

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
19.9.1	Tomography and cinematography: Computed Tomography								
3592	Where a fully digital C-arm portable x-ray unit, with angiography/interventional capability is used in hospital or theatre, per half hour	04.00							
3597	Contrast media: General Rule Y applies (Please note: Item 0201 is not applicable for contrast media)	04.00							
3598	Electron beam computed tomography (EBCT) for assessment of coronary artery calcification (complete fee - no additions)	04.00							
3599	Electron beam computed tomography (EBCT) of the heart. Total fee for contrast examination excluding cost of contrast medium (not to be used for coronary artery calcium assessment or scoring - see item 3598)	04.00							
6400	Plus spiral CT	04.00							
6401	Plus 3D reconstruction	04.00							
6402	Plus high resolution study	04.00							
6403	CT limb uncontrasted	04.00							
6404	CT limb with contrast only	04.00						5.000	239.80 (210.40) T
6405	CT limb pre- AND post contrast	04.00						5.000	239.80 (210.40) T
6406	CT joint uncontrasted	04.00						5.000	239.80 (210.40) T
6407	CT joint with contrast only	04.00						5.000	239.80 (210.40) T
6408	CT joint pre AND post contrast	04.00						5.000	239.80 (210.40) T
6409	CT brain uncontrasted (including posterior fossa)	04.00						5.000	239.80 (210.40) T
6410	CT brain with contrast only (including posterior fossa)	04.00						5.000	239.80 (210.40) T
6411	CT brain pre AND post contrast (including posterior fossa)	04.00						5.000	239.80 (210.40) T
6412	CT orbits complete study, axial OR coronal, uncontrasted	04.00						5.000	239.80 (210.40) T
6413	CT orbits complete study, axial AND coronal, uncontrasted	04.00						5.000	239.80 (210.40) T
6414	CT orbits complete study, axial OR coronal pre AND post contrast	04.00						5.000	239.80 (210.40) T
6415	CT orbits complete study, axial AND coronal pre AND post contrast	04.00						5.000	239.80 (210.40) T
6416	CT paranasal sinuses limited study axial OR coronal	04.00						5.000	239.80 (210.40) T
6417	CT paranasal sinuses limited study axial AND coronal	04.00						5.000	239.80 (210.40) T
6418	CT paranasal sinuses complete study, axial or coronal, uncontrasted	04.00						5.000	239.80 (210.40) T

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6419	CT paranasal sinuses complete study, axial AND coronal, uncontrasted	04.00						5.000	239.80 (210.40) T
6420	CT paranasal sinuses complete study, axial OR coronal, pre AND post contrast	04.00						5.000	239.80 (210.40) T
6421	CT paranasal sinuses complete study, axial AND coronal, pre AND post contrast	04.00						5.000	239.80 (210.40) T
6422	CT pituitary fossa, uncontrasted	04.00						5.000	239.80 (210.40) T
6423	CT pituitary fossa, pre AND post contrast	04.00						5.000	239.80 (210.40) T
6424	CT internal auditory meati, uncontrasted	04.00						5.000	239.80 (210.40) T
6425	CT internal auditory meati, pre AND post contrast	04.00						5.000	239.80 (210.40) T
6426	CT mastoids	04.00						5.000	239.80 (210.40) T
6427	CT ear structures, limited study	04.00						5.000	239.80 (210.40) T
6428	CT middle AND inner ear, complete study including reconstructions	04.00						5.000	239.80 (210.40) T
6429	CT facial bones	04.00						5.000	239.80 (210.40) T
6430	CT neck soft tissue, uncontrasted	04.00						5.000	239.80 (210.40) T
6431	CT neck soft tissue with contrast only	04.00						5.000	239.80 (210.40) T
6432	CT neck pre AND post contrast	04.00						5.000	239.80 (210.40) T
6433	CT cervical spine uncontrasted	04.00						5.000	239.80 (210.40) T
6434	CT cervical spine pre AND post contrast	04.00						5.000	239.80 (210.40) T
6435	CT cervical spine post myelogram	04.00						5.000	239.80 (210.40) T
6436	CT dorsal spine uncontrasted	04.00						5.000	239.80 (210.40) T
6437	CT dorsal spine pre AND post contrast	04.00						5.000	239.80 (210.40) T
6438	CT dorsal spine post myelogram	04.00						5.000	239.80 (210.40) T
6439	CT lumbar spine uncontrasted	04.00						5.000	239.80 (210.40) T
6440	CT lumbar spine pre AND post contrast	04.00						5.000	239.80 (210.40) T

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6441	CT lumbar spine post myelogram	04.00						5.000	239.80 (210.40) T
6442	CT pelvimetry (topogram only)	04.00						5.000	239.80 (210.40) T
6443	CT chest uncontrasted	04.00						5.000	239.80 (210.40) T
6444	CT chest with contrast	04.00						5.000	239.80 (210.40) T
6445	CT chest pre AND post contrast	04.00						5.000	239.80 (210.40) T
6446	CT chest high resolution lungs, limited study	04.00						5.000	239.80 (210.40) T
6447	CT high resolution lungs, complete study	04.00						5.000	239.80 (210.40) T
6448	CT abdomen uncontrasted	04.00						5.000	239.80 (210.40) T
6449	CT abdomen with contrast	04.00						5.000	239.80 (210.40) T
6450	CT abdomen pre AND post contrast	04.00						5.000	239.80 (210.40) T
6451	CT abdomen triphasic study	04.00						5.000	239.80 (210.40) T
6452	CT pelvis uncontrasted	04.00						5.000	239.80 (210.40) T
6453	CT pelvis with contrast	04.00						5.000	239.80 (210.40) T
6454	CT pelvis pre AND post contrast	04.00						5.000	239.80 (210.40) T
6455	CT abdomen AND pelvis uncontrasted	04.00						5.000	239.80 (210.40) T
6456	CT abdomen AND pelvis with contrast	04.00						5.000	239.80 (210.40) T
6457	CT abdomen AND pelvis pre AND post contrast	04.00						5.000	239.80 (210.40) T
6458	CT chest, abdomen AND pelvis with contrast	04.00						5.000	239.80 (210.40) T
6459	CT base of skull to symphysis pubis with contrast	04.00						5.000	239.80 (210.40) T
6460	CT for dental implants maxilla OR mandible	04.00							
6461	CT for dental implants maxilla AND mandible	04.00							
6462	CT angiography per limited region (including spiral, high resolution, AND all reconstructions)	04.00						5.000	239.80 (210.40) T
6463	CT angiography per extensive region (including spiral, high resolution, 3D AND all other reconstructions)	04.00						5.000	239.80 (210.40) T

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
19.11	Ultrasound investigations								
	Please note: The calculated amounts in this section are calculated according to the ultrasound unit values								04.00
	Note: See rule GG for requirements for reports and the keeping of records which are also applicable to ultrasonic investigations.								04.00
3596	Intravascular ultrasound per case, arterial or venous, for intervention	04.00		30.000	218.50 (191.70)	30.000	218.50 (191.70)		
3610	Transrectal ultrasonographic prostate volume study for prostate brachytherapy (own equipment)	04.00		110.000	801.00 (702.60)	110.000	801.00 (702.60)	5.000	239.80 (210.40) T
3612	Ultrasonic bone densitometry	04.00		19.000	138.40 (121.40)	19.000	138.40 (121.40)		
3614	Transvaginal aspiration of ova	04.00		110.000	801.00 (702.60)	110.000	801.00 (702.60)		
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
3616	Contrast media: General Rule Y applies	04.00							
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
3618	Pelvic organs ultrasound transabdominal probe (this is a gynaecological ultrasound examination and may not be used in pregnancy)	04.00		40.000	291.30 (255.50)	40.000	291.30 (255.50)		
3619	Intravascular ultrasound imaging assesses the atherosclerotic process to guide the placement of an intracoronary stent. This item may be applied once per vessel (left anterior descending territory, circumflex territory and/or right coronary territory) in which a stent or multiple stents are deployed	04.00		30.000	218.50 (191.70)	30.000	218.50 (191.70)	9.000	431.60 (378.60) T
3620	Cardiac examination plus Doppler colour mapping	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
3621	Cardiac examination (MMode)	04.00		25.000	182.10 (159.70)	25.000	182.10 (159.70)		
3622	Cardiac examination: 2 Dimensional	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
3623	Cardiac examination + effort	04.00	+	10.000	72.80 (63.90)	10.000	72.80 (63.90)		
3624	Cardiac examinations + contrast	04.00	+	10.000	72.80 (63.90)	10.000	72.80 (63.90)		
3625	Cardiac examinations + doppler	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
3626	Cardiac examination + phonocardiography	04.00	+	10.000	72.80 (63.90)	10.000	72.80 (63.90)		
3627	Ultrasound examination includes whole abdomen and pelvic organs, where pelvic organs are clinically indicated (including liver, gall bladder, spleen, pancreas, abdominal vascular anatomy, para-aortic area, renal tract, pelvic organs)	04.00		60.000	436.90 (383.20)	60.000	436.90 (383.20)		
3628	Renal tract	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
3629	High definition (small parts) scan: Thyroid, breast lump, scrotum, etc.	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
3631	Ophthalmic examination	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
3632	Axial length measurement and calculation of intra ocular lens power. Per eye. Not to be used with item 3034	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		

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3533	Neonatal head scan	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
3634	Peripheral vascular study, B mode only	04.00		39.000	284.00 (249.10)	39.000	284.00 (249.10)		
3635	+ Doppler	04.00		39.000	284.00 (249.10)	39.000	284.00 (249.10)		
3636	Trans-oesophageal echocardiography including passing the device	04.00		100.000	728.20 (638.80)	100.000	728.20 (638.80)		
3637	+ Colour Doppler (may be added onto any other regional exam, but not to be added to items 3605, 5110, 5111, 5112, 5113 or 5114)	04.00		78.000	568.00 (498.20)	78.000	568.00 (498.20)		
5026	Ultrasound guided amniocentesis	04.00		39.000	284.00 (249.10)			6.000	287.70 (252.40) T
5100	Pelvic organs ultrasound: Transvaginal or trans rectal probe	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
5101	Pleural space ultrasound	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
5102	Ultrasound of joints (e.g. shoulder, hip, knee), per joint	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
5103	Ultrasound soft tissue, any region	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
5106	Obstetric ultrasound before 10 weeks gestational age for complicated pregnancy i.e. suspected ectopic pregnancy abortion or discrepancy between gestational age and dates. Nct to be used for routine diagnosis of pregnancy	04.00		25.000	182.10 (159.70)	25.000	182.10 (159.70)		
5107	Ultrasound after 24 weeks - motivation required	04.00		25.000	182.10 (159.70)	25.000	182.10 (159.70)		
5108	Second opinion obstetric ultrasound may be charged by practitioners accepted by SASOG or RSSA (list of names available from SASOG or RSSA)	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)		
5110	Carotid ultrasound vascular study: B mode, pulsed and colour Doppler; bilateral study, internal, external and common carotid flow and anatomy	04.00		128.000	932.10 (817.60)	120.000	873.80 (766.50)		
5111	Full ultrasonic and colour Doppler evaluation of entire extracranial vascular tree: Carotids, vertebral and subclavian vessels (not to be used together with items 5110, 5112, 5113 or 5114)	04.00		206.000	1500.10 (1315.90)	164.800	1200.10 (1052.70)		
5112	Peripheral arterial ultrasound vascular study: B mode, pulsed and colour Doppler; per limb; to include waveforms at minimum of three levels, pressure studies at two levels and full interpretation of results	04.00		117.000	852.00 (747.40)	117.000	852.00 (747.40)		
5113	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; to evaluate deep vein thrombosis	04.00		117.000	852.00 (747.40)	117.000	852.00 (747.40)		
5114	Peripheral venous ultrasound vascular study; B mode, pulsed and colour Doppler; in erect and supine position including compression manoeuvres and reflux in superficial and deep systems, bilaterally	04.00		178.000	1296.20 (1137.00)	142.400	1037.00 (909.60)		
5115	Intra-operative ultrasound study	04.00		50.000	364.10 (319.40)	50.000	364.10 (319.40)	3.000	143.90 (126.20) T
5117	Diagnostic intravascular ultrasound (IVUS) imaging or wave wire mapping (without accompanying angioplasty). May be used only once per angiographic procedure	04.00		88.000	640.80 (562.10)	88.000	640.80 (562.10)		
5118	Diagnostic intravascular ultrasound imaging or wave wire mapping (with accompanying angioplasty or accompanying intravascular ultrasound imaging or wave wire mapping in a different coronary artery (LAD (left anterior descending), Circumflex or Right coronary artery)). May be used a maximum of twice per angiographic procedure	04.00		44.000	320.40 (281.10)	44.000	320.40 (281.10)		
MODIFIERS GOVERNING ULTRASONIC INVESTIGATIONS									
0160	Aspiration of biopsy procedure performed under direct ultrasound control by an ultrasound aspiration biopsy transducer (Static Realtime): Fee for part examined plus 30% of the units								04.00

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0165	Use of contrast during ultrasound study: add 6.00 ultrasound units	04.00		6.000	43.69 (38.32)	6.000	43.69 (38.32)		
5104	Ultrasound in pregnancy, multiple gestation, after twenty weeks: plus 30%								04.00
GENERAL RULE GOVERNING ULTRASONIC EXAMINATIONS DURING PREGNANCY									
EE.	Ultrasound examinations: The international norm approved for use in South Africa for NORMAL PREGNANCY is two ultrasound exams: (a) The first scan should preferably include a nuchal thickness estimation and be performed between 10 and 14 weeks gestation. The second scan should be performed between 20 and 24 weeks and should include a full anatomical report. All subsequent ultrasound scans are excluded from the benefits of medical schemes unless accompanied by proper motivation. An ultrasound scan to assess an abnormal early pregnancy may be formed before 10 weeks but this scan may not be used to diagnose a normal uncomplicated pregnancy. Item 3618 is a gynaecological scan and its use is not approved for use in pregnancy. (b) In cases where the scan is performed by the attending practitioner, a clear indication for such a scan must be entered on the account rendered, or a letter of motivation must be attached to the account (the practitioner must elect one of the two options). (c) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner doing the scan. A copy of the letter of motivation must be attached to the first account rendered to the patient (by the radiologist or the other practitioner doing the scan) and must be attached to the first account submitted to the medical scheme by the patient or the doctor, as the case may be. (d) In case of a referral to a radiologist, no motivation should be required from the radiologist								04.00
19.12 Portable unit examinations									
3639	Where portable X-ray unit is used in the hospital or theatre: ADD	04.00	+			7.000	75.80 (66.50)		
3640	Theatre investigations with fixed installation	04.00	+			3.000	32.50 (28.50)		
19.13 Diagnostic procedures requiring the use of radio-isotopes									
AA.	Procedures to exclude cost of isotope								04.00
3641	Tracer test	04.00		33.200	359.30 (315.20)	22.100	239.20 (209.80)		
3642	Repeat of further tracer tests for same investigation: Half of above fee	04.00		16.600	179.70 (157.60)	11.100	120.10 (105.40)		
3643	If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee	04.00							
3644	Tracer test of complete body or brain tumour location	04.00		82.200	889.70 (780.40)	54.800	593.10 (520.30)		
3645	Other organ scanning with use of relevant radio isotopes	04.00		82.200	889.70 (780.40)	54.800	593.10 (520.30)		
3646	Thyroid scanning	04.00		28.800	311.70 (273.40)	19.200	207.80 (182.30)		
6474	Positron Emission Tomography (PET) imaging of the whole body using a Coincidence Camera	04.00							
6475	Positron Emission Tomography (PET) imaging of a limited body region using a Coincidence Camera	04.00							

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19.14	Interventional radiological procedures								
	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)								
	Note: In regard to multiple examinations see modifier 0080								04.00
5002	Percutaneous transluminal angioplasty: Aortic/IVC	04.00				102.600	1110.40 (974.00)	13.000	623.40 (546.80) T
5004	Percutaneous transluminal angioplasty, arterial or venous, iliac vessel/subclavian vessel	04.00				102.600	1110.40 (974.00)	13.000	623.40 (546.80) T
5006	Percutaneous transluminal angioplasty: Femoral to popliteal bifurcation, axillary and brachial	04.00				102.600	1110.40 (974.00)	13.000	623.40 (546.80) T
5008	Percutaneous transluminal angioplasty: Sub-popliteal sub-brachial	04.00				139.200	1506.60 (1321.60)	13.000	623.40 (546.80) T
5010	Percutaneous transluminal angioplasty: Renal/Visceral/Brachiocephalic	04.00				139.200	1506.60 (1321.60)	13.000	623.40 (546.80) T
5012	Percutaneous transluminal angioplasty: Extracranial Carotid/Vertebral - stand alone procedure	04.00				172.200	1863.70 (1634.80)	13.000	623.40 (546.80) T
5014	Atherectomy (per vessel)	04.00				204.600	2214.40 (1942.50)		
5016	Aspiration thrombectomy (per vessel)	04.00				131.400	1422.10 (1247.50)		
5018	On-table thrombolysis/transcatheter infusion performed in angiography suite	04.00				106.800	1155.90 (1013.90)	5.000	239.80 (210.40) T
5022	Embolisation non-intracranial, per vessel	04.00				106.800	1155.90 (1013.90)	9.000	431.60 (378.60) T
5030	Percutaneous nephrostomy for further procedure or drainage	04.00				73.800	798.70 (700.60)	6.000	287.70 (252.40) T
5031	Antegrade ureteric stent insertion	04.00				69.600	753.30 (660.80)	6.000	287.70 (252.40) T
5033	Percutaneous cystostomy in radiology suite	04.00				30.000	324.70 (284.80)		

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5035	Urethral balloon dilatation in radiology suite	04.00				22.800	246.80 (216.50)		
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality	04.00				34.200	370.10 (324.60)		
5037	Urethral stenting in radiology suite	04.00				102.600	1110.40 (974.00)		
5038	Intracranial/spinal AVM embolisation (per session)	04.00				335.400	3630.00 (3184.20)	13.000	623.40 (546.80) T
5039	Intracranial thrombolysis (on-table) per session	04.00				139.200	1506.60 (1321.60)	13.000	623.40 (546.80) T
5040	Intracranial aneurysm occlusion	04.00				286.800	3104.00 (2722.80)	13.000	623.40 (546.80) T
5041	Balloon occlusion/Wada test	04.00				106.800	1155.90 (1013.90)	9.000	431.60 (378.60) T
5042	Carotico/cavernous fistula/head and neck AV fistula embolisation	06.04				286.800	3104.00 (2722.80)	13.000	623.40 (546.80) T
5043	Intracranial angioplasty	04.00				204.600	2214.40 (1942.50)	13.000	623.40 (546.80) T
5044	Transhepatic portogram	04.00				139.200	1506.60 (1321.60)	9.000	431.60 (378.60) T
5045	Hepatic arterial infusion catheter insertion	04.00				156.000	1688.40 (1481.10)	6.000	287.70 (252.40) T
5046	Percutaneous biliary drainage (external)	04.00				102.600	1110.40 (974.00)	9.000	431.60 (378.60) T
5047	Combined internal/external biliary drainage	04.00				102.600	1110.40 (974.00)	9.000	431.60 (378.60) T
5048	Biliary stent insertion	04.00				139.200	1506.60 (1321.60)	9.000	431.60 (378.60) T
5049	Percutaneous gall bladder drainage	04.00				69.600	753.30 (660.80)	9.000	431.60 (378.60) T
5050	Percutaneous or renal gall bladder stone removal	04.00				172.200	1863.70 (1634.80)	5.000	239.80 (210.40) T
5058	Stent insertion: Aortic/IVC - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1506.60 (1321.60)	13.000	623.40 (546.80) T
5060	Stent insertion: Iliac/subclavian/AV fistula - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1506.60 (1321.60)	13.000	623.40 (546.80) T
5062	Stent insertion: Femoral popliteal bifurcation, axillary and brachial - including percutaneous transluminal angioplasty (PTA)	04.00				139.200	1506.60 (1321.60)	13.000	623.40 (546.80) T
5064	Stent insertion: Sub-popliteal - including percutaneous transluminal angioplasty (PTA)	04.00				172.200	1863.70 (1634.80)	13.000	623.40 (546.80) T
5066	Stent insertion: Renal/visceral/brachiocephalic - including percutaneous transluminal angioplasty (PTA)	04.00				204.600	2214.40 (1942.50)	13.000	623.40 (546.80) T
5068	Stent insertion: Extracranial carotid/vertebral - including percutaneous transluminal angioplasty (PTA) - stand alone procedure	04.00				204.600	2214.40 (1942.50)	13.000	623.40 (546.80) T

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				RVU	Fee	RVU	Fee	RVU	Fee
5035	Urethral balloon dilatation in radiology suite	04.00				22.800	246.80 (216.50)		
5036	Percutaneous abdominal/pelvic/other drain insertion, any modality	04.00				34.200	370.10		

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
5070	Stent insertion: Aorto-iliac stent graft - including percutaneous transluminal angioplasty (PTA)	04.00				311.400	3370.30 (2956.40)	13.000	623.40 (546.80) T
5072	Tunnelled/subcutaneous arterial/venous line performed in radiology suite	04.00				82.200	889.70 (780.40)	5.000	239.80 (210.40) T
5074	IVC filter insertion jugular or femoral route	04.00				156.000	1688.40 (1481.10)	9.000	431.60 (378.60) T
5076	Intravascular foreign body removal, arterial or venous, any route	04.00				204.600	2214.40 (1942.50)	9.000	431.60 (378.60) T
5078	Percutaneous sclerotherapy of an arteriovenous malformation (AVM)	04.00				70.200	759.80 (666.50)	5.000	239.80 (210.40) T
5080	Transjugular intrahepatic porto-systemic shunt	04.00				335.400	3630.00 (3184.20)	13.000	623.40 (546.80) T
5082	Transjugular liver biopsy	04.00				69.600	753.30 (660.80)	9.000	431.60 (378.60) T
5084	Endoluminal falloplian tube recanalisation	04.00				172.200	1863.70 (1634.60)	6.000	287.70 (252.40) T
5086	Renal cyst aspiration/ablation	04.00				22.800	246.80 (216.50)		
5088	Oesophageal stent insertion in radiology suite	04.00				102.600	1110.40 (974.00)	6.000	287.70 (252.40) T
5090	Tracheal stent insertion	04.00				102.600	1110.40 (974.00)	6.000	287.70 (252.40) T
5091	GIT balloon dilatation under fluoroscopy	04.00				66.600	720.80 (632.30)	6.000	287.70 (252.40) T
5092	Other GIT stent insertion	04.00				102.600	1110.40 (974.00)	6.000	287.70 (252.40) T
5093	Percutaneous gastrostomy in radiology suite	04.00				85.800	928.60 (814.60)		
5094	Cutting needle biopsy with image guidance	04.00				22.800	246.80 (216.50)		
5095	Chest drain insertion in radiology suite	04.00				32.400	350.70 (307.60)		
5096	Percutaneous cyst or tumour ablation (non aspiration)	04.00				54.600	590.90 (518.30)		
5097	Vertebroplasty - Introduction of stabilising material under screening or CT control - per level	04.00						13.000	623.40 (546.80) T
MODIFIER GOVERNING INTERVENTIONAL RADIOLOGICAL PROCEDURES									
0090	Radiologist's fee for participation in a team: 30.00 radiology units per 1/2 hour or part thereof for all interventional radiological procedures, excluding any pre- or post-operative angiography, catheterisation, CT-scanning, ultrasound-scanning or x-ray procedures. (Only to be charged if radiologist is hands-on, and not for interpretation of images only)								04.00
19.15	Magnetic Resonance Imaging (MRI)								
6100	In order to charge the full fee (600.00 magnetic resonance units) for an examination of a specific single anatomical region, it should be performed with the applicable radio frequency coil including T1 and T2 weighted images on at least two planes								04.00
6101	Where a limited series of a specific anatomical region is performed (except bone tumour), e.g a T2 weighted image of a bone for an occult stress fracture, not more than two-thirds (2/3) of the fee may be charged. Also applicable to all radiotherapy planning studies, per region.								04.00

Code	Description	Ver	Add	Specialists		General Practitioners / non-designated Specialists		Anaesthesiology	
				RVU	Fee	RVU	Fee	RVU	Fee
6102	All post-contrast studies (except bone tumour), including perfusion studies, to be charges at 50% of the fee								04.00
6103	Post-contrast study: Bone tumour: 100% of the fee								04.00
6104	Limited examination of the hypophysis e.g. where a coronal T1 and sagittal T1 series are performed, two-thirds (2/3) of the fee is applicable								04.00
6105	Where, in a limited hypophysis examination, Gadolinium is administered and coronal T1 and sagittal T1 series are repeated, a single full fee for the entire examination is applicable + cost of Gadolinium + disposable items								04.00
6106	Where a magnetic resonance angiography (MRA) of large vessels is performed as primary examination, 100% of the fee is applicable. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								04.00
6107	Where a magnetic resonance angiography (MRA) of the vessels is performed additional to an examination of a particular region, 50% of the fee is applicable for the angiography. This modifier is only applicable if the series is performed by use of a recognised angiographic software package with reconstruction capability								04.00
6108	Where only a gradient echo series is performed with a machine without a recognised angiographic software package with reconstruction ability, 20% of the full fee is applicable specifying that it is a "flow sensitive series"								04.00
6109	Very limited studies to be charged at 33,33% of the full fee e.g. MR urography for renal colic, diffusion studies of the brain additional to routine brain								04.00
6110	MRI spectroscopy: 50% of fee								04.00
	Please note: The calculated amounts in this section are calculated according to the magnetic resonance imaging unit value.								04.00
	Items 6200 to 6255 reflect the anatomical region examined. The modifiers above reflect what was done and how the fee was arrived at.								04.00
6200	Magnetic Resonance Imaging: Per anatomical region: Brain	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6201	Magnetic Resonance Imaging: Per anatomical region: Orbitae	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6202	Magnetic Resonance Imaging: Per anatomical region: Paranasal sinuses	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6203	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Face/skull	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6204	Magnetic Resonance Imaging: Per anatomical region: Skull basis/cranio-cervical joint	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6205	Magnetic Resonance Imaging: Per anatomical region: Middle and internal ears	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6206	Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Neck	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6207	Magnetic Resonance Imaging: Per anatomical region: Thyroid/para-thyroid	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6208	Magnetic Resonance Imaging: Per anatomical region: Hypophysis (see modifiers 6104 and 6105 for limited examinations)	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6209	Magnetic Resonance Imaging: Per anatomical region: Bone tumour (see modifier 6103)	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6210	Magnetic Resonance Imaging: Per anatomical region: Cervical vertebrae	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6211	Magnetic Resonance Imaging: Per anatomical region: Thoracic vertebrae	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6212	Magnetic Resonance Imaging: Per anatomical region: Lumbar vertebrae	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T
6213	Magnetic Resonance Imaging: Per anatomical region: Sacrum	04.00				400.000	3294.80 (2890.20)	5.000	239.80 (210.40) T