

| Code | Description | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | |
|-------------|---|-------|-----|-------------|-----|--|-----------------|-----------------|-------------------|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 19.2 | Allimentary 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: Cholelithogram 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: Cholelithogram 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) | | | | | | | | |
| 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 |

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| 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) |
| 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): | | | | | | | | | |
| <p>a. The machine fee (items 3536 to 3550) includes the cost of the following:</p> <ul style="list-style-type: none"> 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). <p>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.</p> <p>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.</p> <p>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</p> | | | | | | | | | |
| 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. | | | | | | | | | |
| 3536 | Dedicated angiography suite: Analogue monoplane unit. Once off charge per patient by owner of equipment | 04.00 | | | | | | | 04.00 |
| 3537 | Dedicated angiography suite: Digital monoplane unit. Once off charge per patient by owner of equipment | 04.00 | | | | | | | 04.00 |

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| | | | | 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 antero-venous 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 | | | | | | | | |
| 3583 | 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 | | | | | | | | |
| 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 | | | | | | | 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 | | | | | | | |

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| | | | | 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 | | | | | | | 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 |

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| 6464 | CT limited study, any region. Region to be identified on the account | 04.00 | | | | | | 5.000 | 239.80 (210.40) T |
| 6465 | CT guidance for aspiration, biopsy or drainage | 04.00 | | | | | | 11.000 | 527.50 (462.70) T |
| 6466 | CT guidance for aspiration at time of CT diagnostic study | 04.00 | | | | | | | |
| 6467 | CT stereotactic localisation for biopsy | 04.00 | | | | | | 11.000 | 527.50 (462.70) T |
| 6468 | CT for radiotherapy planning (not to be used as an add-on) | 04.00 | | | | | | | |
| 6469 | Quantitative CT for bone mineral density | 04.00 | | | | | | | |
| 6470 | Triphasic study of the liver with CT Abdomen and Pelvis pre and post contrast | 04.00 | | | | | | 5.000 | 239.80 (210.40) T |
| 6471 | CT of the chest, triphasic study of the liver, abdomen and pelvis with contrast | 04.00 | | | | | | 5.000 | 239.80 (210.40) T |
| 6472 | Computer Aided Diagnosis for Mammography | 04.00 | | | | | | | |
| 19.10 | Radiology: Miscellaneous | | | | | | | | |
| 3594 | Mammogram of surgically removed breast biopsy specimen | 04.00 | | 13.000 | 140.70 (123.40) | 13.000 | 140.70 (123.40) | | |
| 3600 | Peripheral bone densitometry utilizing ionizing radiation | 04.00 | | | | 7.700 | 83.30 (73.10) | | |
| 3601 | Fluoroscopy. Per half hour. ADD (not applicable for items 3445 and 3447) | 04.00 | + | | | 10.700 | 115.80 (101.80) | | |
| 3602 | Where a C-arm portable X-ray unit is used in hospital or theatre. Per half hour. ADD | 04.00 | | | | | | | |
| 3603 | Sinography | 04.00 | | | | 18.400 | 199.10 (174.60) | | |
| 3604 | Bone densitometry (to be charged once only for one or more levels done at the same session) | 04.00 | | 77.000 | 833.40 (731.10) | 77.000 | 833.40 (731.10) | | |
| 3605 | Mammography: Unilateral or bilateral, including ultrasound and doppler ultrasound examination, where necessary. This item may not be used together with an item from the ultrasound section. Note that when an ultrasound of the breast is requested without mammography, item 3629 is used | 04.00 | | | | 33.000 | 357.20 (313.30) | | |
| 3606 | Repeat mammography, unilateral or bilateral, for localisation of tumour | 04.00 | | | | 21.000 | 227.30 (199.40) | | |
| 3607 | Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in X-ray department (except item 3309). Per half hour. Plus fee or examination performed (Only to be used by radiological technical staff) | 04.00 | | | | 5.600 | 60.60 (53.20) | | |
| 3608 | Repeat mammography procedure with minimally invasive breast biopsy, core biopsy or fine needle aspiration biopsy utilising dedicated stereotactic equipment with patient in erect or prone position | 04.00 | | | | 40.000 | 432.90 (379.70) | 3.000 | 143.90 (126.20) T |
| 3609 | Foreign body localisation: Fee for part examined plus two-thirds for every additional series plus fluoroscopy fee if this is done | 04.00 | | | | | | | |
| 3611 | Foreign body localisation: Introduction of sterile needle markers: ADD | 04.00 | + | | | 11.000 | 119.10 (104.50) | | |
| 3613 | Setting of sterile trays | 04.00 | | | | 3.300 | 35.70 (31.30) | | |
| 5029 | Mammotome - stereotaxis: Hand held | 04.00 | | | | | | | |
| 5034 | Fine needle aspiration or biopsy or core biopsy of mamma | 04.00 | | | | 25.000 | 270.60 (237.40) | 6.000 | 287.70 (252.40) T |

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|--------------|--|---------|-------------|--------------------|--|--------------------|-----------------|----------------------|
| | | | 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 |
| 3696 | Intravascular ultrasound per case, arterial or venous, for intervention | 04.00 | 30.000 | 218.50 (191.70) | 30.000 | 218.50 (191.70) | 5.000 | 239.80 (210.40) T |
| 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) | | |
| 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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|--|--|-------|-------------|----------------------|--|----------------------|-----------------|----------------------|
| | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 3633 | 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) | | | | |
| 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. Not 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) | | |
| 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 | | | | | | 6.000 | 287.70 (252.40) T |

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|--|---|-------|---|-----|--|-------------|-----------------|--|-----------------|-----------------|-------|
| | | | | | | Rvu | Fee | Rvu | Fee | Rvu | Fee |
| 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. | | | | | | | | | | |
| 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 | | | | | | | | | | |
| 3642 | Repeat of further tracer tests for same investigation: Half of above fee | 04.00 | | | | 33.200 | 359.30 (315.20) | 22.100 | 239.20 (209.80) | | |
| 3643 | If both tracer and therapeutic procedures are done, half fee of tracer test to be charged plus therapeutic fee | 04.00 | | | | 16.600 | 179.70 (157.60) | 11.100 | 120.10 (105.40) | | |
| 3644 | Tracer test of complete body or brain tumour location | 04.00 | | | | | | | | | |
| 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 | | | | 82.200 | 889.70 (780.40) | 54.800 | 593.10 (520.30) | | |
| | | 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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|--------------|---|-------|-----|-------------|-----|--|--------|-----------------|----------------------|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 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-radiologist 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 | | | | | | | | |
| 5002 | Percutaneous transluminal angioplasty: Aortic/IVC | 04.00 | | | | | | | 04.00 |
| 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 | | 102.600 | | 1110.40 (974.00) | 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 | | 139.200 | | 1506.60 (1321.60) | 13.000 | | 623.40 (546.80) T |
| 5014 | Atherectomy (per vessel) | 04.00 | | 172.200 | | 1863.70 (1634.80) | 13.000 | | 623.40 (546.80) T |
| 5016 | Aspiration thrombectomy (per vessel) | 04.00 | | 204.600 | | 2214.40 (1942.50) | | | |
| 5018 | On-table thrombolysis/transcatheter infusion performed in angiography suite | 04.00 | | 131.400 | | 1422.10 (1247.50) | | | |
| 5022 | Embolisation non-intra-cranial, per vessel | 04.00 | | 106.800 | | 1155.90 (1013.90) | 5.000 | | 239.80 (210.40) T |
| 5030 | Percutaneous nephrostomy for further procedure or drainage | 04.00 | | 106.800 | | 1155.90 (1013.90) | 9.000 | | 431.60 (378.60) T |
| 5031 | Antegrade ureteric stent insertion | 04.00 | | 73.800 | | 798.70 (700.60) | 6.000 | | 287.70 (252.40) T |
| 5033 | Percutaneous cystostomy in radiology suite | 04.00 | | 69.600 | | 753.30 (660.80) | 6.000 | | 287.70 (252.40) 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 (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 |

| 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 fallopian tube recanalisation | 04.00 | | | | 172.200 | 1863.70 (1634.80) | 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 ½ 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) | | | | | | | | |
| 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 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 | 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 'low 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 |

| Code | Description | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | |
|------|---|-------|-----|-------------|-----|--|----------------------|-----------------|----------------------|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 6214 | Magnetic Resonance Imaging: Per anatomical region: Pelvis | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6215 | Magnetic Resonance Imaging: Per anatomical region: Pelvic organs | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6216 | Magnetic Resonance Imaging: Per anatomical region: Abdomen | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6217 | Magnetic Resonance Imaging: Per anatomical region: Thorax wall | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6218 | Magnetic Resonance Imaging: Per anatomical region: Mediastinum | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6219 | Magnetic Resonance Imaging: Per anatomical region: Soft tissue: Back | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6220 | Magnetic Resonance Imaging: Per anatomical region: Left shoulder | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6221 | Magnetic Resonance Imaging: Per anatomical region: Right shoulder | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6222 | Magnetic Resonance Imaging: Per anatomical region: Both hips | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6223 | Magnetic Resonance Imaging: Per anatomical region: Left hip | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6224 | Magnetic Resonance Imaging: Per anatomical region: Right hip | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6225 | Magnetic Resonance Imaging: Per anatomical region: Left upper-arm | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6226 | Magnetic Resonance Imaging: Per anatomical region: Right upper-arm | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6227 | Magnetic Resonance Imaging: Per anatomical region: Left elbow | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6228 | Magnetic Resonance Imaging: Per anatomical region: Right elbow | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6229 | Magnetic Resonance Imaging: Per anatomical region: Left fore-arm | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6230 | Magnetic Resonance Imaging: Per anatomical region: Right fore-arm | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6231 | Magnetic Resonance Imaging: Per anatomical region: Left wrist and hand | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6232 | Magnetic Resonance Imaging: Per anatomical region: Right wrist and hand | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6233 | Magnetic Resonance Imaging: Per anatomical region: Left upper-leg | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6234 | Magnetic Resonance Imaging: Per anatomical region: Right upper-leg | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6235 | Magnetic Resonance Imaging: Per anatomical region: Left knee | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |

| Code | Description | Ver | Add | Specialists | | General Practitioners / non-designated Specialists | | Anaesthesiology | |
|-------------|--|-------|-----|-------------|-----|--|----------------------|-----------------|----------------------|
| | | | | RVU | Fee | RVU | Fee | RVU | Fee |
| 6236 | Magnetic Resonance Imaging: Per anatomical region: Right knee | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6237 | Magnetic Resonance Imaging: Per anatomical region: Left lower-leg | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6238 | Magnetic Resonance Imaging: Per anatomical region: Right lower-leg | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6239 | Magnetic Resonance Imaging: Per anatomical region: Left ankle | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6240 | Magnetic Resonance Imaging: Per anatomical region: Right ankle | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6241 | Magnetic Resonance Imaging: Per anatomical region: Left foot | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6242 | Magnetic Resonance Imaging: Per anatomical region: Right foot | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6250 | Magnetic Resonance angiography (See modifiers 6106 to 6108): Brain | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6251 | Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Neck | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6252 | Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Chest | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6253 | Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Abdomen | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6254 | Magnetic Resonance angiography (See modifiers 6106 to 6108): Large vessels: Legs | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6255 | Magnetic Resonance angiography (See modifiers 6106 to 6108): Heart | 04.00 | | | | 400.000 | 3294.80 (2890.20) | 5.000 | 239.80 (210.40) T |
| 6260 | Contrast medium: Current price according the regular price list published by the Radiology Society of SA | 04.00 | | | | | | | |
| 6270 | Low field strength peripheral joint magnetic resonance imaging: Low field strength peripheral joint examination (feet, knees, hands, and elbows), in dedicated limb units not able to perform body, spine or head examinations | 04.00 | | | | 70.000 | 576.60 (505.80) | 5.000 | 239.80 (210.40) T |
| 20 | Radiation Oncology | | | | | | | | |
| | GENERAL RULES REGARDING THIS SECTION OF THE NATIONAL REFERENCE PRICE LIST | | | | | | | | 04.00 |
| | (a) Unless specifically stated in this section of the NRPL-HS, the general descriptors between the professional and technical component apply to both components of the services. | | | | | | | | |
| | (b) The items reflecting the technical component in this section of the NRPL-HS may only be charged by the owner of the equipment. | | | | | | | | |
| BB | The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes | | | | | | | | 04.00 |
| | Please note: The calculated amounts in this section are calculated according to the radiotherapy unit values | | | | | | | | 04.00 |
| 20.1 | Kilovolt therapy | | | | | | | | |
| 20.2 | Radium therapy | | | | | | | | |
| 20.3 | Isotope therapy | | | | | | | | |
| 0096 | Radio-isotope therapy patients who fail to keep their appointments: Fee will include cost of isotope | | | | | | | | 04.00 |