 315.30	
52420	MR of the thoracic spine pre and post contrast	2004.00								410	101.420	1.0	R	6 802.20	
52900	Nuclear Medicine study – Bone regional dorsal	2004.00		410	21.500	1.0	R	1 442.00							

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52910	Nuclear Medicine study – Bone tomography regional dorsal	2004.00		410	13.410	1.0	R 899.40							
52920	Nuclear Medicine study – with flow	2004.00		410	6.020	1.0	R 403.80							
	Lumbar													
	Code 53100 (stress) is a stand alone study and may not be added to 53110, 53120 (lumbar spine), 53160 (myelography) and 53170 (discography).□ Code 53140 (tomography) may be combined with 53110 or 53120 (spine).□ Codes 53160 (myelography) and 53170 (discography) include fluoroscopy and introduction of contrast (00140 may not be added).□ Code 53300 (CT) limited study – limited to a single lumbar vertebral body.□ Code 53310 (CT) regional study - 2 vertebral bodies and intervertebral disc spaces.□ Code 53320 (CT) complete study - an extensive study of the lumbar spine.□ Code 53340 (CT myelography) - post myelographic study and includes all disc levels, fluoroscopy and introduction of contrast (00140 may not be added).	2004.00												
53100	X-ray of the lumbar spine – stress study only	2004.00							410	4.140	1.0	R 277.70		
53110	X-ray of the lumbar spine, one or two views	2004.00							410	3.560	1.0	R 238.80		
53120	X-ray of the lumbar spine, more than two views	2004.00							410	4.460	1.0	R 299.10		
53130	X-ray of the lumbar spine, more that two views including stress views	2004.00							410	7.520	1.0	R 504.40		
53140	X-ray tomography lumbar spine	2004.00							410	4.300	1.0	R 288.40		
53160	X-ray myelography of the lumbar spine	2004.00							410	23.940	1.0	R 1 605.70		
53170	X-ray discography lumbar spine per level	2004.00							410	25.170	1.0	R 1 688.20		
53300	CT of the lumbar spine limited study	2004.00							410	9.500	1.0	R 637.20		
53310	CT of the lumbar spine – regional study	2004.00							410	13.910	1.0	R 932.90		
53320	Ct of the lumbar spine complete study	2004.00							410	37.640	1.0	R 2 524.50		
53330	CT of the lumbar spine pre and post contrast	2004.00							410	58.850	1.0	R 3 947.10		
53340	CT myelography of the lumbar spine	2004.00							410	49.110	1.0	R 3 293.80		
53350	CT myelography of the lumbar spine following myelogram	2004.00							410	23.460	1.0	R 1 573.50		
53400	MR of the lumbar spine, limited study	2004.00							410	46.200	1.0	R 3 098.60		
53410	MR of the lumbar spine	2004.00							410	64.320	1.0	R 4 313.90		

53420	MR of the lumbar spine pre and post contrast	2004.00							410	103.290	1.0	R	6 927.70	
53900	Nuclear medicine study – Bone regional lumbar	2004.00		410	21.500	1.0	R	1 442.00						
53910	Nuclear medicine study – Bone tomography regional lumbar	2004.00		410	13.410	1.0	R	899.40						
53920	Nuclear medicine study – with flow	2004.00		410	6.020	1.0	R	403.80						
	Sacrum													
	Code 54120 (tomography) may be combined with 54100 (sacrum) or 54110 (SI joints).□ Code 54300 (CT) limited study - limited to single sacral vertebral body. □ Code 54310 (CT) complete study - an extensive study of the sacral spine.	2004.00												
54100	X-ray of the sacrum and coccyx	2004.00							410	3.580	1.0	R	240.10	
54110	X-ray of the sacro-iliac joints	2004.00							410	4.100	1.0	R	275.00	
54120	X-ray tomography – sacrum and/or coccyx	2004.00							410	4.300	1.0	R	288.40	
54300	CT of the sacrum – limited study	2004.00							410	7.600	1.0	R	509.70	
54310	CT of the sacrum – complete study – uncontrasted	2004.00							410	25.610	1.0	R	1 717.70	
54320	CT of the sacrum with contrast	2004.00							410	46.930	1.0	R	3 147.60	
54330	CT of the sacrum pre and post contrast	2004.00							410	52.970	1.0	R	3 552.70	
54400	MR of the sacrum	2004.00							410	65.000	1.0	R	4 359.60	
54410	MR of the sacrum pre and post contrast	2004.00							410	101.040	1.0	R	6 776.80	
	Pelvis													
	Codes 55110 (tomography) and 55100 (pelvis) may be combined.□ Code 55300 (CT) limited study – limited to a small region of interest of the pelvis eg. ascetabular roof or pubic ramus.	2004.00												
55100	X-ray of the pelvis	2004.00							410	3.660	1.0	R	245.50	
55110	X-ray tomography – pelvis	2004.00							410	4.300	1.0	R	288.40	
55300	CT of the bony pelvis limited	2004.00							410	9.500	1.0	R	637.20	
55310	CT of the bony pelvis complete uncontrasted	2004.00							410	25.610	1.0	R	1 717.70	
55320	CT of the bony pelvis complete 3D recon	2004.00							410	37.470	1.0	R	2 513.10	

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55330	CT of the bony pelvis with contrast	2004.00								410	46.930	1.0	R	3 147.60		
55340	CT of the bony pelvis – pre and post contrast	2004.00								410	52.970	1.0	R	3 552.70		
55400	MR of the bony pelvis	2004.00								410	65.000	1.0	R	4 359.60		
55410	MR of the bony pelvis pre and post contrast	2004.00								410	102.240	1.0	R	6 857.20		
55900	Nuclear medicine study – Bone regional pelvis	2004.00		410	21.500	1.0	R	1 442.00								
55910	Nuclear medicine study – Bone tomography regional pelvis	2004.00		410	13.410	1.0	R	899.40								
55920	Nuclear medicine study – with flow	2004.00		410	6.020	1.0	R	403.80								
	Hips															
	Code 56130 (tomography) may be combined with 56100 or 56110 or 56120 (hip).□ Code 56140 (stress) may be combined with 56100 or 56110 or 56120 (hip). □ Code 56150 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). □ Code 56160 (introduction of contrast into hip joint) to be used with 56310 (CT hip) and 56410 (MR hip) and includes fluoroscopy. The combination of 56150 and 56310 and 56410 is not supported except in exceptional circumstances with motivation. □ Code 56300 (CT) study limited to small region of interest eg part of femur head.	2004.00														
56100	X-ray of the left hip	2004.00								410	3.180	1.0	R	213.30		
56110	X-ray of the right hip	2004.00								410	3.180	1.0	R	213.30		
56120	X-ray pelvis and hips	2004.00								410	6.020	1.0	R	403.80		
56130	X-ray tomography – hip	2004.00								410	4.300	1.0	R	288.40		
56140	X-ray of the hip/s – stress study	2004.00								410	4.380	1.0	R	293.80		
56150	X-ray arthrography of the hip joint including introduction contrast	2004.00								410	15.750	1.0	R	1 056.40		
56160	X-ray guidance and introduction of contrast into hip joint only	2004.00								410	7.410	1.0	R	497.00		
56200	Ultrasound of the hip joints	2004.00								410	6.500	1.0	R	436.00		
56300	CT of hip – limited	2004.00								410	9.500	1.0	R	637.20		
56310	CT of hip – complete	2005.05								410	27.370	1.0	R	1 835.70		
56320	CT of hip – complete with 3D recon	2004.00								410	39.780	1.0	R	2 668.00		

56330	CT of hip with contrast	2004.00							410	43.260	1.0	R	2 901.40	
56340	CT of hip pre and post contrast	2004.00							410	47.880	1.0	R	3 211.30	
56400	MR of the hip joint/s, limited study	2004.00							410	44.900	1.0	R	3 011.40	
56410	MR of the hip joint/s	2004.00							410	64.100	1.0	R	4 299.20	
56420	MR of the hip joint/s, pre and post contrast	2004.00							410	101.640	1.0	R	6 817.00	
56900	Nuclear medicine study -- Bone regional pelvis	2004.00		410	21.500	1.0	R	1 442.00						
56910	Nuclear medicine study – Bone limited static plus flow	2004.00		410	27.530	1.0	R	1 846.40						
56920	Nuclear medicine study – Bone tomography regional	2004.00		410	13.410	1.0	R	899.40						
	Upper limbs													
	General													
	Code 60100 (stress only) is a stand alone study and may not be combined with other codes.□ Code 60110 (tomography) may be combined with any one of the defined regional x-ray studies of the upper limb. Motivation may be required for more than one regional tomographic study per visit.□ Code 60200 (U/S) may only be used once per visit.□ Code 60300 (CT) limited study – limited to a small region of interest eg. part of humeral head. □ Code 60400 (MR limited) may only be used once per visit.	2004.00												
60100	X-ray upper limbs - any region - stress studies only	2004.00							410	4.520	1.0	R	303.20	
60110	X-ray upper limbs - any region – tomography	2004.00							410	4.300	1.0	R	288.40	
60200	Ultrasound upper limb – soft tissue - any region	2004.00							410	7.380	1.0	R	495.00	
60210	Ultrasound of the peripheral arterial system of the left arm including B mode, pulse and colour doppler	2004.00							410	13.640	1.0	R	914.80	
60220	Ultrasound of the peripheral arterial system of the right arm including B mode, pulse and colour doppler	2004.00							410	13.640	1.0	R	914.80	
60230	Ultrasound peripheral venous system upper limbs including pulse and colour doppler for deep vein thrombosis	2004.00							410	12.540	1.0	R	841.10	
60240	Ultrasound peripheral venous system upper limbs including pulse and colour doppler	2004.00							410	17.260	1.0	R	1 157.60	
60300	CT of the upper limbs limited study	2004.00							410	9.500	1.0	R	637.20	
60310	CT angiography of the upper limb	2004.00							410	78.280	1.0	R	5 250.20	
60400	MR of the upper limbs limited study, any region	2004.00							410	44.800	1.0	R	3 004.70	

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60410	MR angiography of the upper limb	2004.00							410	74.660	1.0	R	5 007.40	
60500	Arteriogram of subclavian, upper limb arteries alone, unilateral	2004.00							410	45.670	1.0	R	3 063.10	
60510	Arteriogram of subclavian, upper limb arteries alone, bilateral	2004.00							410	82.670	1.0	R	5 544.70	
60520	Arteriogram of aortic arch, subclavian, upper limb, unilateral	2004.00							410	56.750	1.0	R	3 806.20	
60530	Arteriogram of aortic arch, subclavian, upper limb, bilateral	2004.00							410	88.110	1.0	R	5 909.50	
60540	Venography, antegrade of upper limb veins, unilateral	2004.00							410	26.120	1.0	R	1 751.90	
60550	Venography, antegrade of upper limb veins, bilateral	2004.00							410	49.430	1.0	R	3 315.30	
60560	Venography, retrograde of upper limb veins, unilateral	2004.00							410	31.010	1.0	R	2 079.80	
60570	Venography, retrograde of upper limb veins, bilateral	2004.00							410	54.810	1.0	R	3 676.10	
60580	Venography, shuntogram, dialysis access shunt	2004.00							410	23.790	1.0	R	1 595.60	
60900	Nuclear medicine study – Venogram upper limb	2004.00		410	37.120	1.0	R	2 489.60						
	Shoulder													
	Code 61160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).□ Code 61170 (introduction of contrast into the shoulder joint) may be combined with 61300 and 61305 (CT), or 61400 and 61405 (MR). The combination of 61160 (arthrography) and 61300 and 61305 (CT) or 61400 and 61405 (MR) is not supported except in exceptional circumstances with motivation.	2004.00												
61100	X-ray of the left clavicle	2004.00							410	3.040	1.0	R	203.90	
61105	X-ray of the right clavicle	2004.00							410	3.040	1.0	R	203.90	
61110	X-ray of the left scapula	2004.00							410	3.040	1.0	R	203.90	
61115	X-ray of the right scapula	2004.00							410	3.040	1.0	R	203.90	
61120	X-ray of the left acromio-clavicular joint	2004.00							410	3.140	1.0	R	210.60	
61125	X-ray of the right acromio-clavicular joint	2004.00							410	3.140	1.0	R	210.60	
61128	X-ray of acromio-clavicular joints plus stress studies bilateral	2004.00							410	7.680	1.0	R	515.10	
61130	X-ray of the left shoulder	2004.00							410	3.480	1.0	R	233.40	

61135	X-ray of the right shoulder	2004.0 0							410	3.480	1.0	R	233.40	
61140	X-ray of the left shoulder plus subacromial impingement views	2004.0 0							410	5.920	1.0	R	397.10	
61145	X-ray of the right shoulder plus subacromial impingement views	2004.0 0							410	5.920	1.0	R	397.10	
61150	X-ray of the left subacromial impingement views only	2004.0 0							410	3.240	1.0	R	217.30	
61155	X-ray of the right subacromial impingement views only	2004.0 0							410	3.240	1.0	R	217.30	
61160	X-ray arthrography shoulder joint including introduction of contrast	2004.0 0							410	15.830	1.0	R	1 061.70	
61170	X-ray guidance and introduction of contrast into shoulder joint only	2004.0 0							410	7.410	1.0	R	497.00	
61200	Ultrasound of the left shoulder joint	2004.0 0							410	6.500	1.0	R	436.00	
61210	Ultrasound of the right shoulder joint	2004.0 0							410	6.500	1.0	R	436.00	
61300	CT of the left shoulder joint – uncontrasted	2004.0 0							410	24.360	1.0	R	1 633.80	
61305	CT of the right shoulder joint – uncontrasted	2004.0 0							410	24.360	1.0	R	1 633.80	
61310	CT of the left shoulder – complete with 3D recon	2004.0 0							410	37.660	1.0	R	2 525.90	
61315	CT of the right shoulder – complete with 3D recon	2004.0 0							410	37.660	1.0	R	2 525.90	
61320	CT of the left shoulder joint - pre and post contrast	2004.0 0							410	48.630	1.0	R	3 261.60	
61325	CT of the right shoulder joint - pre and post contrast	2004.0 0							410	48.630	1.0	R	3 261.60	
61400	MR of the left shoulder	2004.0 0							410	64.640	1.0	R	4 335.40	
61405	MR of the right shoulder	2004.0 0							410	64.640	1.0	R	4 335.40	
61410	MR of the left shoulder pre and post contrast	2004.0 0							410	101.040	1.0	R	6 776.80	
61415	MR of the right shoulder pre and post contrast	2004.0 0							410	101.040	1.0	R	6 776.80	
	Humerus													
62100	X-ray of the left humerus	2004.0 0							410	2.940	1.0	R	197.20	
62105	X-ray of the right humerus	2004.0 0							410	2.940	1.0	R	197.20	
62300	CT of the left upper arm	2004.0 0							410	24.360	1.0	R	1 633.80	

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62305	CT of the right upper arm	2004.00							410	24.360	1.0	R	1 633.80		
62310	CT of the left upper arm contrasted	2004.00							410	39.970	1.0	R	2 680.80		
62315	CT of the right upper arm contrasted	2004.00							410	39.970	1.0	R	2 680.80		
62320	CT of the left upper arm pre and post contrast	2004.00							410	48.580	1.0	R	3 258.30		
62325	CT of the right upper arm pre and post contrast	2004.00							410	48.580	1.0	R	3 258.30		
62400	MR of the left upper arm	2004.00							410	64.200	1.0	R	4 305.90		
62405	MR of the right upper arm	2004.00							410	64.200	1.0	R	4 305.90		
62410	MR of the left upper arm pre and post contrast	2004.00							410	102.040	1.0	R	6 843.80		
62415	MR of the right upper arm pre and post contrast	2004.00							410	102.040	1.0	R	6 843.80		
62900	Nuclear medicine study – Bone limited/regional static	2004.00		410	21.500	1.0	R	1 442.00							
62905	Nuclear medicine study – Bone limited static plus flow	2004.00		410	27.530	1.0	R	1 846.40							
62910	Nuclear medicine study – Bone tomography regional	2004.00		410	13.410	1.0	R	899.40							
	Elbow														
	Code 63120 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).□ Code 63130 (introduction of contrast) may be combined with 63300 and 63305 (CT) or 63400 and 63405 (MR). The combination of 63120 (arthrography) and 63300 and 63305 or 63400 and 63405 (MR) is not supported except in exceptional circumstances with motivation.	2004.00													
63100	X-ray of the left elbow	2004.00							410	3.140	1.0	R	210.60		
63105	X-ray of the right elbow	2004.00							410	3.140	1.0	R	210.60		
63110	X-ray of the left elbow with stress	2004.00							410	4.340	1.0	R	291.10		
63115	X-ray of the right elbow with stress	2004.00							410	4.340	1.0	R	291.10		
63120	X-ray arthrography elbow joint including introduction of contrast	2004.00							410	15.890	1.0	R	1 065.70		
63130	X-ray guidance and introduction of contrast into elbow joint only	2004.00							410	7.410	1.0	R	497.00		
63200	Ultrasound of the left elbow joint	2004.00							410	6.500	1.0	R	436.00		

63205	Ultrasound of the right elbow joint	2004.00							410	6.500	1.0	R	436.00	
63300	CT of the left elbow	2004.00							410	24.360	1.0	R	1 633.80	
63305	CT of the right elbow	2004.00							410	24.360	1.0	R	1 633.80	
63310	CT of the left elbow – complete with 3D recon	2004.00							410	37.660	1.0	R	2 525.90	
63315	CT of the right elbow – complete with 3D recon	2004.00							410	37.660	1.0	R	2 525.90	
63320	CT of the left elbow contrasted	2004.00							410	39.970	1.0	R	2 680.80	
63325	CT of the right elbow contrasted	2004.00							410	39.970	1.0	R	2 680.80	
63330	CT of the left elbow pre and post contrast	2004.00							410	48.630	1.0	R	3 261.60	
63335	CT of the right elbow pre and post contrast	2004.00							410	48.630	1.0	R	3 261.60	
63400	MR of the left elbow	2004.00							410	64.640	1.0	R	4 335.40	
63405	MR of the right elbow	2004.00							410	64.640	1.0	R	4 335.40	
63410	MR of the left elbow pre and post contrast	2004.00							410	101.040	1.0	R	6 776.80	
63415	MR of the right elbow pre and post contrast	2004.00							410	101.040	1.0	R	6 776.80	
63905	Nuclear medicine study – Bone limited/regional static	2004.00		410	21.500	1.0	R	1 442.00						
63910	Nuclear medicine study – Bone limited static plus flow	2004.00		410	27.530	1.0	R	1 846.40						
63915	Nuclear medicine study – Bone tomography regional	2004.00		410	13.410	1.0	R	899.40						
	Forearm													
64100	X-ray of the left forearm	2004.00							410	2.940	1.0	R	197.20	
64105	X-ray of the right forearm	2004.00							410	2.940	1.0	R	197.20	
64110	X-ray peripheral bone densitometry	2004.00							410	1.960	1.0	R	131.50	
64300	CT of the left forearm	2004.00							410	24.360	1.0	R	1 633.80	
64305	CT of the right forearm	2004.00							410	24.360	1.0	R	1 633.80	
64310	CT of the left forearm contrasted	2004.00							410	39.970	1.0	R	2 680.80	

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64315	CT of the right forearm contrasted	2004.0 0							410	39.970	1.0	R	2 680.80		
64320	CT of the left forearm pre and post contrast	2004.0 0							410	48.580	1.0	R	3 258.30		
64325	CT of the right forearm pre and post contrast	2004.0 0							410	48.580	1.0	R	3 258.30		
64400	MR of the left forearm	2004.0 0							410	64.200	1.0	R	4 305.90		
64405	MR of the right forearm	2004.0 0							410	64.200	1.0	R	4 305.90		
64410	MR of the left forearm pre and post contrast	2004.0 0							410	98.040	1.0	R	6 575.50		
64415	MR of the right forearm pre and post contrast	2004.0 0							410	98.040	1.0	R	6 575.50		
64900	Nuclear medicine study – Bone limited/regional static	2004.0 0		410	21.500	1.0	R	1 442.00							
64905	Nuclear medicine study – Bone limited static plus flow	2004.0 0		410	27.530	1.0	R	1 846.40							
64910	Nuclear medicine study – Bone tomography regional	2004.0 0		410	13.410	1.0	R	899.40							
	Hand and Wrist														
	Code 65120 (finger) may not be combined with 65100 or 65105 (hands).□ Codes 65130 and 65135 (wrists) may be combined with 65140 or 65145 (scaphoid) respectively if requested and additional views done.□ Code 65160 (arthrography) includes fluoroscopy and the introduction of contrast (00140 may not be added). □ Code 65170 (contrast) may be combined with 65300 and 65305 (CT) or 65400 and 65405 (MR). The combination of 65160 (arthrography) and 65300 and 65305 or 65400 and 65405 is not supported except in exceptional circumstances with motivation.	2004.0 0													
65100	X-ray of the left hand	2004.0 0							410	3.080	1.0	R	206.60		
65105	X-ray of the right hand	2004.0 0							410	3.080	1.0	R	206.60		
65110	X-ray of the left hand – bone age	2004.0 0							410	3.080	1.0	R	206.60		
65120	X-ray of a finger	2004.0 0							410	2.670	1.0	R	179.10		
65130	X-ray of the left wrist	2004.0 0							410	3.180	1.0	R	213.30		
65135	X-ray of the right wrist	2004.0 0							410	3.180	1.0	R	213.30		
65140	X-ray of the left scaphoid	2004.0 0							410	3.300	1.0	R	221.30		
65145	X-ray of the right scaphoid	2004.0 0							410	3.300	1.0	R	221.30		

65150	X-ray of the left wrist, scaphoid and stress views	2004.0 0							410	7.560	1.0	R	507.00		
65155	X-ray of the right wrist, scaphoid and stress views	2004.0 0							410	7.560	1.0	R	507.00		
65160	X-ray arthrography wrist joint including introduction of contrast	2004.0 0							410	15.930	1.0	R	1 068.40		
65170	X-ray guidance and introduction of contrast into wrist joint only	2004.0 0							410	7.410	1.0	R	497.00		
65200	Ultrasound of the left wrist	2004.0 0							410	6.500	1.0	R	436.00		
65210	Ultrasound of the right wrist	2004.0 0							410	6.500	1.0	R	436.00		
65300	CT of the left wrist and hand	2004.0 0							410	24.360	1.0	R	1 633.80		
65305	CT of the right wrist and hand	2004.0 0							410	24.360	1.0	R	1 633.80		
65310	CT of the left wrist and hand - complete with 3D recon	2004.0 0							410	37.660	1.0	R	2 525.90		
65315	CT of the right wrist and hand - complete with 3D recon	2004.0 0							410	37.660	1.0	R	2 525.90		
65320	CT of the left wrist and hand contrasted	2004.0 0							410	39.970	1.0	R	2 680.80		
65325	CT of the right wrist and hand contrasted	2004.0 0							410	39.970	1.0	R	2 680.80		
65330	CT of the left wrist and hand pre and post contrast	2004.0 0							410	48.630	1.0	R	3 261.60		
65335	CT of the right wrist and hand pre and post contrast	2004.0 0							410	48.630	1.0	R	3 261.60		
65400	MR of the left wrist and hand	2004.0 0							410	64.640	1.0	R	4 335.40		
65405	MR of the right wrist and hand	2004.0 0							410	64.640	1.0	R	4 335.40		
65410	MR of the left wrist and hand pre and post contrast	2004.0 0							410	101.040	1.0	R	6 776.80		
65415	MR of the right wrist and hand pre and post contrast	2004.0 0							410	101.040	1.0	R	6 776.80		
65900	Nuclear Medicine study – bone limited/regional static	2004.0 0		410	21.500	1.0	R	1 442.00							
65905	Nuclear Medicine study – bone limited static plus flow	2004.0 0		410	27.530	1.0	R	1 846.40							
65910	Nuclear Medicine study – bone tomography regional	2004.0 0		410	13.410	1.0	R	899.40							
	Soft Tissue														
69900	Nuclear medicine study – Tumour localisation planar, static	2004.0 0		410	20.740	1.0	R	1 391.00							

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69905	Nuclear medicine study – Tumour localisation planar, static, multiple studies	2004.00		410	35.170	1.0	R	2 358.90							
69910	Nuclear medicine study – Tumour localisation planar, static and SPECT	2004.00		410	34.150	1.0	R	2 290.40							
69915	Nuclear medicine study – Tumour localisation planar, static, multiple studies and SPECT	2004.00		410	47.560	1.0	R	3 189.80							
69920	Nuclear medicine study – Infection localisation planar, static	2004.00		410	18.040	1.0	R	1 209.90							
69925	Nuclear medicine study – Infection localisation planar, static, multiple studies	2004.00		410	31.450	1.0	R	2 109.40							
69930	Nuclear medicine study – Infection localisation planar, static and SPECT	2004.00		410	31.450	1.0	R	2 109.40							
69935	Nuclear medicine study – Infection localisation planar, static, multiple studies and SPECT	2004.00		410	44.860	1.0	R	3 008.80							
69940	Nuclear medicine study – Regional lymph node mapping dynamic	2004.00		410	6.020	1.0	R	403.60							
69945	Nuclear medicine study – Regional lymph node mapping, static, planar	2004.00		410	24.100	1.0	R	1 616.40							
69950	Nuclear medicine study – Regional lymph node mapping, static, planar, multiple	2004.00		410	37.510	1.0	R	2 515.80							
69955	Nuclear medicine study – Regional lymph node mapping SPECT	2004.00		410	13.410	1.0	R	899.40							
69960	Nuclear medicine study – Lymph node localisation with gamma probe	2004.00		410	13.410	1.0	R	899.40							
	Lower Limbs														
	General														
	Code 70100 (stress) is a stand alone study and may not be combined with other codes.□ Code 70110 (tomography) may be combined with any one of the defined regional x-ray studies of the lower limb. Motivation may be required for more than one regional tomographic study per visit.□ Code 70200 (U/S) may only be billed once per visit.□ Code 70300 ((CT) limited study – limited to a small region of interest eg part of condyle of the knee.□ Codes 70310 and 70320 (CT angiography) may not be combined. □ Code 70400 (MR limited) may only be used once per visit.□ Code 70410 and 70420 (MR angiography) may not be combined.	2004.00													
70100	X-ray lower limbs - any region- stress studies only	2004.00							410	4.520	1.0	R	303.20		
70110	X-ray lower limbs - any region-tomography	2004.00							410	4.300	1.0	R	288.40		
70120	X-ray of the lower limbs full length study	2004.00							410	6.460	1.0	R	433.30		
70200	Ultrasound lower limb – soft tissue - any region	2004.00							410	7.380	1.0	R	495.00		

70210	Ultrasound of the peripheral arterial system of the left leg including B mode, pulse and colour Doppler	2004.00							410	13.640	1.0	R	914.80		
70220	Ultrasound of the peripheral arterial system of the right leg including B mode, pulse and colour Doppler	2004.00							410	13.640	1.0	R	914.80		
70230	Ultrasound peripheral venous system lower limbs including pulse and colour doppler for deep vein thrombosis	2004.00							410	13.640	1.0	R	914.80		
70240	Ultrasound peripheral venous system lower limbs including pulse and colour doppler in erect and supine position including all compression and reflux manoeuvres, deep and superficial systems bilaterally	2004.00							410	19.660	1.0	R	1 318.60		
70300	CT of the lower limbs limited study	2004.00							410	9.500	1.0	R	637.20		
70310	CT angiography of the lower limb	2004.00							410	79.430	1.0	R	5 327.40		
70320	CT angiography abdominal aorta and outflow lower limbs	2004.00							410	98.340	1.0	R	6 595.70		
70400	MR of the lower limbs limited study	2004.00							410	46.400	1.0	R	3 112.00		
70410	MR angiography of the lower limb	2004.00							410	76.660	1.0	R	5 141.60		
70420	MR angiography of the abdominal aorta and lower limbs	2004.00							410	118.860	1.0	R	7 971.90		
70500	Angiography of pelvic and lower limb arteries unilateral	2004.00							410	40.590	1.0	R	2 722.40		
70505	Angiography of pelvic and lower limb arteries bilateral	2004.00							410	75.920	1.0	R	5 092.00		
70510	Angiography of abdominal aorta, pelvic and lower limb vessels unilateral	2004.00							410	61.230	1.0	R	4 106.70		
70515	Angiography of abdominal aorta, pelvic and lower limb vessels bilateral	2004.00							410	85.660	1.0	R	5 745.20		
70520	Angiography translumbar aorta with full peripheral study	2004.00							410	45.680	1.0	R	3 063.80		
70530	Venography, antegrade of lower limb veins, unilateral	2004.00							410	25.460	1.0	R	1 707.60		
70535	Venography, antegrade of lower limb veins, bilateral	2004.00							410	49.430	1.0	R	3 315.30		
70540	Venography, retrograde of lower limb veins, unilateral	2004.00							410	31.170	1.0	R	2 090.60		
70545	Venography, retrograde of lower limb veins, bilateral	2004.00							410	56.790	1.0	R	3 808.90		
70560	Lymphangiography, lower limb, unilateral	2004.00							410	51.040	1.0	R	3 423.30		
70565	Lymphangiography, lower limb, bilateral	2004.00							410	83.970	1.0	R	5 631.90		
70900	Nuclear medicine study – Venogram lower limb	2004.00		410	37.120	1.0	R	2 489.60							

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	Femur														
71100	X-ray of the left femur	2004.00							410	2.940	1.0	R	197.20		
71105	X-ray of the right femur	2004.00							410	2.940	1.0	R	197.20		
71300	CT of the left femur	2004.00							410	24.520	1.0	R	1 644.60		
71305	CT of the right femur	2004.00							410	24.520	1.0	R	1 644.60		
71310	CT of the left upper leg contrasted	2004.00							410	41.830	1.0	R	2 805.50		
71315	CT of the right upper leg contrasted	2004.00							410	41.830	1.0	R	2 805.50		
71320	CT of the left upper leg pre and post contrast	2004.00							410	49.710	1.0	R	3 334.00		
71325	CT of the right upper leg pre and post contrast	2004.00							410	49.710	1.0	R	3 334.00		
71400	MR of the left upper leg	2004.00							410	64.800	1.0	R	4 346.10		
71405	MR of the right upper leg	2004.00							410	64.800	1.0	R	4 346.10		
71410	MR of the left upper leg pre and post contrast	2004.00							410	102.040	1.0	R	6 843.80		
71415	MR of the right upper leg pre and post contrast	2004.00							410	102.040	1.0	R	6 843.80		
71900	Nuclear Medicine study -- bone limited/regional static	2004.00		410	21.500	1.0	R	1 442.00							
71905	Nuclear Medicine study – Bone limited static plus flow	2004.00		410	27.530	1.0	R	1 846.40							
71910	Nuclear Medicine study – Bone tomography regional	2004.00		410	13.410	1.0	R	899.40							
	Knee														
	Codes 72140 and 72145 (patella) may not be added to 72100, 72105, 72110, 72115, 72130, 72135 (knee views)□ Code 72160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added). □ Code 72170 (introduction of contrast) may be combined with 72300 and 72305 (CT) or 72400 and 72405 (MR). The combination of 72160 (arthrography) and 72300 and 72305 (CT) or 72400 and 72405 (MR) is not supported except in exceptional circumstances with motivation.	2004.00													
72100	X-ray of the left knee one or two views	2004.00							410	2.770	1.0	R	185.80		
72105	X-ray of the right knee one or two views	2004.00							410	2.770	1.0	R	185.80		
72110	X-ray of the left knee, more than two views	2004.00							410	3.320	1.0	R	222.70		

72115	X-ray of the right knee, more than two views	2004.00							410	3.320	1.0	R	222.70	
72120	X-ray of the left knee including patella	2004.00							410	4.620	1.0	R	309.90	
72125	X-ray of the right knee including patella	2004.00							410	4.620	1.0	R	309.90	
72130	X-ray of the left knee with stress views	2004.00							410	5.820	1.0	R	390.30	
72135	X-ray of the right knee with stress views	2004.00							410	5.820	1.0	R	390.30	
72140	X-ray of left patella	2004.00							410	2.770	1.0	R	185.80	
72145	X-ray of right patella	2004.00							410	2.770	1.0	R	185.80	
72150	X-ray both knees standing – single view	2004.00							410	2.800	1.0	R	187.80	
72160	X-ray arthrography knee joint including introduction of contrast	2004.00							410	15.810	1.0	R	1 060.40	
72170	X-ray guidance and introduction of contrast into knee joint only	2004.00							410	7.410	1.0	R	497.00	
72200	Ultrasound of the left knee joint	2004.00							410	6.500	1.0	R	436.00	
72205	Ultrasound of the right knee joint	2004.00							410	6.500	1.0	R	436.00	
72300	CT of the left knee	2004.00							410	24.520	1.0	R	1 644.60	
72305	CT of the right knee	2004.00							410	24.520	1.0	R	1 644.60	
72310	CT of the left knee complete study with 3D reconstructions	2004.00							410	35.930	1.0	R	2 409.80	
72315	CT of the right knee complete study with 3D reconstructions	2004.00							410	35.930	1.0	R	2 409.80	
72320	CT of the left knee contrasted	2004.00							410	41.830	1.0	R	2 805.50	
72325	CT of the right knee contrasted	2004.00							410	41.830	1.0	R	2 805.50	
72330	CT of the left knee pre and post contrast	2004.00							410	49.760	1.0	R	3 337.40	
72335	CT of the right knee pre and post contrast	2004.00							410	49.760	1.0	R	3 337.40	
72400	MR of the left knee	2004.00							410	64.100	1.0	R	4 299.20	
72405	MR of the right knee	2004.00							410	64.100	1.0	R	4 299.20	

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72410	MR of the left knee pre and post contrast	2004.00							410	100.840	1.0	R	6 763.30		
72415	MR of the right knee pre and post contrast	2004.00							410	100.840	1.0	R	6 763.30		
72900	Nuclear Medicine study – Bone limited/regional static	2004.00		410	21.500	1.0	R	1 442.00							
72905	Nuclear Medicine study – Bone limited static plus flow	2004.00		410	27.530	1.0	R	1 846.40							
72910	Nuclear Medicine study – Bone tomography regional	2004.00		410	13.410	1.0	R	899.40							
	Lower Leg														
73100	X-ray of the left lower leg	2004.00							410	2.940	1.0	R	197.20		
73105	X-ray of the right lower leg	2004.00							410	2.940	1.0	R	197.20		
73300	CT of the left lower leg	2004.00							410	24.520	1.0	R	1 644.60		
73305	CT of the right lower leg	2004.00							410	24.520	1.0	R	1 644.60		
73310	CT of the left lower leg contrasted	2004.00							410	41.830	1.0	R	2 805.50		
73315	CT of the right lower leg contrasted	2004.00							410	41.830	1.0	R	2 805.50		
73320	CT of the left lower leg pre and post contrast	2004.00							410	49.710	1.0	R	3 334.00		
73325	CT of the right lower leg pre and post contrast	2004.00							410	49.710	1.0	R	3 334.00		
73400	MR of the left lower leg	2004.00							410	64.200	1.0	R	4 305.90		
73405	MR of the right lower leg	2004.00							410	64.200	1.0	R	4 305.90		
73410	MR of the left lower leg pre and post contrast	2004.00							410	102.040	1.0	R	6 843.80		
73415	MR of the right lower leg pre and post contrast	2004.00							410	102.040	1.0	R	6 843.80		
73900	Nuclear Medicine study – bone limited/regional static	2004.00		410	21.500	1.0	R	1 442.00							
73905	Nuclear Medicine study – bone limited static plus flow	2004.00		410	27.530	1.0	R	1 846.40							
73910	Nuclear Medicine study – bone tomography regional	2004.00		410	13.410	1.0	R	899.40							
	Ankle and Foot														

	Code 74145 (toe) may not be combined with 74120 or 74125 (foot).□ Code 71450 (sesamoid bones) may be combined with 74120 or 74125 (foot) if requested. □ Codes 74120 and 74125 (foot) may only be combined with 74130 and 74135 (calcaneus) if specifically requested. □ Code 74160 (arthrography) includes fluoroscopy and introduction of contrast (00140 may not be added).□ Code 74170 (introduction of contrast) may be combined with 74300 and 74305 (CT) or 74400 and 74405 (MR). The combination of 74160 (arthrography) and 74300 and 74305 (CT) or 74400 and 74405 (MR) are not supported except in exceptional circumstances with motivation.	2004.00													
74100	X-ray of the left ankle	2004.00							410	3.320	1.0	R	222.70		
74105	X-ray of the right ankle	2004.00							410	3.320	1.0	R	222.70		
74110	X-ray of the left ankle with stress views	2004.00							410	4.520	1.0	R	303.20		
74115	X-ray of the right ankle with stress views	2004.00							410	4.520	1.0	R	303.20		
74120	X-ray of the left foot	2004.00							410	2.800	1.0	R	187.80		
74125	X-ray of the right foot	2004.00							410	2.800	1.0	R	187.80		
74130	X-ray of the left calcaneus	2004.00							410	2.740	1.0	R	183.80		
74135	X-ray of the right calcaneus	2004.00							410	2.740	1.0	R	183.80		
74140	X-ray of both feet -- standing -- single view	2004.00							410	2.800	1.0	R	187.80		
74145	X-ray of a toe	2004.00							410	2.670	1.0	R	179.10		
74150	X-ray of the sesamoid bones one or both sides	2004.00							410	2.800	1.0	R	187.80		
74160	X-ray arthrography ankle joint including introduction of contrast	2004.00							410	15.910	1.0	R	1 067.10		
74170	X-ray guidance and introduction of contrast into ankle joint	2004.00							410	7.410	1.0	R	497.00		
74210	Ultrasound of the left ankle	2004.00							410	6.500	1.0	R	436.00		
74215	Ultrasound of the right ankle	2004.00							410	6.500	1.0	R	436.00		
74220	Ultrasound of the left foot	2004.00							410	6.500	1.0	R	436.00		
74225	Ultrasound of the right foot	2004.00							410	6.500	1.0	R	436.00		
74290	Ultrasound bone densitometry	2004.00							410	2.040	1.0	R	136.80		

74300	CT of the left ankle/foot	2004.0 0								410	24.520	1.0	R	1 644.60		
74305	CT of the right ankle/foot	2004.0 0								410	24.520	1.0	R	1 644.60		
74310	CT of the left ankle/foot – complete with 3D recon	2004.0 0								410	37.810	1.0	R	2 535.90		
74315	CT of the right ankle/foot – complete with 3D recon	2004.0 0								410	37.810	1.0	R	2 535.90		
74320	CT of the left ankle/foot contrasted	2004.0 0								410	41.830	1.0	R	2 805.50		
74325	CT of the right ankle/foot contrasted	2004.0 0								410	41.830	1.0	R	2 805.50		
74330	CT of the left ankle/foot pre and post contrast	2004.0 0								410	49.710	1.0	R	3 334.00		
74335	CT of the right ankle/foot pre and post contrast	2004.0 0								410	49.710	1.0	R	3 334.00		
74400	MR of the left ankle	2004.0 0								410	64.100	1.0	R	4 299.20		
74405	MR of the right ankle	2004.0 0								410	64.100	1.0	R	4 299.20		
74410	MR of the left ankle pre and post contrast	2004.0 0								410	100.640	1.0	R	6 749.90		
74415	MR of the right ankle pre and post contrast	2004.0 0								410	100.640	1.0	R	6 749.90		
74420	MR of the left foot	2004.0 0								410	64.200	1.0	R	4 305.90		
74425	MR of the right foot	2004.0 0								410	64.200	1.0	R	4 305.90		
74430	MR of the left foot pre and post contrast	2004.0 0								410	102.040	1.0	R	6 843.80		
74435	MR of the right foot pre and post contrast	2004.0 0								410	102.040	1.0	R	6 843.80		
74900	Nuclear Medicine study – Bone limited/regional static	2004.0 0		410	21.500	1.0	R	1 442.00								
74905	Nuclear Medicine study – Bone limited static plus flow	2004.0 0		410	27.530	1.0	R	1 846.40								
74910	Nuclear Medicine study – Bone tomography regional	2004.0 0		410	13.410	1.0	R	899.40								
	Soft Tissue															
79900	Nuclear Medicine study – Tumour localisation planar, static	2004.0 0		410	20.740	1.0	R	1 391.00								
79905	Nuclear Medicine study – Tumour localisation planar, static, multiple studies	2004.0 0		410	35.170	1.0	R	2 358.90								
79910	Nuclear Medicine study – Tumour localisation planar, static and SPECT	2004.0 0		410	34.150	1.0	R	2 290.40								

79915	Nuclear Medicine study – Tumour localisation planar, static, multiple studies & SPECT	2004.00		410	47.560	1.0	R	3 189.80							
79920	Nuclear Medicine study – Infection localisation planar, static	2004.00		410	18.430	1.0	R	1 236.10							
79925	Nuclear Medicine study – Infection localisation planar, static, multiple studies	2004.00		410	31.840	1.0	R	2 135.50							
79930	Nuclear Medicine study – Infection localisation planar, static and SPECT	2004.00		410	31.840	1.0	R	2 135.50							
79935	Nuclear Medicine study – Infection localisation planar, static, multiple studies and SPECT	2004.00		410	45.250	1.0	R	3 034.90							
79940	Nuclear Medicine study – Regional lymph node mapping dynamic	2004.00		410	6.020	1.0	R	403.80							
79945	Nuclear Medicine study – Regional lymph node mapping, static, planar	2004.00		410	24.100	1.0	R	1 616.40							
79950	Nuclear Medicine study – Regional lymph node mapping, static, planar, multiple studies	2004.00		410	37.510	1.0	R	2 515.80							
79955	Nuclear Medicine study – Regional lymph node mapping and SPECT	2004.00		410	13.410	1.0	R	899.40							
79960	Nuclear Medicine study – Lymph node localisation with gamma probe	2004.00		410	13.410	1.0	R	899.40							
	Intervention														
	General														
	Codes 80600, 80605, 80610, 80620, 80630, 81660, 81680, 82600, 84660, 85640, 85645, 86610, 86615, 86620, 86630, (aspiration / biopsy / ablations etc) may be combined with the relevant guidance codes (fluoroscopy, ultrasound, CT, MR) as previously described. The machine codes 00510, 00520, 00530, 00540, 00550, 00560 may not be combined with these codes.□ If ultrasound guidance (00230) is used for a procedure which also attracts one of the machine codes (00510, 00520, 00530, 00540, 00550, 00560), it may not be billed for separately. □ Codes 80640, 80645, 87682, 87683 include fluoroscopy. Machine fees may not be added. □ All other interventional procedures are complete unique procedures describing a whole comprehensive procedure and combinations of different codes will only be supported when motivated.	2005.03													
80600	Percutaneous abscess, cyst drainage, any region	2004.00							410	9.370	1.0	R	628.40		
80605	Fine needle aspiration biopsy, any region	2004.00							410	4.220	1.0	R	283.00		
80610	Cutting needle, trochar biopsy, any region	2004.00							410	6.360	1.0	R	426.60		
80620	Tumour/cyst ablation chemical	2004.00							410	25.370	1.0	R	1 701.60		
80630	Tumour ablation radio frequency, per lesion	2005.03							410	21.210	1.0	R	1 422.60		
80640	Insertion of CVP line in radiology suite	2004.00							410	8.990	1.0	R	603.00		

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80645	Peripheral central venous line insertion	2005.03							410	12.120	1.0	R 812.90	Z
80650	Infiltration of a peripheral joint, any region	2005.03							410	6.400	1.0	R 429.20	Z
	May be combined with relevant guidance (fluoroscopy, ultrasound, CT and MR). May not be combined with machine codes 00510, 00520, 00530, 00540, 00550, 00560 or 86610 (facet joint or SI joint) or arthrogram codes.	2005.03											
	Neuro intervention												
81600	Intracranial aneurysm occlusion, direct	2004.00							410	214.520	1.0	R 14 387.90	
81605	Intracranial arteriovenous shunt occlusion	2004.00							410	254.820	1.0	R 17 090.80	
81610	Dural sinus arteriovenous shunt occlusion	2004.00							410	264.330	1.0	R 17 728.60	
81615	Extracranial arteriovenous shunt occlusion	2004.00							410	157.280	1.0	R 10 548.80	
81620	Extracranial arterial embolisation (head and neck)	2004.00							410	163.120	1.0	R 10 940.50	
81625	Caroticocavernous fistula occlusion	2004.00							410	192.290	1.0	R 12 896.90	
81630	Intracranial angioplasty for stenosis, vasospasm	2004.00							410	126.920	1.0	R 8 512.50	
81632	Intracranial stent placement (including PTA)	2005.03							410	133.720	1.0	R 8 968.60	Z
81635	Temporary balloon occlusion test	2004.00							410	83.420	1.0	R 5 595.00	
	Code 81635 does not include the relevant preceding diagnostic study and may be combined with codes 10500, 10510, 10530, 10540, 10550.	2005.03											
81640	Permanent carotid or vertebral artery occlusion (including occlusion test)	2004.00							410	178.180	1.0	R 11 950.50	
81645	Intracranial aneurysm occlusion with balloon remodelling	2004.00							410	216.350	1.0	R 14 510.60	
81650	Intracranial aneurysm occlusion with stent assistance	2004.00							410	230.450	1.0	R 15 456.30	
81655	Intracranial thrombolysis, catheter directed	2004.00							410	58.940	1.0	R 3 953.10	
	Code 81655 may be combined with any of the other neuro interventional codes 81600 to 81650	2005.03											
81660	Nerve block, head and neck, per level	2005.03							410	7.660	1.0	R 513.80	
81665	Neurolysis, head and neck, per level	2005.03							410	20.140	1.0	R 1 350.80	
81670	Nerve block, head and neck, radio frequency, per level	2005.03							410	19.040	1.0	R 1 277.00	

81680	Nerve block, coeliac plexus or other regions, per level	2005.03							410	9.280	1.0	R	622.40		
	Thorax														
82600	Chest drain insertion	2004.00							410	8.820	1.0	R	591.60		
82605	Trachial, bronchial stent insertion	2004.00							410	30.360	1.0	R	2 036.20		
	Gastrointestinal														
83600	Oesophageal stent insertion	2004.00							410	31.220	1.0	R	2 093.90		
83605	GIT balloon dilation	2004.00							410	24.360	1.0	R	1 633.80		
83610	GIT stent insertion (non-oesophageal)	2004.00							410	32.020	1.0	R	2 147.60		
83615	Percutaneous gastrostomy, jejunostomy	2004.00							410	25.360	1.0	R	1 700.90		
	Hepatobiliary														
84600	Percutaneous biliary drainage, external	2004.00							410	33.980	1.0	R	2 279.00		
84605	Percutaneous external/internal biliary drainage	2004.00							410	37.210	1.0	R	2 495.70		
84610	Permanent biliary stent insertion	2004.00							410	51.220	1.0	R	3 435.30		
84615	Drainage tube replacement	2004.00							410	20.220	1.0	R	1 356.20		
84620	Percutaneous bile duct stone or foreign object removal	2004.00							410	49.980	1.0	R	3 352.20		
84625	Percutaneous gall bladder drainage	2004.00							410	29.580	1.0	R	1 983.90		
84630	Percutaneous gallstone removal, including drainage	2004.00							410	69.250	1.0	R	4 644.60		
84635	Transjugular liver biopsy	2004.00							410	24.930	1.0	R	1 672.10		
84640	Transjugular intrahepatic Portosystemic shunt	2004.00							410	119.470	1.0	R	8 012.90		
84645	Transhepatic Portogram including venous sampling, pressure studies	2004.00							410	81.890	1.0	R	5 492.40		
84650	Transhepatic Portogram with embolisation of varices	2004.00							410	100.810	1.0	R	6 761.30		
84655	Percutaneous hepatic tumour ablation	2004.00							410	15.680	1.0	R	1 051.70		
84660	Percutaneous hepatic abscess, cyst drainage	2004.00							410	13.200	1.0	R	885.30		
84665	Hepatic chemoembolisation	2004.00							410	59.440	1.0	R	3 986.60		

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84670	Hepatic arterial infusion catheter placement	2004.0 0							410	60.300	1.0	R	4 044.30	
	Urogenital													
85600	Percutaneous nephrostomy, external drainage	2004.0 0							410	29.970	1.0	R	2 010.10	
85605	Percutaneous double J stent insertion including access	2004.0 0							410	40.820	1.0	R	2 737.80	
85610	Percutaneous renal stone, foreign body removal including access	2004.0 0							410	66.790	1.0	R	4 479.60	
85615	Percutaneous nephrostomy tract establishment	2004.0 0							410	29.270	1.0	R	1 963.10	
85620	Change of nephrostomy tube	2004.0 0							410	15.900	1.0	R	1 066.40	
85625	Percutaneous cystostomy	2004.0 0							410	16.520	1.0	R	1 108.00	
85630	Urethral balloon dilatation	2004.0 0							410	14.240	1.0	R	955.10	
85635	Urethral stent insertion	2004.0 0							410	31.220	1.0	R	2 093.90	
85640	Renal cyst ablation	2004.0 0							410	11.920	1.0	R	799.50	
85645	Renal abscess, cyst drainage	2004.0 0							410	15.160	1.0	R	1 016.80	
85655	Fallopian tube recanalisation	2004.0 0							410	45.060	1.0	R	3 022.20	
	Spinal													
86600	Spinal vascular malformation embolisation	2004.0 0							410	275.160	1.0	R	18 455.00	
86605	Vertebroplasty per level	2004.0 0							410	22.300	1.0	R	1 495.70	
86610	Facet joint block per level, uni- or bilateral	2005.0 3							410	9.540	1.0	R	639.80	
	Code 86610 may only be billed once per level, and not per left and right side per level	2004.0 0												
86615	Spinal nerve block per level, uni- or bilateral	2005.0 3							410	8.160	1.0	R	547.30	
86620	Epidural block	2004.0 0							410	9.420	1.0	R	631.80	
86625	Chemonucleolysis, including discogram	2004.0 0							410	18.320	1.0	R	1 228.70	
86630	Spinal nerve ablation per level	2004.0 0							410	11.600	1.0	R	778.00	
	Vascular													

	Code 87654 (Thrombolysis follow up) may only be used on the days following the initial procedure, 87650 (thrombolysis). □ If a balloon angioplasty and / or stent placement is performed at more that one defined anatomical site at the same sitting the relevant codes may be combined. However multiple balloon dilatations or stent placements at one defined site will only attract one procedure code.	2004.00													
87600	Percutaneous transluminal angioplasty: aorta, IVC	2004.00							410	56.560	1.0	R	3 793.50		
87601	Percutaneous transluminal angioplasty: iliac	2004.00							410	55.760	1.0	R	3 739.80		
87602	Percutaneous transluminal angioplasty: femoropopliteal	2004.00							410	60.160	1.0	R	4 034.90		
87603	Percutaneous transluminal angioplasty: subpopliteal	2004.00							410	73.340	1.0	R	4 918.90		
87604	Percutaneous transluminal angioplasty: brachiocephalic	2004.00							410	67.120	1.0	R	4 501.70		
87605	Percutaneous transluminal angioplasty: subclavian, axillary	2004.00							410	60.160	1.0	R	4 034.90		
87606	Percutaneous transluminal angioplasty: extracranial carotid	2004.00							410	71.620	1.0	R	4 803.60		
87607	Percutaneous transluminal angioplasty: extracranial vertebral	2004.00							410	73.300	1.0	R	4 916.20		
87608	Percutaneous transluminal angioplasty: renal	2004.00							410	87.690	1.0	R	5 881.40		
87609	Percutaneous transluminal angioplasty: coeliac, mesenteric	2004.00							410	87.690	1.0	R	5 881.40		
87620	Aorta stent-graft placement	2004.00							410	120.750	1.0	R	8 098.70		
87621	Stent insertion (including PTA): aorta, IVC	2004.00							410	73.870	1.0	R	4 954.50		
87622	Stent insertion (including PTA): iliac	2004.00							410	76.370	1.0	R	5 122.10		
87623	Stent insertion (including PTA): femoropopliteal	2004.00							410	77.970	1.0	R	5 229.40		
87624	Stent insertion (including PTA): subpopliteal	2004.00							410	84.550	1.0	R	5 670.80		
87625	Stent insertion (including PTA): brachiocephalic	2004.00							410	98.470	1.0	R	6 604.40		
87626	Stent insertion (including PTA): subclavian, axillary	2004.00							410	86.690	1.0	R	5 814.30		
87627	Stent insertion (including PTA): extracranial carotid	2004.00							410	106.990	1.0	R	7 175.80		
87628	Stent insertion (including PTA): extracranial vertebral	2004.00							410	100.550	1.0	R	6 743.90		
87629	Stent insertion (including PTA): renal	2004.00							410	98.590	1.0	R	6 612.40		

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87630	Stent insertion (including PTA): coeliac, mesenteric	2004.00							410	98.590	1.0	R	6 612.40		
87631	Stent-graft placement: iliac	2004.00							410	76.370	1.0	R	5 122.10		
87632	Stent-graft placement: femoropopliteal	2004.00							410	77.970	1.0	R	5 229.40		
87633	Stent-graft placement: brachiocephalic	2004.00							410	98.470	1.0	R	6 604.40		
87634	Stent-graft placement: subclavian, axillary	2004.00							410	82.770	1.0	R	5 551.40		
87635	Stent-graft placement: extracranial carotid	2004.00							410	120.430	1.0	R	8 077.20		
87636	Stent-graft placement: extracranial vertebral	2004.00							410	114.730	1.0	R	7 694.90		
87637	Stent-graft placement: renal	2004.00							410	98.590	1.0	R	6 612.40		
87638	Stent-graft placement: coeliac, mesenteric	2004.00							410	98.590	1.0	R	6 612.40		
87650	Thrombolysis in angiography suite, per 24 hours	2004.00							410	45.820	1.0	R	3 073.10		
	Code 87650 may be combined with any of the relevant non neuro interventional angiography and interventional codes 10520, 20500, 20510, 20520, 20530, 20540,32500,32530,44500, 44503, 44505, 44507, 44510, 44515, 44517, 44520, 60500, 60510, 60520, 60530, 70500, 70505, 70510, 70515, 87600 to 87638.	2005.03													
87651	Aspiration, rheolytic thrombectomy	2004.00							410	77.670	1.0	R	5 209.30		
87652	Atherectomy, per vessel	2004.00							410	91.890	1.0	R	6 163.10		
87653	Percutaneous tunnelled / subcutaneous arterial or venous central or other line insertion	2005.03							410	28.150	1.0	R	1 888.00		
87654	Thrombolysis follow-up	2004.00							410	23.570	1.0	R	1 580.80		
87655	Percutaneous sclerotherapy, vascular malformation	2004.00							410	21.100	1.0	R	1 415.20		
87660	Embolisation, mesenteric	2004.00							410	100.430	1.0	R	6 735.80		
87661	Embolisation, renal	2004.00							410	99.360	1.0	R	6 664.10		
87662	Embolisation, bronchial, intercostal	2004.00							410	108.340	1.0	R	7 266.40		
87663	Embolisation, pulmonary arteriovenous shunt	2004.00							410	103.220	1.0	R	6 923.00		
87664	Embolisation, abdominal, other vessels	2004.00							410	101.440	1.0	R	6 803.60		

87665	Embolisation, thoracic, other vessels	2004.00							410	97.600	1.0	R	6 546.00		
87666	Embolisation, upper limb	2004.00							410	90.920	1.0	R	6 098.00		
87667	Embolisation, lower limb	2004.00							410	92.140	1.0	R	6 179.80		
87668	Embolisation, pelvis, non-uterine	2004.00							410	117.120	1.0	R	7 855.20		
87669	Embolisation, uterus	2004.00							410	113.880	1.0	R	7 637.90		
87670	Embolisation, spermatic, ovaria veins	2004.00							410	85.820	1.0	R	5 755.90		
87680	Inferior vena cava filter placement	2004.00							410	61.840	1.0	R	4 147.60		
87681	Intravascular foreign body removal	2004.00							410	85.030	1.0	R	5 703.00		
87682	Revision of access port (tunnelled or implantable)	2005.03							410	14.120	1.0	R	947.00	Z	
87683	Removal of access port (tunnelled or implantable)	2005.04							410	11.120	1.0	R	745.80	Z	
87690	Superior petrosal venous sampling	2004.00							410	73.010	1.0	R	4 896.80		
87691	Pancreatic stimulation test	2004.00							410	89.790	1.0	R	6 022.20		
87692	Transportal venous sampling	2004.00							410	76.950	1.0	R	5 161.00		
87693	Adrenal venous sampling	2004.00							410	55.010	1.0	R	3 689.50		
87694	Parathyroid venous sampling	2004.00							410	86.660	1.0	R	5 812.30		
87695	Renal venous sampling	2004.00							410	55.010	1.0	R	3 689.50		
	ANNEXURE A														

Radiology 2008

	Radiology tariff Contrast price effective 1 Jan 2004 PER VIAL□ For use in conjuction with codes:□ □ 00190 X-ray examination contrast material□ 00290 Ultrasound examination contrast material□ 00390 CT examination contrast material□ 00490 MR examination contrast material□ 00590 Angiography and interventional examination contrast material□ □ Note to Funders:□ The following contrast items may be grouped into various categories e.g. Ionic, non-Ionic, and several items may be appropriate for use within a category. Funders may either reimburse as per identified item or may choose to apply a reference price within a category. For detail of methodology refer to Annexure B.	2004.00												
	ANNEXURE B													
	Radiology tariff Contrast price effective 1 Jan 2004 PER VIAL	2004.00												
	Contrast Index Price Range - 2004 contrast prices	2004.00												
	ANNEXURE C													
	Recommended Isotope and Kit Prices for Nuclear Medicine for 2004 by the Association of Nuclear Medicine Physicians□ For use in conjuction with codes:□ □ 00990 Nuclear Medicine Isotope□ 00991 Nuclear Medicine Substrate□ □ <<Insert object table here>>	2004.00												

Radiology 2008

Code	Description
12500	Nuclear Medicine
13600	Radiology

Radiology 2008

Code	Description	RCF
410	Radiology	67.070

REGISTERED NURSES IN PRIVATE PRACTICE & NURSING AGENCIES

Registered Nurses In Private Practice and Nursing Agencies 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES, EFFECTIVE FROM 1 JANUARY 2008

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

A	GENERAL INFORMATION

The "RegN" column (Practice Type 48800) of this schedule is a reference price list for registered nurses and midwives only (not enrolled nurses) in private practice, and may only be charged by the registered nurse performing the procedure, and whose practice number is reflected on the account.

The "NAgen" column (Practice Type 48000) of this schedule is a reference price list for registered accredited nursing agencies and accredited home health care organizations only (not nurses in private practice), i.e. if employed at a nursing agency or home health care organization the private nurse practitioner may not submit claims on his / her practice number.

A registered nurse or midwife is a nurse or midwife registered with the South African Nursing Council in terms of the Nursing Act 50 of 1978 (as amended).

1. Agency refers to:

a) An accredited business registered / licensed with the S A Nursing Council carrying out the business of providing Registered and supervised Enrolled Nursing services, as well as surgicals and equipment.

b) The agency should also be registered with a representative professional governing body.

2. Home health care organisations refers to:

a) An accredited business that provides registered and supervised Enrolled Nursing services, as well as surgicals and equipment for home care.

b) The accredited home care organisation should also be registered with a representative professional governing body.

All accounts must be presented with the following information clearly stated:
i. Name of nurse practitioner, agency or home health care organization (whichever is applicable);
ii. Pre-authorisation code, when applicable
iii. Qualifications of the nurse practitioner
iv. BHF practice number
v. Section 22A permit number (if applicable)
vi. Postal address and telephone number
vii. Dates on which services were provided
viii. The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.
ix. Surname and initials of the member
x. First name of the patient
xi. Name of the scheme
xii. Membership number of the member
xiii. Where the account is a photocopy of the original, certification by way or rubber-stamp and signature of the nurse, or in the case of "80" practice numbers, the appropriate representative agent
xiv. A statement of whether the account is in accordance with the National Health Reference Price List
xv. Where the after care is taken over by the nurse practitioner, a letter of referral from the doctor with the diagnosis and treatment should be attached.

B	GENERAL RULES	
01	CONSULTATION, COUNSELING, PLANNING AND/OR ASSESSMENT: Consultation, counseling and / or assessment (codes 001 and 002 below) encompasses consultation, history taking, patient examination and assessment, observation, treatment planning, after care treatment planning, discharge planning and/or counseling. If a consultation and one or more procedures are performed in the visit, both a consultation code and the relevant procedure code(s) may be charged but the time spent on the procedure shall not be included in the consultation period for purposes of determining the consultation fee. A consultation may not be charged where the sole purpose of the visit was to perform a procedure.	04.00
02	EMERGENCY VISITS Bona-fide, justifiable emergency nursing services rendered to a patient, at any time, may attract an additional fee as specified in item 014. These specifically relate to home visits for procedures which become necessary outside those which have been pre-arranged, such as but not exclusively, blocked urinary catheters, IV therapy which tissues or wound(s) which are draining excessively and require additional dressing. These should be accompanied by a written motivation. NOTE THAT THIS FEE IS ONLY APPLICABLE TO REGISTERED NURSES IN PRIVATE PRACTICE, AND NOT TO NURSING AGENCIES.	04.00

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
021	SUNDAYS AND PUBLIC HOLIDAYS When codes 036, 037 or 038 are charged for services rendered on a Sunday, the fee in respect of these codes shall be inflated by 50%. Modifier 0007 must be quoted after the appropriate code number(s) to indicate that this rule is applicable. When codes 036, 037 or 038 are charged for services rendered on a public holiday, the fee in respect of these codes shall be inflated by 100%. Modifier 0001 must be quoted after the appropriate code number(s) to indicate that this rule is applicable. NOTE THAT THIS FEE IS ONLY APPLICABLE TO NURSING AGENCIES AND NOT TO REGISTERED NURSES IN PRIVATE PRACTICE.				05.03		
03	PROCEDURES If a composite fee or general hourly rate is charged, no additional fee for procedures may be charged. The fee in respect of more than one procedure performed at the same time shall be the fee in respect of the major procedure plus 50% of the fee of each subsidiary or additional procedure. Modifier 0002 to be quoted.				04.00		
04	FEES The rate that may be charged in respect of rendering a service not listed in this benefit schedule shall be based on the rate in respect of a comparable service. Modifier 0003 to be quoted with the description of service rendered and the applicable item number used.				04.00		
05	COST OF MEDICINES AND MATERIALS The amount charged in respect of medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965). In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus - * 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and * a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. Item 301 is to be quoted except for stomal products where item 205 is to be quoted.				04.00		
051	MEDICINES Scheduled medicines may not be supplied by an institution. Intramascular/Intravenous injection and OPAT may only be administered by a registered nurse.				05.03		
06	EQUIPMENT (HIRE AND SALES) Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied. To be billed in terms of item 302. Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme. For equipment that is sold to a member, the net acquisition cost of the equipment may be charged (item 303). This should be on a separate invoice attached to the account as the cost of these items are refunded to the member and not paid to the supplier.				04.00		
07	MIDWIFERY The global fee is to be charged where the midwife and any assistants attend to the entire four stages of delivery. Item 399 or 403 to be quoted. No additional service fee may be levied, but pharmaceuticals may be charged under item 301. Where intravenous infusions (including blood or blood cellular products) are administered as part of the after treatment after confinement, no extra fees will be charged as this is included in the global maternity fees. Should the attending midwife prefer to ask a medical practitioner to perform intravenous infusion, then the midwife (and not the patient) is responsible for remunerating such practitioner for the infusions. When a registered midwife treats a patient in the antenatal period and after starting the confinement requests a doctor to take over the case, the registered midwife shall calculate the fee for work done up to the handover of the case. Should a midwife be required to hand over the case to a medical practitioner due to complications during a home delivery and she is required to assist, item 410 may be used. Where the confinement has not started and the midwife requests a doctor to take over the case, the fee for the visits during early labour shall be charged as item 406. This may not be combined with item 400. Antenatal/postnatal exercise or education classes are generally not covered by the schemes and payment is the responsibility of the member.				05.03		
08	TRAVEL FEE Please note that generally schemes do not accept the responsibility for transport expenses, as they are deemed to be included in the fee.				04.00		
09	WELL BABY CLINICS Where vaccines are issued free by the state, no charge may be levied for the product. Vaccines may only be purchased, stored and dispensed by nurses with a Section 22A (15) permit. Emergency equipment must be available in the clinic.				05.06		
10	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.				04.00		
MODIFIERS							
0001	Public holidays, add 100%. Nursing agencies only.				05.03		
0002	Only 50% of the fee in respect of subsidiary/additional procedures may be charged.				04.00		
0003	The fee that may be charged in respect of the rendering of a service not listed in this recommended benefit schedule, shall be based on the fee in respect of a fee for a comparable service. Motivation must be attached.				04.00		
0007	Sundays add 50%. Nursing agencies only.				05.03		

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
ITEMS							
CONSULTATIONS (the Pathology/Diagnosis must be stated)							
Code	**Description**	**Ver**	**Add**	**Nursing Agencies/Home Care Services**		**Registered Nurses**	
				RVU	**Fee**	**RVU**	**Fee**
001	Individual consultation, counseling, planning and/or assessment. 30 - 45 minutes.	06.03		10.300	77.50 (68.00)	37.500	175.40 (153.90)
002	Individual consultation, counseling, planning and/or assessment. 46+ minutes.	06.03		14.200	106.90 (93.80)	52.500	245.50 (215.40)
014	For emergency consultation/visit, all hours - See General Rule 2.	04.00				7.700	58.00 (50.90)
SPECIMENS.							
020	This must form part of a consultation when a consultation is charged. Where a consultation was not performed and the nurse visited or attended to the patient with the sole purpose of obtaining a specimen, and dispatching to a laboratory or using own machine to test – please state specimen type and, where applicable, machine and test performed.	04.00		4.600	34.60 (30.40)	4.600	34.60 (30.40)
OBSERVATIONS. (Temperature, Pulse Respiration and B.P.)							
025	Where a consultation was not performed and the nurse attended to the patient with the sole purpose of doing an observation.	04.00		4.600	34.60 (30.40)	4.600	34.60 (30.40)
ADMINISTRATION OF MEDICATION.							
030	Where a consultation was not performed and the nurse attended to or visited the patient with the sole purpose of administering intramuscular or intravenous medication. The route of administration of medication to be stated, as well as the name of the medication. Oral, rectal, vaginal medication excluded as well as the application of topical medicine.	04.00		4.600	34.60 (30.40)	4.600	34.60 (30.40)
452	Immunisation	04.00				3.000	22.60 (19.80)
OPAT (Antibiotics, Chemotherapy, Blood Products and Dehydration)							
035	All inclusive global fee for the setting up of an IV line and administration of intravenous therapy by a registered nurse.	05.02		24.300	183.00 (160.50)	24.300	183.00 (160.50)
036	When a SRN returns to add medication to an existing IV infusion	05.02		12.200	91.90 (80.60)	12.200	91.90 (80.60)
COMPOSITE FEES							
	Note : These fees may only be charged by members of an accredited home healthcare organisation for services rendered at patient's home. (Care givers are not included in the fee). This includes all post hospitalisation/nursing care during a 24 hour period or part thereof. Motivation by a medical practitioner required. Single procedures/visits are not to be charged as a composite fee.						05.03
032	Low intensity care (Presenting problem(s) that are of low severity. The patient is stable, recovering or improving).	05.02		42.700	321.50 (282.00)		
033	Medium intensity care (Presenting problem(s) that are of moderate severity. The patient is responding inadequately to therapy or has developed a minor complication).	05.02		61.700	464.50 (407.50)		
034	High intensity care (this item presenting problem(s) that are of high complexity. The patient is unstable or has developed a significant new problem). By arrangement with scheme.	05.02		-	-		
	The above fees includes : all nursing intervention in a 24 hour period; all visits of a supervisory nature; non-recoverable items e.g. disinfectants, soaps, towellets, hibitane, aprons, fractions of strapping etc.; all travelling costs; all administrative costs; delivery/courier costs where these are necessary but excludes : any drugs and surgicals required; equipment sale or hire; auxiliary services by paraprofessionals, e.g. OT's and physiotherapists.	05.03					
	Note : Item 035 should not represent more than 4% of all claims received.						05.03
RECOMMENDED HOURLY RATES FOR REGISTERED NURSING AGENCIES							
039	Enrolled nursing assistant, per hour	05.02		3.700	27.90 (24.50)		
037	Enrolled nurse, per hour	05.03		5.100	38.40 (33.70)		
038	Registered nurse, per hour	05.03		6.460	48.60 (42.60)		

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
	1. The fee for 24 hour daily care may not exceed R 420.00 per day (or R 630.00 on a Sunday or R 840.00 on a public holiday) and no other procedure may be charged. 2. In the case of litigation, the registered nurse will be co-responsible for the practice of the enrolled nurse. 3. All services to be re-negotiated with the scheme every 7 days or such lesser period as stipulated in pre-authorisation.	05.03					
CARE OF WOUNDS (The pathology must be stated).							
040	Treatment of simple wounds/burns requiring dressing only.	04.00		8.800	66.30 (58.20)	8.800	66.30 (58.20)
041	Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc.	04.00		12.400	93.40 (81.90)	12.400	93.40 (81.90)
042	Treatment of moderate wounds/Burns eg drains or fistulas and inserting of sutures	04.00		11.000	82.80 (72.60)	11.000	82.80 (72.60)
045	Laser treatment for wound healing where prescribed by medical practitioner	04.00		7.670	57.70 (50.60)	7.670	57.70 (50.60)
RESPIRATORY SYSTEM.							
050	Nebulization/Inhalation.	04.00		3.800	28.60 (25.10)	3.800	28.60 (25.10)
051	Tracheostomy care.	04.00		7.900	59.50 (52.20)	7.900	59.50 (52.20)
052	Peak flow measurement.	04.00		3.100	23.30 (20.40)	3.100	23.30 (20.40)
	For ICU trained nurses registered with SANC as such and nurses working in the occupational health setting but not for a company. (Item 053)	04.00					
053	Flow volume test: inspiration/expiration using ELF/similar machine.	04.00				13.100	98.60 (86.50)
CARDIO-VASCULAR SYSTEM.							
	Only for ICU trained nurses registered as such with SANC. A medical practitioner must be available in the event of a resuscitation being required. (Items 062 and 063).	04.00					
060	Cardiopulmonary resuscitation.	04.00				23.000	173.20 (151.90)
061	Performing ECG only.	04.00				4.600	34.60 (30.40)
062	Effort test - bicycle.	04.00				16.900	127.20 (111.60)
063	Effort test - multistage treadmill.	04.00				38.400	289.10 (253.60)
MUSCULOSKELETAL SYSTEM.							
070	Application or removal splints and prosthesis.	04.00		3.900	29.40 (25.80)	3.900	29.40 (25.80)
071	Application or removal of traction	04.00		7.700	58.00 (50.90)	7.700	58.00 (50.90)
072	Application of skin traction	04.00		7.700	58.00 (50.90)	7.700	58.00 (50.90)
GASTRO INTESTINAL SYSTEM.							
080	Nasogastric tube insertion, feeding and removal.	04.00		9.200	69.30 (60.80)	9.200	69.30 (60.80)
082	Enema administration	04.00		4.800	36.10 (31.70)	4.800	36.10 (31.70)
083	Aspiration of stomach/gastric lavage.	04.00				6.900	52.00 (45.60)
084	Faecal impaction/manual removal.	04.00		8.700	65.50 (57.50)	8.700	65.50 (57.50)
URINARY SYSTEM.							
090	Any urinary tract procedure including catheterisation, bladder stimulation and emptying.	04.00		9.500	71.50 (62.70)	9.500	71.50 (62.70)
091	Condom catheter application, penile dressing, catheter care including bag change or catheter removal.	04.00		5.800	43.70 (38.30)	5.800	43.70 (38.30)
093	Incontinence management (30 minutes) This fee includes intermittent catheterisation, external sheath drainage, taking of history, providing literature and teaching.	04.00		9.500	71.50 (62.70)	9.500	71.50 (62.70)
GENERAL CARE.							
100	This includes all aspects of elementary nursing care performed at a patient's home which may include : Bath/ bedbath, getting patient out of bed, making of bed, hairwash, mouth hygiene, nail care, shave, put patient back to bed, pressure area care, per visit. (irrespective of time spent)	04.00		16.100	121.20 (106.30)	16.100	121.20 (106.30)

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
STOMALTHERAPY NURSING.							
	Applicable to stomal therapy trained registered nurses who are working as private practitioners and not for a company other than a registered nursing agency.						05.02
	Please Note: Items 200, 201, 202, 204, 205, 079 and 081 may not be used in conjunction with items 230, 234, 238 and 250						04.00
079	Stomal irrigation - 60 minutes. May not be used in conjunction with the global fees.	04.00		4.800	36.10 (31.70)	4.800	36.10 (31.70)
	Colonic lavage - may be performed by all nurse practitioners but only when prescribed by a medical practitioner, and the written prescription is attached.	04.00					
081	Colonic lavage	04.00		4.800	36.10 (31.70)	4.800	36.10 (31.70)
200	Simple stoma - a well constructed, sited stoma which is easy to pouch. Very little or no peristomal skin excoriation.	04.00		8.800	66.30 (58.20)	8.800	66.30 (58.20)
201	Complex stoma - a poorly constructed, non-sited stoma requiring convexity or build up. Difficult to pouch. Severe peristomal skin excoriation.	04.00		12.400	93.40 (81.90)	12.400	93.40 (81.90)
202	Moderate stoma - a fairly well constructed, sited stoma which may require straight forward convexity or build up. Mild to moderate peristomal skin excoriation.	04.00		11.000	82.80 (72.60)	11.000	82.80 (72.60)
205	Stoma products charged in accordance with rule 05.	04.00		-	-	-	-
230	Global fee - Simple Stoma - Permanent: Includes the following: 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	04.00		124.900	940.40 (824.90)	124.900	940.40 (824.90)
234	Global fee - Moderate Stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	04.00		137.200	1033.00 (906.10)	137.200	1033.00 (906.10)
238	Global fee: Complex stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	04.00		159.900	1203.90 (1056.10)	159.900	1203.90 (1056.10)
250	Clinic visits after 6 months per half hour plus one procedure - eg irrigation, enema, etc. - plus material	04.00		10.000	75.30 (66.10)	10.000	75.30 (66.10)
EQUIPMENT							
	Applicable only to registered nurses who are working as private practitioners and not for a company other than a registered nursing agency.						05.02
302	Equipment hire per day, charged according to rule 06.	04.00					
303	Equipment sold to a member should be net acquisition cost. This should be on a separate invoice attached to the account as the cost of these items are refunded to the member, and not paid to the supplier.	05.03		-	-	-	-
MIDWIFERY							
Global Obstetric Fees							
	This is charged where the midwife managed the entire four stages of delivery.						04.00
399	Global midwife delivery fee in hospital / birthing unit. Includes all care from the time of admission of the patient in labour until discharge from hospital.	04.00				210.900	1587.90 (1392.90)
403	Global obstetric fee – home birth. (to be charged if the entire confinement is completed at home). Includes all care from commencement of labour until 1 hour after delivery.	04.00				275.500	2074.20 (1819.50)
407	Global fee for childbirth education. By arrangement with scheme/patient.	04.00				-	-
Where the global fee is not applicable, the following will apply:							
400	First Stage Monitoring	04.00				73.800	555.60 (487.40)

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
401	Second and Third stage labour. Vaginal delivery including episiotomy/tear and repair and general obstetric care.	04.00				90.200	679.10 (595.70)
402	Fourth Stage.	04.00				12.300	92.60 (81.20)
405	Phototherapy, per day	04.00				15.400	115.90 (101.70)
406	Visit to patient during first stage labour (may not be charged in conjunction with item 400)	04.00				10.000	75.30 (66.10)
410	Assisting at delivery (if a medical practitioner is requested to take over delivery due to complications during a home delivery)	04.00				27.600	207.80 (182.30)
420	Ante natal visits (excluding ante-natal exercises), per visit	04.00				7.700	58.00 (50.90)
421	Post natal visits (excluding post- natal exercises), per visit	04.00				11.500	86.60 (76.00)
425	Ante-natal or post-natal exercise classes, per patient	06.03				6.200	46.70 (41.00)
For advanced midwives registered with SANC only:							
404	Cardiotocography	04.00				10.000	75.30 (66.10)
WELL BABY CLINICS							
	Emergency equipment must be available in the baby clinic						04.00
450	Consultation	04.00				4.800	36.10 (31.70)
454	Supply of Vaccine (only for nurses with Section 22A (15) Permit)	05.06				-	-
PSYCHIATRIC NURSING THERAPY							
	Psychiatric Nursing Therapy may only be performed by a nurse with a psychiatric nursing qualification registered as such with the SANC						05.02
500	Individual interview/assessment. Adult, child, school, employer - per hour.	04.00				21.600	162.60 (142.60)
501	Individual therapy. (irrespective of time)	04.00				30.700	231.10 (202.70)
502	Family/marital/group per patient - specify number.	04.00				6.200	46.70 (41.00)
503	Play therapy/Home stimulation programme.	04.00				16.900	127.20 (111.60)
504	Co-therapist.	04.00				16.900	127.20 (111.60)
RENAL DIALYSIS							
092	Peritoneal dialysis per day	04.00		16.900	127.20 (111.60)	16.900	127.20 (111.60)
608	Home dialysis training in centre per 30 minutes	04.00		16.000	120.50 (105.70)	16.000	120.50 (105.70)
610	Home dialysis training or follow up at patient's home per 30 minutes (to maximum of 24 hours)	04.00		28.200	212.30 (186.20)	28.200	212.30 (186.20)
612	Home dialysis 1. Preparation of extra corporeal equipment 2. Preparation of needling patient's fistula and attaching patients to Haemodialysis machine or using subclavian catheter/permanent catheter/femerol catheter 3. Observation of patient whilst on dialysis 4. Monitoring Haemodialysis machine readings 5. Doing necessary nursing procedures to patient as required e.g. catheter site/wounds/mouth care, nursing care in general/helping to feed/prepare light meal/tea etc for patient whilst on dialysis 6. Termination of procedures e.g. giving blood back to patient and disposable of extra corporeal lines etc 7. Port dialysis observation of patient 8. Cleaning and sterilisation of dialysis machine and Reverse Osmosis machine	04.00		64.000	481.90 (422.70)	64.000	481.90 (422.70)
MEDICINES AND MATERIALS							
301	Consumables used, and charged according to rule 05	05.03		-	-	-	-

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				48000					48800				
	NATIONAL REFERENCE PRICE LIST FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES, EFFECTIVE FROM 1 JANUARY 2008	Version	Add	CF	Units	BF	Value	Flag	CF	Units	BF	Value	Flag
	The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.	2004.00											
A	GENERAL INFORMATION												
	The "RegN" column (Practice Type 48800) of this schedule is a reference price list for registered nurses and midwives only (not enrolled nurses) in private practice, and may only be charged by the registered nurse performing the procedure, and whose practice number is reflected on the account. □ □ The "NAgen" column (Practice Type 48000) of this schedule is a reference price list for registered accredited nursing agencies and accredited home health care organizations only (not nurses in private practice), i.e. if employed at a nursing agency or home health care organization the private nurse practitioner may not submit claims on his / her practice number.□ □ A registered nurse or midwife is a nurse or midwife registered with the South African Nursing Council in terms of the Nursing Act 50 of 1978 (as amended).□ □ 1. Agency refers to:□ □ a) An accredited business registered / licensed with the S A Nursing Council carrying out the business of providing Registered and supervised Enrolled Nursing services, as well as surgicals and equipment.□	2004.00											
B	GENERAL RULES												

01	CONSULTATION, COUNSELING, PLANNING AND/OR ASSESSMENT: Consultation, counseling and / or assessment (codes 001 and 002 below) encompasses consultation, history taking, patient examination and assessment, observation, treatment planning, after care treatment planning, discharge planning and/or counseling. If a consultation and one or more procedures are performed in the visit, both a consultation code and the relevant procedure code(s) may be charged but the time spent on the procedure shall not be included in the consultation period for purposes of determining the consultation fee. A consultation may not be charged where the sole purpose of the visit was to perform a procedure.	2004.00											
02	EMERGENCY VISITS Bona-fide, justifiable emergency nursing services rendered to a patient, at any time, may attract an additional fee as specified in item 014. These specifically relate to home visits for procedures which become necessary outside those which have been pre-arranged, such as but not exclusively, blocked urinary catheters, IV therapy which tissues or wound(s) which are draining excessively and require additional dressing. These should be accompanied by a written motivation. NOTE THAT THIS FEE IS ONLY APPLICABLE TO REGISTERED NURSES IN PRIVATE PRACTICE, AND NOT TO NURSING AGENCIES.	2004.00											
021	SUNDAYS AND PUBLIC HOLIDAYS When codes 036, 037 or 038 are charged for services rendered on a Sunday, the fee in respect of these codes shall be inflated by 50%. Modifier 0007 must be quoted after the appropriate code number(s) to indicate that this rule is applicable. When codes 036, 037 or 038 are charged for services rendered on a public holiday, the fee in respect of these codes shall be inflated by 100%. Modifier 0001 must be quoted after the appropriate code number(s) to indicate that this rule is applicable. NOTE THAT THIS FEE IS ONLY APPLICABLE TO NURSING AGENCIES AND NOT TO REGISTERED NURSES IN PRIVATE PRACTICE.	2005.03											
03	PROCEDURES If a composite fee or general hourly rate is charged, no additional fee for procedures may be charged. The fee in respect of more than one procedure performed at the same time shall be the fee in respect of the major procedure plus 50% of the fee of each subsidiary or additional procedure. Modifier 0002 to be quoted.	2004.00											

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04	FEES The rate that may be charged in respect of rendering a service not listed in this benefit schedule shall be based on the rate in respect of a comparable service. Modifier 0003 to be quoted with the description of service rendered and the applicable item number used.	2004.00											
05	COST OF MEDICINES AND MATERIALS The amount charged in respect of medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965). In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus - * 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and * a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. Item 301 is to be quoted except for stomal products where item 205 is to be quoted.	2004.00											
051	MEDICINES Scheduled medicines may not be supplied by an institution. Intramascular/intravenous injection and OPAT may only be administered by a registered nurse.	2005.03											
06	EQUIPMENT (HIRE AND SALES) Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied. To be billed in terms of item 302. Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme. For equipment that is sold to a member, the net acquisition cost of the equipment may be charged (item 303). This should be on a separate invoice attached to the account as the cost of these items are refunded to the member and not paid to the supplier.	2004.00											

07	MIDWIFERY The global fee is to be charged where the midwife and any assistants attend to the entire four stages of delivery. Item 399 or 403 to be quoted. No additional service fee may be levied, but pharmaceuticals may be charged under item 301. Where intravenous infusions (including blood or blood cellular products) are administered as part of the after treatment after confinement, no extra fees will be charged as this is included in the global maternity fees. Should the attending midwife prefer to ask a medical practitioner to perform intravenous infusion, then the midwife (and not the patient) is responsible for remunerating such practitioner for the infusions. When a registered midwife treats a patient in the antenatal period and after starting the confinement requests a doctor to take over the case, the registered midwife shall calculate the fee for work done up to the handover of the case. Should a midwife be required to hand over the case to a medical practitioner due to complications during a home delivery and she is required to assist, item 410 may be used.	2005.03												
08	TRAVEL FEE Please note that generally schemes do not accept the responsibility for transport expenses, as they are deemed to be included in the fee.	2004.00												
09	WELL BABY CLINICS Where vaccines are issued free by the state, no charge may be levied for the product. Vaccines may only be purchased, stored and dispensed by nurses with a Section 22A (15) permit. Emergency equipment must be available in the clinic.	2005.06												
10	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	2004.00												
	MODIFIERS													
0001	Public holidays, add 100%. Nursing agencies only.	2005.03												
0002	Only 50% of the fee in respect of subsidiary/additional procedures may be charged.	2004.00												
0003	The fee that may be charged in respect of the rendering of a service not listed in this recommended benefit schedule, shall be based on the fee in respect of a fee for a comparable service. Motivation must be attached.	2004.00												
0007	Sundays add 50%. Nursing agencies only.	2005.03												
	ITEMS													
	CONSULTATIONS (the Pathology/Diagnosis must be stated)													
001	Individual consultation, counseling, planning and/or assessment. 30 - 45 minutes.	2006.03		360	10.300	1.0	R	77.50		241	37.500	1.0	R	175.40
002	Individual consultation, counseling, planning and/or assessment. 46+ minutes.	2006.03		360	14.200	1.0	R	106.90		241	52.500	1.0	R	245.50
014	For emergency consultation/visit, all hours - See General Rule 2.	2004.00								240	7.700	1.0	R	58.00
	SPECIMENS.													

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020	This must form part of a consultation when a consultation is charged. Where a consultation was not performed and the nurse visited or attended to the patient with the sole purpose of obtaining a specimen, and dispatching to a laboratory or using own machine to test – please state specimen type and, where applicable, machine and test performed.	2004.00		360	4.600	1.0	R	34.60		240	4.600	1.0	R	34.60	
	OBSERVATIONS. (Temperature, Pulse Respiration and B.P.)														
025	Where a consultation was not performed and the nurse attended to the patient with the sole purpose of doing an observation.	2004.00		360	4.600	1.0	R	34.60		240	4.600	1.0	R	34.60	
	ADMINISTRATION OF MEDICATION.														
030	Where a consultation was not performed and the nurse attended to or visited the patient with the sole purpose of administering intramuscular or intravenous medication. The route of administration of medication to be stated, as well as the name of the medication. Oral, rectal, vaginal medication excluded as well as the application of topical medicine.	2004.00		360	4.600	1.0	R	34.60		240	4.600	1.0	R	34.60	
452	Immunisation	2004.00								240	3.000	1.0	R	22.60	
	OPAT (Antibiotics, Chemotherapy, Blood Products and Dehydration)														
035	All inclusive global fee for the setting up of an IV line and administration of intravenous therapy by a registered nurse.	2005.02		360	24.300	1.0	R	183.00		240	24.300	1.0	R	183.00	
036	When a SRN returns to add medication to an existing IV infusion	2005.02		360	12.200	1.0	R	91.90		240	12.200	1.0	R	91.90	
	COMPOSITE FEES														
	Note : These fees may only be charged by members of an accredited home healthcare organisation for services rendered at patient's home. (Care givers are not included in the fee).□ □ This includes all post hospitalisation/nursing care during a 24 hour period or part thereof. Motivation by a medical practitioner required. Single procedures/visits are not to be charged as a composite fee.	2005.03													
032	Low intensity care (Presenting problem(s) that are of low severity. The patient is stable, recovering or improving).	2005.02		360	42.700	1.0	R	321.50							
033	Medium intensity care (Presenting problem(s) that are of moderate severity. The patient is responding inadequately to therapy or has developed a minor complication).	2005.02		360	61.700	1.0	R	464.50							
034	High intensity care (this item presenting problem(s) that are of high complexity. The patient is unstable or has developed a significant new problem). By arrangement with scheme.	2005.02		360	-	0.0	R	-							
	The above fees includes : all nursing intervention in a 24 hour period; all visits of a supervisory nature; non-recoverable items e.g. disinfectants, soaps, towellets, hibitane, aprons, fractions of strapping etc.; all travelling costs; all administrative costs; delivery/courier costs where these are necessary□ but excludes : any drugs and surgicals required; equipment sale or hire; auxiliary services by paraprofessionals, e.g. OT's and physiotherapists.	2005.03													
	Note : Item 035 should not represent more than 4% of all claims received.	2005.03													
	RECOMMENDED HOURLY RATES FOR REGISTERED NURSING AGENCIES														
039	Enrolled nursing assistant, per hour	2005.02		360	3.700	1.0	R	27.90							

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037	Enrolled nurse, per hour	2005.03		360	5.100	1.0	R	38.40								
038	Registered nurse, per hour	2005.03		360	6.460	1.0	R	48.60								
	1. The fee for 24 hour daily care may not exceed R 420.00 per day (or R 630.00 on a Sunday or R 840.00 on a public holiday) and no other procedure may be charged.□ □ 2. In the case of litigation, the registered nurse will be co-responsible for the practice of the enrolled nurse.□ □ 3. All services to be re-negotiated with the scheme every 7 days or such lesser period as stipulated in pre-authorisation.	2005.03														
	CARE OF WOUNDS (The pathology must be stated).															
040	Treatment of simple wounds/burns requiring dressing only.	2004.00		360	8.800	1.0	R	66.30		240	8.800	1.0	R	66.30		
041	Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc.	2004.00		360	12.400	1.0	R	93.40		240	12.400	1.0	R	93.40		
042	Treatment of moderate wounds/Burns eg drains or fistulas and inserting of sutures	2004.00		360	11.000	1.0	R	82.80		240	11.000	1.0	R	82.80		
045	Laser treatment for wound healing where prescribed by medical practitioner	2004.00		360	7.670	1.0	R	57.70		240	7.670	1.0	R	57.70		
	RESPIRATORY SYSTEM.															
050	Nebulization/Inhalation.	2004.00		360	3.800	1.0	R	28.60		240	3.800	1.0	R	28.60		
051	Tracheostomy care.	2004.00		360	7.900	1.0	R	59.50		240	7.900	1.0	R	59.50		
052	Peak flow measurement.	2004.00		360	3.100	1.0	R	23.30		240	3.100	1.0	R	23.30		
	For ICU trained nurses registered with SANC as such and nurses working in the occupational health setting but not for a company. (Item 053)	2004.00														
053	Flow volume test: inspiration/expiration using ELF/similar machine.	2004.00								240	13.100	1.0	R	98.60		
	CARDIO-VASCULAR SYSTEM.															
	Only for ICU trained nurses registered as such with SANC. A medical practitioner must be available in the event of a resuscitation being required. (Items 062 and 063).	2004.00														
060	Cardiopulmonary resuscitation.	2004.00								240	23.000	1.0	R	173.20		
061	Performing ECG only.	2004.00								240	4.600	1.0	R	34.60		
062	Effort test - bicycle.	2004.00								240	16.900	1.0	R	127.20		
063	Effort test - multistage treadmill.	2004.00								240	38.400	1.0	R	289.10		
	MUSCULOSKELETAL SYSTEM.															

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070	Application or removal splints and prosthesis.	2004.00		360	3.900	1.0	R	29.40		240	3.900	1.0	R	29.40		
071	Application or removal of traction	2004.00		360	7.700	1.0	R	58.00		240	7.700	1.0	R	58.00		
072	Application of skin traction	2004.00		360	7.700	1.0	R	58.00		240	7.700	1.0	R	58.00		
	GASTRO INTESTINAL SYSTEM.															
080	Nasogastric tube insertion, feeding and removal.	2004.00		360	9.200	1.0	R	69.30		240	9.200	1.0	R	69.30		
082	Enema administration	2004.00		360	4.800	1.0	R	36.10		240	4.800	1.0	R	36.10		
083	Aspiration of stomach/gastric lavage.	2004.00								240	6.900	1.0	R	52.00		
084	Faecal impaction/manual removal.	2004.00		360	8.700	1.0	R	65.50		240	8.700	1.0	R	65.50		
	URINARY SYSTEM.															
090	Any urinary tract procedure including catheterisation, bladder stimulation and emptying.	2004.00		360	9.500	1.0	R	71.50		240	9.500	1.0	R	71.50		
091	Condom catheter application, penile dressing, catheter care including bag change or catheter removal.	2004.00		360	5.800	1.0	R	43.70		240	5.800	1.0	R	43.70		
093	Incontinence management (30 minutes) This fee includes intermittent catheterisation, external sheath drainage, taking of history, providing literature and teaching.	2004.00		360	9.500	1.0	R	71.50		240	9.500	1.0	R	71.50		
	GENERAL CARE.															
100	This includes all aspects of elementary nursing care performed at a patient's home which may include : Bath/ bedbath, getting patient out of bed, making of bed, hairwash, mouth hygiene, nail care, shave, put patient back to bed, pressure area care, per visit. (irrespective of time spent)	2004.00		360	16.100	1.0	R	121.20		240	16.100	1.0	R	121.20		
	STOMALTHERAPY NURSING.															
	Applicable to stomal therapy trained registered nurses who are working as private practitioners and not for a company other than a registered nursing agency.	2005.02														
	Please Note: Items 200, 201, 202, 204, 205, 079 and 081 may not be used in conjunction with items 230, 234, 238 and 250	2004.00														
079	Stomal irrigation - 60 minutes. May not be used in conjunction with the global fees.	2004.00		360	4.800	1.0	R	36.10		240	4.800	1.0	R	36.10		
	Colonic lavage - may be performed by all nurse practitioners but only when prescribed by a medical practitioner, and the written prescription is attached.	2004.00														
081	Colonic lavage	2004.00		360	4.800	1.0	R	36.10		240	4.800	1.0	R	36.10		
200	Simple stoma - a well constructed, sited stoma which is easy to pouch. Very little or no peristomal skin excoriation.	2004.00		360	8.800	1.0	R	66.30		240	8.800	1.0	R	66.30		
201	Complex stoma - a poorly constructed, non-sited stoma requiring convexity or build up. Difficult to pouch. Severe peristomal skin excoriation.	2004.00		360	12.400	1.0	R	93.40		240	12.400	1.0	R	93.40		
202	Moderate stoma - a fairly well constructed, sited stoma which may require straight forward convexity or build up. Mild to moderate peristomal skin excoriation.	2004.00		360	11.000	1.0	R	82.80		240	11.000	1.0	R	82.80		

205	Stoma products charged in accordance with rule 05.	2004.00		360	-	0.0	R	-		240	-	0.0	R	-	
230	Global fee - Simple Stoma - Permanent: Includes the following: 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	2004.00		360	124.900	1.0	R	940.40		240	124.900	1.0	R	940.40	
234	Global fee - Moderate Stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	2004.00		360	137.200	1.0	R	1 033.00		240	137.200	1.0	R	1 033.00	
238	Global fee: Complex stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	2004.00		360	159.900	1.0	R	1 203.90		240	159.900	1.0	R	1 203.90	
250	Clinic visits after 6 months per half hour plus one procedure - eg irrigation, enema, etc. - plus material	2004.00		360	10.000	1.0	R	75.30		240	10.000	1.0	R	75.30	
	EQUIPMENT														
	Applicable only to registered nurses who are working as private practitioners and not for a company other than a registered nursing agency.	2005.02													
302	Equipment hire per day, charged according to rule 06.	2004.00													
303	Equipment sold to a member should be net acquisition cost. This should be on a separate invoice attached to the account as the cost of these items are refunded to the member, and not paid to the supplier.	2005.03		360	-	0.0	R	-		240	-	0.0	R	-	
	MIDWIFERY														
	Global Obstetric Fees														
	This is charged where the midwife managed the entire four stages of delivery.	2004.00													
399	Global midwife delivery fee in hospital / birthing unit. Includes all care from the time of admission of the patient in labour until discharge from hospital.	2004.00								240	210.900	1.0	R	1 587.90	
403	Global obstetric fee – home birth. (to be charged if the entire confinement is completed at home). Includes all care from commencement of labour until 1 hour after delivery.	2004.00								240	275.500	1.0	R	2 074.20	

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407	Global fee for childbirth education. By arrangement with scheme/patient.	2004.00							240	-	0.0	R	-	
	Where the global fee is not applicable, the following will apply:													
400	First Stage Monitoring	2004.00							240	73.800	1.0	R	555.60	
401	Second and Third stage labour. Vaginal delivery including episiotomy/tear and repair and general obstetric care.	2004.00							240	90.200	1.0	R	679.10	
402	Fourth Stage.	2004.00							240	12.300	1.0	R	92.60	
405	Phototherapy, per day	2004.00							240	15.400	1.0	R	115.90	
406	Visit to patient during first stage labour (may not be charged in conjunction with item 400)	2004.00							240	10.000	1.0	R	75.30	
410	Assisting at delivery (if a medical practitioner is requested to take over delivery due to complications during a home delivery)	2004.00							240	27.600	1.0	R	207.80	
420	Ante natal visits (excluding ante-natal exercises), per visit	2004.00							240	7.700	1.0	R	58.00	
421	Post natal visits (excluding post- natal exercises), per visit	2004.00							240	11.500	1.0	R	86.60	
425	Ante-natal or post-natal exercise classes, per patient	2006.03							240	6.200	1.0	R	46.70	
	For advanced midwives registered with SANC only:													
404	Cardiotocography	2004.00							240	10.000	1.0	R	75.30	
	WELL BABY CLINICS													
	Emergency equipment must be available in the baby clinic	2004.00												
450	Consultation	2004.00							240	4.800	1.0	R	36.10	
454	Supply of Vaccine (only for nurses with Section 22A (15) Permit)	2005.06							240	-	0.0	R	-	
	PSYCHIATRIC NURSING THERAPY													
	Psychiatric Nursing Therapy may only be performed by a nurse with a psychiatric nursing qualification registered as such with the SANC	2005.02												
500	Individual interview/assessment. Adult, child, school, employer - per hour.	2004.00							240	21.600	1.0	R	162.60	
501	Individual therapy. (irrespective of time)	2004.00							240	30.700	1.0	R	231.10	
502	Family/marital/group per patient - specify number.	2004.00							240	6.200	1.0	R	46.70	
503	Play therapy/Home stimulation programme.	2004.00							240	16.900	1.0	R	127.20	
504	Co-therapist.	2004.00							240	16.900	1.0	R	127.20	
	RENAL DIALYSIS													

Registered Nurses In Private Practice and Nursing Agencies 2008

092	Peritoneal dialysis per day	2004.00		360	16.900	1.0	R	127.20		240	16.900	1.0	R	127.20		
608	Home dialysis training in centre per 30 minutes	2004.00		360	16.000	1.0	R	120.50		240	16.000	1.0	R	120.50		
610	Home dialysis training or follow up at patient's home per 30 minutes (to maximum of 24 hours)	2004.00		360	28.200	1.0	R	212.30		240	28.200	1.0	R	212.30		
612	Home dialysis 1. Preparation of extra corporeal equipment 2. Preparation of needling patient's fistula and attaching patients to Haemodialysis machine or using subclavian catheter/permanent catheter/femerol catheter 3. Observation of patient whilst on dialysis 4. Monitoring Haemodialysis machine readings 5. Doing necessary nursing procedures to patient as required e.g. catheter site/wounds/mouth care, nursing care in general/helping to feed/prepare light meal/tea etc for patient whilst on dialysis 6. Termination of procedures e.g. giving blood back to patient and disposable of extra corporeal lines etc 7. Port dialysis observation of patient 8. Cleaning and sterilisation of dialysis machine and Reverse Osmosis machine	2004.00		360	64.000	1.0	R	481.90		240	64.000	1.0	R	481.90		
	MEDICINES AND MATERIALS															
301	Consumables used, and charged according to rule 05	2005.03		360	-	0.0	R	-		240	-	0.0	R	-		

Registered Nurses In Private Practice and Nursing Agencies 2008

Code	Description
48000	Nursing Agencies/Home Care Services
48800	Registered Nurses

Registered Nurses In Private Practice and Nursing Agencies 2008

Code	Description	RCF
240	Registered Nurses	7.529
241	Registered Nurses (time based)	4.677
360	Nursing Agencies	7.529

SOCIAL WORKERS

Social Workers 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY SOCIAL WORKERS, EFFECTIVE FROM 1 JANUARY 2008

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

005	Every practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars: a) The surname and initials of the member; b) The surname, first name and other initials, if any, of the patient; c) The name of the scheme concerned;. d) The membership number of the member; e) The practice code number, group practice number and individual provider registration number issued by the registering authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, the name of the practitioner who provided the service; f) the relevant diagnostic and such other item code numbers that relates to such relevant health service; g) The date on which each relevant health service was rendered; h) The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.	04.00
006	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
007	Where emergency treatment is provided: a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient at another venue; or b. after working hours the fee for such visits shall be the total fee plus 50%. For purposes of this rule: a. "emergency treatment" means a bona fide, justifiable emergency social work service, where failure to provide the service immediately would result in serious or irreparable psychological or functional impairment b. "working hours" means 8h00 to 17h00, Monday to Friday. Modifier 0003 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.	04.00
008	Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.	05.03

Modifiers

0003	Add 50% of the total fee for the treatment	04.00
0021	Services rendered to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients.	04.00
0022	Services rendered at patients residence: Quote modifier 0022 on all accounts for services performed at the patients residence.	04.00

ITEMS

Code	Description	Ver	Add	Social Workers RVU	Social Workers Fee
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00		-	-
200	Social worker consultation, counselling and/or therapy. Duration: 1-10min.	05.03		0.500	24.20 (21.20)
201	Social worker consultation, counselling and/or therapy. Duration: 11-20min.	05.03		1.500	72.50 (63.60)
202	Social worker consultation, counselling and/or therapy. Duration: 21-30min.	05.03		2.500	120.80 (106.00)
203	Social worker consultation, counselling and/or therapy. Duration: 31-40min.	05.03		3.500	169.20 (148.40)
204	Social worker consultation, counselling and/or therapy. Duration: 41-50min.	05.03		4.500	217.50 (190.80)
205	Social worker consultation, counselling and/or therapy. Duration: 51-60min.	05.03		5.500	265.80 (233.20)
206	Social worker consultation, counselling and/or therapy. Duration: 61-70min.	05.03		6.500	314.10 (275.50)
207	Social worker consultation, counselling and/or therapy. Duration: 71-80min.	05.03		7.500	362.50 (318.00)
208	Social worker consultation, counselling and/or therapy. Duration: 81-90min.	05.03		8.500	410.80 (360.40)
209	Social worker consultation, counselling and/or therapy. Duration: 91-100min.	05.03		9.500	459.10 (402.70)

Code	Description	Ver	Add	Social Workers	
				RVU	Fee
210	Social worker consultation, counselling and/or therapy. Duration: 101-110min.	05.03		10.500	507.50 (445.20)
211	Social worker consultation, counselling and/or therapy. Duration: 111-120min.	05.03		11.500	555.80 (487.50)
Group consultation, counselling or therapy					
	Group consultation, counselling and/or therapy items are chargeable to a maximum of 12 patients.				05.03
300	Social worker group consultation, counselling and/or therapy, per patient. Duration: 1-10min.	05.03		0.100	4.83 (4.24)
301	Social worker group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	05.03		0.300	14.50 (12.70)
302	Social worker group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	05.03		0.500	24.20 (21.20)
303	Social worker group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	05.03		0.700	33.80 (29.60)
304	Social worker group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	05.03		0.900	43.50 (38.20)
305	Social worker group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	05.03		1.100	53.20 (46.70)
306	Social worker group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	05.03		1.300	62.80 (55.10)
307	Social worker group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	05.03		1.500	72.50 (63.60)
308	Social worker group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	05.03		1.700	82.20 (72.10)
309	Social worker group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	05.03		1.900	91.80 (80.50)
310	Social worker group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	05.03		2.100	101.50 (89.00)
311	Social worker group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	05.03		2.300	111.20 (97.50)

Social Workers 2008

				48900				
	NATIONAL REFERENCE PRICE LIST FOR SERVICES BY SOCIAL WORKERS, EFFECTIVE FROM 1 JANUARY 2008	Version	Add	CF	Units	BF	Value	Flag
	The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded	2004.00						
	GENERAL RULES							
005	Every practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars: a)□The surname and initials of the member; b)□The surname, first name and other initials, if any, of the patient; c)□The name of the scheme concerned;. d)□The membership number of the member; e)□The practice code number, group practice number and individual provider registration number issued by the registering authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, the name of the practitioner who provided the service; f)□the relevant diagnostic and such other item code numbers that relates to such relevant health service; g)□The date on which each relevant health service was rendered; h)□The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.	2004.00						
006	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	2004.00						

007	Where emergency treatment is provided: a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient at another venue; or b. after working hours the fee for such visits shall be the total fee plus 50%. For purposes of this rule: a. "emergency treatment" means a bona fide, justifiable emergency social work service, where failure to provide the service immediately would result in serious or irreparable psychological or functional impairment b. "working hours" means 8h00 to 17h00, Monday to Friday. Modifier 0003 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.	2004.00							
008	Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.	2005.03							
	Modifiers								
0003	Add 50% of the total fee for the treatment	2004.00							
0021	Services rendered to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients.	2004.00							
0022	Services rendered at patients residence: Quote modifier 0022 on all accounts for services performed at the patients residence.	2004.00							
	ITEMS								
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	2004.00		300	-	0.0	R	-	
200	Social worker consultation, counselling and/or therapy. Duration: 1-10min.	2005.03		300	0.500	1.0	R	24.20	
201	Social worker consultation, counselling and/or therapy. Duration: 11-20min.	2005.03		300	1.500	1.0	R	72.50	
202	Social worker consultation, counselling and/or therapy. Duration: 21-30min.	2005.03		300	2.500	1.0	R	120.80	
203	Social worker consultation, counselling and/or therapy. Duration: 31-40min.	2005.03		300	3.500	1.0	R	169.20	
204	Social worker consultation, counselling and/or therapy. Duration: 41-50min.	2005.03		300	4.500	1.0	R	217.50	
205	Social worker consultation, counselling and/or therapy. Duration: 51-60min.	2005.03		300	5.500	1.0	R	265.80	
206	Social worker consultation, counselling and/or therapy. Duration: 61-70min.	2005.03		300	6.500	1.0	R	314.10	
207	Social worker consultation, counselling and/or therapy. Duration: 71-80min.	2005.03		300	7.500	1.0	R	362.50	

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Social Workers 2008

208	Social worker consultation, counselling and/or therapy. Duration: 81-90min.	2005.03		300	8.500	1.0	R	410.80	
209	Social worker consultation, counselling and/or therapy. Duration: 91-100min.	2005.03		300	9.500	1.0	R	459.10	
210	Social worker consultation, counselling and/or therapy. Duration: 101-110min.	2005.03		300	10.500	1.0	R	507.50	
211	Social worker consultation, counselling and/or therapy. Duration: 111-120min.	2005.03		300	11.500	1.0	R	555.80	
	Group consultation, counselling or therapy								
	Group consultation, counselling and/or therapy items are chargeable to a maximum of 12 patients.	2005.03							
300	Social worker group consultation, counselling and/or therapy, per patient. Duration: 1-10min.	2005.03		300	0.100	1.0	R	4.83	
301	Social worker group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	2005.03		300	0.300	1.0	R	14.50	
302	Social worker group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	2005.03		300	0.500	1.0	R	24.20	
303	Social worker group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	2005.03		300	0.700	1.0	R	33.80	
304	Social worker group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	2005.03		300	0.900	1.0	R	43.50	
305	Social worker group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	2005.03		300	1.100	1.0	R	53.20	
306	Social worker group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	2005.03		300	1.300	1.0	R	62.80	
307	Social worker group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	2005.03		300	1.500	1.0	R	72.50	
308	Social worker group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	2005.03		300	1.700	1.0	R	82.20	
309	Social worker group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	2005.03		300	1.900	1.0	R	91.80	
310	Social worker group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	2005.03		300	2.100	1.0	R	101.50	
311	Social worker group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	2005.03		300	2.300	1.0	R	111.20	

Social Workers 2008

Code	Description
48900	Social Workers

Social Workers 2008

Code	Description	RCF
300	Social Workers	48.330

SPEECH THERAPISTS & AUDIOLOGISTS

Speech Therapists and Audiologists 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY SPEECH THERAPISTS AND AUDIOLOGISTS, EFFECTIVE FROM 1 JANUARY 2008

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

General Rules

A	All accounts must be presented with the following information clearly stated: · name of practitioner · qualifications of the practitioner; · BHF practice number; · postal address and telephone number; · date on which service(s) were provided; · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered; · the surname and initials of the member; · the first name of the patient; · the name of the scheme; · the membership number of the member; and . the name and practice number of the referring practitioner, if applicable.	04.00
B	The rate in respect of more than one evaluation under item 029 shall be the full rate for the first evaluation plus half the rate in respect of each additional evaluation, but under no circumstances may fees be charged for more than three evaluations carried out.	04.00
D	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
E	Materials used in treatment shall be charged (exclusive of VAT) at net acquisition price plus – - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. Use item 300 for this purpose.	05.03

ITEMS

1. Assessment, Consultation & Treatment

The time used to conduct any diagnostic or treatment procedure claimed in addition to the codes in this section, can not be considered in determining the duration of the assessment, consultation or treatment claimed — 05.03

1.1 Consultations

1.1.1 Audiology Consultations

Code	Description	Ver	Add	Speech Therapy / Audiology RVU	Fee
1010	Audiology consultation. Duration 1 - 15 mins	06.02		7.500	42.10 (36.90)
1011	Audiology consultation. Duration 16 - 30 mins	06.02		22.500	126.40 (110.90)
1012	Audiology consultation. Duration 31 - 45 mins	06.02		37.500	210.70 (184.80)
1013	Audiology consultation. Duration 46 - 60 mins	06.02		52.500	295.00 (258.80)
1015	Prolonged audiology consultation, each additional full 15 mins, to a maximum of 60 mins	06.02		15.000	84.30 (73.90)

1.1.2 Speech Therapy Consultations

1020	Speech therapy consultation. Duretion 1 - 15 mins	06.02		7.500	42.10 (36.90)
1021	Speech therapy consultation. Duration 16 - 30 mins	06.02		22.500	126.40 (110.90)
1022	Speech therapy consultation. Duration 31 - 45 mins	06.02		37.500	210.70 (184.80)
1023	Speech therapy consultation. Duration 46 - 60 mins	06.02		52.500	295.00 (258.80)

1.2 Assessment & Treatment

1.2.1 Speech Therapy Assessment & Treatment

1050	Speech therapy assessment and treatment. Duration 1 - 15 mins	06.02		7.500	42.10 (36.90)

Code	Description	Ver	Add	Speech Therapy / Audiology	
				RVU	Fee
1051	Speech therapy assessment and treatment. Duration 16 - 30 mins	06.02		22.500	126.40 (110.90)
1052	Speech therapy assessment and treatment. Duration 31 - 45 mins	06.02		37.500	210.70 (184.80)
1053	Speech therapy assessment and treatment. Duration 46 - 60 mins	06.02		52.500	295.00 (258.80)
2.	**Speech, Voice and Language Disorder**				
0007	Group therapy: per patient at rooms (Maximum of 3 patients per therapy)	06.02		15.000	84.30 (73.90)
	Note: Professional Group Consultations - no fee to be charged.	04.00			
0009	Preparation of a home programme	06.02		15.000	84.30 (73.90)
	Note: This category is to prepare the home programme prior to consultation with patient or care giver	04.00			
0020	Report writing	06.02		30.000	168.60 (147.90)
0107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	06.02		-	-
3.	**Audiology.**				
A.	**Peripheral Hearing Evaluation**				
1100	Pure Tone Audiogram (Air conduction) (3273)	06.02		15.000	95.00 (83.30)
1105	Pure Tone Audiogram (Bone conduction) (3274)	06.02		12.000	76.00 (66.70)
1110	Full Speech Audiogram including speech reception threshold and discrimination at two or more levels. (3277)	06.02		15.000	95.00 (83.30)
1115	Speech audiogram screening	06.02		5.000	31.70 (27.80)
1120	Visual reinforcement audiometry and/or combined play audiometry employed in a sound field environment to assess peripheral hearing	06.02		40.000	258.90 (227.10)
1125	Tinnitus Evaluation	06.02		15.000	95.00 (83.30)
B.	**Middle Ear Function Evaluation**				
1200	Immittance Measurements (Impedance / Tympanometry)	06.02		8.000	47.90 (42.00)
1205	Immittance Measurements - Impedance / Stapedial reflex (3276): Limited reflex spectrum (eg : 1-2 frequencies)	06.02		4.000	24.00 (21.10)
1210	Immittance Measurements - Impedance / Stapedial reflex (3276): Extended reflex spectrum (250-8000Hz e.g. 4-8 frequencies)	06.02		12.000	71.90 (63.10)
1215	Immittance Measurements - Impedance / High Frequency Tympanometry (for peadiatric population)	06.02		8.000	47.90 (42.00)
1220	Eustachian Tube Function Test - multiple tympanograms - bilateral	06.02		12.000	71.90 (63.10)
1225	Rinné & Weber tests	06.02		4.000	25.30 (22.20)
C.	**Diagnostic Audiological Tests for Differential Diagnosis between Cochlear; Retro-cochlear; Central; Functional and/or Vestibular Pathology**				
1300	Tone Decay (for retro cochlear pathology)	06.02		8.000	50.70 (44.50)
1305	Reflex decay (for retro cochlear pathology)	06.02		8.000	47.90 (42.00)
1310	SISI (for cochlear pathology)	06.02		5.000	31.70 (27.80)
1315	Air conduction MCL (Most comfortable levels) & UCL (Uncomfortable levels) - for cochlear pathology and/or for purposes of selection of hearing aid technology or hearing aid programming	06.02		8.000	50.70 (44.50)
1320	Speech conduction MCL & UCL (for cochlear pathology)	06.02		4.000	25.30 (22.20)
1325	Test for functional hearing loss	06.02		10.000	63.40 (55.60)
1330	Stenger test (for functional hearing loss)	06.02		10.000	63.40 (55.60)
1335	Fistula test - (for peri-lymph fluid leakage)	06.05		15.000	95.00 (83.30)

Code	Description	Ver	Add	Speech Therapy / Audiology	
				RVU	Fee
D.	**Auditory Processing (AP) and Central Auditory Processing Tests (CAP)**				
	Only tests appropriate to the recommendations of the HPCSA Taskforce on CAPD should be administered i.e. low-linguistically loaded tests are tests of choice. No more than two tests from each category below can be administered. Repeat item 1400 for each test done. Deviations from this billing guideline requires motivation. PRELIMINARY TEST BATTERY Scan-C Scan-A PSI DIFFERENTIAL DIAGNOSIS BETWEEN CAPD AND ADHD Selective Auditory Attention Test Auditory Continuous Performance Test TESTS OF MONAURAL LOW REDUNDANCY Low Pass Filtered Speech - Ivey Low Pass Filtered Speech - NU-6 Lists 500Hz, 750Hz And 1000Hz Time Compressed Speech/Time Compressed Speech with Reverberation SPEECH IN NOISE TESTS SPIN SSI-ICM BKB-SIN SIN QuickSIN DICHOTIC SPEECH TESTS Dichotic Digits Test Dichotic Consonant Vowel SSI-CCM Staggered Spondaic Word Test Competing Sentences Test Dichotic Rhyme Test Dichotic Sentence Identification Test TEMPORAL PROCESSING TESTS Random Gap Detection Test TEMPORAL PATTERNING TESTS Frequency Pattern (Pitch Pattern) Sequence Test Duration Pattern Sequence Test BINAURAL INTERACTION TESTS Masking Level Difference for Speech Binaural Fusion Test (Ivey, NU-6 or CVC Fusion)				06.05
1400	Central Auditory Processing Disorders test, test to be specified.	06.05		13.000	84.10 (73.80)
E.	**Electro-Physiological Examinations/Auditory Evoked Potentials (AEP)**				
1500	Diagnostic Neurological short latency ABR (Auditory Brainstem Response) Bilateral; single decibel (2692)	06.02		60.000	388.30 (340.60)
1505	AABR - Bilateral (Automated Auditory Brainstem Response). Cannot be charged with 1510	06.02		30.000	179.60 (157.50)
1510	Screening ABR - Bilateral (Auditory Brainstem Response) . Cannot be charged with 1505	06.02		20.000	119.80 (105.10)
1515	Diagnostic Audiological Click ABR (Auditory Brainstem Evoked Response) – Bilateral Air conduction threshold determination using click stimuli	06.02		60.000	388.30 (340.60)
1520	Diagnostic Audiological Click ABR-(Auditory Brainstem Response) – Bilateral Bone conduction threshold determination using click stimuli	06.02		80.000	517.80 (454.20)
	Combinations of items 1531 to 1534 cannot be billed together.	06.02			
1531	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at: 1 frequency	06.02		30.000	194.20 (170.40)
1532	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 2 frequencies	06.02		60.000	388.30 (340.60)
1533	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 3 frequencies	06.02		90.000	582.50 (511.00)
1534	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 4 frequencies	06.02		120.000	776.60 (681.20)
	Combinations of items 1541 to 1544 cannot be billed together.	06.02			
1541	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses (2696) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 1 frequency	06.05		25.000	161.80 (141.90)
1542	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses (2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 2 frequencies	06.05		50.000	323.60 (283.90)
1543	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses (2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 3 frequencies	06.05		75.000	485.40 (425.80)
1544	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses(2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 4 frequencies	06.05		100.000	647.20 (567.70)
	Combinations of items 1551 to 1554 cannot be billed together.	06.02			

Code	Description	Ver	Add	Speech Therapy / Audiology	
				RVU	Fee
1551	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 1 frequency	06.02		30.000	194.20 (170.40)
1552	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 2 frequencies	06.02		40.000	258.90 (227.10)
1553	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 3 frequencies	06.02		60.000	388.30 (340.60)
1554	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 4 frequencies	06.02		80.000	517.80 (454.20)
1560	P300 Cognitive AEP (Auditory Evoked Potential) or MMN (Mismatch Negativity)	06.02		35.000	226.50 (198.70)
1565	Electrocochleography: unilateral (2699). Cannot be charged with item 1570.	06.02		45.000	291.20 (255.40)
1570	Electrocochleography: bilateral (2700). Cannot be charged with item 1565.	06.02		90.000	582.50 (511.00)
1575	Cochlear nerve function test - intra-operative monitoring - per 30min	06.02		30.000	194.20 (170.40)
1580	OAE (Oto-acoustic emissions) - limited frequencies (transient or distortion product) for hearing screening of neonatal and pediatric population.	06.02		15.000	86.40 (75.80)
1581	OAE (Oto-acoustic emissions) - comprehensive diagnostic evaluation	06.02		30.000	179.60 (157.50)
F.	**Balance/Vestibular Examinations and Treatment**				
1600	Spontaneous and positional nystagmus using electro-nystagmography (ENG) (3253). Cannot use with item 1605.	06.02		55.000	356.00 (312.30)
1605	Spontaneous and positional nystagmus using Video-nystagmography (VNG). Cannot use with item 1600.	06.02		55.000	374.70 (328.70)
1610	Eye Visualization – spontaneous and positional nystagmus – monocular	06.02		35.000	201.60 (176.80)
1615	Eye Visualization – spontaneous and positional nystagmus – binocular	06.02		35.000	209.60 (183.90)
1620	Oculo-motor/central tests using electro-nystagmography (ENG). Cannot be used with item 1625.	06.02		25.000	170.30 (149.40)
1625	Oculo-motor/central tests using video-nystagmography (VNG). Cannot be used with item 1620.	06.02		25.000	170.30 (149.40)
1630	DVA (Dynamic Visual Acuity) test using Video-nystagmography (VNG)	06.02		10.000	68.10 (59.70)
1635	Caloric test using ENG electro-nystagmography (3255). Cannot be used with item 1640.	06.02		50.000	340.60 (298.80)
1640	Caloric test using VNG electro-nystagmography (3255). Cannot be used with item 1635.	06.02		50.000	340.60 (298.80)
1645	Posturography	06.02		25.000	170.30 (149.40)
1650	Rotational Chair test	06.02		15.000	89.80 (78.80)
1655	Otolith repositioning/canalith maneuvre	06.02		25.000	140.50 (123.20)
1660	Vestibular rehabilitation (neuromuscular) re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception	06.02		25.000	140.50 (123.20)
G.	**Cochlear Implant Tests**				
1700	Cochlear Implants: Pre-implant round window promontory testing. In cases where speech tests were not possible because of very limited speech and language acquisition (e.g. prelingually deaf adults)	06.02		45.000	269.50 (236.40)
1710	Cochlear Implants : Electrode mapping : per 15min (max 120min)	06.02		15.000	102.20 (89.60)
1720	Cochlear Implants : Implant test : Four test modes : intra- or post-operatively	06.02		5.000	31.70 (27.80)
1725	Cochlear Implants : Neural Response Telemetry : intra-operatively (during cochlear implant surgery)	06.02		20.000	136.20 (119.50)
1730	Cochlear Implants : Neural Response Telemetry : post-operatively (after cochlear implant surgery)	06.02		55.000	348.40 (305.60)
1735	Cochlear Implants : Electrical Stapedius Reflex Thresholds : intra-operatively only	06.02		13.000	88.60 (77.70)
1740	Cochlear Implants : Comprehensive speech perception testing, pre- and post-cochlear implant, per 15min (max 45min)	06.02		15.000	97.10 (85.20)
H.	**Hearing Amplification / Hearing Aids**				
1800	Hearing aid evaluation - per ear	06.02		15.000	86.40 (75.80)
1805	Free Field Hearing Aid Evaluation : Pure tone and speech (with and without lipreading)	06.02		13.000	84.10 (73.80)
1810	Insertion gain measurement, per ear	06.02		10.000	59.90 (52.50)

Code	Description	Ver	Add	Speech Therapy / Audiology	
				RVU	Fee
1815	Re-programming of hearing aid, per ear	06.02		10.000	57.60 (50.50)
1820	Technical adjustment of hearing aid/device, per ear.	06.02		6.000	34.60 (30.40)
1825	Repairs to hearing aids	06.02		-	-
1830	Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme).	06.02		-	-
I.	**Occupational Health / Industrial Hearing Assessment**				
1900	Pure Tone Audiogram (Air conduction). (3237)	06.02		-	-
1905	Pure Tone Audiogram (Bone conduction) (3274)	06.02		-	-
1910	Full Speech Audiogram including speech reception threshold and discrimination at two or more levels (3277)	06.02		-	-
1915	Speech audiogram screening	06.02		-	-
1920	Immittance Measurements (Impedance) (Tympanometry)	06.02		-	-
1925	Immittance Measurements (Impedance) (Stapedial reflex) (3276)	06.02		-	-
4.	**Material**				
0300	Medication	06.02		-	-
0301	Material	06.02		-	-

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				38200				
	NATIONAL REFERENCE PRICE LIST FOR SERVICES BY SPEECH THERAPISTS AND AUDIOLOGISTS, EFFECTIVE FROM 1 JANUARY 2008	**Version**	**Add**	**CF**	**Units**	**BF**	**Value**	**Flag**
	The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.	2004.00						
	General Rules							
A	All accounts must be presented with the following information clearly stated: · name of practitioner · qualifications of the practitioner; · BHF practice number; · postal address and telephone number; · date on which service(s) were provided; · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered; · the surname and initials of the member; · the first name of the patient; · the name of the scheme; · the membership number of the member; and . the name and practice number of the referring practitioner, if applicable.	2004.00						
B	The rate in respect of more than one evaluation under item 029 shall be the full rate for the first evaluation plus half the rate in respect of each additional evaluation, but under no circumstances may fees be charged for more than three evaluations carried out.	2004.00						
D	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	2004.00						

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	Materials used in treatment shall be charged (exclusive of VAT) at net acquisition price plus – - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.								
E	Use item 300 for this purpose.	2005.03							
	ITEMS								
1.	Assessment, Consultation & Treatment								
	The time used to conduct any diagnostic or treatment procedure claimed in addition to the codes in this section, can not be considered in determining the duration of the assessment, consultation or treatment claimed	2005.03							
1.1	Consultations								
1.1.1	Audiology Consultations								
1010	Audiology consultation. Duration 1 - 15 mins	2006.02		310	7.500	1.0	R	42.10	
1011	Audiology consultation. Duration 16 - 30 mins	2006.02		310	22.500	1.0	R	126.40	
1012	Audiology consultation. Duration 31 - 45 mins	2006.02		310	37.500	1.0	R	210.70	
1013	Audiology consultation. Duration 46 - 60 mins	2006.02		310	52.500	1.0	R	295.00	
1015	Prolonged audiology consultation, each additional full 15 mins, to a maximum of 60 mins	2006.02		310	15.000	1.0	R	84.30	
1.1.2	Speech Therapy Consultations								
1020	Speech therapy consultation. Duration 1 - 15 mins	2006.02		310	7.500	1.0	R	42.10	
1021	Speech therapy consultation. Duration 16 - 30 mins	2006.02		310	22.500	1.0	R	126.40	
1022	Speech therapy consultation. Duration 31 - 45 mins	2006.02		310	37.500	1.0	R	210.70	
1023	Speech therapy consultation. Duration 46 - 60 mins	2006.02		310	52.500	1.0	R	295.00	
1.2	Assessment & Treatment								
1.2.1	Speech Therapy Assessment & Treatment								
1050	Speech therapy assessment and treatment. Duration 1 - 15 mins	2006.02		310	7.500	1.0	R	42.10	
1051	Speech therapy assessment and treatment. Duration 16 - 30 mins	2006.02		310	22.500	1.0	R	126.40	
1052	Speech therapy assessment and treatment. Duration 31 - 45 mins	2006.02		310	37.500	1.0	R	210.70	
1053	Speech therapy assessment and treatment. Duration 46 - 60 mins	2006.02		310	52.500	1.0	R	295.00	
2.	Speech, Voice and Language Disorder								
0007	Group therapy: per patient at rooms (Maximum of 3 patients per therapy)	2006.02		310	15.000	1.0	R	84.30	
	Note: Professional Group Consultations - no fee to be charged.	2004.00							
0009	Preparation of a home programme	2006.02		310	15.000	1.0	R	84.30	
	Note: This category is to prepare the home programme prior to consultation with patient or care giver	2004.00							
0020	Report writing	2006.02		310	30.000	1.0	R	168.60	
0107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	2006.02		310	-	1.0	R	-	
3.	Audiology.								
A.	Peripheral Hearing Evaluation								
1100	Pure Tone Audiogram (Air conduction) (3273)	2006.02		313	15.000	1.0	R	95.00	
1105	Pure Tone Audiogram (Bone conduction) (3274)	2006.02		313	12.000	1.0	R	76.00	

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1110	Full Speech Audiogram including speech reception threshold and discrimination at two or more levels. (3277)	2006.02		313	15.000	1.0	R	95.00	
1115	Speech audiogram screening	2006.02		313	5.000	1.0	R	31.70	
1120	Visual reinforcement audiometry and/or combined play audiometry employed in a sound field environment to assess peripheral hearing	2006.02		314	40.000	1.0	R	258.90	
1125	Tinnitus Evaluation	2006.02		313	15.000	1.0	R	95.00	
B.	Middle Ear Function Evaluation								
1200	Immittance Measurements (Impedance / Tympanometry)	2006.02		312	8.000	1.0	R	47.90	
1205	Immittance Measurements - Impedance / Stapedial reflex (3276): Limited reflex spectrum (eg : 1-2 frequencies)	2006.02		312	4.000	1.0	R	24.00	
1210	Immittance Measurements - Impedance / Stapedial reflex (3276): Extended reflex spectrum (250-8000Hz e.g. 4-8 frequencies)	2006.02		312	12.000	1.0	R	71.90	
1215	Immittance Measurements - Impedance / High Frequency Tympanometry (for peadiatric population)	2006.02		312	8.000	1.0	R	47.90	
1220	Eustachian Tube Function Test - multiple tympanograms - bilateral	2006.02		312	12.000	1.0	R	71.90	
1225	Rinné & Weber tests	2006.02		313	4.000	1.0	R	25.30	
C.	Diagnostic Audiological Tests for Differential Diagnosis between Cochlear; Retro-cochlear; Central; Functional and/or Vestibular Pathology								
1300	Tone Decay (for retro cochlear pathology)	2006.02		313	8.000	1.0	R	50.70	
1305	Reflex decay (for retro cochlear pathology)	2006.02		312	8.000	1.0	R	47.90	
1310	SISI (for cochlear pathology)	2006.02		313	5.000	1.0	R	31.70	
1315	Air conduction MCL (Most comfortable levels) & UCL (Uncomfortable levels) - for cochlear pathology and/or for purposes of selection of hearing aid technology or hearing aid programming	2006.02		313	8.000	1.0	R	50.70	
1320	Speech conduction MCL & UCL (for cochlear pathology)	2006.02		313	4.000	1.0	R	25.30	
1325	Test for functional hearing loss	2006.02		313	10.000	1.0	R	63.40	
1330	Stenger test (for functional hearing loss)	2006.02		313	10.000	1.0	R	63.40	
1335	Fistula test - (for peri-lymph fluid leakage)	2006.05		313	15.000	1.0	R	95.00	
D.	Auditory Processing (AP) and Central Auditory Processing Tests (CAP)								

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	Only tests appropriate to the recommendations of the HPCSA Taskforce on CAPD should be administered i.e. low-linguistically loaded tests are tests of choice. No more than two tests from each category below can be administered. Repeat item 1400 for each test done. Deviations from this billing guideline requires motivation.□ □ PRELIMINARY TEST BATTERY □ Scan-C□ Scan-A□ PSI□ DIFFERENTIAL DIAGNOSIS BETWEEN CAPD AND ADHD □ Selective Auditory Attention Test □ Auditory Continuous Performance Test□ TESTS OF MONAURAL LOW REDUNDANCY □ Low Pass Filtered Speech - Ivey□ Low Pass Filtered Speech - NU-6 Lists 500Hz, 750Hz And 1000Hz□ Time Compressed Speech/Time Compressed Speech with Reverberation□ SPEECH IN NOISE TESTS □ SPIN□ SSI-ICM□ BKB-SIN□ SIN□ QuickSIN□ DICHOTIC SPEECH TESTS□ Dichotic Digits Test□ Dichotic Consonant Vowel□ SSI-CCM□ Staggered Spondaic Word Test□ Competing Sentences Test□ Dichotic Rhyme Test□ Dichotic Sentence Identification Test□ TEMPORAL PROCESSING TESTS □	2006.05							
1400	Central Auditory Processing Disorders test, test to be specified.	2006.05		314	13.000	1.0	R	84.10	
E.	Electro-Physiological Examinations/Auditory Evoked Potentials (AEP)								
1500	Diagnostic Neurological short latency ABR (Auditory Brainstem Response) Bilateral; single decibel (2692)	2006.02		314	60.000	1.0	R	388.30	
1505	AABR - Bilateral (Automated Auditory Brainstem Response). Cannot be charged with 1510	2006.02		312	30.000	1.0	R	179.60	
1510	Screening ABR - Bilateral (Auditory Brainstem Response) . Cannot be charged with 1505	2006.02		312	20.000	1.0	R	119.80	
1515	Diagnostic Audiological Click ABR (Auditory Brainstem Evoked Response) – Bilateral Air conduction threshold determination using click stimuli	2006.02		314	60.000	1.0	R	388.30	
1520	Diagnostic Audiological Click ABR-(Auditory Brainstem Response) – Bilateral Bone conduction threshold determination using click stimuli	2006.02		314	80.000	1.0	R	517.80	
	Combinations of items 1531 to 1534 cannot be billed together.	2006.02							
1531	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at: 1 frequency	2006.02		314	30.000	1.0	R	194.20	

1532	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 2 frequencies	2006.02		314	60.000	1.0	R	388.30	
1533	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 3 frequencies	2006.02		314	90.000	1.0	R	582.50	
1534	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 4 frequencies	2006.02		314	120.000	1.0	R	776.60	
	Combinations of items 1541 to 1544 cannot be billed together.	2006.02							
1541	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses (2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 1 frequency	2006.05		314	25.000	1.0	R	161.80	
1542	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses (2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 2 frequencies	2006.05		314	50.000	1.0	R	323.60	
1543	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses (2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 3 frequencies	2006.05		314	75.000	1.0	R	485.40	
1544	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses(2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 4 frequencies	2006.05		314	100.000	1.0	R	647.20	
	Combinations of items 1551 to 1554 cannot be billed together.	2006.02							
1551	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 1 frequency	2006.02		314	30.000	1.0	R	194.20	
1552	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 2 frequencies	2006.02		314	40.000	1.0	R	258.90	
1553	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 3 frequencies	2006.02		314	60.000	1.0	R	388.30	
1554	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 4 frequencies	2006.02		314	80.000	1.0	R	517.80	
1560	P300 Cognitive AEP (Auditory Evoked Potential) or MMN (Mismatch Negativity)	2006.02		314	35.000	1.0	R	226.50	
1565	Electrocochleography: unilateral (2699). Cannot be charged with item 1570.	2006.02		314	45.000	1.0	R	291.20	
1570	Electrocochleography: bilateral (2700). Cannot be charged with item 1565.	2006.02		314	90.000	1.0	R	582.50	
1575	Cochlear nerve function test - intra-operative monitoring - per 30min	2006.02		314	30.000	1.0	R	194.20	
1580	OAE (Oto-acoustic emissions) - limited frequencies (transient or distortion product) for hearing screening of neonatal and pediatric population.	2006.02		311	15.000	1.0	R	86.40	
1581	OAE (Oto-acoustic emissions) - comprehensive diagnostic evaluation	2006.02		312	30.000	1.0	R	179.60	
F.	Balance/Vestibular Examinations and Treatment								
1600	Spontaneous and positional nystagmus using electro-nystagmography (ENG) (3253). Cannot use with item 1605.	2006.02		314	55.000	1.0	R	356.00	
1605	Spontaneous and positional nystagmus using Video-nystagmography (VNG). Cannot use with item 1600.	2006.02		315	55.000	1.0	R	374.70	
1610	Eye Visualization – spontaneous and positional nystagmus – monocular	2006.02		311	35.000	1.0	R	201.60	
1615	Eye Visualization – spontaneous and positional nystagmus – binocular	2006.02		312	35.000	1.0	R	209.60	
1620	Oculo-motor/central tests using electro-nystagmography (ENG). Cannot be used with item 1625.	2006.02		315	25.000	1.0	R	170.30	
1625	Oculo-motor/central tests using video-nystagmography (VNG). Cannot be used with item 1620.	2006.02		315	25.000	1.0	R	170.30	
1630	DVA (Dynamic Visual Acuity) test using Video-nystagmography (VNG)	2006.02		315	10.000	1.0	R	68.10	
1635	Caloric test using ENG electro-nystagmography (3255). Cannot be used with item 1640.	2006.02		315	50.000	1.0	R	340.60	
1640	Caloric test using VNG electro-nystagmography (3255). Cannot be used with item 1635.	2006.02		315	50.000	1.0	R	340.60	

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1645	Posturography	2006.02		315	25.000	1.0	R	170.30	
1650	Rotational Chair test	2006.02		312	15.000	1.0	R	89.80	
1655	Otolith repositioning/canalith maneuvre	2006.02		310	25.000	1.0	R	140.50	
1660	Vestibular rehabilitation (neuromuscular) re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception	2006.02		310	25.000	1.0	R	140.50	
G.	Cochlear Implant Tests								
1700	Cochlear Implants: Pre-implant round window promontory testing. In cases where speech tests were not possible because of very limited speech and language acquisition (e.g. prelingually deaf adults)	2006.02		312	45.000	1.0	R	269.50	
1710	Cochlear Implants : Electrode mapping : per 15min (max 120min)	2006.02		315	15.000	1.0	R	102.20	
1720	Cochlear Implants : Implant test : Four test modes : intra- or post-operatively	2006.02		313	5.000	1.0	R	31.70	
1725	Cochlear Implants : Neural Response Telemetry : Intra-operatively (during cochlear implant surgery)	2006.02		315	20.000	1.0	R	136.20	
1730	Cochlear Implants : Neural Response Telemetry : post-operatively (after cochlear implant surgery)	2006.02		313	55.000	1.0	R	348.40	
1735	Cochlear Implants : Electrical Stapedius Reflex Thresholds : intra-operatively only	2006.02		315	13.000	1.0	R	88.60	
1740	Cochlear Implants : Comprehensive speech perception testing, pre- and post-cochlear implant, per 15min (max 45min)	2006.02		314	15.000	1.0	R	97.10	
H.	Hearing Amplification / Hearing Aids								
1800	Hearing aid evaluation - per ear	2006.02		311	15.000	1.0	R	86.40	
1805	Free Field Hearing Aid Evaluation : Pure tone and speech (with and without lipreading)	2006.02		314	13.000	1.0	R	84.10	
1810	Insertion gain measurement, per ear	2006.02		312	10.000	1.0	R	59.90	
1815	Re-programming of hearing aid, per ear	2006.02		311	10.000	1.0	R	57.60	
1820	Technical adjustment of hearing aid/device, per ear.	2006.02		311	6.000	1.0	R	34.60	
1825	Repairs to hearing aids	2006.02		310	-	1.0	R	-	
1830	Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme).	2006.02		310	-	1.0	R	-	
I.	Occupational Health / Industrial Hearing Assessment								
1900	Pure Tone Audiogram (Air conduction). (3237)	2006.02		310	-	1.0	R	-	
1905	Pure Tone Audiogram (Bone conduction) (3274)	2006.02		310	-	1.0	R	-	
1910	Full Speech Audiogram including speech reception threshold and discrimination at two or more levels (3277)	2006.02		310	-	1.0	R	-	
1915	Speech audiogram screening	2006.02		310	-	1.0	R	-	
1920	Immittance Measurements (Impedance) (Tympanometry)	2006.02		310	-	1.0	R	-	
1925	Immittance Measurements (Impedance) (Stapedial reflex) (3276)	2006.02		310	-	1.0	R	-	
4.	Material								
0300	Medication	2006.02		310	-	1.0	R	-	
0301	Material	2006.02		310	-	1.0	R	-	

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Code	Description
38200	Speech Therapy / Audiology

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Code	Description	RCF
310	Speech Therapists	5.619
311	Speech Therapists Level 1 Equipment	5.760
312	Speech Therapists Level 2 Equipment	5.988
313	Speech Therapists Level 3 Equipment	6.335
314	Speech Therapists Level 4 Equipment	6.472
315	Speech Therapists Level 5 Equipment	6.812

SUB ACUTE FACILITIES

Sub Acute Facilities 2008

NATIONAL REFERENCE PRICE LIST IN RESPECT OF PRIVATE SUB ACCUTE FACILITIES WITH A "049" PRACTICE NUMBER, WITH EFFECT FROM 1 JANUARY 2008

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

B	The charges are indicated in the relevant column opposite the item codes.	04.00
C	Procedure for the classification of private sub-acute facilities: i) Inspections of private sub-acute facilities having practice code numbers commencing with the digits "049" will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF. ii) The provisions referred to in D.1.1 shall apply mutatis mutandis to all private sub-acute facilities such as post-natal units, rehabilitation units and psychiatric units.	04.00
D	All accounts submitted by private sub-acute facilities shall comply with all of the requirements of Chapter 2, Regulation 5, promulgated in terms of the Medical Schemes Act, Act No. 131 of 1998. Such accounts shall also reflect the practice code number and name of the attending practitioner.	04.00
E	All accounts containing items, which are subject to a discount in terms of the rates shall indicate such items individually and shall show separately the gross amount of the discount.	04.00

SCHEDULE

1 ACCOMMODATION

Ward Fees

Private sub-acute facilities shall indicate the exact time of admission and discharge on all accounts. 04.00

Patients admitted as day patients shall be charged half daily rate if discharged before 23h00 on the same date:

The following will be applicable to items 001, 010, 013, 015, 017, 105 and 020
On the day of admission:
If accommodation is less than 12 hours from time of admission: half the daily rate.
If accommodation is more than 12 hours from time of admission: full daily rate.
On day of discharge:
If accommodation is less than 12 hours: half the daily rate.
If accommodation is more than 12 hours: full daily rate.

Two half-day fees would be applicable when a patient is transferred internally between any ward and any sub-acute unit.

1.1 General Wards

Code	Description	Ver	Add	Sub-Acute Facilities RVU	Sub-Acute Facilities Fee
001	Ward fee, per day	04.00		10.000	752.20 (659.80)

1.2 Rehabilitation units

The following high function rehabilitation impairment categories will be treated in recognised and accredited specialised rehabilitation units of private sub-acute facilities: Stroke, Brain dysfunction (traumatic and non-traumatic), Spinal cord dysfunction (traumatic and non-traumatic), Orthopaedic (lower joint replacements), Amputation (lower extremity), Cardiac, Pulmonary, Major multiple trauma. Other neurological or orthopaedic impairments will require specific letters of motivation. 04.00

101	General ward/facility fee: under 5 hours stay	04.00		2.227	167.50 (146.90)
105	General care (ward/supporting facilities and equipment)	04.00		10.286	773.70 (678.70)
	Note: The maxima may be modified in individual cases on specific motivation from the doctor-in-charge.	04.00			

1.3 Psychiatric Rehabilitation Unit

The following psychiatric categories will be treated in recognised and accredited specialised psychiatric units of private sub-acute facilities: Depression, Bipolar mood disorder, Anxiety disorder, Organic mood disorder, Dementia, Psychological behavioural disorder, Schizophrenia, Mental retardation, Eating disorder, Nonorganic sleep disorder, Sexual disfunction (not by organic disorder) and Mental behaviour disorder (ass pueperium), will require specific letters of motivation. Inclusive of all specialised psychiatric equipment, monitors, etc. 04.00

003	Ward fee: with overnight stay (specific motivation from the doctor-in-charge) (ward/supporting facilities and equipment)	04.00		10.430	784.60 (688.20)
005	General ward fee: under 5 hours stay	04.00		2.266	170.50 (149.60)
007	General ward fee: without overnight stay	04.00		5.392	405.60 (355.80)

Code	Description	Ver	Add	Sub-Acute Facilities	
				RVU	Fee
2	**STANDARD MATERIAL CHARGES**				
2.1	**Ward stock**				
	The amount charged in respect of dispensed medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965). In relation to other ward stock (materials and/or medicines), the amount charged shall not exceed the net acquisition price (inclusive of VAT) or the exit price as determined in terms of Act No 101 of 1965.				05.03
419	Ward stock	04.00		-	-
2.2	**Gases**				
	Oxygen, ward use Fee for oxygen, per quarter hour of part thereof.				04.00
284	PWV area	04.00		1.000	4.50 (3.95)
710	Cape Town	04.00		1.659	7.47 (6.55)
711	Port Elizabeth	04.00		1.592	7.16 (6.28)
712	East London	04.00		1.532	6.89 (6.04)
713	Durban	04.00		1.296	5.83 (5.11)
714	Other areas	04.00		1.234	5.55 (4.87)

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				54900				
	NATIONAL REFERENCE PRICE LIST IN RESPECT OF PRIVATE SUB ACCUTE FACILITIES WITH A "049" PRACTICE NUMBER, WITH EFFECT FROM 1 JANUARY 2008	**Version**	**Add**	**CF**	**Units**	**BF**	**Value**	**Flag**
	The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.□ In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded	2004.00						
	GENERAL RULES							
B	The charges are indicated in the relevant column opposite the item codes.	2004.00						
C	Procedure for the classification of private sub-acute facilities: i)□Inspections of private sub-acute facilities having practice code numbers commencing with the digits "049" will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF. □ ii)□The provisions referred to in D.1.1 shall apply mutatis mutandis to all private sub-acute facilities such as post-natal units, rehabilitation units and psychiatric units.	2004.00						
D	All accounts submitted by private sub-acute facilities shall comply with all of the requirements of Chapter 2, Regulation 5, promulgated in terms of the Medical Schemes Act, Act No. 131 of 1998. Such accounts shall also reflect the practice code number and name of the attending practitioner.	2004.00						
E	All accounts containing items, which are subject to a discount in terms of the rates shall indicate such items individually and shall show separately the gross amount of the discount.	2004.00						
	SCHEDULE							
1	ACCOMMODATION							
	Ward Fees							

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	Private sub-acute facilities shall indicate the exact time of admission and discharge on all accounts.□ □ Patients admitted as day patients shall be charged half daily rate if discharged before 23h00 on the same date:□ □ The following will be applicable to items 001, 010, 013, 015, 017, 105 and 020 □ On the day of admission:□ If accommodation is less than 12 hours from time of admission: half the daily rate.□ If accommodation is more than 12 hours from time of admission: full daily rate.□ On day of discharge:□ If accommodation is less than 12 hours: half the daily rate.□ If accommodation is more than 12 hours: full daily rate.□ □ Two half-day fees would be applicable when a patient is transferred internally between any ward and any sub-acute unit.□	2004.00							
1.1	General Wards								
001	Ward fee, per day	2004.00		480	10.000	1.0	R	752.20	
1.2	Rehabilitation units								
	The following high function rehabilitation impairment categories will be treated in recognised and accredited specialised rehabilitation units of private sub-acute facilities: Stroke, Brain dysfunction (traumatic and non-traumatic), Spinal cord dysfunction (traumatic and non-traumatic), Orthopaedic (lower joint replacements), Amputation (lower extremity), Cardiac, Pulmonary, Major multiple trauma. Other neurological or orthopaedic impairments will require specific letters of motivation.	2004.00							
101	General ward/facility fee: under 5 hours stay	2004.00		480	2.227	1.0	R	167.50	
105	General care (ward/supporting facilities and equipment)	2004.00		480	10.286	1.0	R	773.70	
	Note: The maxima may be modified in individual cases on specific motivation from the doctor-in-charge.	2004.00							
1.3	Psychiatric Rehabilitation Unit								
	The following psychiatric categories will be treated in recognised and accredited specialised psychiatric units of private sub-acute facilities: Depression, Bipolar mood disorder, Anxiety disorder, Organic mood disorder, Dementia, Psychological behavioural disorder, Schizophrenia, Mental retardation, Eating disorder, Nonorganic sleep disorder, Sexual disfunction (not by organic disorder) and Mental behaviour disorder (ass pueperium), will require specific letters of motivation. Inclusive of all specialised psychiatric equipment, monitors, etc.	2004.00							
003	Ward fee: with overnight stay (specific motivation from the doctor-in-charge) (ward/supporting facilities and equipment)	2004.00		480	10.430	1.0	R	784.60	
005	General ward fee: under 5 hours stay	2004.00		480	2.266	1.0	R	170.50	
007	General ward fee: without overnight stay	2004.00		480	5.392	1.0	R	405.60	
2	STANDARD MATERIAL CHARGES								
2.1	Ward stock								

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	The amount charged in respect of dispensed medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965).□ □ In relation to other ward stock (materials and/or medicines), the amount charged shall not exceed the net acquisition price (inclusive of VAT) or the exit price as determined in terms of Act No 101 of 1965.	2005.03							
419	Ward stock	2004.00		440	-	0.0	R	-	
2.2	Gases								
	Oxygen, ward use□ Fee for oxygen, per quarter hour of part thereof.	2004.00							
284	PWV area	2004.00		440	1.000	1.0	R	4.50	
710	Cape Town	2004.00		440	1.659	1.0	R	7.47	
711	Port Elizabeth	2004.00		440	1.592	1.0	R	7.16	
712	East London	2004.00		440	1.532	1.0	R	6.89	
713	Durban	2004.00		440	1.296	1.0	R	5.83	
714	Other areas	2004.00		440	1.234	1.0	R	5.55	