

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
17.5	Inner ear								
17.5.1	Inner ear: Audiometry								
2691	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Unilateral	04.00		50.000	362.00 (335.10)				
2692	Short latency brainstem evoked potentials (AEP) neurological examination, single decibel: Bilateral	04.00		88.000	672.30 (589.70)				
2693	AEP: Audiological examination: Unilateral at a minimum of 4 decibels	04.00		60.000	458.40 (402.10)				
2694	AEP: Audiological examination: Bilateral at a minimum of 4 decibels	04.00		105.000	802.20 (703.70)				
2695	Audiology 40Hz response: Unilateral	04.00		30.000	229.20 (201.10)				
2696	Audiology 40Hz response: Bilateral	04.00		53.000	404.90 (355.20)				
2697	Mid- and long latency auditory evoked potentials: Unilateral	04.00		30.000	229.20 (201.10)				
2698	Mid- and long latency auditory evoked potentials: Bilateral	04.00		53.000	404.90 (355.20)				
2699	Electro-cochleography: Unilateral	04.00		50.000	382.00 (335.10)				
2700	Electro-cochleography: Bilateral	04.00		88.000	672.30 (589.70)				
2702	Total fee for audiological evaluation including bilateral AEP and bilateral electro-cochleography	04.00		140.000	1069.60 (938.20)			4.000	191.80 (168.20) I
3248	Otoacoustic emission performed as a screening test	05.03		33.240	254.00 (222.80) Z	33.240	254.00 (222.80) Z		
3250	Otoacoustic emission (high risk patients only)	04.00		66.480	507.90 (445.50)	66.480	507.90 (445.50)		
3273	Pure tone audiometry (air conduction)	04.00		6.500	49.70 (43.60)	6.500	49.70 (43.60)		
3274	Pure tone audiometry (bone conduction with masking)	04.00		6.500	49.70 (43.60)	6.500	49.70 (43.60)		
3275	Impedance audiometry (tympanometry)	04.00		6.500	49.70 (43.60)	6.500	49.70 (43.60)		
3276	Impedance audiometry (stapedial reflex) - no charge for volume, compliance etc.	04.00		6.500	49.70 (43.60)	6.500	49.70 (43.60)		
3277	Speech audiometry: Fee includes speech audiogram, speech reception threshold, discrimination score	06.04		10.000	76.40 (67.00)	10.000	76.40 (67.00)		
3278	Recruitment tests: Inclusive fee (Bekesy, Fowler, etc.)	04.00		6.500	49.70 (43.60)	6.500	49.70 (43.60)		
17.5.2	Inner ear: Balance tests								
3251	Minimal caloric test (excluding consultation fee)	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)		
3252	Bithermal Helpike caloric test (excluding consultation fee)	04.00		20.000	152.80 (134.00)	20.000	152.80 (134.00)		
3253	Electro-nystagmography for spontaneous and positional nystagmus	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)		
3254	Video nystagmography (monocular)	04.00		25.000	191.00 (167.50)	25.000	191.00 (167.50)		
3255	Caloric test done with electronystamography	04.00		70.000	534.80 (469.10)	70.000	534.80 (469.10)		

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3256	Video nystagmoscopy (binocular)	04.00		50.000	382.00 (335.10)	50.000	382.00 (335.10)		
3258	Otolith repositioning manoeuvre	04.00		14.000	107.00 (93.90)	14.000	107.00 (93.90)	4.000	191.80 (168.20) T
3260	Computerised static posturography consists of standing a patient on a Piezo-electric platform which tests the vestibular and proprioceptive systems	04.00		71.480	546.10 (479.00) Z	71.480	546.10 (479.00) Z		
17.5.3	Inner ear surgery								
3233	Labyrinthectomy via the middle ear or mastoid	04.00		277.000	2116.30 (1856.40)	221.600	1693.00 (1485.10)	5.000	239.80 (210.40) T
3240	Endolymphatic sac surgery	04.00		277.000	2116.30 (1856.40)	221.600	1693.00 (1485.10)	4.000	191.80 (168.20) T
3244	Fenestration and occlusion of the posterior semicircular canal (FOS) for benign paroxysmal positioning vertigo (BPPV)	04.00		310.000	2368.40 (2077.50)	248.000	1894.70 (1662.00)	5.000	239.80 (210.40) T
3246	Cochlear implant surgery	04.00		340.500	2601.40 (2281.90)	272.400	2081.10 (1825.50)	5.000	239.80 (210.40) T
17.6	Microsurgery of the skull base								
17.6.1	Microsurgery of the skull base: Middle fossa approach (i.e. transtemporal or supralabyrinthine)								
3229	Facial nerve: Exploration of the labyrinthine segment	04.00		420.000	3208.80 (2814.70)	336.000	2567.00 (2251.80)	5.000	239.80 (210.40) T
5221	Facial nerve: Grafting of labyrinthine segment (graft removal and exploration of labyrinthine segment are included)	06.04		510.000	3896.40 (3417.90)	408.000	3117.10 (2734.30)	11.000	527.50 (462.70) T
5222	Facial nerve surgery inside the internal auditory canal (if grafting is required, the grafting and harvesting of graft are included)	06.04		620.000	4736.80 (4155.10)	496.000	3789.40 (3324.00)	11.000	527.50 (462.70) T
5223	Vestibular neurectomy, removal of supra-labyrinthine tumours, or similar procedures	04.00		530.000	4049.20 (3551.90)	424.000	3239.40 (2841.60)	11.000	527.50 (462.70) T
5224	Removal of acoustic neuroma via the middle fossa approach	04.00		660.000	5042.40 (4423.20)	528.000	4033.90 (3538.50)	11.000	527.50 (462.70) T
17.6.2	Microsurgery of the skull base: Translabyrinthine approach								
3239	Acoustic neuroma removal translabyrinthine	04.00		660.000	5042.40 (4423.20)	528.000	4033.90 (3538.50)	5.000	239.80 (210.40) T
5227	Cochleo-vestibular neurectomy	04.00		530.000	4049.20 (3551.90)	424.000	3239.40 (2841.60)	11.000	527.50 (462.70) T
5229	Facial nerve surgery in the internal auditory canal, translabyrinthine (if grafting is required, the grafting and harvesting of graft are included)	06.04		660.000	5042.40 (4423.20)	528.000	4033.90 (3538.50)	11.000	527.50 (462.70) T
17.6.3	Microsurgery of the skull base: Transotic approach to the cerebellopontine angle								
5232	Removal of acoustic neuroma or cyst of the internal auditory canal	04.00		660.000	5042.40 (4423.20)	528.000	4033.90 (3538.50)	11.000	527.50 (462.70) T
17.6.4	Microsurgery of the skull base: Intra-temporal fossa approach type A								
5235	Removal of tumour for the jugular foramen, internal carotid artery, petrous apex and large intra-temporal tumours	04.00		710.000	5424.40 (4758.20)	568.000	4339.50 (3806.60)	11.000	527.50 (462.70) T
17.6.5	Microsurgery of the skull base: Intra-temporal fossa approach type B								
5238	Removal of tumour of the petrous apex	04.00		620.000	4738.80 (4155.10)	496.000	3789.40 (3324.00)	11.000	527.50 (462.70) T

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5239	Removal of tumour of the clivus	04.00		620.000	4736.80 (4155.10)	496.000	3789.40 (3324.00)	11.000	527.50 (462.70) T
17.6.6	Microsurgery of the skull base: Intrafemoral approach type C								
5242	Removal of nasopharyngeal angiofibroma or carcinoma	04.00		520.000	3972.80 (3484.90)	416.000	3178.20 (2787.90)	8.000	383.60 (336.50) T
5243	Removal of tumour from the intratemporal fossa, pterygopalatine fossa, parasellar region or nasopharynx	04.00		520.000	3972.80 (3484.90)	416.000	3178.20 (2787.90)	11.000	527.50 (462.70) T
17.6.7	Microsurgery of the skull base: Subtotal petrosectomy								
5246	Subtotal petrosectomy for removal of temporal bone tumour	04.00		600.000	4594.00 (4021.10)	480.000	3667.20 (3216.80)	11.000	527.50 (462.70) T
5247	Subtotal petrosectomy for CSF leak and/or for total obliteration of the mastoid cavity	04.00		480.000	3667.20 (3216.80)	384.000	2933.80 (2573.50)	11.000	527.50 (462.70) T
17.6.8	Microsurgery of the skull base: Petrosectomy and radical dissection of petromandibular fossa								
5250	Partial mastoido-typanectomy for malignancy of the deep lobe of the parotid gland	04.00		520.000	3972.80 (3484.90)	416.000	3178.20 (2787.90)	11.000	527.50 (462.70) T
5251	Total mastoido-typanectomy for more extensive malignancy of the deep lobe of the parotid gland	04.00		600.000	4594.00 (4021.10)	480.000	3667.20 (3216.80)	8.000	383.60 (336.50) T
5252	Extended petrosectomy for extensive malignancy of the deep lobe of the parotid gland	04.00		660.000	5042.40 (4423.20)	528.000	4033.90 (3538.50)	8.000	383.60 (336.50) T
18	Physical Treatment								
3279	Domestic or nursing home treatment (only applicable where a patient is physically incapable of attending the rooms, and the equipment has to be transported to the patient)	04.00	+	0.750	5.73 (5.03)				
3280	Consultation units for specialists in physical medicine when treatment is given (per treatment)	04.00		13.500	103.10 (90.40)				
3281	Ultrasonic therapy	04.00		10.000	76.40 (67.00)				
3282	Shortwave diathermy	04.00		10.000	76.40 (67.00)				
3284	Sensory nerve conduction studies	04.00		31.000	236.80 (207.70)				
3285	Motor nerve conduction studies	04.00		26.000	198.60 (174.20)				
3287	Spinal joint and ligament injection	04.00		20.000	152.80 (134.00)	20.000	152.80 (134.00)		
3288	Epidural injection	04.00		36.000	275.00 (241.20)				
3289	Multiple injections: First joint	04.00		7.500	57.30 (50.30)				
3290	Multiple injections: Each additional joint	04.00		4.500	34.40 (30.20)				
3291	Tendon or ligament injection	04.00		9.000	68.80 (60.40)				
3292	Aspiration of joint or inter-articular injection	04.00		9.000	68.80 (60.40)				
3293	Aspiration or injection of bursa or ganglion	04.00		9.000	68.80 (60.40)				
3294	Paracervical (neck) nerve block (for pelvis refer to item 2385)	06.05		20.000	152.80 (134.00)				
3295	Paravertebral root block: Unilateral	04.00		20.000	152.80 (134.00)				

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3296	Paravertebral root block: Bilateral	04.00		30.000	229.20 (201.10)				
3297	Manipulation of spine performed by a specialist in Physical Medicine	04.00		14.000	107.00 (93.90)				
3298	Spinal traction	04.00		6.000	45.80 (40.20)				
3299	Manipulation of large joints: Under general anaesthesia	04.00		14.000	107.00 (93.90)			3.000	143.90 (126.20) T
3299a	Manipulation of large joints: Under general anaesthesia	05.01		14.000	107.00 (93.90)			4.000	191.80 (168.20) T
3300	Manipulation of large joints: Without anaesthetic	04.00		-	- F	-	- F		
3301	Muscle fatigue studies	04.00		20.000	152.80 (134.00)				
3302	Strength duration curve per session	04.00		10.500	80.20 (70.40)				
3303	Electromyography	04.00		75.000	573.00 (502.60)				
3304	All other physical treatments carried out: Complete physical treatment: Specify treatment (For subsequent treatments by a general practitioner, for the same condition within 4 months after initial treatment: A fee for the treatment only, is applicable: See general rules L and M)	04.00		10.000	76.40 (67.00)	10.000	76.40 (67.00)		
SPECIAL MODIFIER: SECTION ON PHYSICAL TREATMENT									
0077	Physical treatment: When two separate areas are treated simultaneously for totally different conditions, such treatment shall be regarded as two treatments for which separate fees may be charged. (Only applicable if services are provided by a specialist in physical medicine)								04.00
19	Radiology								
	Please note: The calculated amounts in this section (except for sections 19.9 and 19.11) are calculated according to the radiology unit values								04.00
RULES GOVERNING THE SECTION RADIOLOGY									
Y.	Except where otherwise indicated, radiologists are entitled to charge for contrast material used								04.00
Z.	No fee is subject to more than one reduction								04.00
GG.	Capturing and recording of examinations: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years								04.00
RR.	The radiology section in this price list is not for use by registered specialist radiology practices (Pr No "038") or nuclear medicine practices (Pr No "025"), but only for use by other specialist practices or general practitioners. A separate radiology schedule is for the exclusive use of registered specialist radiology practices (Pr No "038") and nuclear medicine practices (Pr No "025").								04.00
MODIFIERS GOVERNING THE SECTION									
0002	Written report on X-rays: The lowest level code for a new patient office (consulting rooms) visit, is applicable only where a radiologist is requested to give a written report on X-rays taken elsewhere and submitted to him. The above mentioned item and the lowest level initial hospital visit code, as appropriate are not to be used for routine reporting of X-rays taken elsewhere								04.00
0080	Multiple examinations: Full Fee								04.00
0081	Repeat examinations: No reduction								04.00
0082	"+" Means that this item is complementary to a preceding item and is therefore not subject to reduction								04.00
0083	A reduction of 33.33% (1/3) in the fee will apply to radiological examinations as indicated in section 19: Radiology where hospital equipment is used								04.00
0084	Film costs: In the case of radiological items where films are used, practitioners should adjust the fee upwards or downwards in accordance with changes in the price of films in comparison with November 1979; the calculation must be done on the basis that film costs comprise 10% of the monetary value of the unit (This information is obtainable from the Radiological Society of SA)								04.00
19.1	Skeleton								
19.1.1	Skeleton: Limbs								
3305	Finger, toe	04.00				6.300	68.20 (59.80)		

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3309	Smith-Petersen or equivalent control, in theatre	04.00				38.700	418.90 (367.50)		
3311	Stress studies, e.g. joint	04.00				7.700	83.30 (73.10)		
3313	Full length study, both legs	04.00				15.500	167.80 (147.20)		
3315	Skeletal survey under 5 years	04.00				19.900	215.40 (188.90)		
3317	Skeletal survey over 5 years	04.00				28.000	303.00 (265.80)		
3319	Arthrography per joint	04.00				15.400	166.70 (146.20)		
3320	Introduction of contrast medium or air: ADD	04.00	+			13.800	149.40 (131.10)		
6500	Hand	04.00				7.700	83.30 (73.10)		
6501	Wrist (specify region)	04.00				7.700	83.30 (73.10)		
6503	Scaphoid	04.00				7.700	83.30 (73.10)		
6504	Radius and ulna	04.00				7.700	83.30 (73.10)		
6505	Elbow	04.00				7.700	83.30 (73.10)		
6506	Humerus	04.00				7.700	83.30 (73.10)		
6507	Shoulder	04.00				7.700	83.30 (73.10)		
6508	Acromio-Clavicula joint	04.00				7.700	83.30 (73.10)		
6509	Clavicle	04.00				7.700	83.30 (73.10)		
6510	Scapula	04.00				7.700	83.30 (73.10)		
6511	Foot	04.00				7.700	83.30 (73.10)		
6512	Ankle	04.00				7.700	83.30 (73.10)		
6513	Calcaneus	04.00				7.700	83.30 (73.10)		
6514	Tibia and fibula	04.00				7.700	83.30 (73.10)		
6515	Knee	04.00				7.700	83.30 (73.10)		
6516	Patella	04.00				7.700	83.30 (73.10)		
6517	Femur	04.00				7.700	83.30 (73.10)		
6518	Hip	04.00				7.700	83.30 (73.10)		
6519	Sesamoid Bone	04.00				7.700	83.30 (73.10)		
19.1.2	Skeleton: Spinal column								
3321	Per region, e.g. cervical, sacral, lumbar coccygeal, one region thoracic	04.00				11.000	119.10 (104.50)		
3325	Stress studies	04.00				11.000	119.10 (104.50)		
3329	Scoliosis studies	04.00				21.000	227.30 (199.40)		
3331	Pelvis (Sacro-iliac or hip joints only to be added where an extra set of view is required)	04.00				11.000	119.10 (104.50)		
3333	Myelography: Lumbar	04.00				28.900	312.80 (274.40)	4.000	191.80 (168.20) T

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3334	Myelography: Thoracic	04.00				22.200	240.30 (210.80)	4.000	191.80 (168.20) T
3335	Myelography: Cervical	04.00				35.500	384.20 (337.00)	4.000	191.80 (168.20) T
3336	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast run of contrast medium)	04.00						4.000	191.80 (168.20) T
3344	Introduction of contrast medium	04.00	+			18.700	202.40 (177.50)		
3345	Discography	04.00				34.800	374.50 (328.50)	4.000	191.80 (168.20) T
3347	Introduction of contrast medium per disc level: ADD	04.00	+			28.200	305.20 (267.70)		
19.1.3	Skeleton: Skull								
3349	Skull studies	04.00				15.700	169.90 (149.00)		
3351	Paranasal sinuses	04.00				11.000	119.10 (104.50)		
3353	Facial bones and/or orbits	04.00				12.600	136.40 (119.60)		
3355	Mandible	04.00				9.400	101.70 (89.20)		
3357	Nasal bone	04.00				7.800	84.40 (74.00)		
3359	Mastoid: Bilateral	04.00				18.000	194.80 (170.90)		
3361	Teeth: One quadrant	04.00				3.700	40.00 (35.10)		
3363	Teeth: Two quadrants	04.00				6.300	68.20 (59.80)		
3365	Teeth: Full mouth	04.00				11.000	119.10 (104.50)		
3366	Teeth: Rotation tomography of the teeth and jaws	04.00				13.300	143.90 (126.20)		
3367	Teeth: Temporomandibular joints: Per side	04.00				11.000	119.10 (104.50)		
3369	Teeth: Tomography: Per side	04.00				11.000	119.10 (104.50)		
3371	Localisation of foreign body in the eye	04.00				15.700	169.90 (149.00)		
3381	Ventriculography	04.00				27.300	295.50 (259.20)	4.000	191.80 (168.20) T
3385	Post-nasal studies: Lateral neck	04.00				6.300	68.20 (59.80)		
3387	Maxillo-facial cephalometry	04.00				8.800	95.20 (83.50)		
3389	Dacrocystography	04.00				11.000	119.10 (104.50)	4.000	191.80 (168.20) T
3391	For introduction of contrast medium: ADD	04.00	+			11.000	119.10 (104.50)		

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19.2	Alimentary tract								
3393	Bowel washout: ADD	04.00	+			4.800	52.00 (45.60)		
3395	Sialography (plus 80% for each additional gland)	04.00				12.700	137.50 (120.60)	4.000	191.80 (168.20) T
3397	Introduction of contrast medium (plus 80% for each additional gland: ADD)	04.00	+			11.000	119.10 (104.50)		
3399	Pharynx and oesophagus	04.00				12.700	137.50 (120.60)		
3403	Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through	04.00				20.000	216.50 (189.90)		
3405	Double contrast: ADD	04.00	+			7.300	79.00 (69.30)		
3406	Small bowel meal (control film of abdomen included except when part of item 3408)	04.00				20.000	216.50 (189.90)		
3408	Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duodenum, small bowel and colon)	04.00				28.900	312.80 (274.40)		
3409	Barium enema (control film of abdomen included)	04.00				18.300	198.10 (173.80)		
3411	Air contrast study: ADD	04.00	+			19.300	208.90 (183.20)		
3415	Biliary Tract: ERCP own equipment: Cholecogram and/or pancreatography screening included	04.00				23.300	252.20 (221.20)	4.000	191.80 (168.20) T
3416	Pancreas: ERCP hospital equipment: Cholecogram and/or pancreatography screening included	04.00				15.500	167.80 (147.20)	4.000	191.80 (168.20) T
	Note: For items 3415 and 3416: Endoscopy (see item 1778)	04.00							
3417	Gastric/oesophageal/duodenal intubation control	04.00				5.900	63.90 (56.10)		
3419	Gastric/oesophageal intubation insertion of tube: ADD	04.00	+			5.600	60.60 (53.20)		
3421	Duodenal intubation: Insertion of tube: ADD	04.00	+			11.000	119.10 (104.50)		
3423	Hypotonic duodenography (item 3403 and item 3405 included)	04.00	+			29.300	317.10 (278.20)		
19.3	Biliary tract								
3425	Oral cholecystography	04.00				15.700	169.90 (149.00)		
3427	Cholangiography: Intravenous	04.00				22.000	238.10 (208.90)		
3431	Operative cholangiography: First series: ADD item 3607 only when the Radiologist attends personally in theatre	04.00				21.000	227.30 (199.40)		
3433	Post operative: T-tube	04.00				16.700	180.70 (158.50)		
3435	Introduction of contrast medium: ADD	04.00	+			5.600	60.60 (53.20)		
3437	Trans hepatic, percutaneous	04.00				18.300	198.10 (173.80)		
3439	Introduction of contrast medium: ADD	04.00	+			33.100	358.20 (314.20)		

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3441	Tomography of biliary tract: ADD	04.00	+			9.400	101.70 (89.20)		
19.4	Chest								
3443	Larynx (Tomography included)	04.00				12.500	135.30 (118.70)		
3445	Chest (item 3601 included)	04.00				9.400	101.70 (89.20)		
3447	Chest and cardiac studies (item 3601)	04.00				12.600	136.40 (119.60)		
3449	Ribs	04.00				12.300	133.10 (116.80)		
3451	Sternum or sterno-clavicular joints	04.00				12.600	136.40 (119.60)		
3453	Bronchography: Unilateral	04.00				12.600	136.40 (119.60)	8.000	383.60 (336.50) T
3455	Bronchography: Bilateral	04.00				22.100	239.20 (209.80)	8.000	383.60 (336.50) T
3457	Introduction of contrast medium included	04.00				35.700	386.40 (338.90)		
3461	Pleurography	04.00				12.600	136.40 (119.60)	3.000	143.90 (126.20) T
3463	For introduction of contrast medium: ADD	04.00	+			2.800	30.30 (26.60)		
3465	Laryngography	04.00				11.000	119.10 (104.50)		
3467	For introduction of contrast medium: ADD	04.00	+			10.000	108.20 (94.90)		
3468	Thoracic inlet	04.00				6.300	68.20 (59.80)		
19.5	Abdomen								
3477	Control films of the Abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, cholangiogram etc.)	04.00				9.400	101.70 (89.20)		
3479	Acute abdomen or equivalent studies	04.00				15.700	169.90 (149.00)		
19.6	Urinary tract								
3487	Excretory urogram: Control film included and bladder views before and after micturition (intravenous pyelogram) (item 0206 not applicable)	04.00				25.100	271.70 (238.30)		
3493	Waterload test: ADD	04.00	+			12.200	132.00 (115.80)		
3497	Cystography only or urethrography only (retrograde)	04.00				19.300	208.90 (183.20)		
3499	Cysto-urethrography: Retrograde	04.00				31.900	345.30 (302.90)		
3503	Cysto-urethrography: Introduction of contrast medium	04.00	+			3.700	40.00 (35.10)		
3505	Retrograde-prograde pyelography	04.00				18.300	198.10 (173.80)	3.000	143.90 (126.20) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3511	Aspiration renal cyst	04.00				18.400	199.10 (174.60)		
3513	Tomography of renal tract: ADD	04.00	+			9.400	101.70 (89.20)		
19.7	Gynaecology and obstetrics								
3515	Pregnancy	04.00				9.400	101.70 (89.20)		
3517	Pelvimetry	04.00				17.400	188.30 (165.20)		
3519	Hystero-salpingography	04.00				12.500	135.30 (118.70)	3.000	143.90 (126.20) T
3521	Introduction of contrast medium: ADD	04.00	+			15.300	165.60 (145.30)		
19.8	Vascular studies								
	The following rules are applicable to Section 19.8 (Vascular studies) and Section 19.14 (Interventional Radiological Procedures):								04.00
	a. The machine fee (items 3536 to 3550 includes the cost of the following):								
	i. All runs (runs may not be billed for separately).								
	ii. All film costs (modifier 0084 is not applicable).								
	iii. All fluoroscopy (item 3601 does not apply).								
	iv. All minor consumables (defined as any item other than catheters, guidewires, introducer sets, specialised catheters, balloon catheters, stents, embolic agents, drugs and contrast media).								
	b. The machine fee (items 3536 to 3550) may only be billed for as a once off fee per case per day by the owner of the equipment and is only applicable to radiology practices.								
	c. If a procedure is performed by a non-radiologist together with a radiologist as a team, in a facility owned by the radiologist, each member of the team will fee at their respective full rates as per modifiers and the applicable items.								
	d. If a procedure is performed by a non-radiologists and a radiologist as a team, in a facility not owned by the radiologist, modifiers 6301 and 6302 applies.								
	Please note : Modifier 0083 is not applicable to section 19.8 (Vascular Studies) and section 19.14 (Interventional Radiological Procedures)								
MODIFIER GOVERNING VASCULAR STUDIES									
0086	Vascular groups: "Film series" and "Introduction of Contrast Media" are complementary and together constitute a single examination: neither fee is therefore subject to increase in terms of Modifier 0080: Multiple examinations								04.00
6300	If a procedure lasts less than 30 minutes, only 50% of the machine fees for items 3536-3550 will be allowed (specify time of procedure on account)								04.00
6301	If a procedure is performed by a radiologist in a facility not owned by himself, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								04.00
6302	When the procedure is performed by a non-radiologist, the fee will be reduced by 40% (i.e. 60% of the fee will be charged)								04.00
6303	When a procedure is performed entirely by a non-radiologist in a facility owned by a radiologist, the radiologist owning the facility may charge 55% of the procedure units used. Modifier 6302 applies to the non radiologist performing the procedure								04.00
6305	When multiple catheterisation procedures are used (items 3557, 3559, 3560, 3562) and an angiogram investigation is performed at each level, the unit value of each such multiple procedure will be reduced by 20.00 radiological units for each procedure after the initial catheterisation. The first catheterisation is charged at 100% of the unit value								04.00
19.8.1	Vascular studies: Film Series								
	Note: In the case of selective catheterisation of a branch of the aorta, the fee for catheterisation of the aorta is not added.								04.00
3536	Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment	04.00							
3537	Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment	04.00							

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
3538	Analogue monoplane table with DSA attachment	04.00							
3539	Dedicated angiography suite: Digital bi-plane unit. Once off charge per patient by owner of equipment	04.00							
3545	Venography: Per limb	04.00				16.500	178.60 (156.70)		
3548	Analogue monoplane screening table	04.00							
3550	Digital monoplane screening table	04.00							
3551	Lymphangiogram per limb (global fee) including lymphatic catheterisation (no machine fee applicable)	04.00				166.800	1805.30 (1583.60)		
3557	Catheterisation aorta or vena cava, any level, any route, with aortogram/cavogram	04.00				48.600	526.00 (461.40)	4.000	191.80 (168.20) T
3558	Translumbar aortic puncture, with full study	04.00				69.600	753.30 (660.80)	5.000	239.80 (210.40) T
3559	Selective first order catheterisation, arterial or venous, with angiogram/venogram	04.00				57.000	616.90 (541.10)	4.000	191.80 (168.20) T
3560	Selective second order catheterisation, arterial or venous, with angiogram/venogram	06.04				65.400	707.80 (620.90)	4.000	191.80 (168.20) T
3562	Selective third order catheterisation, arterial or venous, with angiogram/venogram	04.00				73.200	792.20 (694.90)	4.000	191.80 (168.20) T
3564	Direct femoral arterial or venous or jugular venous puncture	04.00				37.200	402.60 (353.20)		
3566	Guiding catheter placement, any site arterial or venous, for any intracranial procedure or arteriovenous malformation (AVM)	04.00				85.800	928.60 (814.60)	5.000	239.80 (210.40) T
3569	Intravascular pressure studies, arterial or venous, once off per case	04.00				19.800	214.30 (188.00)		
3570	Microcatheter insertion, any cranial vessel and/or pulmonary vessel, arterial or venous (including guiding catheter placement)	04.00				130.800	1415.60 (1241.80)	5.000	239.80 (210.40) T
3572	Transcatheter selective blood sampling, arterial or venous	04.00				32.400	350.70 (307.60)		
3574	Spinal angiogram (global fee) including all selective catheterisations	04.00				480.000	5195.00 (4557.00)	5.000	239.80 (210.40) T
19.8.2	Vascular studies: Introduction of contrast medium								
3563	Direct intravenous for limb	04.00	+			7.400	80.10 (70.30)		
3575	Cut-downs for venography: ADD	04.00	+			11.000	119.10 (104.50)		
19.9	Tomography and cinematography								
	Please note: The calculated amounts in this section are calculated according to the computed tomography unit values								04.00
3577	Tomography (conventional except where otherwise specified): ADD 100% provided that if it is more than one dimension fee shall be charged for the additional investigation at 50% of the tariff with a maximum of two additional investigations	04.00							
3579	Tomography (multi-dimensional in motion): ADD 150%	04.00							
3581	Cinematography: For first series: ADD 100%	04.00							
3583	Cinematography: For each series after the first: ADD 80% of the primary fee	04.00							